DECEMBER 5-7, 2013
NEW YORK, NY

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CARL C. AWH, MD

COURSE CO-DIRECTORS
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A FELLOWS’ FORUM, INC. PRODUCTION
BEST OF RETINA 2013 GUEST FACULTY

NAMED LECTURER AWARD WINNERS

Mark S. Blumenkranz, MD
Palo Alto, CA
Jackson Memorial Lecture,
2013 AAO Annual Meeting

Trexler Topping, MD
Boston, MA
Founders Award Lecture,
2013 ASRS Annual Meeting

Michael T. Trese, MD
Royal Oak, MI
J. Donald M. Gass Award
Lecture, 2013 Retina Society
Annual Meeting

George A. Williams, MD
Royal Oak, MI
Gertrude D. Pyron Award
Lecture, 2013 ASRS
Annual Meeting

Lawrence A. Yannuzzi, MD
New York, NY
Schepens Lecture, 2013 AAO
Retina Subspecialty Day

JOURNAL EDITORS

Michael S. Ip, MD
Madison, WI
Associate Editor, JAMA Ophthalmology

Timothy W. Olsen, MD
Atlanta, GA
Executive Editor, American Journal of Ophthalmology

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New Brunswick, NJ
Assistant Editor, RETINA

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Cleveland, OH
Distinguished Senior Editor, Ophthalmology

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Course Director
Nashville, TN

DIREKTORS

DAVID R. CHOW, MD
Course Co-Director
Toronto, Canada

TAREK S. HASSAN, MD
Course Co-Director
Royal Oak, MI
2013 SCIENTIFIC PROGRAM

Thursday, December 5

5:30–8:00PM
Registration
Westin New York at Times Square

6:00–8:00PM
Welcome Reception
Westin New York at Times Square
Bar 10 – Mezzanine

8:00–10:00PM
Dinner on own

Friday, December 6

6:30–11:15AM
Registration
Westin New York at Times Square
Majestic Ballroom Foyer – 5th floor

6:30–7:30AM
Breakfast
Westin New York at Times Square
Gershwin Ballroom – 4th floor

6:30–11:15AM
Exhibit Hall
Westin New York at Times Square
Gershwin Ballroom – 4th floor

7:30–10:05AM
Session 1

7:30–7:45AM
Opening Remarks

Carl C. Awh, MD
Course Director

7:45–8:15AM
Best of Retina from JAMA Ophthalmology

Michael S. Ip, MD
Former Associate Editor, JAMA Ophthalmology

8:15–8:20AM
Audience and Panel Discussion

8:20–8:50AM
Best of Retina from AJO

Timothy W. Olsen, MD
Executive Editor, AJO

8:50–8:55AM
Audience and Panel Discussion

9:30–10:00AM
Best of Retina from Ophthalmology

Andrew P. Schachat, MD
Distinguished Senior Editor, Ophthalmology

9:30–10:00AM
Best of Retina from Ophthalmology

9:30–10:00AM
Best of Retina from Ophthalmology

10:00–10:55AM
Audience and Panel Discussion

10:05–10:35AM
Break

10:35–11:25AM
Session 2

10:35–10:50AM
SPONSOR PRESENTATION
Regeneron Pharmaceuticals, Inc.

10:50–11:20AM
Journal Panel Discussion

Donald J. D’Amico, MD (Moderator)
Michael S. Ip, MD, Timothy W. Olsen, MD, Jonathan L. Prenner, MD, Andrew P. Schachat, MD (Panelists)

11:20–11:25PM
Announcements
Carl C. Awh, MD
11:25–11:35AM
Board Bus for Regeneron
Meet at Westin New York at Times Square, 43rd Street entrance

11:35AM–12:45PM
Transfer to Regeneron

12:45–4:45PM
Lunch and Tour at Regeneron

4:45–6:00PM
Transfer to Westin

6:45PM
Walk to Celsius at Bryant Park
Meet in Westin New York at Times Square Lobby to walk to Celsius at Bryant Park

7:00–10:00PM
Dinner at Celsius at Bryant Park

Saturday, DECEMBER 7

6:30AM–6:00PM
Registration

6:30AM–7:30AM
Breakfast

6:30AM–4:25PM
Exhibit Hall

7:30–10:05AM
Session 3

7:30–7:45AM
Announcements
Carl C. Awh, MD

7:45–8:15AM
Results from the Age-Related Eye Disease Study 2: Lutein/Zeaxanthin and Omega-3 Fatty Acids for Age-related Macular Degeneration

Emily Y. Chew, MD

8:15–8:30AM
Audience and Panel Discussion

8:30–9:00AM
JACKSON MEMORIAL LECTURE 2013 AAO ANNUAL MEETING: Therapeutic Lasers in Ophthalmology: Interactions of Photons, Patients and Physicians

Mark S. Blumenkranz, MD

PURPOSE: To present the evolution of laser therapy in modern ophthalmic practice

DESIGN: Review of published experimental and clinical studies

METHODS: A review of the work of multiple investigators leading to the invention of the laser, its biophysical effects on ophthalmic tissue, and the development of various laser based devices and methods to treat common ophthalmologic disorders with particular emphasis on new and emerging retinal and anterior segment applications.

RESULTS: Because the eye, more than any other organ or tissue in the body is optimized for the transmission of light and its transduction into neural signals, lasers are particularly well suited for ophthalmic therapy. The high quality of the ocular optics and delicate structure of the neural retina and other ocular tissues require exceedingly high precision and selectivity for any therapeutic intervention. These high demands have inspired continuous development of highly sophisticated laser systems that have dramatically impacted the treatment of common diseases including diabetic retinopathy, age related macular degeneration, retinal venous occlusive disease, retinopathy of prematurity, optical aberrations, cataract and glaucoma amongst others.

Recent developments in scanning laser systems, real time OCT and other image guided systems with eye tracking, real-time feedback, as well as ultra-short pulse durations have enabled unprecedented selectivity, precision and safety in ocular therapy. However, improved outcomes come with increased cost of medical care, and optimization of their cost effectiveness will continue to be required in the future.

CONCLUSIONS: The invention and evolution of modern ophthalmic lasers have revolutionized the practice of ophthalmology and can serve as a model for understanding the process of innovation, including the societal benefits and also unintended consequences of advances in medical technology.

9:00–9:15AM
Audience and Panel Discussion

9:15–9:20AM
SPONSOR PRESENTATION
Alcon Laboratories, Inc.

9:20–9:25AM
SPONSOR PRESENTATION
Arctic Group of Companies
Acute Zonal Occult Outer Retinopathy has been a perplexing clinical problem, encompassing a variety of chorioretinal inflammatory and degenerative diseases. Based on multimodal imaging, two centers, one in New York and one in Chicago have reclassified the disease, starting from the original description by J. Donald Gass and incorporating multimodal imaging to establish a definitive diagnosis.

Diagnostic codes (now ICD-9CM) are used to identify our patient problems. MDs desire ultra-simple bare bones codes, and the CPT codes for defining services they want as remunerative as possible. Payment is through RBRVS, through RVU – work, practice expense and liability. Relative values of codes determined by RUC and CMS. More emphasis is placed today on the time aspect of work.

In your practice you need data for your MDs. Try to improve efficiency. Assess quality outcome on basis of data.

New payment models will be used, to pay for total care of a diagnosis for a year. This depends upon knowing stage of disease, number of eyes involved. New codes are being introduced to do this. You will need medical informatics to survive. Know your costs, patient mix, and cost of care delivery.

Will need practice metrics to compete: patient type and numbers, referral sources, procedure mix, payer mix, financial, and comparisons with past, present and projected future. You will benefit of practice dashboards with KPIs (key performance indicators). Patient time in office from arrival to departure (cycle time) monitored to improve patient satisfaction.

Dashboard can be valuable for MD compliance comparison with peers for level of coding, utilization of diagnostic testing and imaging, and intra-vitreal drug use.

Practice informatics will be needed in the new world of care delivery to enable you to do what you love to do – give optimal patient care, teach and do research to improve the fate of our patients.

Trexler M. Topping, MD

The backbone of medicine has been to provide excellent patient care, teach younger physicians, and conduct research to improve quality of care for all. However in today's world you need the numbers game. I chronicle the medical process including practice administration, coding and reimbursement, public policy and advocacy, in addition to the backbone of care, teaching and research.

In practice management one needs to calculate the cost of doing business i.e. practice expense. This can be done for all aspects including facilities, testing, staff. Then by allocating costs to the individual physician, you encourage a more efficient and cost effective practice. With internal accounting, encourage better cost control and data management possible.

The Practice of Medicine – Now a Data Driven Process

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Although the term pharmacologic vitreolysis is relatively recent, the concept of pharmacologic manipulation of the molecular biology of the vitreous is not new. In 1947, Ludwig von Sallmann presented the concept of using hyaluronidase as a vitreolytic agent for the treatment of vitreous hemorrhage. Subsequently, collagenase, chondroitinase, hyaluronidase, dispase, plasmin and ocriplasmin were evaluated in animal studies and clinical trials. As the understanding of the molecular dynamics of the vitreous expanded, it became apparent that the vitreous plays a pathogenic role in a variety of retinal diseases beyond tractional phenomenon. The concept of vitreodynamics was introduced by Trese to describe the molecular sequelae of vitreolysis such as changes in oxygen flux, cytokine and growth factor expression and ocular pharmacokinetics. In 2013, ocriplasmin, a recombinant plasmin-based enzyme, became available for the treatment of symptomatic vitreomacular traction and macular hole. With the advent of ocriplasmin, the era of pharmacologic vitreolysis has dawned. Although ocriplasmin is effective in many patients, there remains a significant opportunity to further improve the efficacy of ocriplasmin and expand its indications. Potential techniques for improved efficacy include combination therapy with other vitreolytic agents and mechanical adjuncts such as gas bubbles or small gauge vitrectomy. The full therapeutic potential of pharmacologic vitreolysis remains promising.

For many years, infant retinal examinations have been done in a similar fashion for retinopathy of prematurity or other suspicious retinal problems around the time of birth. This technique included indirect ophthalmoscopy and retinal drawings. Currently, telemedicine for retinopathy of prematurity is evolving as an excellent way to perform screening for retinopathy of prematurity due to better documentation in every NICU and supplies the potential forROP screening in more remote areas. This talk will discuss the use of current and future telemedicine techniques to screen not only prematurely born children, but perhaps all newborn infants for retinal-vascular, for oncologic, and for assembly problems, such as persistent fetal vasculature syndrome, coloboma, and retinal dysplasia. Evidence will be presented that shows that such infant screening may have a yield higher than the current infant screening for hearing examinations. Certainly telemedicine screening for retinopathy of prematurity is nearly here, but perhaps screening of all newborns would be advantageous in terms of discovery of disease and planning the child’s visual and educational future.
Best of RETINA 2013

GRATEFULLY ACKNOWLEDGES GENEROUS CONTRIBUTIONS FROM THE FOLLOWING COMPANIES:

Diamond
Regeneron Pharmaceuticals, Inc.

Platinum
Allergan, Inc.

Gold
Alcon Laboratories, Inc.
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Insight Instruments, Inc.
Notal Vision
OCULUS Surgical, Inc.
Synergetics, Inc.
ThromboGenics, Inc.