**Q&A With Five Mentors** (p. 10) • **Museum of the Eye: Take a Peek Inside** (p. 20)

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# AAO 2019 News

SAN FRANCISCO

## Meet the 2019 Laureate

Marilyn T. Miller, MD

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## FOR THE RECORD

**ANNUAL BUSINESS MEETING**

Notice is hereby given that the Annual Business Meeting of the American Academy of Ophthalmology will be held in conjunction with the Opening Session on Sunday, Oct. 13, from 8:30-10:00 a.m., in West 3002 at Moscone Center in San Francisco. Candidates for membership will be approved during this meeting.

**For the full list of candidates,** visit aao.org/member-services.

**To see the full order of business,** refer to the Opening Session and Annual Business Meeting page in the printed *AAO 2019 Meeting Program* or online in the Mobile Meeting Guide (aao.org/mobile).

**CALLING ALL VOTING MEMBERS AND FELLOWS**

Remember to cast a ballot for the next President-Elect, Senior Secretary for Ophthalmic Practice, Secretary for the Annual Meeting, as well as two Trustees-at-Large, a Council Chair, and a Council Vice Chair. Election materials have been sent to all voting Academy fellows and members. Voting opens on Monday, Oct. 14, and closes Tuesday, Nov. 12, at noon EST. Results of the election will be posted on the Academy's website at aao.org/about/governance/elections by Nov. 15, 2019.

**For candidates' full statements,** visit aao.org/about/governance/elections, or visit the candidate display in the North, Exhibition Level of Moscone Center during AAO 2019.

**Want to nominate somebody for the 2021 board?** Information on the process will be at aao.org/about/governance/elections later this month.

**NOTICE:** This publication was printed in advance of Subspecialty Day and AAO 2019. For the most up-to-date information, check the Program Search (aao.org/programsearch) or the Mobile Meeting Guide (aao.org/mobile). American Academy of Ophthalmic Executives®, EyeNet®, EyeSmart®, IRIS® Registry, Ophthalmic News and Education Network® (ONE® Network), the Focus logo, Protecting Sight, Empowering Lives®, and Preferred Practice Patterns®, among others, are trademarks of the American Academy of Ophthalmology®. All other trademarks are the property of their respective owners. © 2019 American Academy of Ophthalmology.

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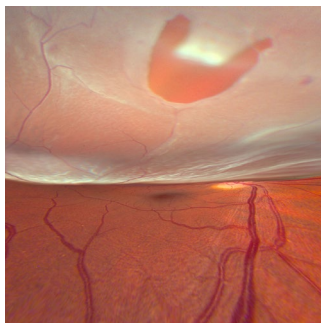
Places to go in this ever-intriguing city.

## From the Editor
### Welcome to San Francisco!

The Academy is proud to present its 123rd annual meeting, AAO 2019. Don't miss today's Opening Session, featuring the Academy President's address by George A. Williams, MD; the Academy CEO's address by David W. Parke II, MD; and presentation of the Academy's highest honors, with the Laureate Recognition Award going to Marilyn T. Miller, MD. And Emily Y. Chew, MD, will give the Jackson Memorial Lecture, "Age-related Macular Degeneration: Nutrition, Genes, and Deep Learning."

This year, the meeting offers over 50 symposia on topics from perspectives on corneal infections and keratoplasty to key aspects of open-angle glaucoma management as well as innovations in femtosecond lasers. We hope that your time in this wonderful city is enjoyable and informative.

Ruth D. Williams, MD
Chief Medical Editor, *EyeNet Magazine*



## On the Cover
### The Fluid Is Coming

Stefanie Palmer, CRA
Retina Vitreous Surgeons of Central New York, Syracuse, New York

**AcrySof® IQ PanOptix® Family of Trifocal IOLs Important Product Information**
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**ATTENTION**: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

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# The 2019 Presidential Guests
## Tales of Surgery, Football, and Rock and Roll

Each year, the current Academy president selects three individuals to be guests of honor at the annual meeting. George A. Williams, MD, 2019 President, chose his guests for the roles each plays in his life—as "a friend, a colleague, and a mentor." Here, Dr. Williams details the specific reasons for each selection, as well as those for the Special Recognition Award and the Distinguished Service Award.

Today, Sunday, Dr. Williams will recognize these award recipients at the AAO 2019 Opening Session, which takes place from 8:30 to 10:00 a.m. in West 3002.

### GUEST OF HONOR
**Michael Trese, MD**

**How did you meet?** I knew him by reputation, and I interviewed at his practice in 1988 while I was looking for a job. I subsequently was offered and accepted a position there. When I joined his group, I was the sixth member; we now have 21 members working at our practice.

**What stands out about him?** I believe his career has distinguished him as the premier pediatric retina surgeon in the world. He specializes in the management of retinal disease in children, ranging from those who are born prematurely to those with a variety of congenital and developmental diseases.

Drs. Williams and Trese

When I trained in the management of retinopathy of prematurity, its advanced stages were untreatable. During the time we have worked together, he has developed a surgical technique called lens-sparing vitrectomy that is now used throughout the world. It is directly responsible for saving the vision of, conservatively, tens of thousands of children. Ophthalmologists travel to our practice from all over the globe to learn his technique.

**What do you appreciate most about him?** I think it's his humor, his pleasant demeanor, his willingness to teach. He's a friend, a colleague, and a mentor.

**How has he inspired you as a leader?** He is past president of the Retina Society and the president-elect of Club Jules Gonin, and just watching the way he conducts himself, how he relates to people, I've learned quite a few things about leadership.

**What do you do together for fun?** The primary thing we do together is travel the world. We have had a lot of fun going to different ophthalmology meetings—so many that I can't pick a favorite trip. We also enjoy fine whiskey together.

**What is an interesting fact about him?** He is distinguished by the fact that his football class at the University of Michigan had the worst record in the university's history. He was a big-time college football player, and Michigan is a pretty good place to play football, except for the three years he was there—which I totally attribute to him.

### GUEST OF HONOR
**Mark S. Blumenkranz, MD**

**How did you meet?** I met him in 1985 when he was a visiting professor and I was on the faculty of the Medical College of Wisconsin, where we were involved in some research projects together. At that time, he was a member of the same practice as Dr. Trese in Royal Oak, Michigan, and he was the primary person who recruited me. Subsequently, I joined him in practice.

**What do you appreciate most about him?** I consider Mark to be a Renaissance man. He is an accomplished scientist, clinician, musician, innovator, and entrepreneur. I've considered him a role model at multiple levels.

**What is one accomplishment of his that stands out to you?** That is very difficult; he has accomplished so much. What impresses me as much as anything is how he has built an outstanding ophthalmology department and eye institute over his 20 years working at Stanford University, where he is now the chairman emeritus.

**What do you do together for fun?** We travel a lot, often with Dr. Trese.

**What is an interesting fact about him?** He is an accomplished musician but a frustrated rock and roll star. He has been playing rock and roll music for 40 years as a keyboard player.

Drs. Williams, Blumenkranz, and Trese

### GUEST OF HONOR
**Kirk Packo, MD**

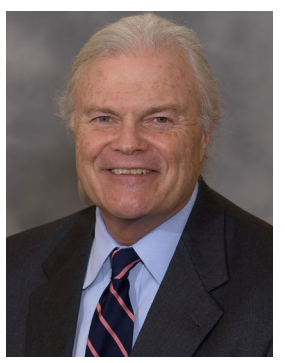
**How did you meet?** I met him in 1981 when we were applying for retinal fellowships. We were the same age, same year, same class, same subspecialty. Primarily, I was attracted to his perverse sense of humor.

**What is an interesting fact about him?** He has had an interesting career path, as he is a formally trained actor. After he graduated from Notre Dame, he went to New York to act. Eventually he realized that no one was confusing him with Robert Redford or Tom Cruise, so he decided it was time to go into medicine.

Drs. Packo and Williams

**Does he still do any acting?** Every day of his life . . . but in terms of formal acting, at AAO 2016 in Chicago, he gave a lecture at the Retina Subspecialty Day. He came out for his lecture as Sir Isaac Newton and gave the entire talk in Old English. Then when he finished his talk, he took a bite out of an apple before he walked off stage.

**How has he inspired you as a leader?** He preceded me as president of the American Society of Retina Specialists (ASRS), and I was very impressed by his leadership, dedication to the organization, and tireless efforts on behalf of that society. Additionally, he is responsible for the development of the Academy's Retina Subspecialty Day. He put on a retina meeting that preceded AAO 1992 in Chicago. To this day it's considered one of the best retina meetings of all time, largely because he is such a great showman. He had over 1,000 attendees. When the Academy saw what could be done in a subspecialty format, they eventually took it over, and now the attendance is over 3,400.


Dr. Rich

**What do you do together for fun?** We have been on various boards (including the ASRS board). We are also chairs of similar types of departments of ophthalmology. He is the chair at Rush Medical College in Chicago, and I'm the chair at Oakland University William Beaumont School of Medicine. Both have relatively small programs with primarily volunteer faculty. Accordingly, we have shared a lot of stories, challenges, and best practices for running a residency under that format.

**Is there anything you would like to add about him?** He's the most obnoxious Notre Dame football fan I know, and that says a lot because I know several Notre Dame football fans.

### DISTINGUISHED SERVICE AWARD

This year's recipient of the 2019 Distinguished Service award is the **Asia-Pacific Academy of Ophthalmology (APAO)**. Since its formation in 1960, the APAO has led ophthalmology in the region through education, service, and research. Over the years, the APAO has brought together ophthalmologists at its ever-growing meeting to share information and stay current in the fight to prevent blindness. Serving the largest region of the world with the greatest share of visual impairment, the APAO has worked effectively with the Academy on a number of central ophthalmic initiatives, from annual meetings to leadership development.

### SPECIAL RECOGNITION AWARD

This year's recipient of the 2019 Special Recognition Award is **William L. Rich III, MD,** who is being honored for over three decades of sustained contributions to the Academy and to the profession of ophthalmology. He has served on many committees and task forces and as president of the Academy. His special expertise in health policy, physician payment, and quality of care has made him an invaluable contributor to standard-setting and valuation methodology. Additionally, his devotion to the mission of the IRIS Registry helped to ensure its success and impact on our profession.

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* LiGHT study | The Lancet. 393.10175
NIHR Biomedical Research Center at Moorfields Hospital , NHS Foundation Trust, London, UK
Gus Gazzard, Evgenia Konstantakopoulou, David Garway-Heath, Anurag Garg, Victoria Vickerstaff, Rachael Hunter, Gareth Ambler, Catey Bunce, Richard Wormald, Neil Nathwani, Keith Barton, Gary Rubin, Marta Buszewicz
** Market Scope's 2018 Global Ophthalmic Laser Market Report

# Championing Improved Care in the Developing World
## The 2019 Academy Laureate, Marilyn T. Miller, MD, MS

This year's Laureate is a true inspiration for the profession. She's not only a skilled pediatric clinician and distinguished teacher but also a trusted mentor, prized colleague, and a leader in humanitarian efforts to improve ophthalmic education in developing countries.

The Academy is pleased to honor Marilyn T. Miller, MD, MS, for her years of exceptional service and contributions to ophthalmology.

### Early Career

Dr. Miller obtained her medical degree and clinical training in ophthalmology at the University of Illinois at Chicago, where she has served on the faculty since 1965. Following her residency and fellowship under Martin J. Urist, MD, and Eugene R. Folk, MD, at the Illinois Eye and Ear Infirmary, Dr. Miller stayed on to become director of pediatric ophthalmology and strabismus.

It was during this time that she developed her main area of interest—craniofacial syndromes and malformations with a special emphasis on their associated ocular motility disorders. Her subsequent research would take her on a host of journeys around the world.

### Adventures Abroad

Dr. Miller's investigations into congenital anomalies and teratogens such as alcohol, cocaine, and misoprostol first led her to Sweden, where she was later awarded an honorary degree from the University of Göteborg in 1998 for her clinical research in thalidomide embryopathy.

But her adventurous spirit and compassion for those in need also inspired her to look to the underserved regions of the world with a focus on preventing blindness and visual impairment. For more than 35 years, Dr. Miller visited a clinic in rural Abak, Nigeria, with a small nongovernmental organization, FOCUS, of which she is now president. Her trips focused both on treating patients and developing sustainable eye care.

This long-standing passion for international ophthalmology has also taken her to India—where she has participated in programs at Aravind Hospital in Madurai—as well as several other Asian and South American countries. Recently she collaborated with pediatric ophthalmologists in Brazil to study the ocular effect of misoprostol, a teratogenic drug that, if taken during pregnancy, may cause Möbius syndrome.

"As a pediatric ophthalmologist, I have always been especially drawn to the importance of childhood blindness activities and the need for more well-trained pediatric ophthalmologists internationally," said Dr. Miller. "When organizations such as the Academy and others really started increasing their commitment to education and training in order to accomplish these goals, I was privileged to be involved in these endeavors."

### Well-Deserved Accolades

Dr. Miller's contributions to international service in ophthalmology have not gone unrecognized. In past years, the Academy has awarded her with both the Humanitarian Award and the International Blindness Prevention Award as well as a Lifetime Achievement Award.

She is also a recent recipient of several other prestigious honors, including the Park Silver Medal from the Children's Eye Foundation of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), the Dr. G. Venkataswamy Endowment Oration Award from Aravind Hospital, the 2012 International Gold Award from the Chinese Ophthalmologic Society, and the Jose Rizal Medal from the Asian Pacific Association of Ophthalmology.

***THE 2019 ACADEMY LAUREATE.*** *Dr. Miller receives the Laureate Recognition Award during the Opening Session, which takes place Sunday, 8:30-10:00 a.m., in West 3002.*

Dr. Miller is especially proud of her recent Howe Medal from the American Ophthalmological Society (AOS). The award denotes distinguished service to ophthalmology and has had 75 recipients since first awarded in 1922.

### Taking Charge

Throughout her career, Dr. Miller has also climbed the ladder to take the helm of many ophthalmic organizations—holding the honor of being the first female president of both the AOS and AAPOS.

She has also led the profession in other capacities, serving on boards and advisory committees, including the Academy Board of Trustees, the Advisory Committee of the Academy Foundation, the Medical Advisory Committee of the Division of Specialized Care for Children, the Smith Kettlewell Eye Research Institute, and the Advisory Committee of the World Health Organization.

To further champion the need for education and improved standards of care in the developing world, Dr. Miller also established and chaired the Academy's Committee on International Ophthalmology and served for many years as one of the Academy's representatives to the International Agency for the Prevention of Blindness.

In addition, she has parlayed her experience with international education into extensive roles, for example organizing the pediatric ophthalmology and strabismus sections of many conferences and congresses worldwide. Moreover, she has delivered a number of named lectures at several national and international medical schools and hospitals.

### A Fortuitous Path

Looking back, Dr. Miller recognizes that some unexpected luck has played a role in her fortunes. "I have always thought that the concept of serendipity applied to my professional life," she said. "Some opportunities may not have been recognized, but a few resulted in major changes. One example is my chairing of the Academy Committee on International Activities in 1989. This opened entrée to people and organizations worldwide who, over the years, became great friends, colleagues, and mentors. It also offered new opportunities to expand the Academy's contributions and collaborations in the international community."

And Dr. Miller is especially appreciative of all who have provided guidance, inspiration, and support throughout a long and successful career. "Nothing occurs in a vacuum," she said. "One's spouse, children, academic department members, and colleagues all are crucial in reaching one's dreams."

Dr. Miller is married to a retired ophthalmologist, Ronald S. Fishman, MD. Between them they have seven children and 11 grandchildren, and they both enjoy traveling and family activities.

***NIGERIA.*** *"More than 35 years ago, a colleague talked me into volunteering in Nigeria. Since then, I've had the privilege of working in more than 10 countries. Providing training for pediatric ophthalmology programs has become a long-term personal commitment," said Dr. Miller.*

### Learn to Lead

In the inspiring session titled **"Taking the Lead: Five Practice Administrators Share Their Leadership Projects"** (682), join five practice administrators as they share how they implemented leadership projects in their practices. All five are recent graduates of AAOE's newly launched Ophthalmic Practice Administrators Leadership Program (OPAL). Their diverse projects include: developing a disaster manual, improving patient care by changing the practice work culture, creating a training protocol for a clinic manager, instituting practice policies and procedures, and creating a business plan for a remote postoperative web-based platform. They will share their process, how they engaged stakeholders, and lessons learned.

**When:** Monday, 9:00-11:15 a.m. **Where:** South 211. **Access:** Academy Plus course pass.

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**REFERENCE: 1.** Samuelson TW, Sarkisian SR, Lubeck DM, et al. Prospective, randomized, controlled pivotal trial of an *ab interno* implanted trabecular micro-bypass in primary open-angle glaucoma and cataract. *Ophthalmology.* Jun 2019;126(6):811-821.

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# Meet Henry D. Jampel, MD, MHS
## Editor-in-Chief of *Ophthalmology Glaucoma*

In August 2018, the Academy launched the peer-reviewed publication *Ophthalmology Glaucoma.* The bimonthly is published in partnership with the American Glaucoma Society and is the society's official member publication, replacing the *Journal of Glaucoma.* The new journal's mission is to advance scientific research and improve patient care. For readers, the journal's original articles provide information about new approaches to diagnosis, innovations in pharmacological therapy and surgical technique, and basic science advances that impact clinical practice. For authors, the journal offers an opportunity to publish original research in a top-tier journal that reaches glaucoma specialists worldwide. Case in point, at press time, *Ophthalmology Glaucoma*'s most-downloaded article was titled "Micropulse Transscleral Cyclophotocoagulation: A Look at Long-Term Effectiveness and Outcomes." (To submit research, go to https://www.editorialmanager.com/ogla/Default.aspx. For submission questions, contact aao journal@aao.org.)

**Who is heading up this new journal?** Henry D. Jampel, MD, MHS, is Editor-in-Chief, and he comes to his new post with decades of experience. Most notably, he served as Deputy Editor-in-Chief of *Ophthalmology* journal for 15 years. In addition, he has authored more than 100 peer-reviewed articles and approximately 20 invited editorials and has served as a peer reviewer for no fewer than 13 journals. With this wealth of experience, Dr. Jampel is positioned to aim for excellence: "Our vision is for *Ophthalmology Glaucoma* to become the premier journal publishing top-quality, peer-reviewed research by glaucoma specialists for glaucoma specialists," he said.

Below are a few personal facts about the man at the helm of *Ophthalmology Glaucoma.*

***WITH FAMILY.*** *Seated: Evan and Catherine, Risa and Henry. Standing: Mika and Joseph, Sarah and Adam.*

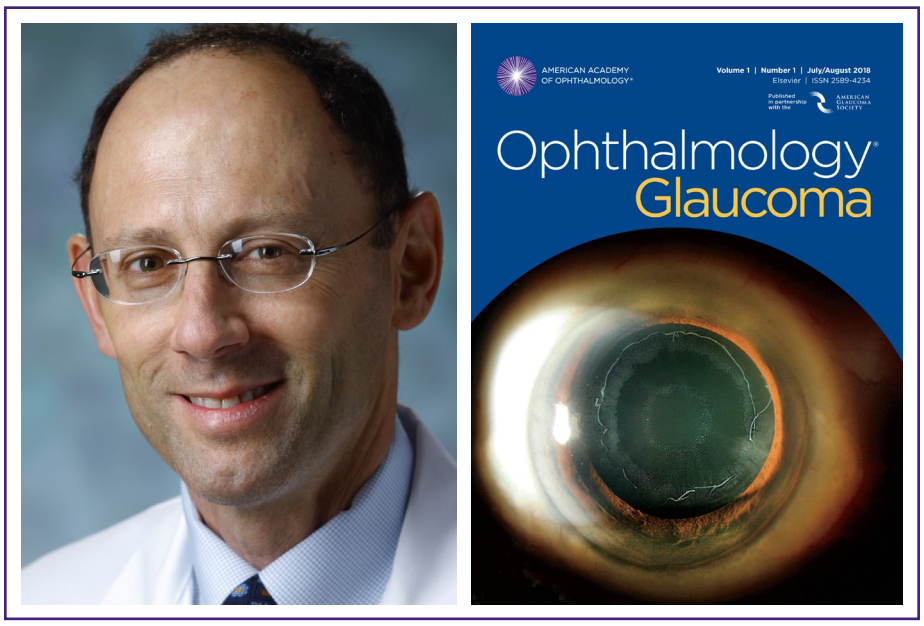
**Current post.** Dr. Jampel is the Odd Fellows Professor of Ophthalmology at the Wilmer Eye Institute and medical director of the Wilmer Green Spring Station facility. He has been at Wilmer since 1988.

**Education.** In 1977, Dr. Jampel earned a bachelor's degree from Harvard College, summa cum laude. In 1982, he was awarded a medical degree from Yale University School of Medicine, which was followed by an internship in internal medicine at Sinai Hospital in Baltimore (1983). His residency at Wilmer was under Arnall Patz, MD, and he did a two-year glaucoma fellowship under Harry Quigley, MD (Wilmer) and Irwin Pollack, MD (Sinai Hospital), completing it in 1988.

Later in his career, he earned a masters of health sciences degree focusing on health finance and management from the Johns Hopkins Bloomberg School of Public Health in 1996.

**Mentor.** Harry Quigley, MD, also at Wilmer Eye, has been Dr. Jampel's mentor for the last 30 years or so. Dr. Jampel credits Dr. Quigley with helping to form his approach to clinical care, research, and service. Dr. Jampel also cites David Friedman, MD, PhD, professor of ophthalmology at the Massachusetts Eye and Ear Infirmary in Boston, as a major career facilitator.

**Research.** Keenly interested in research, Dr. Jampel is widely published. Notably, he was involved with two landmark studies: He was a principal investigator in the Collaborative Initial Glaucoma Treatment Study, which compared medical and surgical glaucoma treatments in treatment-naive patients with open-angle glaucoma. He was an investigator in the Ocular Hypertension Treatment Study, which sought to determine whether topical treatment in patients with ocular hypertension could prevent progression to glaucoma, and to identify risk factors for progression to glaucoma in this patient population.




**Childhood.** As a boy, Henry learned about medicine from his father, Robert S. Jampel, MD, PhD, double-boarded in ophthalmology and neurology, who served as director of the Kresge Eye Institute in Detroit for 20+ years. The younger Jampel credits his father for providing career-making advice: Do your residency at Wilmer if you can, and consider a subspecialty in glaucoma. His father continues to be a role model, professionally and personally. The older Dr. Jampel is chairman emeritus of the Kresge Eye Institute at Wayne State University.

**Family.** Dr. Jampel and his wife, Risa, met at Yale Medical School. She is a dermatologist at the University of Maryland. They have three children, each with an interesting career: Catherine is completing her doctoral dissertation in geography at Clark University, Joseph is a public interest attorney specializing in affordable housing in Philadelphia, and Sarah is a contributing editor at *Bon Appétit* magazine. Henry and Risa recently built a house for their future, including a first-floor master bedroom, and three "optimism" bedrooms upstairs.

**Sports.** A triathlete, Dr. Jampel enjoys endurance athletics. Over the years, he has competed in triathlons—including the Ironman Triathlon World Championship in Hawaii in 1999 and again in Lake Placid in 2004—six marathons, including the Boston Marathon in 2009, and six open-water swims of 3 miles each, most recently in 2016.

**Shock.** Seven months after the 2000 Ironman, after a swim workout, Dr. Jampel went into sudden cardiac arrest (SCA). Thanks to 21 minutes of CPR from friends and three defibrillation shocks from EMTs starting at the 27-minute mark, he revived. He was 44 at the time. (Approximately 90% of SCAs are fatal when they occur outside of a hospital.)

Since then, he has been involved with the Sudden Cardiac Arrest Foundation (www.sca-aware.org) and is currently the organization's board chair. The nonprofit foundation is dedicated to reducing needless deaths from sudden cardiac arrest, which kills over 300,000 Americans each year. In 2006 he testified in support of a bill mandating AEDs in all high schools in the state of Maryland; it passed.

***ANNUAL RE-BIRTHDAY BRUNCH.*** *(See "Shock," above.) Dr. Jampel (center) with resuscitators David Brown, MD, (front left), and Alan Krumholtz, MD, (front right), along with other members of the Lane 1 swim team.*

**Join the Editors on Sunday Morning.** Subscribers, reviewers, and published authors for the journals *Ophthalmology, Ophthalmology Glaucoma,* and *Ophthalmology Retina* are invited to a meet and greet with the editors-in-chief and members of the editorial boards. **When:** Sunday, 10:30-11:30 a.m. **Where:** Resource Center (West, Booth 7337).

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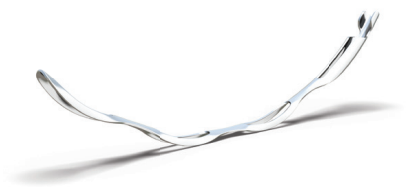

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**INDICATIONS FOR USE:** The Hydrus Microstent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma (POAG). **CONTRAINDICATIONS:** The Hydrus Microstent is contraindicated under the following circumstances or conditions: (1) In eyes with angle closure glaucoma; and (2) In eyes with traumatic, malignant, uveitic, or neovascular glaucoma or discernible congenital anomalies of the anterior chamber (AC) angle. **WARNINGS:** Clear media for adequate visualization is required. Conditions such as corneal haze, corneal opacity or other conditions may inhibit gonioscopic view of the intended implant location. Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, peripheral anterior synechiae (PAS), angle closure, rubeosis and any other angle abnormalities that could lead to improper placement of the stent and pose a hazard. **PRECAUTIONS:** The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The safety and effectiveness of the Hydrus Microstent has not been established as an alternative to the primary treatment of glaucoma with medications, in patients 21 years or younger, eyes with significant prior trauma, eyes with abnormal anterior segment, eyes with chronic inflammation, eyes with glaucoma associated with vascular disorders, eyes with preexisting pseudophakia, eyes with uveitic glaucoma, eyes with pseudoexfoliative or pigmentary glaucoma, eyes with other secondary open angle glaucoma, eyes that have undergone prior incisional glaucoma surgery or cilioablative procedures, eyes that have undergone argon laser trabeculoplasty (ALT), eyes with unmedicated IOP < 22 mm Hg or > 34 mm Hg, eyes with medicated IOP > 31 mm Hg, eyes requiring > 4 ocular hypotensive medications prior to surgery, in the setting of complicated cataract surgery with iatrogenic injury to the anterior or posterior segment and when implantation is without concomitant cataract surgery with IOL implantation. The safety and effectiveness of use of more than a single Hydrus Microstent has not been established. **ADVERSE EVENTS:** Common post-operative adverse events reported in the randomized pivotal trial included partial or complete device obstruction (7.3%); worsening in visual field MD by > 2.5 dB compared with preoperative (4.3% vs 5.3% for cataract surgery alone); device malposition (1.4%); and BCVA loss of ≥ 2 ETDRS lines ≥ 3 months (1.4% vs 1.6% for cataract surgery alone). For additional adverse event information, please refer to the Instructions for Use. **MRI INFORMATION:** The Hydrus Microstent is MR-Conditional meaning that the device is safe for use in a specified MR environment under specified conditions. **Please see the Instructions for Use for complete product information.**

**References:** 1. Samuelson TW, Chang DF, Marquis R, et al; HORIZON Investigators. A Schlemm canal microstent for intraocular pressure reduction in primary open-angle glaucoma and cataract: The HORIZON Study. *Ophthalmology.* 2019;126:29-37. 2. Vold S, Ahmed II, Craven ER, et al; CyPass Study Group. Two-Year COMPASS Trial Results: Supraciliary Microstenting with Phacoemulsification in Patients with Open-Angle Glaucoma and Cataracts. *Ophthalmology.* 2016;123(10):2103-2112. 3. US Food and Drug Administration. Summary of Safety and Effectiveness Data (SSED): Glaukos iStent® Trabecular Micro-Bypass Stent. US Food and Drug Administration website. https://www.accessdata.fda.gov/cdrh_docs/pdf8/P080030B.pdf. Published June 25, 2012. 4. US Food and Drug Administration. Summary of Safety and Effectiveness Data (SSED): iStent inject Trabecular Micro-Bypass System. US Food and Drug Administration website. https://www.accessdata.fda.gov/cdrh_docs/pdf17/P170043b.pdf. Published June 21, 2018.

*Comparison based on results from individual pivotal trials and not head to head comparative studies.

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# New Mentoring Program
## Academy Mentors Talk About Those Who Inspired Them

The Minority Ophthalmology Mentoring program was designed by the Academy and Association of University Professors of Ophthalmology to increase diversity in ophthalmology. Each year, approximately 25 underrepresented minority medical students and senior year undergraduates are paired with individual ophthalmologist mentors who help guide them through their academic and career development and expose them to the important and fulfilling work of ophthalmologists.

To complement the annual meeting's theme of "Inspire!" *EyeNet* is spotlighting five of the dedicated volunteer mentors who make the program possible. *EyeNet* asked each mentor to discuss who guided their development and inspired them to be a mentor.

Program Volunteer
**LISA D. KELLY, MD**
*Minority Ophthalmology Mentor Lisa Kelly was inspired to mentor thanks to Chester Pryor.*
**Mentor:** Chester C. Pryor II, MD

**How did you meet Dr. Pryor and what was your first impression of him?** When I was a second-year medical student, I planned to be a general internist. As I was going into my third year of medical school, I was assigned a month of ophthalmology. I thought, "Who would spend a whole month doing ophthalmology?" My parents knew of Dr. Pryor and they suggested I talk to him, which I did. He had a wonderful sense of humor and was such a delightful person that I figured I'd give ophthalmology a try.

**How did he become your mentor?** After that month of studying ophthalmology, I fell in love with it. I went back to Dr. Pryor and he was so insightful about what it meant to practice, how one approached patients, and the engagement that one could have in patients' lives, and he was such a wonderful role model and mentor through medical school.

**What one memory of him has stuck with you?** My parents thought, as I had initially, that it was strange to go through medical school and not become a pediatrician or an internist. Realizing their concerns, he took me and my mother out to breakfast and explained to my mother what a great career ophthalmology was. He turned my parents around.

**How did he help build your career?** When I moved back to Cincinnati a few years ago, Dr. Pryor helped me to acclimate to the Cincinnati ophthalmic community. He, once again, was not just a mentor but also a friend and a supporter.

**How has he influenced you as an ophthalmologist?** Dr. Pryor has always been very engaged in the African American community and, really, the community in general in Cincinnati. And the type of warmth and compassion that he showed when he talked about his patients and practice, those were the types of things I wanted for myself.

**Did his identity as African American have an impact on your mentor-mentee**

***FROM MENTEE TO MENTOR.*** *Dr. Kelly (left) receives a visit from her mentor, Dr. Pryor.*

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**relationship?** At the time that I went into ophthalmology, I didn't know of many African American ophthalmologists. And for someone to say to me, "Yes, absolutely this is a great career for you," and for that person to be a practicing ophthalmologist was a type of moral support. When you have students who are perhaps first generation in medicine and the environment is new, they may not understand all of the options available to them. Sometimes as a student, just seeing someone who looks like you who has selected a career they love makes you think, "Maybe that's something I should take a closer look at."

**How has your experience with Dr. Pryor shaped your involvement in the Minority Ophthalmology Mentoring program?** I happen to think mentoring is the eighth wonder of the world. A mentor is someone you can learn from as a role model; and from them getting to know you, your strengths and weaknesses, they help you develop to your potential. I loved having a mentor and I love being a mentor. The Minority Ophthalmology Mentoring program teaches that extra bit of knowledge that you can't get from a textbook and it provides a great opportunity to foster young people who have much to bring to our specialty.

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Program Volunteer
**CÉSAR A. BRICEÑO, MD**

*Two people taught Minority Ophthalmology Mentor César Briceño the value of mentoring: his own mentors, Peter Quiros and Christine Nelson.*

**Mentor 1:** Peter A. Quiros, MD

**How did you meet Dr. Quiros and what was your first impression of him?** He was my program director during residency. Interestingly, he is known for being tough in clinic. But what becomes evident once you spend more than five minutes with him is that it comes from a burning passion for our professional development.

**What stood out about him as an instructor?** He is incredibly thorough, not only about teaching medicine from the intellectual and academic standpoint but also from a humanistic standpoint—how to be a good person, respect your patients, and see their perspective.

**What one memory of him stands out to you?** In my first year of residency, I didn't do nearly as well on my OKAP exam as I would have hoped. I confided my doubts to him, and he worked with me to make a customized plan for overcoming this particular problem. Sometimes, as a person of color who doesn't feel very well-represented in the ivory tower of academia, I felt self-doubt creep in. It was really nice to have a champion who helped drive it out.

**How did he help build your career?** I pursued a subspecialty that is extremely competitive, but it was his encouragement throughout my residency that allowed me to succeed. He has also facilitated international relationships with colleagues. When I was a third-year resident, I opted to do an away rotation in Brazil. He bent over backward and helped me to negotiate call changes with my residents, secure funds, etc.

**Did his identity as a Latino gay man have an impact on your mentor-mentee relationship?** It was such a beacon of hope for me to see someone whose public identity matched mine achieving that level of success. When you pair that with someone who actually cares, goes above and beyond to make sure young physicians develop properly, he made for a very effective mentor. I found the person that I wanted to emulate professionally.

**Mentor 2:** Christine C. Nelson, MD

**How did you meet Dr. Nelson and what was your first impression?** She interviewed me for my ASOPRS (American Society of Ophthalmic Plastic and Reconstructive Surgery) fellowship. ASOPRS fellowships are notoriously difficult to get so when I showed up to my interview I was very nervous, but after talking

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with her for only five minutes, I felt like I was talking to my aunt. I ultimately ended up matching with her.

**What is one memory of her that has stuck with you?** Right before I went to Michigan to look for an apartment, I happened to mention that I'd be in town. And she gasped and said, "Oh my goodness! How could you not tell me you were coming?" With about two days' notice, she gathered the entire department at her house, she cooked a full meal by herself, and she baked a cake shaped like the University of Michigan "M" all in my honor—and I hadn't even started yet. As someone just starting such an intimidating program, having that experience really softened the landing.

**What stood out about her as an instructor?** She is a brilliant surgeon—every time I operated with her I felt like I learned 10 new things—but instead of that being a source of pressure or stress, it became exciting and fun. She has the ability to meet you exactly where you are with zero judgment and with pure compassion. The way she treats her colleagues and trainees is the way she treats her family.

**How did she help build your career?** She has always gone out of her way to make sure I meet all the right people, end up on the right committees, am doing the right sort of projects—and she does this without seeming oppressive. She leads by inspiring and by example instead of by demanding, and I think that makes her an exemplary educator.

**How has your experience with Dr. Quiros and Dr. Nelson shaped your involvement in the Minority Ophthalmology Mentoring program?** Because of their example, I choose to mentor with a lot of nurturing, caring, and love because I think that, in the trenches of residency and medical school training, those are things you don't run into very often. Creating a safe space with your trainees that builds trust but still focuses on the ultimate clinical goals is hard, but my own mentors have convinced me it's worth the effort.

Program Volunteer

**O'RESE J. KNIGHT, MD**

*O'Rese Knight, a Minority Ophthalmology Mentor, was inspired by Donald Budenz and Mildred Olivier.*

**Mentor 1:** Donald L. Budenz, MD, MPH

**How did you meet Dr. Budenz?** He was my research mentor at the University of Miami where I attended medical school. I actually didn't know anything about ophthalmology but got really excited about the field during medical school lectures and after spending significant time completing vision screenings at our community health fairs. Once I decided to pursue ophthalmology, I applied to complete a year of OCT research with one professor but was ultimately assigned to work with Dr. Budenz.

**How did he become your mentor?** For this project, I worked with him each day for a year. But beyond the research, he helped me through some personal issues and began to provide career advice. He was extremely supportive of my presentation of our work at national meetings and my residency application. During residency, we continued publishing papers and he continued providing valuable career insights. He later recruited me to the University of North Carolina, where I am now.

**What stood out about him as an instructor?** When you're a medical student, experienced clinicians can breeze right by you. But from the very beginning he has been attentive and genuinely interested in me.

**What did you appreciate about his mentorship style?** With him, there is an objective, and either you accomplish it or you don't. The relationship has changed over time, but we still have that level of independence. We have our regular research meetings; I let him know what my current challenges are and he gives

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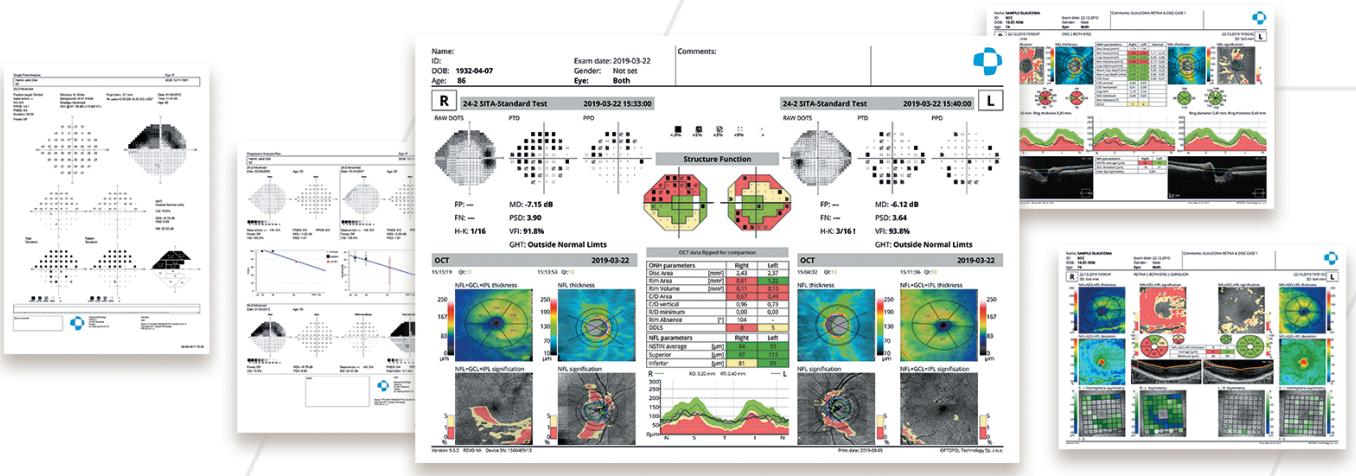

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insight to help me progress.

**How did he help build your career?** Aside from recruiting me to North Carolina, his mentorship solidified my interest in research. As a matter of fact, he's currently my mentor on a grant to find more accurate ways of measuring intraocular pressure.

**Mentor 2:** Mildred M.G. Olivier, MD

**How did you meet Dr. Olivier?** At medical school, the attending for family medicine learned that I was interested in ophthalmology and immediately introduced me to Dr. Olivier. Since that time, Dr. Olivier has done everything in her power to provide opportunities to expand my career and help with whatever predicament I find myself in.

**How did she help your career?** She and Dr. Eydie Miller-Ellis are the course directors for the Rabb-Venable Excellence in Ophthalmology Research Program. The program is designed to encourage medical students and ophthalmology trainees to pursue academic careers. In addition to encouraging my participation in the program, they became my sounding board for professional concerns and career decisions. And they continue to be.

**How did she encourage you to mentor?** I participated in the Rabb-Venable competition for a number of years and currently help direct the welcome program, which offers the research participants the chance to acclimate; to meet peers; and to find contacts to ask about their application, their specific interests, research opportunities, etc. I began in that program as a mentee and am beginning to mentor current participants.

**How have your mentors shaped you as a mentor?** The first thing I try to demonstrate is passion. I really love the eye and I try to be a mentor who educates but is also able to enjoy himself. Additionally, I listen to the trainees, whoever they are, wherever they are in their career. I think it's important for people to take a deep look at the specialty they are considering because I want them to feel like they were born for this.

Program Volunteer

**SANDRA R. MONTEZUMA, MD**

*Sandra Montezuma is a Minority Ophthalmology Mentor. Her own mentor, Joseph Rizzo, is the person she admires most.*

**Mentor:** Joseph F. Rizzo III, MD

**How did you meet Dr. Rizzo?** During my last year of ophthalmology residency in Colombia, my birthplace, I wanted to research retina prostheses. I contacted Dr. Joseph Rizzo because the related research happening at Harvard and at his lab in particular were well known. After back-and-forth discussions by email, he invited me to Boston for an interview and observership for three months. After the observership, Dr. Rizzo granted me a research fellowship position to work on the Boston Retinal Prosthesis and an observership in neuro-ophthalmology for almost four years. He started me on a path toward becoming an ophthalmologist in the United States.

**What stood out about him as an instructor?** We performed experiments together until I got more comfortable doing them independently, and he gradually gave me more responsibilities.

**What do you admire most about him?** He is dedicated to his work; he is an amazing speaker and teacher; he is very enthusiastic and has an incredible contagious energy; and he is a family man.

**How did he help shape your career?** It's no exaggeration to say plainly that I owe him for all the successes that I've had here. His strong letters of recommendation and his guidance have made many aspects of my career possible, including completing my residency and surgical retinal fellowship training, obtaining the proper visa status to stay in the United States, and, more recently, being promoted to associate professor at the University of Minnesota.

He continues to this day to be a great supporter and friend, and for that I am eternally grateful.

**What is one memory of him that stands out to you?** In the year 2000 we ran together in the Boston Marathon. It was an amazing experience to be able to take this once-in-a-lifetime opportunity with the person I admire most.

**How has he shaped you as a mentor?** I have mentored several students and have learned from him how to guide them in research and in teaching, and how to support them through the matching process.

Program Volunteer

**BASIL K. WILLIAMS, MD**

*Through the Minority Ophthalmology Mentoring program, mentor Basil Williams is paying forward the gifts his own mentor, Peter Liggett, gave him.*

**Mentor:** Peter E. Liggett, MD

**How did you meet Dr. Liggett and how did he become your mentor?** When I had just finished as an undergraduate, I was working in his retina practice as a tech. I talked to him about potentially pursuing medical school and specifically ophthalmology, and he took me under his wing. He gave me training on cameras and let me help in surgery and during patient exams so I could get a physician's view. He inspired and encouraged me to pursue ocular oncology and retina like he had done.

***26.2 MILES.*** *Dr. Montezuma (middle left) with her mentor, Dr. Rizzo (middle right), after running the Boston Marathon.*

**What stood out about him as an instructor?** He gave me a variety of learning opportunities and would gauge my interest with each, then give me more opportunities based on what I enjoyed. Through his willingness to answer questions and to ask me challenging questions, I not only enjoyed the technical aspects but also I learned how to frame things for patients.

**What did you admire about him as a doctor?** One of the most interesting parts of working with him was participating in his conversations with patients. He was easygoing and would always ask patients how their lives were going, and they would open up to him. He fostered and maintained those relationships, which is particularly important for adult tumor patients because hearing a diagnosis like that can be challenging. I learned how important compassion is.

**How did he help your career?** In addition to introducing me to ophthalmology, he has connected me with research opportunities and has always encouraged me to present at meetings. In fact, the first poster presentation I gave was with him. Last year in May, there was an intraocular tumor symposium and he was presenting directly before me. It gave me the opportunity to thank him publicly for believing in me, inspiring me, and continually advocating for me.

**How has he shaped you as a mentor?** His mentorship has helped me to realize the value of having someone you can look up to as well as how impactful it is when you feel capable of doing a good job. The care he took was personally valuable.

***COLLEAGUES.*** *Dr. Williams (right) with his mentor, Dr. Liggett (left).*

**How did his mentorship encourage you to work with the Minority Ophthalmology Mentoring program?** When I was introduced to this program, I decided to pay it forward. The opportunities provided in the program are phenomenal, especially having someone you can go to and ask questions without worrying about sounding dumb. When I worked with Dr. Liggett, I never had a second thought about asking a question. Additionally, having people who believe in and guide you this early on is valuable, especially when those people have experienced life from your perspective. Having someone you can relate to adds to the relationship.

EXTRA **MORE ONLINE.** For more information on the Minority Ophthalmology Mentoring program, see *EyeNet Magazine*'s "Academy Notebook" section in the October 2018 and February 2019 issues. And watch a video of Mildred M.G. Olivier discussing the Minority Ophthalmology Mentoring program by scanning this QR code.

## Don't Miss the *EyeNet* Corporate Lunches

Be sure to leave room in your schedule for *EyeNet*'s free corporate educational lunches from 12:30-1:30 p.m. from Saturday-Monday. Complimentary boxed meals are available on a first-come, first-served basis, with lunch pickup beginning at 12:15 p.m.

Topics are as follows:

- **Saturday:** "Update on a Treatment Option for Wet Age-Related Macular Degeneration, Diabetic Macular Edema, and Diabetic Retinopathy" with speakers Jordana G. Fein, MD, MS, and Ehsan Rahimy, MD. *This program is presented by Regeneron Pharmaceuticals and designed for U.S. retina specialists.*
- **Sunday:** "CONNECTiiNG THE DOTS: Evidence Based Perspectives on Dry Eye Disease" with speakers Terry Kim, MD, W. Barry Lee, MD, FACS, Marguerite B. McDonald, MD, FACS, and Elizabeth Yeu, MD. *This program is presented by Novartis Pharmaceuticals and designed for U.S. eye care specialists.*
- **Monday:** "Cataract Surgery: Life is Beautiful When the Pupil Behaves" with speakers Eric D. Donnenfeld, MD, John A. Hovanesian, MD, Steven M. Silverstein, MD, Denise M. Visco, MD, and Keith A. Walter, MD. *This program is presented by Omeros and designed for U.S. cataract surgeons.*

Located just one block from Moscone Center at the Marriott Marquis (780 Mission St.), these non-CME symposia are developed independently by industry—they are not affiliated with the official program of AAO 2019 or Subspecialty Day. By attending a lunch, you may be subject to reporting under the Open Payments Program.

**For more information,** visit aao.org/eyenet/corporate-events.

# Vote on the Code of Ethics
## New Rule Would Address Harassment and Discrimination

Each year, the Academy holds elections for any open positions on its Board of Trustees and for any proposed amendments to its governance documents. This year's ballot includes a proposed amendment to the Academy's Code of Ethics.

### Read the Proposed Rule

Increased awareness about sexual harassment in medical settings[1-3] led the Academy's Ethics Committee to develop, and the Board of Trustees to approve, a proposal to add a rule about harassment to the Academy's Code of Ethics.

**The proposed new ethics rule—Rule 18: Harassment and Discrimination—reads as follows:** *Harassment and discrimination in the practice of ophthalmology are unethical. The ethical practice of ophthalmology creates and fosters an environment in which patients and all members of the health care team, including those in training, are treated with respect and tolerance. Harassment and discrimination of all types are likely to jeopardize patient care, exploit inequalities in status or power, and abuse the trust placed in us as ophthalmologists. Therefore, discrimination, harassment, or creation of a hostile working environment on the basis of personal attributes, including but not limited to sex, gender identity, sexual preference, race, disease, disability, age, or religion, is inconsistent with the ideals and principles of ethics in ophthalmology.*

### Voting Opens on Monday

**Who can vote?** Only active Fellows, active Osteopathic Fellows, Life Fellows, Life Osteopathic Fellows, active Members and Life Members are eligible to vote in Academy elections.

**Vote online or by mail ballot.** If you are eligible to vote, but have not voted electronically in previous elections, you were sent an online opt-in email in late August. If you have voted online in previous elections, or you chose to opt-in to the online ballot, you will receive your electronic voting materials—including a unique e-signature—on Monday. This will be sent to the email address that the Academy has on file in its membership database. If you haven't opted in for online voting, your election materials have been sent to you via U.S. mail.

**Election timeline.** Voting opens on Monday and the Academy must receive your vote by Nov. 12 at noon, EST.

**Learn more about the Academy election process.** For more information, visit aao.org/about/governance/elections.

### What If Members Vote to Approve Proposed Rule 18?

**When would the new rule go into effect?** If the Academy membership votes in favor of the proposed rule, it would go into effect on Jan. 1, 2020. Note: The Ethics Committee cannot review challenges concerning events occurring prior to the effective date of a rule.

**Limitations of the proposed rule and the submission process.** The Academy would not have the resources to undertake a hearing in every Rule 18 challenge. The Academy Ethics Committee lacks subpoena power and cannot compel witnesses to testify; thus, the Academy may not be able to resolve all challenges. Therefore, the Ethics Committee would carefully screen each challenge and will reserve the right to decline to adjudicate some Rule 18 challenges in which it is unable to obtain evidence sufficient to resolve the challenge.

Prior to submitting an ethics challenge, individuals should pursue available remedies such as the Equal Employment Opportunity Commission (EEOC), aca-


# Join Duke Eye Center at AAO (Booth W 7109)

Faculty and alumni experts will discuss new techniques, emerging therapies and the latest research.

**Saturday, October 12**

**11:30 am** Optical Coherence Tomography Angiography in Pediatric Diseases
*Lejla Vajzovic, MD*

**12:30 pm** How to Turn an Idea into a Reality
*John Berdahl, MD*

**1:30 pm** Glaucoma Surgery: So Many Options, How Do I Choose the Correct Procedure for the Correct Patient?
*Leon Herndon, Jr., MD*

**2:30 pm** New Techniques and Technologies for Complex Cataract and IOL Surgery
*Terry Kim, MD*

**3:30pm** Clinician-Scientist Perspectives in Glaucoma
*Sayoko Moroi, MD*

**Sunday, October 13**

**11:30 am** Best Practices for a Pediatric Retina Clinic
*Cynthia Toth, MD*

**12:30 pm** A New Method and Device for Macular Membrane Peeling
*Carl Awh, MD*

**1:30 pm** Congenital Zika and the Eyes
*Grace Prakalapakorn, MD*

**2:30 pm** Ocular Tumor Surgical Videos
*Miguel Materin, MD*

**3:30pm** Baffled About Botulinums? Feeling Filler Frustration? Comparison of New Options
*Julie Ann Woodward, MD*

Lejla Vajzovic, MD
*Director, Pediatric Retina and Optic Nerve Center*

John Berdahl, MD
*Duke Eye Center Alumni*
*Vance Thompson Vision*
*Sioux Falls, SD*

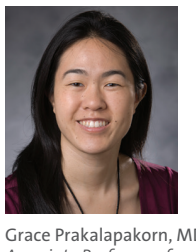
Leon Herndon, Jr., MD
*Chief, Glaucoma Division*

Terry Kim, MD
*Chief, Cornea, External Disease and Refractive Surgery Division*

Sayoko Moroi, MD
*Duke Eye Center Alumni*
*Kellogg Eye Center, University of Michigan School of Medicine*

Cynthia Toth, MD
*Director, Duke Pediatric Retina and Optic Nerve Center*

Carl Awh, MD
*Duke Eye Center Alumni, Tennessee Retina Physicians*


Grace Prakalapakorn, MD
*Associate Professor of Ophthalmology*

Miguel Materin, MD
*Director, Ophthalmic Oncology*

Julie Ann Woodward, MD
*Chief, Oculofacial and Reconstructive Surgery Division*

*For more information, visit dukeeyecenter.duke.edu/aao2019.*

Duke Eye Center

The Duke Eye Center booth presentations are not affiliated with the official program of AAO 2019

demic or institutional review committees (e.g., hospital review boards, credentialing review committees, or medical staff review boards), state medical boards, and other available entities. Academy members are encouraged to pursue legal avenues of resolution in a timely manner to avoid filing cases outside of relevant statutes of limitations.

Absent extraordinary circumstances, the Ethics Committee would hold all potentially valid and actionable challenges in abeyance until pending legal proceedings and all possibilities for appeal have ended. Moreover, even if presented with a finding of "guilt" or "probable cause" by another entity, per the Code of Ethics, the challenged member would still have the right to present his or her defense to the Ethics Committee. A "ruling" by another entity would not, in and of itself, be determinative of the Ethics Committee decisions concerning any Rule 18 challenge.

## Protect Your Practice

"In the current landscape, sexual harassment has been pushed to the forefront. As that happens, more victims are coming forward. So it's important for medical practices to have it on their radar," said Julia S.H. Prospero, Esq., a specialist in health care law who will present "Is It Harassment? Bullying and Sexual Harassment in the Workplace" (257) on Sunday afternoon.

**Why you need formal policies on harassment.** Clear antiharassment policies and procedures—consistently applied—not only will minimize the risks of costly litigation but also will help create a workplace culture in which respect and tolerance for everyone are the norm. "Especially with smaller practices, a lot of times you have these very comfortable relationships in the office, and some things that should be more formalized just aren't. But sexual harassment policies are very important and should not be overlooked," Ms. Prospero said.

***Every* practice needs to have, and follow, a formal policy on harassment.** Robert E. Wiggins Jr., MD, MHA, urges smaller groups to take the matter seriously. "Every practice should have a policy manual that addresses this issue—customized for that practice—and it has to be actually used," Dr. Wiggins said. "You want to catch things early, before they blow up into a big problem for the practice." Dr. Wiggins is the physician administrator of a multispecialty ophthalmic practice in Asheville, North Carolina, and is Academy senior secretary for ophthalmic practice.

**When are you liable?** If the harasser is a supervisor, then the practice is liable for such behavior. When other staff or patients are the harasser(s), the practice is liable if it has control over such individuals, if it knew or should have known about the harassment, and if it failed to take prompt and appropriate corrective action, she said.

**Good protocols matter.** Having clear policies, communicating them to everyone in the practice (including physicians), and applying them consistently can limit the exposure, Ms. Prospero said.

1 Cabrera MT et al. *Ophthalmology*. 2019;126(1):172-174.
2 Jagsi R et al. *JAMA*. 2016;315(19):2120-2121.
3 Johnson PA et al., eds. *Sexual Harassment of Women*. National Academies Press: 2018. https://doi.org/10.17226/24994. Accessed June 14, 2019.

**Ms. Prospero** is an associate attorney at Wade, Goldstein, Landau & Abruzzo, a consultancy firm based in Pennsylvania. *Financial disclosures: None.* **Dr. Wiggins** is the senior secretary for Ophthalmic Practice at the Academy and a pediatric ophthalmologist and physician administrator at Asheville Eye Associates in Asheville, N.C. *Financial disclosures: None.*

**Note:** Parts of this article were excerpted from "Protecting Your Practice From Sexual Harassment Troubles" (*EyeNet*, August 2019), written by Linda Roach (aao.org/eyenet/archive).

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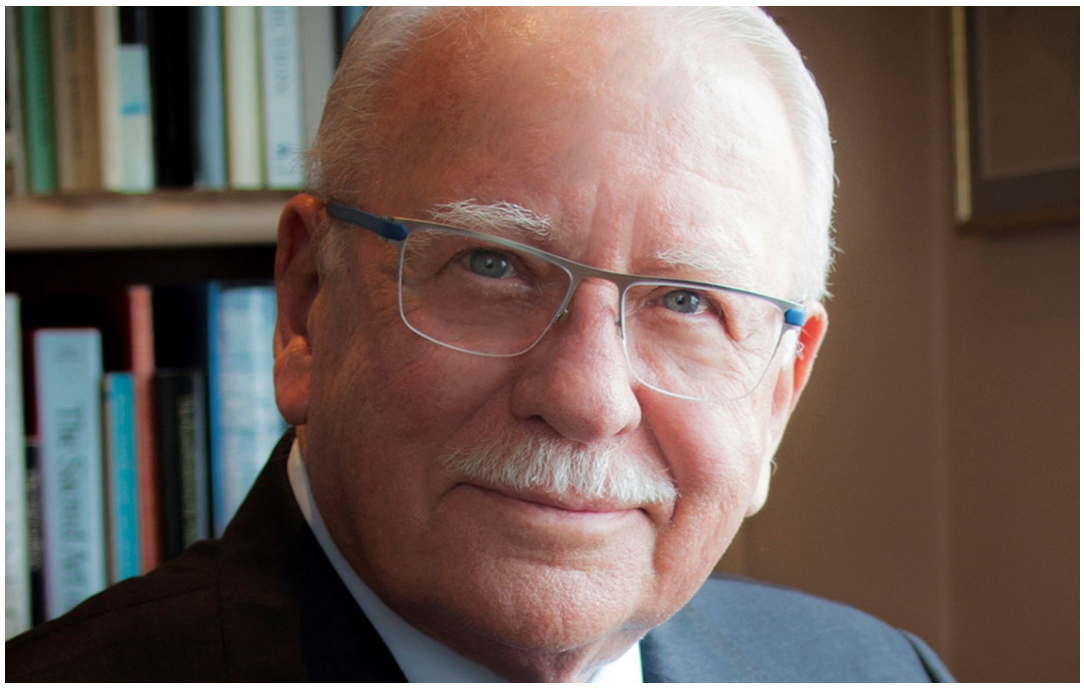
# Bruce E. Spivey, Orbital Gala Special Honoree
## 10 Things You Might Not Know About Him



Bruce E. Spivey, MD, MS, MEd, is the guest of honor at the Sunday night Orbital Gala. A renowned educator, clinician, and transformative leader, Dr. Spivey served as the Academy's first Executive Vice President and Chief Executive Officer (1978-1992). During this period, the organization moved from Minnesota to San Francisco, grew from four staff members to over 100, merged with the American Association of Ophthalmology, formed the Academy's Foundation, developed a Code of Ethics, launched the Ophthalmic Mutual Insurance Company (OMIC), and initiated the National Eye Care Project. These feats could not have been accomplished without Dr. Spivey's visionary leadership and limitless dedication to the Academy.

Because of Dr. Spivey's history with the Academy, he is widely recognized among the organization's members. But how well do you know him—were you aware of these 10 facts?

**1** A young Bruce Spivey accompanied his grandfather to the courthouse in Georgia to obtain his father's birth certificate. His grandfather was required to sign his name on a document. Yet his grandfather had never learned to read or write, so all he could sign was an X. It left a deep impression on the boy, who signed for him. "I realized right there that if education is not a part of your experience, you will always be severely handicapped," Dr. Spivey said.

**2** He decided to attend medical school because his three best friends wanted to become doctors, and he thought, "Why not?"

**3** Dr. Spivey's interest in ophthalmology stems from an internal eye hemorrhage he sustained the summer of 1955 while working as a railroad section hand. That fall, when he entered medical school at the University of Iowa, he referred himself to the university's Department of Ophthalmology for treatment. He ended up landing a job with the department that year, starting his 60-year career in ophthalmology.

**4** Dr. Spivey went from his residency straight into the Army, and found himself at Fort Polk, Louisiana. "It was so bad," Dr. Spivey recalled, "that I wrote a letter to the assigning officer that began 'Dear Sir, you are in dereliction of your duties.' I wanted him to read the letter in its entirety and proceeded to tell him that the post did not have the resources to support an ophthalmologist and that my skills were just being wasted." The letter resulted in a reassignment to Fort Dix, New Jersey, "where I actually had a hospital with instruments." But his next assignment came quite soon.

**5** Not surprisingly, he was the first Army ophthalmologist to go to Vietnam. He served from 1965 to 1966, earning a Bronze Star, which is awarded for heroic or meritorious achievement or service in a combat zone. His experience dealing with trauma during his internship had prepared him well. His ability to make swift and correct diagnostic and treatment decisions caught the attention of his superiors, and he was soon named the Triage Officer, and the Army manual was changed because of his work. Dr. Spivey's year in Vietnam included treating 1,100 people with leprosy who had never seen an ophthalmologist and teaching cataract surgery in a hospital run by nun-doctors.

**6** The Academy position was the only job he ever applied for! He was recruited for all his other positions.

**7** At the Academy, Dr. Spivey was instrumental in working with Dr. Bradley Straatsma and others on the 1981 Academy merger with the American Association of Ophthalmology. According to Dr. Straatsma, "The merger was made possible by resolving differences in … you could call it compromise, but I would say in a mutually satisfactory manner. The [Association's] House of Delegates evolved into the Council of the Academy. The officers who were in various points of succession [within each of the two organizations] continued, but their date of appointment may have been altered by the merger. And the issue of members and fellows was resolved by keeping the membership of both groups, but retaining the distinction between members and fellows."[1] Prior to the merger, Academy membership comprised solely board-certified ophthalmologists, whereas Association membership was open to all practicing ophthalmologists, regardless of board certification.

**8** Dr. Spivey helped initiate the National Eye Care Project (NECP, now called EyeCare America). According to Thomas Hutchinson, MD, when the concept for NECP was first proposed to the Academy Board, it was voted down 22 to 2. "The two positive votes were Bruce Spivey's and mine, but neither Bruce or I gave up and we prevailed in the end." It was important to have Bruce Spivey's support, said Dr. Hutchinson, "He was the spark plug that kept us charged up and was truly responsible for the success of the NECP."[2]

**9** "Bruce Spivey has had a great deal to do with the globalization of ophthalmology," said Stanley M. Truhlsen, MD, in conversation with Melvin Rubin, MD, in 2009. "As Secretary-General and President of the International Council of Ophthalmology, he helped bring together ophthalmologists from all around the world. He travels to ophthalmological meetings in Africa and Europe and Asia and so forth, and is a major presence in this arena, and I think we owe a debt to Bruce for his contributions.

"Without doubt," said Dr. Rubin. "He started the international relationships even when he was Executive Vice President of the Academy."[3]

**10** Dr. Spivey was the 2015 Academy Laureate Recognition Awardee for his contributions to ophthalmology.

### A Secret and a Vision

With energy, vision, and leadership, Dr. Spivey has grown and strengthened many institutions, including the Academy, the International Council of Ophthalmology, Pacific Vision Foundation, Council of Medical Specialty Societies, Columbia-Cornell Care, and others. What is the secret to his success? "I never learned to say no. It is all interesting and all a challenge." And he plans to continue to say yes to endeavors that enhance the profession. "We must constantly work toward improving ophthalmology education," he said. "There is always more to do and learn, given continual improvements in science and education."

1 aao.org/oral-histories, Straatsma, Bradley A MD.
2 aao.org/oral-histories, Hutchinson, B. Thomas MD.
3 aao.org/oral-histories, Rubin, Melvin MD or Truhlsen, Stanley M. MD.

## About the Orbital Gala

Now in its 16th year, the Orbital Gala is an annual fundraising and social event that takes place on Sunday during the annual meeting. Hosted by the Academy Foundation, the evening includes a buffet dinner, dancing, silent auction, and celebration of its special honoree—this year, Dr. Spivey—that includes presentation of a tribute book with personal messages from those who donate $250 or more. Proceeds benefit the Academy's educational, quality of care, and service programs.

**Event: Sold out.** Tickets for this year's gala are no longer available. Watch aao.org/foundation next May to secure tickets for the 2020 Orbital Gala in Las Vegas.

**Tribute: Not too late.** Although the tribute book has already been printed, you can still make a gift in honor of Dr. Spivey at aao.org/foundation or at the Foundation booth in the Resource Center (West Booth 7337).

# An Introduction to the Truhlsen-Marmor Museum of the Eye

A brand-new facility to showcase the Academy Museum's extensive collection is slated for its grand opening in 2020. What to expect.

Imagine a place where people of all ages can embark on a journey of discovery about the eye, the science of sight, and the history of ophthalmology.

This vision will soon become a reality, thanks to the generosity of Stanley M. Truhlsen, MD, Michael F. Marmor, MD, and other donors from among the Academy membership, as well as corporate sponsors.

The Truhlsen-Marmor Museum of the Eye will be unique: the only free, public museum dedicated to the exploration of sight and the profession of ophthalmology. The museum aims to

- deliver an interactive exploration of vision and the eye,
- preserve the rich history of ophthalmology and vision scientists,
- celebrate and inspire innovation in eye care, and
- promote eye health on a broad scale.

The Museum of the Eye will open in time to take advantage of the natural publicity surrounding the year 2020 and 20/20 sight.

## A Museum for Everyone

Few subjects are so widely relevant as vision. Sight, central to most individuals' experience of the world, is often considered to be the most valuable of the senses. Thus, the museum will have a broad appeal across all ages and backgrounds. Located in San Francisco's bustling Fisherman's Wharf area, the museum is sure to draw visitors from the United States and around the world. In fact, more than 30,000 people are expected to tour the museum in its first year alone.

## Showcasing Rare Art and Artifacts

Many Academy members have had glimpses of the museum's holdings at the annual meeting exhibits. Yet these displays could only hint at the vast 38,000- object collection. The astonishing scope of the museum's collection is difficult to grasp, encompassing eye- and vision-related materials ranging from antiquarian medical tomes to superhero comic books, from exquisite netsuke to brash advertisements for eye nostrums, and from religious objects to sophisticated ophthalmic instruments.

***WELCOMING VISITORS.*** *Located on the first floor of the Academy headquarters, attractive street-level displays will pique curiosity and draw in visitors.*

Currently, these items can be seen only by appointment or online. Soon, the beautiful new galleries will allow a rotating selection of these rare artifacts to be displayed in a meaningful context.

## Beyond the Objects

But the Museum of the Eye will be much more than an impressive collection of objects. It is designed as an immersive experience that uses cutting-edge technology to intrigue, educate, and delight visitors. Through virtual reality headsets and interactive screens, visitors will be able to take a virtual "walking tour" through the eye, visualize the effects of blinding eye diseases, get a 3-D view of the latest operating microscopes, and much more.

Although the exhibits will appeal to all ages, several of the galleries seamlessly incorporate educational activities to meet the California Public Schools Next Generation Science Standards and the History-Social Science Content Standards for different grade levels. But the kids will be having so much fun that they won't even notice the pedagogy!

## Honoring the Profession of Ophthalmology

From bold surgeries to life-saving care, ophthalmology has played a remarkable role in the history of medicine and society. The profession's exciting technical innovations and visionary leaders have improved the lives of generations of patients and defined the science of eye health.

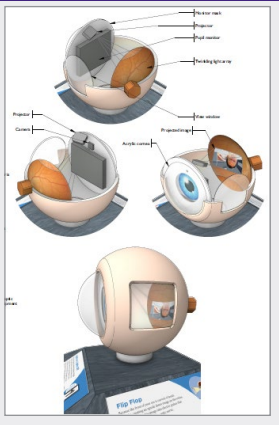
The Museum of the Eye aims not only to preserve the heritage of ophthalmology, but also to develop greater public awareness of the profession. It will honor the great ophthalmologists of the past and present and, in doing so, may even inspire interest in medicine and eye care among new generations of young visitors.

**Aligned with the mission of the Academy.** By inspiring curiosity and awe about the eye and vision, and helping visitors understand the workings of the visual pathways, the museum drives forward the mission of the Academy: protecting sight and empowering lives. All Academy members can take pride in this showcase of the past, present, and future of ophthalmology.

## A CLOSER LOOK AT THE GALLERIES

The museum has been designed to provide a natural flow through several galleries devoted to different aspects of anatomy, visual function, ophthalmic history, and future developments. Here's a closer look inside.

**Gallery 1: Anatomy.** Gallery 1 is an introduction to the anatomy of the eye and its function. Among the highlights is a large model eye with multiple interactive elements that will allow visitors to experience the effect of light on the pupil and the workings of the muscles and to get a close-up view of the interior structures of the eye. There are also video and hands-on displays explaining the mechanisms of focusing and comparing human vision to that of several types of animals.



***AN INSIDER'S VIEW.*** *The interactive eye model will give visitors a unique opportunity to experience the anatomy and functions of the human eye.*

**Gallery 2: Where seeing begins.** Gallery 2 will take a deeper look at the layers of the retina and how they encode information to be decrypted in the brain. Optical illusions will demonstrate how the eye uses contrast to read our surroundings—and how the visual system can be tricked. Color, the visual spectrum, and color blindness will be discussed in an engaging setting featuring an interactive light box, prisms, and color vision tests.

**Gallery 3: Advancements.** Gallery 3 takes visitors on a time trip through the development of medicine from ancient times to contemporary state-of-the art visual science. Starting with the medicine of ancient Egypt, China, and the Indus Valley, the storyline will continue through to diseases in the retina, strabismus, and glaucoma. Instruments from different centuries will be coupled with touchscreens that provide timelines and biographic sketches of physicians and famous individuals connected with ophthalmology.

**Gallery 4: New frontiers.** Gallery 4 continues the journey of advancements with a display case on cataract surgery. It then takes the story further, showing where the profession is headed in the future. Visitors will learn about corneal transplant, microsurgery, biometrics, and virtual reality. Exhibits will tell visitors how technology is being incorporated into medical care and physician training and allow them to experience some of it for themselves. Finally, the innovative Ideation Glass Wall will give visitors space to think about what they have learned and answer thought-provoking questions about the future of ophthalmology.

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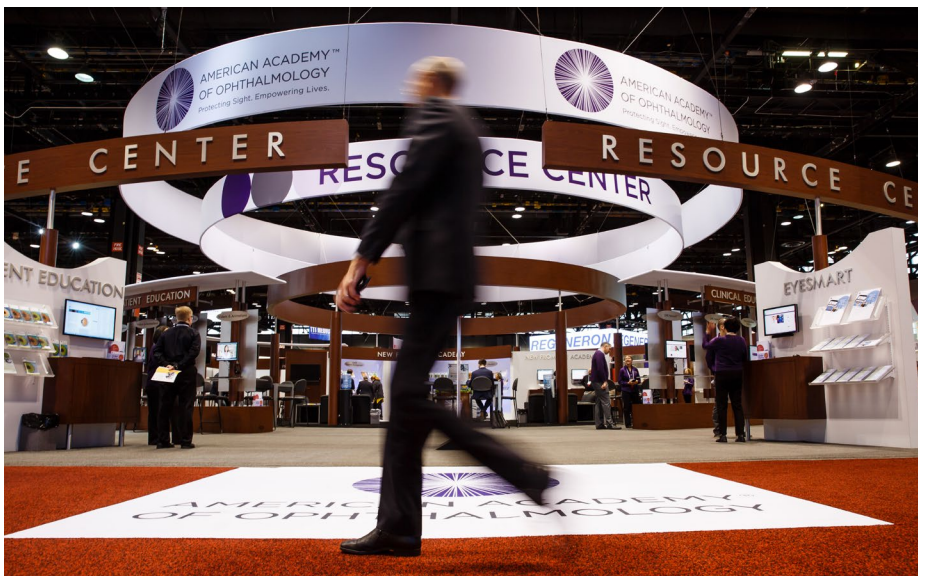
# Find Innovative Solutions at the Academy Resource Center

Learn about Academy services and discover the latest products at the Resource Center (West, Booth 7337). Academy staff members are on hand to answer your questions and help you find the most valuable resources.




### AAO 2019 MEETINGS ON DEMAND

View your favorite presentations again or see what you missed with the online AAO 2019 Meetings on Demand. Own over 200 hours of presentations from AAO 2019, Subspecialty Day, or the AAOE Program. New this year: If you purchased the Academy Plus course pass or registered for Subspecialty Day, you get complimentary access to the AAO 2019 Highlights or All-Subspecialty package. See a staff member for details.

### AAOE: CODING

Stop by the Coding desk to speak with experts about reimbursement, get critical coding updates, and get answers to all of your coding conundrums.

### AAOE HIGHLIGHTS

Ask about the Academy's practice management and coding products, including:

- **The Ophthalmic Advisors Group.** Academy experts offer guidance unique to your practice.
- **2020 Ophthalmology Business Summit.** Overcome the financial and operational challenges your practice faces every day. Learn more at aao.org/business-summit.
- **2020 Coding References**
  - ICD-10-CM for Ophthalmology: The Complete Reference
  - Coding Coach: Complete Ophthalmic Coding Reference
  - Retina Coding: Complete Reference Guide
  - CPT: The Complete Pocket Ophthalmic Reference
  - Learn to Code, Then Prove Your Competency
  - 2020 Learn to Code the Essentials
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  - Ophthalmic Coding Specialist Exams: choose comprehensive or retina.

### ACADEMY STORE

All Academy products are available to order at the Academy Store desk. Many products can be picked up the same day, or your order can be shipped. During AAO 2019, enjoy 10% off all product purchases and get free shipping within the United States and Canada. Restrictions apply; see a staff member for details.

### ADVOCACY

Visit the Advocacy desk to get a summary of legislative issues, send a letter to Congress, and learn about OphthPAC and the Surgical Scope Fund.

## DON'T MISS THESE SPECIAL EVENTS

**New This Year: Complimentary Headshots**

Drop in for a professional photograph to use on your website or social media profile.

**When:** Saturday-Monday, 9 a.m.-5 p.m. **Where:** West, Booth 7337.

**EyeCare America Volunteer Reception**

Every annual meeting, EyeCare America honors the dedicated volunteer-ophthalmologists who perform this vital public service. Pick up your gift, sip a drink, and mingle with volunteers and residents. Don't miss the raffle at 4 p.m.

**When:** Saturday, 3:30-4:30 p.m. **Where:** Truhlsen-Marmor Museum of the Eye, West, Booth 7037.

**Meet & Greet the Journal Editors**

Subscribers, reviewers, and published authors of *Ophthalmology* and the new *Ophthalmology Glaucoma* and *Ophthalmology Retina* journals are invited to meet editors-in-chief Stephen D. McLeod, MD; Henry D. Jampel, MD, MHS; and Andrew P. Schachat, MD, and the editorial boards.

**When:** Sunday, 10:30-11:30 a.m. **Where:** West, Booth 7337.

### CLINICAL EDUCATION HIGHLIGHTS

View the Academy's latest clinical education products, including:

- **New: AAO Ophthalmic Education App.** Get alerts for clinical updates that matter to you on your iPhone or Android device.
- New: *2019–2020 Basic and Clinical Science Course* (*BCSC*). This year's major revisions include: Update on General Medicine, Fundamentals and Principles of Ophthalmology, Oculofacial Plastic and Orbital Surgery, and Uveitis and Ocular Inflammation.
- *BCSC Self-Assessment Program.* Put your clinical knowledge to the test anywhere with 1,900+ high-yield questions.
- New editions: *Basic Principles of Ophthalmic Surgery* and *Basic Techniques of Ophthalmic Surgery.* Establish proficiency with the techniques and tools you rely on throughout your career.
- New: *Dictionary of Eye Terminology, 7th edition.* Make ophthalmic terms accessible to everyone in your practice with plain-language definitions and full-color illustrations.
- 2020 *Focal Points.* Identify practical ways to translate recent research into your practice. Subscribe for the year or choose only the topics you need.

### CME REPORTING

To report your AAO 2019 and Subspecialty Day CME credit at the Resource Center, visit the CME Reporting/Proof of Attendance kiosk.

### CONVERSATIONS WITH THE EXPERTS

Need some one-on-one time? Sign up for Conversations With the Experts—free, 20-minute consultations with practice management specialists (appointments are recommended).

### eBOOK SUPPORT

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### *EYENET, OPHTHALMOLOGY, OPHTHALMOLOGY GLAUCOMA,* AND *OPHTHALMOLOGY RETINA*

Visit the Clinical Education Products kiosk to leaf through copies and learn more about the following publications:

- NEW: *Ophthalmology Glaucoma.* The Academy's newest scientific journal, published in partnership with the American Glaucoma Society.
- *Ophthalmology Retina.* The Academy's peer-reviewed journal for retina specialists.
- *Ophthalmology.* The Academy's flagship peer-reviewed journal.
- *EyeNet.* The Academy's newsmagazine.

### EYESMART

Visit the EyeSmart kiosk to get a demonstration of aao.org/eyesmart and the Spanish version, aao.org/ojossanos. Learn how these websites can benefit your practice.

### EYEWIKI

Experience the Academy's EyeWiki, an online resource for ophthalmologists and the public. Visit aao.org/eyewiki, or get a demonstration of its features at the Clinical Education Demos kiosk.

### FOUNDATION

Visit the Foundation to learn how it supports the Academy's educational, quality-of-care, and service programs. Find out how you can support the new Truhlsen-Marmor Museum of the Eye and introduce the world to the science

of sight. Partners for Sight donors can pick up a special gift. You can also enroll as a volunteer for EyeCare America, the award-winning public service program; and current volunteers can order a recognition certificate and pick up a gift. Learn more at aao.org/foundation.

## INFORMATION

Have questions about the Resource Center or AAO 2019? Get answers at the Academy Information desk.

## IRIS REGISTRY

Visit the IRIS Registry (Intelligent Research in Sight) kiosk to get a demo of the world's largest eye disease and clinican condition registry.

## MEMBER SERVICES

Be sure to check out the Member Services desk to learn more about the Academy, American Academy of Ophthalmic Executives (AAOE), or the International Society of Refractive Surgery; pay your dues; or ask questions about your member benefits. You can also pick up an annual awards booklet that recognizes 2019 Academy award recipients. Not a member? Apply for Academy membership while you're in San Francisco and save $100 off the application (first-time members only), plus $50 off the AAOE application fee.

## OPHTHALMIC NEWS & EDUCATION (ONE) NETWORK

The ONE Network is the world's largest online source of ophthalmic peer-reviewed news and education. This member benefit includes 640+ interactive online cases and courses; 1,100+ self-assessment questions; 3,100+ clinical videos and podcasts; access to 13 peer-reviewed journals (including *Ophthalmology*) and *EyeNet Magazine* and the latest ophthalmic news. Learn more at the Clinical Education Demos kiosk.

## OPHTHALMOLOGY JOB CENTER WEBSITE

Check out the No. 1 job site for ophthalmologists and ophthalmic professionals at the AAOE (American Academy of Ophthalmic Executives) Products kiosk.

## PATIENT EDUCATION HIGHLIGHTS

Save time, mitigate malpractice risk, and increase patient satisfaction with the No. 1 patient education tools in ophthalmology.

- **Patient education brochures and booklets.** Printed patient education materials help your patients understand and remember what you tell them.
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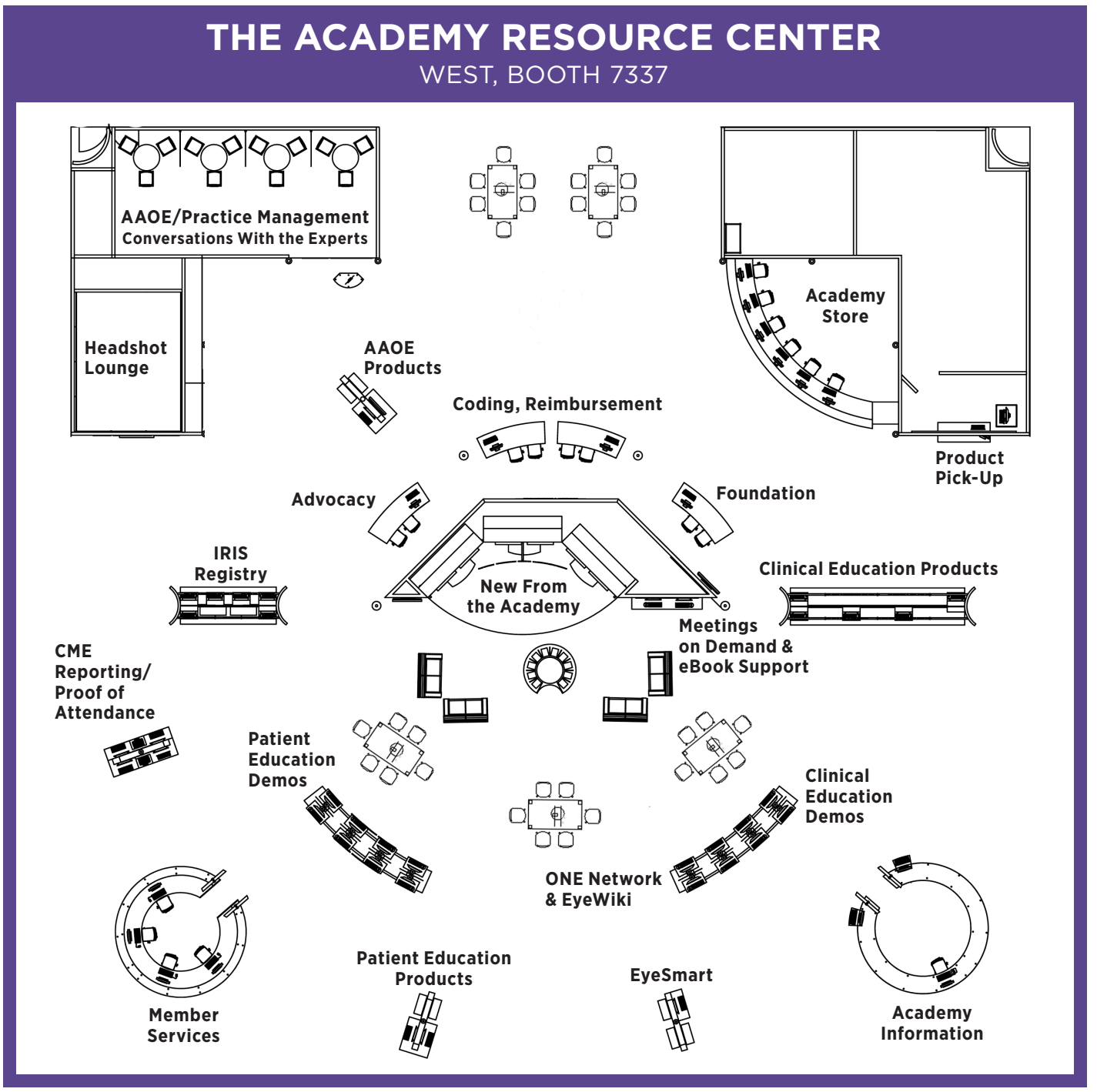
## QUALITY OF CARE

On the ONE Network monitors at the Clinical Education Demos kiosk, you'll find the following resources:

- ***PPPs.*** Browse the Academy's *Preferred Practice Pattern* guidelines. They are free at aao.org/ppp and aaojournal.org/content/preferred-practice-pattern. The *PPPs* help you ensure that patients receive high-quality, evidence-based eye care.
- ***OTAs.*** See the new *Ophthalmic Technology Assessments* for free from the *Ophthalmology* journal website at aao.org/ota and aaojournal.org/content/ophthalmictechnologyassessment.

## SCAVENGER HUNT

Use the Mobile Meeting Guide to participate in the Scavenger Hunt, and look for the Academy Resource Center as the destination for one of your clues.



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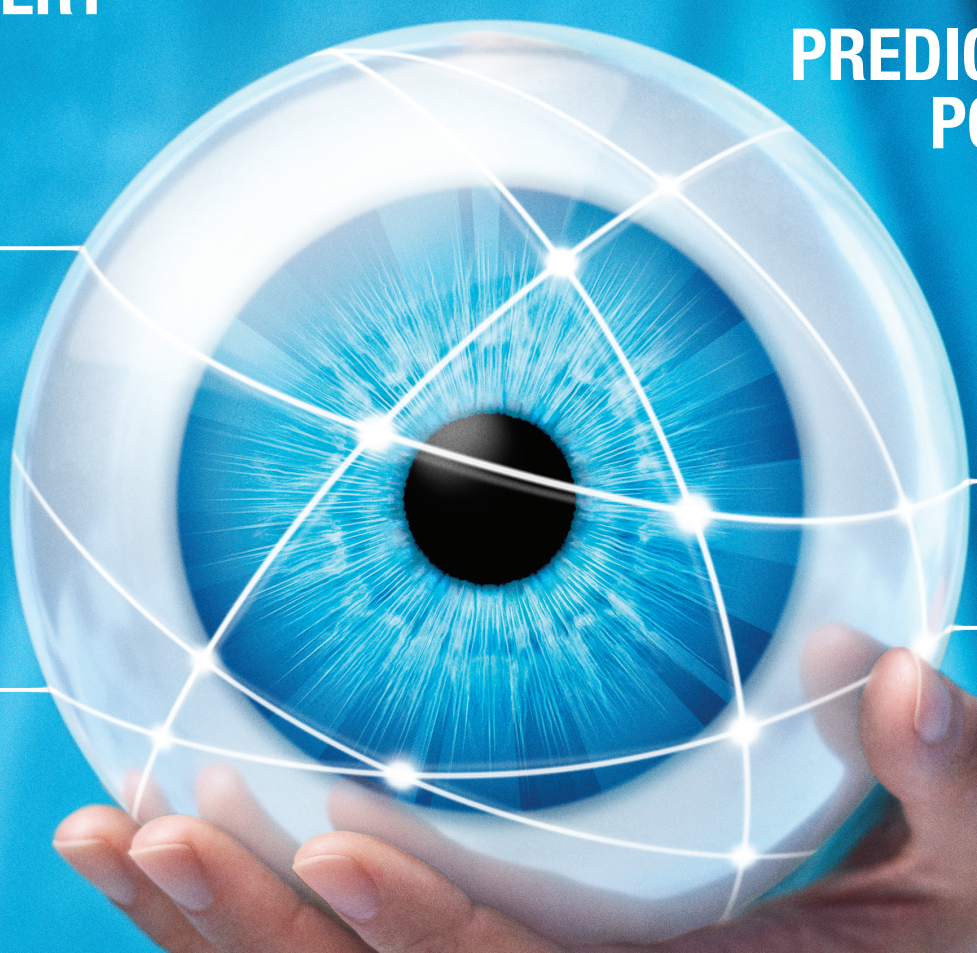

**PROACTIVE SURGERY**

**PREDICTABLE POST-OP**

**SUSTAINABLE TARGET IOP**

**DEVICE INNOVATION**

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**Visit us at AAO booth 1139**

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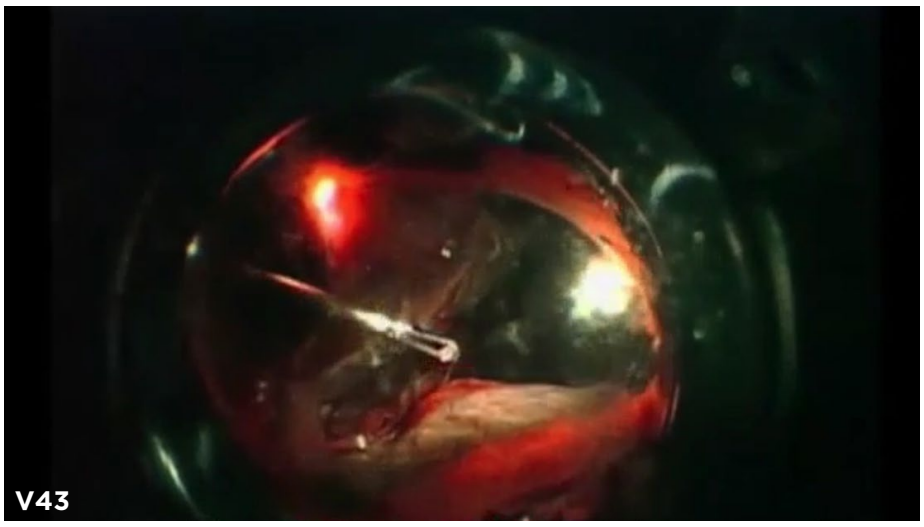
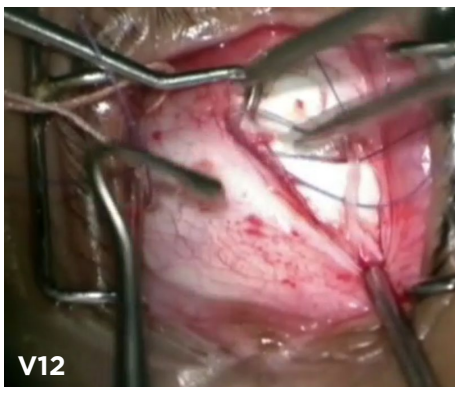
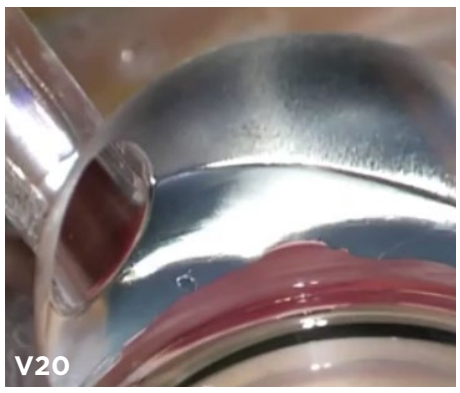
# Best of Show at AAO: 7 Must-See Videos

Winning videos from AAO 2019 are listed below and will be featured at a ceremony on Tuesday, Oct. 15, from 9:30-11:00 a.m., in the Learning Lounge (North, Booth 5314).




The 2019 Best of Show contest winners have provided descriptions of what you can learn from watching their videos. This year's scientific program consists of 55 videos, viewable at any of the ePoster and Videos on Demand computer terminals. Videos will also be available during the meeting through the Mobile Meeting Guide, aao.org/mobile.

## CATARACT

### Intraoperative Aqueous Misdirection Syndrome: The New Risk Factor for PC Rupture During Phacoemulsification (V07)

Posterior capsular (PC) rupture is one of the most devastating complications a surgeon might face during cataract surgery. The link between the anatomy of retrolenticular space and capsular complications is not well defined. For this video, intraoperative optical coherence tomography (iOCT) was used to assess the Berger space and Wieger ligament at the final stages of phacoemulsification and IOL implantation. In a substantial number of patients (up to 70%), anterior vitreous detachment from the posterior lens capsule was detectable. Pathologic connections between the anterior chamber (AC) and Berger space were confirmed with the help of triamcinolone injection into the AC followed by iOCT. We suggest Wieger ligament lysis associated with weak zonules to be the main factors responsible for intraoperative aqueous misdirection syndrome, leading to displacement of the PC forward and making it more susceptible to aspiration. ***Senior Producer:*** *Boris Malyugin, MD, PhD.*

### Intraoperative OCT-Guided Management of Intumescent White Cataract (V08)

For this video, two types of intumescent white cataract were observed on intraoperative optical coherence tomography (iOCT). Type A had swollen hyper-reflective stromal fibers beneath the anterior capsule, with multiple intralenticular clefts in underlying cortex. On initiation of capsulorrhexis, a cortical bulge was visualized in the anterior chamber through the capsular opening without any fluid release and with an imminent risk of capsulorrhexis extension. An iOCT-guided bimanual aspiration of cortex was performed until intralenticular pressure (ILP) decreased and the cortical bulge recessed. The type B cataract had large hyporeflective vacuoles beneath the anterior capsule. Spontaneous slow release of turbid fluid was observed on initiation of capsulorrhexis, and ILP decreased. iOCT aids in creation of an adequate-sized capsulorrhexis in all cases with raised ILP without any capsular tears/extension. Phacoemulsification was uneventful in all cases. ***Senior Producer:*** *Jeewan S. Titiyal, MD.*

### The Zonular Challenge: History and Evolution (V12)

Dr. Charles Kelman included the loose lens on his short list of contraindications to phacoemulsification. This video reviews the history and evolution of the techniques and devices that have allowed cataract surgeons to operate on these challenging patients, achieving unprecedented anatomic and visual results. ***Senior Producer:*** *Robert H. Osher, MD.*

## GLAUCOMA

### iStent Inject: Tips and Tricks (V20)

The aim of this video is to present some practical tips for optimizing outcomes with the iStent inject, a new FDA-approved trabecular meshwork bypass device. The iStent inject is designed to lower IOP by bypassing the trabecular meshwork and enhancing the conventional aqueous outflow pathway. This video presents six steps to successful surgery. Optimal outcomes can be achieved by ensuring correct patient positioning, targeting stent placement, and avoiding under- or over-implantation. It also demonstrates how a smartphone can help improve results. Although the iStent inject is straightforward to use, there are some potential pitfalls. ***Senior Producer:*** *Andrew J. Tatham, MBChB.*

## PEDIATRIC OPHTHALMOLOGY/STRABISMUS

### Augmented Adjustable Medial Transposition of Split Lateral Muscle for Management of Complete Oculomotor Nerve Palsy (V33)

This video demonstrates adjustable medial transposition of split lateral muscle using four fornix conjunctival incisions, one in each quadrant. Posterior tenectomy of superior oblique is done to tackle its unopposed overaction and facilitate the transposition. Superior slip of the lateral rectus is passed under the superior oblique remnant and superior rectus, and inferior slip is passed under inferior oblique and inferior rectus. Both slips of muscle are then passed under the medial rectus and inserted on the nasal sclera in a crossed-action manner, using short-tag noose adjustable technique, to facilitate post-op adjustment. Either or both of the two slips may be adjusted in the postoperative period, depending on the alignment achieved. The crossed insertion provides a larger abducting force and more room for advancement of the lateral rectus slips, as compared to a conventional uncrossed insertion. Good immediate and long-term alignment was achieved with this technique. ***Senior Producer:*** *Rohit Saxena, MD, PhD.*

## RETINA/VITREOUS

### Il Gattopardo 2 (The Leopard's Second Eye) (V43)

The patient in this video was injured while hunting. He was hit in the right eye by several birdshot pellets, resulting in severe penetrating trauma with large corneal wound, iris laceration, retinal detachment, and suprachoroidal hemorrhage. Ten days after immediate corneal suture, the patient underwent corneal removal, temporary keratoprosthesis, apposition, vitrectomy, intraocular foreign body removal, suprachoroidal hemorrhage drainage, iris reconstruction, penetrating keratoplasty, and final perfluorocarbon liquid–heavy silicone oil exchange. After 40 days, heavy silicone oil was removed, and the retina was successfully attached and was retamponaded. ***Senior Producer:*** *Matteo Forlini, MD.*

### Video of the Surgical Management of a Live Intravitreal Nematode (V52)

A 35-year-old man presented with a six-week history of pain, blurriness, photophobia, and floaters in his left eye. He had no significant past medical history. His visual acuity was 20/40, and the dilated fundus examination revealed moderate vitritis with a live nematode suspended within the vitreous humor. A limited core vitrectomy was performed to free the nematode from the vitreous. Although it had been assumed that the nematode was dead, its head seemed to curl during surgery. A 20-gauge angiocath was shortened and beveled at the tip and then was inserted into the vitreous cavity. The angiocath was connected to the viscous fluid extractor, and the nematode was aspirated. The remaining vitreous attachments to the worm were cut, and the angiocath was removed. The nematode was seen in the syringe. The nematode morphology was most consistent with *Toxocara* species. ***Senior Producer:*** *Rajeev H. Muni, MD.*

# From Academia to the Clinic
## 10 Eminent Speakers Talk About Current Issues

Whether you want a window into developments in colleagues' subspecialties or quick updates on your own field, consider attending an honorary lecture. These informative presentations by leaders in their fields are easy to fit into your schedule, as they are usually between 15 and 35 minutes long. Preview the highlights of these lectures below. Additional coverage can be found in the Friday *AAO 2019 News.*

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*EyeNet* Corporate Lunches

Make the most of your time between sessions at AAO 2019! Attend a free corporate educational program lunch* at the Marriott Marquis, San Francisco.

**Golden Gate Ballroom A**
Marriott Marquis
780 Mission St., San Francisco

**Check-in and Lunch Pick-up**
12:15-12:30 p.m.
Lunches are provided on a first-come basis.

**Program**
12:30-1:30 p.m.

**Programs**

**Saturday, Oct. 12** — **Update on a Treatment Option for Wet Age-Related Macular Degeneration, Diabetic Macular Edema, and Diabetic Retinopathy**
**Speakers:** Jordana G. Fein, MD, MS, and Ehsan Rahimy, MD
*Presented by Regeneron Pharmaceuticals and designed for U.S. retina specialists.*

**Sunday, Oct. 13** — **CONNECTiiNG THE DOTS: Evidence Based Perspectives on Dry Eye Disease**
**Speakers:** Terry Kim, MD, W. Barry Lee, MD, FACS, Marguerite B. McDonald, MD, FACS, and Elizabeth Yeu, MD
*Presented by Novartis Pharmaceuticals and designed for U.S. eye care specialists.*

**Monday, Oct. 14** — **Life is Beautiful When the Pupil Behaves**
**Speakers:** Eric D. Donnenfeld, MD, John A. Hovanesian, MD, Steven M. Silverstein, MD, Denise M. Visco, MD, and Keith A. Walter, MD
*Presented by Omeros Corporation and designed for U.S. cataract surgeons.*

**Check aao.org/eyenet/corporate-events for updated program information.**

** These programs are non-CME and are developed independently by industry. They are not affiliated with the official program of AAO 2019 or Subspecialty Day. By attending a lunch, you may be subject to reporting under the Open Payments Program (Sunshine Act).*

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## MONDAY, Oct. 14

### ORGANIZED MEDICINE

**Parker Heath Lecture: *Precision Medicine, Health Economics and Practice Patterns,*** presented by Barbara McAneny, MD.

***When:*** *Monday, 9:19-9:44 a.m., during Sym30, The Evolution and Effect of Genomic Medicine, Blockchain, and Robot-Assisted Surgery on the Practice of Ophthalmology.*

***Where:*** *West 3020.*

"It's critical to remember that ophthalmology is not practiced in a vacuum.

This lecture will cover how the changes occurring in health care today, from precision medicine to health economics to value based care, will change the practice of ophthalmology. Health care is now a team sport, and we all must select our team carefully."

***The Evolution and Effect of Genomic Medicine, Blockchain, and Robot-Assisted Surgery on the Practice of Ophthalmology*** *(8:30-10:00 a.m.) is cosponsored by the American Medical Association Ophthalmology Section Council.*

### GLAUCOMA

**Robert N. Shaffer Lecture: *The Future of Vision Restoration in Glaucoma,*** presented by Jeffrey L. Goldberg, MD, PhD.

***When:*** *Monday, 9:31-9:56 a.m., during Sym33, Focus on Quality of Life in Glaucoma: Measuring and Optimizing Functional and Patient-Centered Outcomes.*

***Where:*** *Esplanade Ballroom.*

"There is a significant unmet need for neuroprotection and vision restoration in glaucoma and other optic neuropathies. In recent years, there have been considerable advances in discovery of candidate therapies that are expected to promote retinal ganglion cell survival, axon regeneration, and even cell replacement. In parallel, advances in structural and functional biomarkers currently are entering clinical trial design as exploratory and confirmatory endpoints. This lecture will discuss these advances and present clinical data from early phase trials that are currently in progress."

***Focus on Quality of Life in Glaucoma: Measuring and Optimizing Functional and Patient-Centered Outcomes*** *(8:30-10:00 a.m.) is cosponsored by Prevent Blindness.*

## OCULOPLASTICS

**Wendell L. Hughes Lecture: *Ocular Melanoma: Marching Forward With Imaging, Nanoparticles, and Immunorevolution,*** presented by Carol L. Shields, MD.

***When:*** *Monday, 11:20-11:40 a.m., during Sym38, Current Management of OID.*

***Where:*** *West 3014.*

"Ophthalmology is entering a fascinating new era in the management of ocular cancers. Clinicians now have the ability to identify small choroidal melanomas using multimodal imaging, to treat with nanoparticles, and to re-educate the immune system to recognize and control metastatic disease. This lecture will explore autofluorescence, optical coherence tomography, and ultrasonography imaging of choroidal nevi at risk for transformation into melanoma.

"Does every incremental millimeter increase in nevus thickness really make a difference? After hearing this lecture, attendees will be convinced that a 3.1-mm thick nevus has an 11 times greater risk for transformation than a 1.1-mm thick nevus. Furthermore, the talk will explore a novel intravitreal nanoparticle therapy for small choroidal melanoma that has minimal impact on vision. Last, the presentation will investigate the role of several immunotherapies revolutionizing patient survival for those with metastatic disease."

***Current Management of OID*** *(10:15-11:45 a.m.) is cosponsored by the American Society of Ophthalmic Plastic and Reconstructive Surgery.*

## CATARACT

**Charles D. Kelman Lecture: *Artificial Iris Implantation,*** presented by Kevin M. Miller, MD.

***When:*** *Monday, 11:40 a.m.-12:00 p.m., during Spo2, Spotlight on Cataract: Complicated Phaco Cases—My Top 5 Pearls.*

***Where:*** *West 3002.*

"Patients with large congenital and acquired iris defects experience light and glare sensitivity and reduced visual quality. Nonsurgical treatments include patching, darkly tinted glasses, and artificial pupil contact lenses. Artificial iris devices have been available in many countries for decades to treat patients surgically. One such device recently became available in the United States. This lecture will review the problems associated with cosmetic anterior chamber artificial iris implantation and the indications, results, and complications associated with functional posterior chamber and capsular bag artificial iris implantation. Before and after clinical images and surgical videos will be shown. Artificial iris exchange will also be discussed."

***Spotlight on Cataract: Complicated Phaco Cases—My Top 5 Pearls*** *(8:15 a.m.-12:15 p.m.).*

## UVEITIS AND IMMUNOLOGY

**C. Stephen and Frances Foster Lecture on Uveitis and Immunology: *Ebola, Emerging Infectious Diseases, and the Eye: Patient and Public Health Implications,*** presented by Steven Yeh, MD.

***When:*** *Monday, 12:50-1:15 p.m., during Sym42, C. Stephen and Frances Foster Lecture on Uveitis and Immunology.*

***Where:*** *West 2002.*

"During the past five years, two Ebola outbreaks of unprecedented magnitude have taught the world how disease in Africa could threaten the global health community.

"Outbreaks of disease in West Africa

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BEYOND RESTORATION

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Since there's a limited window for Active Thyroid Eye Disease, every moment counts.[1,2]
To fight back against the impact of this disease, focus on early diagnosis, active monitoring, and prompt medical intervention.[1,3-5]

To learn more about what to look for, visit **TEDimpact.com**

**References: 1.** McAlinden C. An overview of thyroid eye disease. *Eye Vis.* 2014;1:9. doi:10.1186/s40662-014-0009-8. **2.** Weiler DL. Thyroid eye disease: a review. *Clin Exp Optom.* 2017;100:20-25. **3.** Verity DH, Rose GE. Acute thyroid eye disease (TED): principles of medical and surgical management. *Eye (Lond).* 2013;27:308-319. doi:10.1038/eye.2012.284. **4.** Barrio-Barrio J, Sabater AL, Bonet-Farriol E, Velázquez-Villoria Á, Galofré JC. Graves' ophthalmopathy: VISA versus EUGOGO classification, assessment, and management. *J Ophthalmol.* 2015;2015:249125. doi:10.1155/2015/249125. **5.** Bartalena L, Baldeschi L, Boboridis K, et al. The 2016 European Thyroid Association/European Group on Graves' Orbitopathy Guidelines for the Management of Graves' Orbitopathy. *Eur Thyroid J.* 2016;5:9-26. doi:10.1159/000443828.

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and the Democratic Republic of Congo have resulted in thousands of survivors who are now susceptible to vision-threatening uveitis, driven by Ebola virus persistence in the eye.

"This talk will cover the lessons we have learned related to Ebola and the Zika virus, as well as the role ophthalmologists play in facilitating better understanding of the ocular complications of these emerging infectious diseases. In addition, the talk will explore the unique challenges of learning about diseases at exactly those times when strengthening vision health systems is particularly urgent."

***C. Stephen and Frances Foster Lecture on Uveitis and Immunology*** *(12:45-1:45 p.m.).*

## PROFESSIONALISM AND ETHICS

**Dr. Allan Jensen and Claire Jensen Lecture in Professionalism and Ethics: *Ethical Aspects of Global Ophthalmic Practice,*** presented by Anthony J. Aldave, MD.

***When:*** *Monday, 3:20-3:50 p.m., during Sym48, Dr. Allan Jensen and Claire Jensen Lecture in Professionalism and Ethics.*

***Where:*** *West 2002.*

"An increasing number of ophthalmologists in training and in practice are interested in participating in global health activities and international ophthalmic care. However, with this growing interest, the ethical challenges presented to physicians and trainees who choose to work and teach internationally becomes increasingly important. This lecture will highlight many of these common ethical issues, including competence, informed consent, preoperative assessment, delegation of care, and postoperative care and patient privacy, and will present recommendations for addressing each."

***Dr. Allan Jensen and Claire Jensen Lecture in Professionalism and Ethics*** *(3:15-4:15 p.m.).*

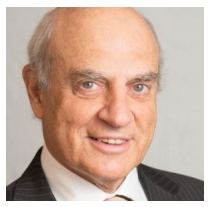
## REFRACTIVE SURGERY

**Barraquer Lecture: *Vector Planning Method: Residual Astigmatism Minimized—LASIK Surprises Avoided,*** presented by Noel A. Alpins, MD, FACS.

***When:*** *Monday, 4:52-5:12 p.m., during Sym49, Innovations in Refractive Surgery.*

***Where:*** *Esplanade Ballroom.*

"Vector planning for LASIK treatments incorporates corneal astigmatism with refractive cylinder in laser vision correction (LVC) treatment plans. For more than 25 years, since the inception of LVC, refraction has been the sole guiding parameter. Increasing evidence has shown that when differences greater than 1.00 D occur, as quantified by the ocular residual astigmatism, visual outcomes are more likely to be inferior.



"A smaller subset of these patients, whose corneal astigmatism parameters are disregarded, also suffer from glare arcing starburst and haloes (GASH), particularly in low illumination at night. These patients have made their dissatisfaction with this outcome known through attending public forums, by writing to the FDA and *The New York Times,* and by posting on social media. GASH, which causes otherwise suitable patients to defer surgery, is both predictable and avoidable (e.g., predictable avoidable LASIK surprise, or PALS syndrome)."

***Innovations in Refractive Surgery*** *(3:45-5:15 p.m.) is cosponsored by the International Society of Refractive Surgery.*

## TUESDAY, Oct. 15

## NEURO-OPHTHALMOLOGY

**William F. Hoyt Lecture: *CAR-Unexplained Visual Loss,*** presented by John

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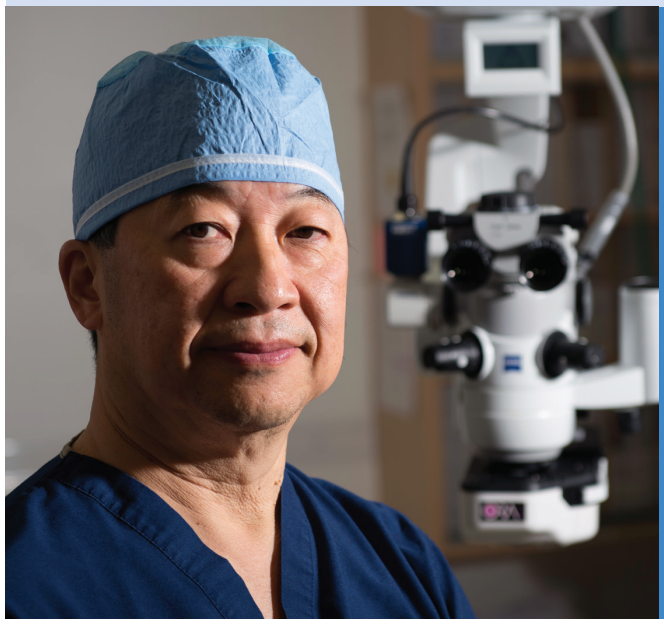

David F. Chang, MD
CLINICAL PROFESSOR
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

"None appreciate the perils of ophthalmic surgery better than us. Our consequential responsibility is to advocate for patient safety, so that only those with proper training — ophthalmologists — are allowed to operate on this precious, fragile organ. That's why every ophthalmologist should join me in contributing to the Surgical Scope Fund."

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**Read more of Dr. Chang's thoughts and make your confidential Surgical Scope Fund contribution at aao.org/ssf.**

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L. Keltner, MD.

***When:*** *Tuesday, 9:32-9:57 a.m., during Sym51, Vascular Disease in Neuro-Ophthalmology.*

***Where:*** *West 3014.*

"While it's rare to see a patient with cancer-associated retinopathy (CAR) syndrome, every ophthalmologist should know about this condition. Patients with CAR frequently lose vision before cancer is found. Thus, if a patient has a normal fundus accompanied by visual loss, the ophthalmologist may suspect CAR syndrome—and cancer. With CAR in mind, ophthalmologists may be able to discover the cancer before the patient dies or experiences further vison loss.

"This lecture will define CAR syndrome and cover how to diagnose and treat this condition."

***Vascular Disease in Neuro-Ophthalmology*** *(8:30-10:00 a.m.) is cosponsored by the North American Neuro-Ophthalmology Society.*

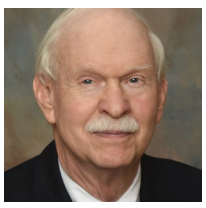
## MICROBIOLOGY

**Jones/Smolin Lecture: *New Bugs, New Technologies, and New Drugs: Infectious Endophthalmitis in the 21st Century,*** presented by Harry W. Flynn Jr., MD.

***When:*** *Tuesday, 11:17-11:42 a.m., during Sym54, Recent Advances in the Diagnosis and Management of Endophthalmitis.*

***Where:*** *West 2002.*

"Infectious endophthalmitis is a rare but significant problem in clinical practice. New microbes and evolving nomenclature are recognized today. New technologies can help identify these infectious agents. New technology may allow earlier and more accurate identification of organisms. New and alternative drugs may achieve better therapeutic outcomes. Clinical cases and management strategies will be discussed."



***Recent Advances in the Diagnosis and Management of Endophthalmitis*** *(10:15-11:45 a.m.) is cosponsored by the Ocular Microbiology and Immunology Group.*

## PATHOLOGY/ONCOLOGY

**Zimmerman Lecture: *Wonder and Doubt—The Vasculogenic Mimicry Story,*** presented by Robert Folberg, MD.

***When:*** *Tuesday, 11:18-11:43 a.m., during Sym55, Ocular Toxicities Associated With Targeted ACAs: A Brave New World for the Ophthalmologist.*

***Where:*** *West 3014.*

"What if you saw something that you hadn't seen before? What if you discovered that no one else had seen this before? What would you do if experts doubted your observation's validity and significance?

"What would you do if you amassed enough data to publish your observation after 15 years of research, only to be subject to scientific and personal attacks? How would you react if the editor of the journal that published your paper questioned his decision to publish your work?

"This is the story of vasculogenic mimicry, discovered first in uveal melanoma, told 20 years after the seminal publication."

***Ocular Toxicities Associated With Targeted ACAs: A Brave New World for the Ophthalmologist*** *(10:15-11:45 a.m.) is cosponsored by the American Association of Ophthalmic Oncologists and Pathologists.*

### QUICK CHECK

Looking for people or topics? Remember the Mobile Meeting Guide at aao.org/mobile.

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Purchase or learn more about free access at the **Meetings on Demand booth, North Lobby**, or at the **Academy Resource Center, West, Booth 7337**. Access instructions will be emailed on Oct. 13.

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# Out and About in San Francisco
## Top Favorite Things to Do in the City

Evolving, variable, mutable: The San Francisco you think you know may not be the San Francisco of today. Here are a handful of things to do in this ever-dynamic city.

### City by the Bay

When's the last time you saw the city from the water? Whether you take the ferry to Sausalito or book one of the many Bay cruises, you'll be reminded all over again of the remarkable beauty of this unique setting. For the ocean-going perspective, consider one of the longer boat tours that goes out to the protected sanctuary of the Farallon Islands.

Walkers and runners have multiple waterfront routes to choose from. The Embarcadero offers views of the Bay Bridge and the cities in the East Bay. If you prefer an ocean view (and a reminder of just how beautiful the Marin Headlands are), start at the yacht harbor in the Marina. You can walk or run from there along Crissy Field to the Golden Gate Bridge. While you're at it, go ahead and walk out onto the bridge; there's nothing quite like seeing a ship—and seagulls—pass underneath you.

A note regarding crowds and parking: As Fleet Week events will be underway in selected locations along the waterfront (see box), public transportation may be your best bet for getting around.

### Flora and Fauna

If you need a green break from the meeting, just head outside to Yerba Buena Gardens, with its terraced areas, a butterfly garden, water features, public art, and several other attractions.

Further afield, perhaps you're familiar with the Japanese Tea Garden or the California Academy of Sciences, both of which are in Golden Gate Park. But do you know about the Shakespeare Garden, Conservatory of Flowers, Buffalo Paddock, or Anglers Lodge? No? They're in the park as well. Be aware that even though the park comprises more than 1,000 acres, parking can get crowded near the museums and major attractions, particularly on the weekend.

If you've read *The Wild Parrots of Telegraph Hill* (or seen the documentary), author Mark Bittner says that the parrots can be seen year-round along the north waterfront area, from the Presidio (near the Golden Gate Bridge) clear around to the Ferry Building. You also might be able to spot them in parts of Telegraph Hill, particularly near Coit Tower, and in the Mission neighborhood, near Mission Dolores.

### Food

Where to start? San Francisco is one of the great food cities, with an embarrassment of riches. If you haven't already made reservations and you're looking for ideas, check out Zagat (www.Zagat.com/san-francisco), Eater (https://sf.eater.com), and Time Out (www.timeout.com/san-francisco/restaurants). All three allow you to explore by cuisine, neighborhood, and atmosphere, among other variables.

If you're planning a picnic (or just can't stay away from a farmers' market), remember the justly famous Ferry Plaza Farmers Market. The market, held outside the SF Ferry Building (where Market Street meets the Embarcadero), takes place three days a week—Tuesday, Thursday, and Saturday—no matter the weather. Furthermore, throughout the week, you'll find more than 50 merchants inside the Ferry Building, including food vendors, restaurants, and home goods stores (www.ferrybuildingmarketplace.com).

### Murals

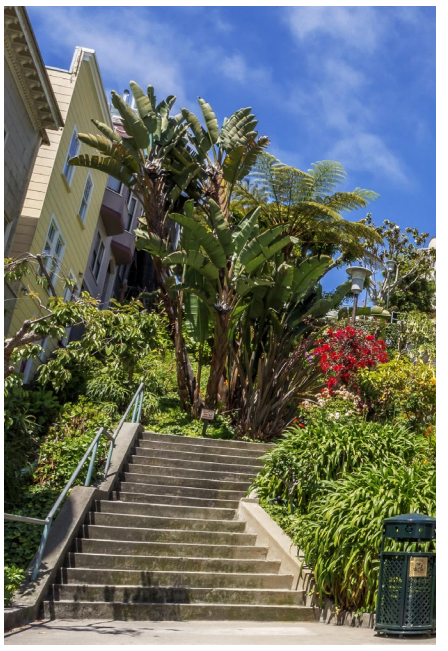
San Francisco has several terrific art museums—including the de Young, the Asian Art Museum, and the modern art museum (SFMOMA)—but did you know about the murals throughout the city? Diego Rivera's murals can be seen at the San Francisco Art Institute every day. Guided tours of his mural at the Stock Exchange Tower can be scheduled via www.sfcityguides.org.

Depression-era murals can be seen at Rincon Center in the South of Market neighborhood as well as in Telegraph Hill's Coit Tower. Recently painted murals can be found throughout the Mission neighborhood, particularly in Balmy Alley.

### Nightlife

If you were hoping to catch a show at Beach Blanket Babylon, you will have to hustle. Shows run Wednesday to Sunday, with the Sunday shows at 2:00 p.m. and 5:00 p.m. (www.beachblanketbabylon.com). The fabled show known for its outsized hats and musical numbers is due to close at the end of this year. Originally scheduled for a six-week run, it is now in its 45th year.

And if you're looking to wind down at the end of the day, drinks with a view can be found at a number of spots, including The View Lounge, the Loews Regency San Francisco, and the Waterbar Restaurant. Or, if you prefer echoes of old San Francisco, check the Redwood Room in the Clift Hotel, the Pied Piper Bar in the Palace Hotel, or the Laurel Court Bar in the Fairmont Hotel.



***GREEN GEMS.*** *San Francisco's treasures include the Japanese Tea Garden (left)—the oldest public Japanese garden in the United States—and a plethora of staircases.*

### Post to Park

The Presidio—the former military installation—has become a jewel of the National Park Service. The 1,500-acre park is divided into four sections; for a complete overview, see www.presidio.gov. There truly is something for nearly everyone, from walking trails with spectacular views to the Walt Disney Family Museum.

### Up Hill and Down

San Francisco is a walker's city. A myriad of free walking tours are available through City Guides (www.sfcityguides.org); the long list includes several that focus on architecture, the city's history, and specific neighborhoods.

You can catch a walking tour of the city's many staircases—or you can just head off on your own. Some to consider are the Filbert Street and Greenwich Street stairs on Telegraph Hill; the Lyon Street and Baker Street steps, which take you from Pacific Heights to the Marina; and the Vallejo Street stairs, which consist of three separate stairways that run roughly parallel to one another and offer views of the Bay Bridge, Treasure Island, and Coit Tower. For more on these and other SF staircases, see www.sisterbetty.org/stairways.

### IT'S FLEET WEEK

San Francisco's annual celebration of the U.S. Navy and U.S. Coast Guard will be taking place just as AAO 2019 is beginning.

For full event listings, check https://fleetweeksf.org. Here are some highlights:

**Parade of ships.** One day only—and that day was Friday, Oct. 11.

**Air show.** Will any of the Blue Angels fly *below* the Golden Gate Bridge this year, as has happened in the past? You'll have to be there to find out. Air shows started on Friday, Oct. 11, and continue through Sunday, Oct. 13, from 11 a.m. to 4 p.m. each day. Best viewed from the Marina Green/Crissy Field. Standard entry is free of charge; tickets for premium viewing seats may still be available.

**Ship tours.** These began on Saturday, Oct. 12 and go through Monday, Oct. 14, along the Embarcadero. Ships will be docked at Piers 15/17, 30/32, 35, and 50; all tours are free.

**Humanitarian assistance village.** How does the U.S. military respond to disasters? Get a look at this free educational event, which started on Friday, Oct. 11 and runs through Sunday, Oct. 13, from 10 a.m. to 5 p.m. along the Marina Green.

CatchaSnap (Japanese Garden); randy andy (staircase)/Shutterstock.com

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### Sunday, October 13, 2019

**9:30 AM**
**Advance Your Intravitreal Approach—The Impact of 1**
Nathaniel Roybal, MD

**10:00 AM**
**A Minimally Invasive Approach to IOP Control**
Arsham Sheybani, MD

**10:30 AM**
**How Do We Stop the Suffering? Before, During, and After Cataract Surgery**
Karl Stonecipher, MD

**11:00 AM**
**Is Treatment Change Happening Too Late in DME?**
Ashkan Abbey, MD

**11:30 AM**
**Flow and Flux: The Problem of Outflow and IOP Fluctuation in Glaucoma**
Manjool Shah, MD

**12:00 PM**
**Designed to Perform When the Pressure Is On**
Nathan Radcliffe, MD

**12:30 PM**
**Optimizing Treatment for Pseudophakic DME Patients**
Roger Goldberg, MD

**1:00 PM**
**Glaucoma Progression: The Patient Factor**
Jonathan Myers, MD

**1:30 PM**
**Dry Eye Disease: Understanding the Sign-Symptom Disconnect**
Richard Adler, MD

**2:00 PM**
**The Key Elements of Effective Intravitreal Injection Reimbursement**
Kari Rasmussen

**2:30 PM**
**Flow and Flux: The Problem of Outflow and IOP Fluctuation in Glaucoma**
Inder Paul Singh, MD

**3:00 PM**
**Designed to Perform When the Pressure Is On**
Inder Paul Singh, MD

**3:30 PM**
**Is Treatment Change Happening Too Late in DME?**
David Callanan, MD

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