

***Look Who's Coming to  
CSEP!***



*Welcome to*

ANNUAL SCIENTIFIC EDUCATION PROGRAM  
with Special AAO Twinning with  
Guest Speakers from Australia

Physicians - Management - Technicians

June 8, 2012

Aqua Turf  
Plantville, Connecticut



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THANKS

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## PHYSICIANS PROGRAM

8:30 **Everything I Think I Know About  
Correcting Astigmatism**

- Robert Osher, M.D.

Objective: To review the historical and contemporary approach to correcting astigmatism at the time of cataract surgery. This will include the current and future technology for the pre-operative selection of the optimal toric lens and the intra-operative alignment method.

9:15 **The Link Between Risk Management and  
Quality of Care: What Have We Learned?  
How Can we Improve?**

- Richard Abbott, M.D.

Objective: Understand how the analysis of ophthalmic claims data can lead to risk management recommendations and improvement in quality of care for patients.

10:00 **Interesting Masquerade Cases for the  
Ophthalmologist**

- Jerry Shields, M.D.

Objective: At the end of this lecture the attendees will be able to better recognize ocular tumors and be able to differentiate them from benign conditions that resemble cancers.

## PHYSICIANS PROGRAM

10:30 **Coffee Break- Vendor Expo Area**

11:00 **Adrenalized Eye Cases**

- Robert Osher, M.D.

Objective: A series of videos will showcase challenging cases and intra-operative complications. Surgical strategies for achieving successful outcomes will be demonstrated.

11:30 **Who Has a Right to Sight? Vision 2020 and What I Should do in My Own Practice?**

- Hugh Taylor, M.D., AC

Objective: For practitioners to be aware of the problem of preventable blindness worldwide and the global initiatives to address this. For practitioners to understand what they should do in their own practice to reduce the amount of unnecessary vision loss in their own community.

12:15 **Lunch - National Politics and Medicine - Update 2012 - Legislative Awards**

- Congresswoman Nan Hayworth, M.D.

Objective: To discuss the legislative challenges to healthcare reform and innovation.

1:00 **Patients and Pioneers: A Photographic History of the Advance of Ophthalmology**

# PHYSICIANS PROGRAM

- Stanley Burns, M.D.

Objectives: General; To show how ophthalmologists working with the technology and knowledge of their time met the challenges of eye disease, diagnosis and treatment.-- The point that what we know and believe to be 'gospel' today may prove erroneous.

1:45 **Ophthalmologists as Global Citizens:  
Opportunities in Leadership**

- Catherine Green, M.D., MBChB, FRANZ  
CO, MMedSC

Objective: To provide an update on global collaboration initiatives in ophthalmic leadership; highlight opportunities for the future

2:15 **Clinical Pearls in the Management of  
Corneal Lacerations**

- Richard Abbott, M.D.

Objective: To understand the principles for suturing corneal lacerations and how to minimize induced corneal astigmatism.

2:45 **Coffee Break - Vendor Expo Area - Poster  
Awards**

3:15 **Recent Innovations Regarding Malignant  
Ocular Tumors**

- Jerry Shields, M.D.

# PHYSICIANS PROGRAM

Objective: Upon completion of this presentation the attendees should have better knowledge of intraocular tumors and pseudotumors to apply to their practices and provide better patient care.

## 3:45 **Transforming Glaucoma Care: Can We Make the Leap to the Future?**

- Catherine Green, M.D., MBChB, FRANZ CO, MMedSC

Objectives: Highlight the challenges we face in provision of future glaucoma care; present results of an alternative collaborative model of glaucoma care in the setting of a tertiary referral eye hospital and training centre.

## 4:15 **CME Certificates and Door Prizes**

*The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6 AMA PRA Category I Credit(s)<sup>™</sup>.*

*Physicians should only claim credit commensurate with the extent of their participation in the activity.*

*The Connecticut Society of Eye Physicians is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.*



## SPEAKERS



### **RICHARD ABBOTT, M.D.**

After completing his Bachelor of Science degree at Tufts University in Boston, Dr. Abbott earned his medical degree at the George Washington University School of Medicine in Washington, DC. He performed his residency at the California Pacific Medical Center in

San Francisco and was a Heed and Fight for Sight fellow at the Bascom Palmer Eye Institute in Miami. Dr. Abbott currently is the Thomas W. Boyden Health Sciences Professor of Clinical Ophthalmology at the University of California San Francisco and Research Associate at the Francis I. Proctor Foundation.

Dr. Abbott has served on the editorial boards of several ophthalmic journals and continues to lecture and publish on a variety of topics focusing primarily on corneal and external diseases of the eye, as well as quality of care, clinical practice guidelines, and medicolegal issues. He has authored or co-authored 88 publications and 32 book chapters and has delivered over 650 invited lectures and 19 named lectures. Dr. Abbott has received numerous honors, including the prestigious U.S. President's 25 year Volunteer Service Award, the International Distinguished Golden Service Award from the Chinese Academy of Ophthalmology, the Jose Rizal Medal for International Service to the Asia Pacific region, the AE Maumenee Pan American Medal for Distinguished

## SPEAKERS

Service to Latin America, and the American Academy of Ophthalmology's Lifetime Achievement Award.

Dr. Abbott is the immediate Past President of the American Academy of Ophthalmology and the Past President of both the Pan American Association of Ophthalmology and the Pan American Ophthalmological Foundation. He is immediate past Chairman of the Board of OMIC and a former Director of the American Board of Ophthalmology. Dr. Abbott is a Board Director for the International Council of Ophthalmology and serves as Chairman of the Clinical Practice Guidelines Committee. He is a member of both the American Ophthalmological Society and Academia Ophthalmologica Internationalis. He lives in Mill Valley, California, with his wife, Cecilia. They have three children and five grandchildren.



### **STANLEY BURNS, M.D.**

Stanley B. Burns, MD,FACS a New York City ophthalmologist and Clinical Professor of Medicine at NYU Langone Medical Center is an internationally distinguished author, curator, historian, collector, and archivist. His photographic collection established in 1975 consists of over one million vintage prints from 1840-1960, including about 70,000 medical photographs. It is considered the most comprehensive private early historic

## SPEAKERS

photograph collection in the world. The emphasis of the collection is rare and unique photographs. In 1977 he began his writing career and founded The Burns Archive to share his photographic discoveries. From his collection he has written 43 photo-historical texts including 31 texts on medical subjects with a four volume series on Dermatology 1850-1950. He has been past president and curator of several medical historic institutions such as the Museum of the Foundation of the American Academy of Ophthalmology, Medical Archivists of New York, and the International Society of Physician Historians. He has curated over 50 exhibitions, written and produced a documentary on death & memorial practices, and his photographs have been used by Hollywood producers and directors in numerous films from Jacob's Ladder to The Others. The historic dermatology photographs have been used in exhibitions and texts worldwide from the Finnish military medical manual to an exhibition at Paris' Musee d'Orsay.



**CATHERINE GREEN, M.D., MBChB, FRANZCO,  
MMEdSC**

Dr. Catherine Green is an ophthalmologist in Melbourne with a subspecialty interest in glaucoma. She undertook her ophthalmology training at the Royal Victorian Eye and Ear Hospital (RVEEH), Melbourne, and com-

## SPEAKERS

pleted a Glaucoma Fellowship at the Western Eye Hospital, London in 2001, before working as a Consultant in the Glaucoma Unit at Moorfields Eye Hospital. She returned to Melbourne in late 2002, and since then, has worked in private practice and in the Glaucoma Clinic at the RVEEH. Her other professional interests include medico-legal aspects of medicine, risk management, medical education and ophthalmology in developing countries. She has worked in Nepal, Myanmar, Timor Leste, and most recently in Fiji, where she where she will continue to contribute as a member of the visiting teaching faculty at the Pacific Eye Institute.

Cathy is extensively involved in the activities of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). She has been an examiner for the College since 2004, and became Chair of the Ophthalmic Sciences Court of Examiners in 2009. Having served as the Treasurer and Chair of the Victorian Branch of RANZCO, and as a Councillor for several years, she was appointed to the Board of Directors of RANZCO last year. She has also recently been appointed to the Board of Directors of the Centre for Eye Research Australia (CERA). In addition to her clinical practice, she is the Deputy Medical Executive for Invivo, one of Australia's five medical indemnity companies.

As a graduate of the inaugural APAO Leadership

## SPEAKERS

Development Program 2009-2010, Cathy has been instrumental in the continuation of the program as Program Director.



### **CONGRESSWOMAN NAN HAYWORTH, M.D.**

A doctor, mother, businesswoman, and community leader turned public servant, Nan Hayworth represents New York's 19th Congressional District in the U.S. Congress.

The daughter of an immigrant, Nan believes passionately in American exceptionalism.

She is a staunch fiscal conservative because it is free enterprise that has enabled generations of Americans to thrive throughout our history.

As a Member of Congress, she views reining in unsustainable levels of federal spending as a crucial priority for the 112th Congress. With her medical background she will help to craft new health care policy that improves affordability and access to care while sustaining the choice, quality, and innovation that characterizes the best of American health care.

Nan currently serves on the House Financial Services Committee which is very important to the economy of the 19th District. Reducing regulatory burdens on businesses and reviving the economy through job creation are also top priorities.

Nan is a firm believer in the adage, don't spend what you

## SPEAKERS

don't have, and she's committed to reducing government spending and helping taxpayers keep more of what they've worked so hard to earn.

For 16 years Nan served her community as an ophthalmologist, both in her own solo practice, which she started from scratch and grew into a successful office, and as a partner in the Mount Kisco Medical Group. Nan also served as an attending physician at Northern Westchester Hospital.

A dedicated member of New York State's medical community, Nan served as an Instructor and Assistant Clinical Professor at the Mount Sinai School of Medicine in New York. During her career as a physician Nan has been recognized for her excellence in medicine and named to several top-doctors lists.

Nan graduated from Princeton University summa cum laude in Biology in 1981. She graduated top of her class in 1985 from Cornell University Medical College where she was elected to the Alpha Omega Alpha Medical Honors Society.

Born in Chicago and raised in Munster, Indiana, Nan is the daughter of WWII veterans. Her father, an accountant, grew up in Ohio. Her mother emigrated from England in 1948, having served in the British Army Auxiliary Territorial Service. Nan graduated from Munster High School in 1977 and worked summers in a steel mill to help pay for college. Nan has been a resident of New York's 19th Congressional District since 1988. She and her husband, Dr. Scott

## SPEAKERS

Hayworth, live in Bedford with their two sons, Will and Jack, both of whom attended Bedford Central public schools, and their two cats, Penny and Jillian.



### **ROBERT OSHER, M.D.**

Robert H. Osher, M.D. is Professor of Ophthalmology at the College of Medicine of the University of Cincinnati and Medical Director Emeritus of the Cincinnati Eye Institute. His practice is limited to cataract and implant surgery by referral.

Dr. Osher served his residency at the Bascom Palmer Eye Institute and completed three fellowships in Miami and at the Wills Eye Hospital in Philadelphia. He has received the Heed Ophthalmic Fellowship Award, the Maumenee Award, the Sheets Award, the Rayner Award from England, the Canon Award from Japan, the Senior Academy Honor Award and the Lifetime Achievement Award from AAO, the Lim Award from China, the Gold Medal Award from Australia, the Mooney Award from Ireland, the Nordan Lifetime Achievement Award, the Kelman Award from Greece, the Excellence Award from Canada and a lectureship bearing his name in Argentina. The American Society of Cataract and Refractive Surgery has given Dr. Osher its two highest honors, the prestigious Binkhorst Medal and the

## SPEAKERS

Innovator's Award. He also has received the Kelman Award, the highest honor given to a cataract surgeon by the American Academy of Ophthalmology.

Dr. Osher has achieved worldwide recognition in cataract surgery. He has designed many of the contemporary intraocular lenses and instruments used in cataract surgery, in addition to developing new techniques in this subspecialty. Dr. Osher's surgical videos have won more than 25 first-prize honors at the American, European, Asian and South American Cataract Societies including 3 Grand Prizes at ASCRS and ESCRS. His lectures have been presented to implant societies in more than 35 countries and he has co-authored several textbooks in his subspecialty. He serves as editor of the *Video Journal of Cataract and Refractive Surgery*, the *Video Textbook of Viscosurgery*, and *International Advances in Phacoemulsification* and has published more than 250 videos and peer-reviewed articles. He has served on the executive committee of the Outpatient Surgery Society and as the international editor of the Brazilian journal *FOCO*. He is a Reviewer for the *Journal of Cataract and Refractive Surgery* and serves on the editorial boards of six additional Journals.

Besides his interest in cataract surgery, Dr. Osher has been a proud coach of more than 70 youth baseball and basketball teams reaching the National Championships in



## SPEAKERS

each sport. He served as the ophthalmic consultant for the Cincinnati Reds during the 1990's. Dr. Osher has also published 17 children's stories raising money with the proceeds for charitable organizations.



### **JERRY A. SHIELDS, M.D.**

Jerry A. Shields, M.D. is director of the Oncology Service at Wills Eye Institute and Professor of Ophthalmology Thomas Jefferson University in Philadelphia. He was a resident at Wills Eye Hospital and completed fellowships in ophthalmic pathology and retinal surgery. For more than 30 years,

he has been active in the care of patients with ocular tumors and in clinical research related to tumors of the eyelids, conjunctiva, intraocular structures, and orbit.

He has authored or co-authored more than 1200 articles in scientific journals and more than 500 textbook chapters for a total of more than 1700 scientific publications. He has authored or co-authored 13 major textbooks and has given 1500 national and international lectures, including 66 named lectures. He has also received 28 national and international academic awards for his contributions.

Dr. Shields has served on the editorial boards of 13 journals. He was the organizer and first president of the international Society of Ocular Oncology, president of the

## SPEAKERS

Ophthalmic Club of Philadelphia, and president of the Wills Eye Medical Staff, and president of the Macula Society in 2009. Dr. Shields is married to Dr. Carol Shields also practices on the Oncology Service of Wills Eye Institute and has made many similar contributions. They have 7 children ranging from ages 23 to 11 years of age.



### **HUGH R. TAYLOR, M.D., AC**

Melbourne Laureate Professor  
Harold Mitchell Chair of Indigenous Eye Health  
Melbourne School of Population Health  
The University of Melbourne

Globally, including developed countries such as Australia and the USA, three fourths of vision loss is unnecessary; it is either preventable or treatable. The World Health Organization and International Agency for the Prevention of Blindness launched a global initiative – Vision 2020, the Right to Sight, in 1999 that aims to eliminate avoidable blindness by 2020. Great progress is being made in developing countries and diseases such as trachoma and onchocerciasis are decreasing. Capacity especially for cataract surgery and refractive services is growing rapidly. Although much of this work occurs in developing areas, there is much unmet need in our own

## **SPEAKERS**

communities. Undetected glaucoma and diabetic retinopathy are still too prevalent. We must think globally but act locally paying attention to the undiagnosed and underserved people in our community.

## MANAGEMENT PROGRAM

- 8:00 Registration – Continental Breakfast in Vendor Expo
- 8:30 **Making the Computer Cool Again with Free and Bargain Tech Tools that Your Office Needs Today**  
- Beth Ziesenis- Author of *"The Best Free & Low-Cost Online Tools and Apps for Medical Practices."*
- 10:00 **Coffee Break**
- 10:30 **The Best Free & Low-Cost Online Tools and Apps for Medical Practices**  
- Beth Ziesenis
- 12:00 **Lunch- Wagon Room – Keynote speaker**  
U.S. Congressman Nan Hayworth, M.D.
- 1:15 **How the New Certificate of Merit Legislation will Affect the Way Ophthalmologists Practice Medicine**  
- Joyce Lagnese, Esq. , partner Danaher Lagnese, PC
- 1:35 **The Danger of Social Media in the Work Place**  
- Wendy Kroll, J.D., June Sullivan, J.D.,

## MANAGEMENT PROGRAM

Howland & Sargent

2:00 **Lessons Learned from Malpractice Claims**  
- Paul Weber, J. D., V. P. Risk Management,  
OMIC

2:30 **Coffee Break**

3:00 **How to Get Your M.D.s Involved in  
Leadership Roles**  
- Edward Lim, M.D., Catherine Green, M.D.

3:30 **Major Issues in Medical Practice  
Integration with Hospitals: Taking the Big  
Step**  
- Kennedy Hudner, J.D., Murtha Culina

4:30 **Certificates and Door Prizes**

## TECHNICIANS PROGRAM

8:00 Registration/Continental Breakfast/Vision Expo

### **Clinical Challenges in Glaucoma**

8:30 Introductions & Case Presentations

8:40 David Hill, M.D.

9:00 Hugh Taylor, M.D.

9:20 Catherine Green, M.D.

9:40 Panel Discussion with Questions and Answers

10:00 Organic Tea, Coffee and Muffin Break

### **Clinical Challenges in Cornea**

10:30 Introductions & Case Presentations

10:40 Richard Abbott, M.D.

11:00 Peter Shriver, M.D.

11:20 Seth Meskin, M.D.

11:40 Panel Discussion with Questions and Answers

## TECHNICIANS PROGRAM

12:00 Lunch

### **Clinical Challenges in Retina**

1:00 Introductions

1:10 Jerry Shields, M.D.

1:30 Ron Margolis, M.D.

1:50 Ed Lim, M.D.

2:10 Panel Discussion with Questions and  
Answers

### **Challenging Surgical Cases in Ophthalmology**

2:30 Robert Osher, M.D.

3:10 Questions and Answers

3:20 Coffee Break

### **Global Challenges in Ophthalmology**

3:50 Bill Ehlers, M.D.

4:30 Questions and Answers

4:40 Overall Assessment and Final Review

5:00 Certificates Door Prizes

This course has been submitted to JCAHPO for  
6.5 JCAHPO CE Credits





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**Indications and Usage:** RESTASIS®

Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

**Important Safety Information**

**Contraindications:** RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

**Warning:** RESTASIS® has not been studied in patients with a history of herpes keratitis.

**Precautions:** The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion.

**Adverse Reactions:** The most common adverse event was ocular burning (upon instillation)—17%. Other events reported in

1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

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## RESTASIS®

(cyclosporine ophthalmic emulsion) 0.05%  
Sterile, Preservative-Free

### INDICATIONS AND USAGE

RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

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### PRECAUTIONS

General: For ophthalmic use only.

#### Information for Patients

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® ophthalmic emulsion.

#### Carcinogenesis, Mutagenesis, and Impairment of Fertility

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

#### Pregnancy-Teratogenic Effects

Pregnancy category C.

**Teratogenic Effects:** No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

**Non-Teratogenic Effects:** Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryonic and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

#### Nursing Mothers

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® ophthalmic emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

#### Pediatric Use

The safety and efficacy of RESTASIS® ophthalmic emulsion have not been established in pediatric patients below the age of 16.

#### Geriatric Use

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

#### ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

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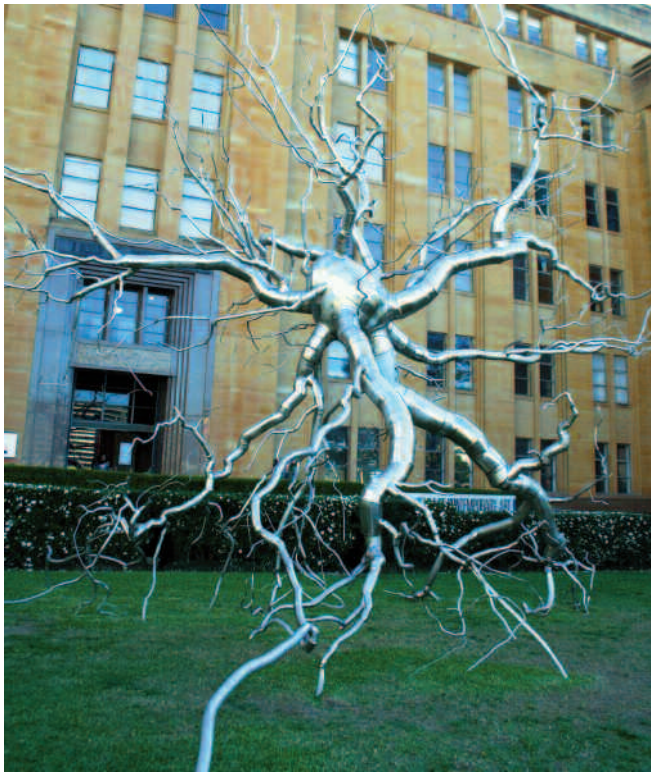
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# ***SAVE THE DATE***

## **Friday January 11, 2013**



**CYNTHIA MATTOX, M.D.**

Dr. Mattox is an Associate Professor and Vice-Chair of the Department of Ophthalmology at Tufts University School of Medicine, where she is the Director of the Glaucoma and Cataract Service at the New England Eye Center in Boston, MA.



**PAUL S. KOCH, M.D.** Cataract and Lens Implant Surgery, Refractive Surgery  
Dr. Koch is a Founder and the Medical Director of Koch Eye Associates. His specialty is Cataract, Lens Implantation, and Refractive Surgery.



**MICHAEL E. SNYDER, M.D.** specializes in diseases and surgery of the front of the eye, including small-incision, topical anesthesia cataract surgery. His special interests include traumatic cataract surgery, iris repair, corneal transplantation, and refractive surgery.



**MICHAEL WALL, M.D.** is a professor of Neurology and Ophthalmology at the University of Iowa. His undergraduate and medical school education was at Tulane University; his neurology residency at Washington University in St. Louis and fellowship at Massachusetts Eye and Ear infirmary. As a neuro-ophthalmologist he is

involved in patient care, teaching and research.



**PAUL WEBER, J.D.** is a lawyer/risk manager and currently serves as Ophthalmic Mutual Insurance Company's (OMIC) Vice President Risk Management/Legal. OMIC is the sponsored professional liability carrier of the American Academy of Ophthalmology and provides medical professional liability insurance to over

4,400 ophthalmologists. Mr. Weber guides the development of risk management and loss prevention services and is also responsible for planning and directing the overall development of the legal and regulatory functions of OMIC.

**RICH MOLTEN** author, golf pro and speaker to discuss Motivation, Focus and How Not to Burn Out of Ophthalmology.



**RUTH D. WILLIAMS, M.D.** Is President of the American Academy of Ophthalmology. She served a term as the Secretary for Member Services and a term as trustee-at-large on the Academy's Board of Trustees. She led the Academy's programs for Young Ophthalmologists and Senior Ophthalmologists.



**SUNIL K. SRIVASTAVA, M.D.**

Dr. Srivastava did his Fellowship at Duke University Medical Center Vitreo-retinal Surgery Durham, NC USA and in 2005 completed another fellowship at the National Institutes of Health Uveitis/ Medical Retina Bethesda, MD USA. His ophthalmology residency was done at -

Emory University Hospitals and School of Medicine Ophthalmology Atlanta, GA USA. Dr. Srivastava completed his Internship at Saint Vincent's Hospital and Medical Center Internal Medicine, New York, NY USA and attended Medical School at the State University of New York at Buffalo School of Medicine Buffalo, NY USA, graduating in 1999. He completed his undergraduate training at Cornell University Ithaca, NY USA in 1994. Dr. Srivastava is currently a staff physician at the Cole Eye Institute Cleveland Clinic, in Cleveland, OH.



*The CSEP Annual Scientific Education Programs are an opportunity for ophthalmologists to identify and discuss critical issues facing their profession. These programs are designed to present recent advances in the diagnosis and treatment of eye disease, offering symposia, scientific papers and videos. The CSEP programs are designed to meet the clinical and educational needs of its members and the objectives set forth by the CSEP education committee.*

*Vincent de Luise, M.D.  
CSEP Education Chair*

