

MID-WINTER GETAWAY

Scottsdale, AZ 2024



Optometric
Education
Consultants

TABLE OF CONTENTS

<u>Table of Contents</u>	2
<u>Welcome</u>	3
<u>Industry Partners</u>	4
<u>Schedule</u>	5
<u>Course Notes</u>	8
<u>Speakers</u>	9
<u>Upcoming Conferences</u>	11
<u>Information, Awareness, & Improvement Talks</u>	13
<u>Gold Industry Partners</u>	16
<u>Silver Industry Partners</u>	20
<u>Supporters</u>	31

WELCOME

Dear Colleague,

Welcome to Optometric Education Consultants (OEC) Live Conference Series. If this is your first OEC event, we thank you for joining us. For the many who have previously joined us in-person or streaming, we welcome you back and thank you for your continued support. The philosophy of The Optometric Education Consultants (OEC) is to help optometrists enhance care of their patients through timely, clinically pertinent, and highly interactive education. OEC assembles top clinical educators to deliver high-quality COPE-approved continuing education in a relaxed, comfortable setting. We could not offer the pricing, meals and guest speakers without our exhibitors and ask you to take some time to visit with them during breaks. Play the Industry Partner Game for a chance at receiving either a 50%, 25%, or full refund on your current registration.

Florida licensed doctors wanting transcript quality (TQ) education credit, we will provide a link to the exams to all attendees 1-2 days after the conference. The cost of the exams is \$10 per course and certificates are issued immediately upon taking the online test. CE Broker will be updated a few days later. If you do not need the exams of course simply delete the link. We offer continuing education by examination (CEE) for Illinois licensure. If you do not hold a license in a state requiring examination, then no test is needed to obtain your credits. We also submit to CE Broker for Texas and South Carolina approval as well.

Schedules are developed with your comfort in mind. You have time to learn, interact with exhibitors and, very importantly, relax and enjoy yourself. Regardless of the location, our conferences are always COPE accredited and Florida approved. If you need additional hours and your state allows, consider our national Webinar Series. We have also added enduring courses that can be taken at your leisure. Our enduring and webinar courses are all COPE approved but we ask that you confirm that this type of education is acceptable for your state requirements.

To view upcoming webinars bookmark: [webinars](#)

To view enduring courses bookmark: [enduring](#)

To view upcoming in-person conferences details: [Live Conferences](#)

Mid-Winter Getaway, January 26-28.
Scottsdale, AZ

Primary Eye Care Conference, February 17-19
Pittsburgh, PA

CE Sarasota, March 9-10.
Sarasota, FL

Rosenberg & OEC Abroad, May 22-24
Barcelona, Spain

Sunshine State Summer Conference, June 7-9
Orlando, FL

OEC Northern Escape, August 23-25
Quebec, Canada

Music City Fall Classic, September 27-29
Nashville, TN

Again thank-you for trusting OEC with your education needs and enjoy the island!

Greg, Joe, Vanessa, Maureen & Helen

INDUSTRY PARTNERS

Information, Awareness, & Improvement Talks

BAUSCH + LOMB



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SCHEDULE



Optometric Education Consultants
Mid-Winter Getaway
January 26-28, 2024
Hilton Scottsdale

Friday, January 26, 2024		
6:45 am – 7:30 am	Registration and Breakfast	Hours
7:30 am - 8:00 am	Welcome Information, Awareness, and Improvement Industry Talk Breakfast – <u>Iveric Bio</u>	
8:00 am – 9:40 am	When Injured Eyes Knock Roya Attar, OD	2 hours CEE/ TQ
9:40 am -10:10 am	Introductions and Break with Sponsors	
10:10 am – 11:50 pm	Diabetic Retinal Disasters: A Roadmap to Prevention Roya Attar, OD	2 hours CEE/ TQ
11:50 am - 1:30 pm	Break with Sponsors & Lunch Talks - <u>Dompe'</u>	
1:30 pm – 3:10 pm	Phone a Friend: The Greatest Cases That I Never Saw Joseph Sowka, OD	2 hours CEE/ TQ
3:10 pm- 3:40 pm	Break with Sponsors	
3:40 pm – 4:30 pm	Rapid Fire Retina Round Roya Attar, OD	1 hour
4:35 pm – 5:25 pm	The Crisis of Human Trafficking Sarah Beaumont, MD	1 hour

Saturday, January 27, 2024		
7:00 am – 7:30 am	Registration and Breakfast	
7:30 am - 8:00 am	Innovation and Information Industry Partner Talk - Alcon	
8:00 am – 9:40 am	Thyroid Eye Disease: What Every Optometrist Needs to Know in 2024 Greg Caldwell, OD	2 hours CEE/ TQ
9:40 am – 10:10 am	Break with Sponsors	2 hours CEE/ TQ
10:10 am – 11:50 am	Eyelid and Conjunctiva Growths & Degenerations - From Benign to Terrifying Pierce Kenworthy, OD	
11:50 am- 1:20 pm	Break with Sponsors & Lunch Talks – Bausch + Lomb – 12:00pm – 1:00pm	
1:20 pm-3:00 pm	Corneal Injuries, Dystrophies and Catastrophes – From Annoying to Destroying Pierce Kenworthy, OD	2 hours CEE/ TQ
3:00 pm- 3:20 pm	Break with Sponsors	
3:20 pm- 5:00 pm	“Doctor, I See Double”: Diagnosing and Managing Patients with Diplopia Joseph Sowka, OD	2 hours CEE/ TQ

Sunday, January 28, 2024		
7:00am – 7:30 am	Check-In, & Breakfast	
7:30 am - 8:00 am	Innovation and Information Industry Partner Talk - Weave	
8:00 am – 8:50 am	The Non-Healing Cornea:Neurotrophic Keratitis Greg Caldwell, OD	1 hour
8:50 am – 9:40 am	Treatment of Pain Opioid Choices and Considerations Greg Caldwell, OD	1 hour
8:00 am – 9:40 am (Concurrent)	Prevention of Medical Errors Joseph Sowka, OD	2 hours 2
9:45 am – 11:25 am	Opioid Issues for Patient and Practitioner Greg Caldwell, OD, FAAO	hours CEE/ TQ
9:45 am – 11:25 am (Concurrent)	Florida Jurisprudence Joseph Sowka, OD	2 hours
11:35 am – 12:25 pm	Nutrition in Ocular Disease and Systemic Health Greg Caldwell, OD	1 hour
	Conference Adjourns	

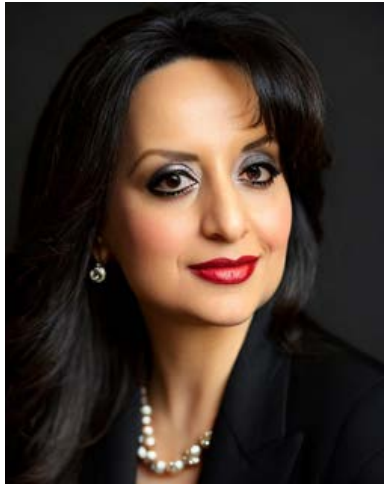
COURSE NOTES



COURSE NOTES

- DOWNLOAD** When Injured Eyes Knock
- DOWNLOAD** Diabetic Retinal Disasters: A Roadmap to Prevention
- DOWNLOAD** Phone a Friend: The Greatest Cases That I Never Saw
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- DOWNLOAD** “Doctor, I See Double”: Diagnosing and Managing Patients with Diplopia
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- DOWNLOAD** Treatment of Pain Opioid Choices and Considerations
- DOWNLOAD** Prevention of Medical Errors
- DOWNLOAD** Opioid Issues for the Patient and Practitioner
- DOWNLOAD** Florida Jurisprudence

SPEAKERS



Roya Attar, OD, MBA, DHA, FFAO

Dr. Attar is an Associate Professor and Director of Optometric Services at the University of Mississippi Medical Center. She also has an MBA and most recently graduated with a Doctorate in Health Administration. She's a fellow of the AAO, chairs the Retina special interest group, a member of the AOA Leadership Development Committee, and president of her local optometric society. Her achievements include being named the Young OD of the Year in Mississippi in 2019, SECO Young OD of the Year, AOA Young OD of the Year in 2020, and Women in Optometry Young OD of the Year in 2022.



Sarah Beaumont, MD

Sarah Beaumont, MD is a pediatrician at Phoenix Children's Hospital. She is currently medical director of Homeless Youth Outreach which provides mobile based services to homeless and at-risk youth in the Phoenix Metropolitan area. She is also actively involved in residency education and is a Clinical Assistant Professor at the University of Arizona College of Medicine. Dr. Beaumont has been a member of the Governor's Task Force on Human Trafficking since 2018 and is currently serving as Co-Chair of the Victim Services Committee.



Greg Caldwell, OD, FFAO

Greg Caldwell, OD, is a 1995 graduate of the Pennsylvania College of Optometry. He completed a one-year residency in primary care and ocular disease at The Eye Institute in Philadelphia Pennsylvania. He is a fellow of the American Academy of Optometry (AAO) and a Diplomate of the American Board of Optometry (ABO).

He currently works in Duncansville and Johnstown, Pennsylvania as an ocular disease consultant. Dr. Caldwell's primary focus is the diagnosis and management of anterior and posterior segment ocular disease and he has been a participant in multiple FDA investigations. Dr. Caldwell has lectured extensively throughout the county and over twelve countries internationally. In 2010 he served as President of the Pennsylvania Optometric Association (POA) and served on the AOA Board of Trustees 2013-2016. He is President of the Blair/Clearfield Association for the Blind.

SPEAKERS



Pierce Kenworthy, OD

Dr. Pierce Kenworthy completed his undergraduate degree from Brigham Young University and then earned his Doctor of Optometry degree at the Arizona College of Optometry. He completed a Family Practice Residency at the University of Houston College of Optometry and then worked in a private practice in the Houston Medical Center. He is now an associate professor at the Arizona College of Optometry, where he has been since 2017.



Joseph Sowka, OD, FAAO, Diplomate

Dr. Joseph Sowka is an attending optometric physician at Center for Sight in Sarasota, Florida, a large medical-surgical practice where he focuses on glaucoma management and neuro-ophthalmic disease. He was formerly Professor of Optometry at Nova Southeastern University College of Optometry for 28 years where he served as Chief of The Advanced Care Service and Director of the Glaucoma Service at the College's Eye Institute. He was the Program Coordinator and Supervisor for the Ocular Disease Residency. Dr. Sowka is a founding member of both the Optometric Glaucoma Society and Optometric Retina Society. He is also the Founder and Chair of the Neuro-Ophthalmic Disorders in Optometry Special Interest Group for the American Academy of Optometry. Dr. Sowka is a Glaucoma Diplomate of the American Academy of Optometry. In 2021 and 2022, he was ranked #4 optometrist in the US by Newsweek magazine "America's Best Eye Doctors" list. He is a partner and co-owner of Optometric Education Consultants.

UPCOMING CONFERENCES



Pittsburgh Primary
Eyecare Conference
February 17-18, 2024

Doubletree by Hilton
Pittsburgh Green Tree
500 Mansfield Avenue
Pittsburgh, PA



CE Sarasota
March 9-10, 2024

The Westin Sarasota
100 Marina View Drive
Sarasota, FL 34236



Barcelona, Spain
May 22-24, 2024

H10 Urquinaona Plaza
Plaça Urquinaona,
2 - 08010 Barcelona
Barcelona, Spain

UPCOMING CONFERENCES



Sunshine State
Summer Conference
June 7-9, 2024

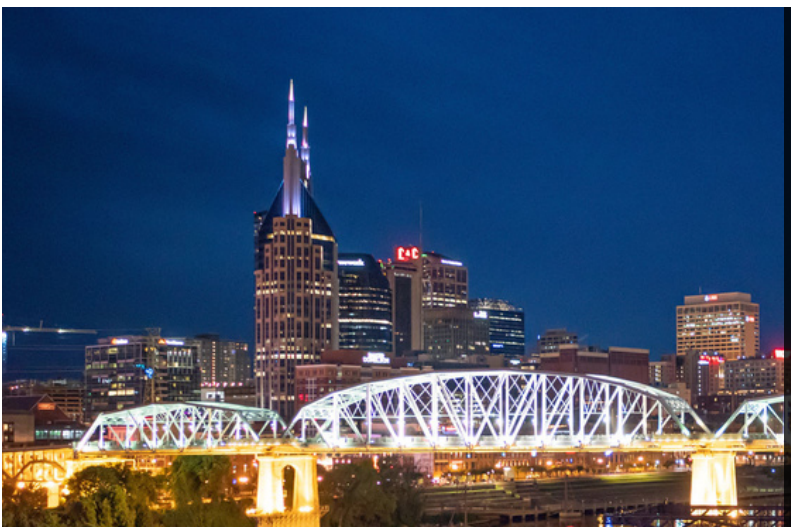
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Northern Escape
August 23-25, 2024

Hilton Quebec
1100 Rene Levesque East
Quebec City, QC



Music City Fall Classic
September 27-29, 2024

Hilton Doubletree
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INFORMATION, AWARENESS, & IMPROVEMENT TALKS

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*Pivotal study designs: Two Phase 3, randomized, multicenter, parallel-group studies, APOLLO and LUNAR, evaluating noninferiority of once-daily VYZULTA vs twice-daily timolol maleate 0.5% in patients with open-angle glaucoma or ocular hypertension. Primary endpoint was IOP measured at 9 assessment time points in study eye. APOLLO (VYZULTA, n=284; timolol, n=133) and LUNAR (VYZULTA, n=278; timolol, n=136).^{2,3}

INDICATION

VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

IMPORTANT SAFETY INFORMATION

- Increased pigmentation of the iris and periorbital tissue (eyelid) can occur. Iris pigmentation is likely to be permanent
- Gradual changes to eyelashes, including increased length, increased thickness, and number of eyelashes, may occur. These changes are usually reversible upon treatment discontinuation
- Use with caution in patients with a history of intraocular inflammation (iritis/uveitis). VYZULTA should generally not be used in patients with active intraocular inflammation
- Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin analogs. Use with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema
- There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products that were inadvertently contaminated by patients
- Contact lenses should be removed prior to the administration of VYZULTA and may be reinserted 15 minutes after administration
- Most common ocular adverse reactions with incidence $\geq 2\%$ are conjunctival hyperemia (6%), eye irritation (4%), eye pain (3%), and instillation site pain (2%)

For more information, please see Brief Summary of full Prescribing Information on adjacent page.

References: 1. VYZULTA Prescribing Information. Bausch & Lomb Incorporated. 2. Weinreb RN, Scassellati Sforzolini B, Vittitow J, Liebmann J. Latanoprostene bunod 0.024% versus timolol maleate 0.5% in subjects with open-angle glaucoma or ocular hypertension: the APOLLO study. *Ophthalmology*. 2016;123(5):965-973. 3. Medeiros FA, Martin KR, Peace J, Scassellati Sforzolini B, Vittitow JL, Weinreb RN. Comparison of latanoprostene bunod 0.024% and timolol maleate 0.5% in open-angle glaucoma or ocular hypertension: the LUNAR study. *Am J Ophthalmol*. 2016;168:250-259.

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Through early intervention, **you have the power** to protect their vision from worsening with the **first and only*** FDA approved† product proven to slow the progression of myopia in children, aged 8-12 at the initiation of treatment.§1 MiSight®, for the love of sight.



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MiSight® 1 day
for daily wear

* Only FDA approved soft contact lens designed for myopia control in the U.S.

† Indications for Use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to 4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

§ Compared to a single vision 1 day lens over a 3-year period.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight® Lenses for Myopia Control. *Optom Vis Sci.* 2019;96(8):556-567©2024 CooperVision 15928 01/24





The Paradigm Shift in Keratoconus Treatment



**Daniel G. Fuller,
OD, FAAO Dipl, FSLs**
Memphis, TN

KEY TAKEAWAYS

- Only iLink® cross-linking can slow or halt the progression of keratoconus.
- Referring progressing patients to a cornea specialist prior to vision loss is ideal.
- Slowing or halting keratoconus progression may allow patients to continue to tolerate contact lenses.

Ten years ago, there was little reason to refer a patient with keratoconus to a cornea specialist early in the course of their disease. All we could do was manage patients' vision as long as possible, hoping they didn't progress to needing a corneal transplant.

The approval of iLink® cross-linking marked a major paradigm shift in keratoconus management. Professional societies have adjusted treatment guidelines to reflect the ability of cross-link-

ing progressing patients for cross-linking before they lose vision, just as we refer glaucoma patients for treatment as soon as the disease is detected. For patients who are still in their peak earning and learning years, early treatment could mean 50+ years of functional vision.

Cost-effective and FDA approved

A discrete-event simulation model showed that, compared to conventional treatment, iLink cross-linking would reduce the rate of penetrat-

Vision correction post cross-linking

Slowing or halting keratoconus progression may allow patients to continue to tolerate contact lenses.^{3,4} Typically, patients can resume contact lens wear within one to three months of the cross-linking procedure, although I find that corneal remodeling may continue for up to 12 months post-treatment. During this time, lens parameters may need to be adjusted. About one-third of eyes are able to continue in habitual contact lenses after cross-linking, while two-thirds require a new contact lens fit.⁵

With iLink cross-linking and modern specialty contact lenses, we have the best keratoconus management options now that I've ever seen. This represents not just a business opportunity, but the chance to have a life-changing impact on our patients. ■

Contact Lens Fitting Post Cross-Linking⁵

100% ACCEPTABLE FIT

65% IMPROVED SUBJECTIVE COMFORT

20% INCREASE IN NEAR-IDEAL FIT

ing treatment to slow or halt progression of the underlying disease. The American Academy of Ophthalmology, for example, now states in its Preferred Practice Pattern (PPP) that referral prior to vision loss is ideal, and that when keratoconus is suspected, more frequent follow-up to look for progression is warranted.¹ Any signs of progression or onset of keratoconus at a young age should lead to a prompt referral.¹

Optometry is very good at helping patients with keratoconus see better with gas permeable (GP), hybrid, and scleral lenses. But as rewarding as it is to help the vision-impaired, we can have an even greater impact by catching this disease early and

ing keratoplasty by 26%, and result in patients spending 28 fewer years in the advanced stages of keratoconus—all while saving money for patients, insurers, and society.²

The iLink procedure is an epithelium-off treatment that has undergone the scrutiny of randomized controlled clinical trials as part of the FDA approval process, demonstrating proven efficacy and safety. It is important to refer patients to doctors who use iLink, the only cross-linking procedure approved by the FDA. I believe that good science promotes good patient care and, in the case of iLink, also allows patients to use their insurance.

REFERENCES:

1. Garcia-Ferrer FJ, Akpek EK, Amescua G, et al, for the AAO PPP Corneal/External Disease Committee. Corneal ectasia PPP 2018. 2. Lindstrom RL, Berdahl JP, Donnfeld ED, et al. Corneal cross-linking versus conventional management for keratoconus: a lifetime economic model. *J Med Econ* 2021;24(1):410-20. 3. Singh K, Bhattacharyya M, Arora R, et al. Alterations in contact lens fitting parameters following cross-linking in keratoconus patients of Indian ethnicity. *Int Ophthalmol*. 2018;38(4):1521-30. 4. Isik P, Harbiyeli H, Erdem E, Yagmur M. Improved contact lens fitting after corneal cross-linking in eyes with progressive keratoconus. *Cont Lens Anterior Eye*. 2021;3:101488. 5. Mandathara PS, Kalaiselvan P, Rathil VM, et al. Contact lens fitting after corneal cross-linking. *Om J Ophthalmol*. 2019;12(3):177-80.

INDICATIONS

Photrex® Viscos (riboflavin 5'-phosphate in 20% dextan ophthalmic solution) and Photrex® (riboflavin 5'-phosphate ophthalmic solution) are indicated for use with the iOL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery.

IMPORTANT SAFETY INFORMATION

Corneal collagen cross-linking should not be performed on pregnant women. Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects. The most common ocular adverse reaction was corneal opacity (haze). Other ocular side effects include punctate keratitis, corneal striae, dry eye, corneal epithelium defect, eye pain, light sensitivity, reduced visual acuity, and blurred vision.

These are not all of the side effects of the corneal collagen cross-linking treatment. For more information, go to www.livingwithkeratoconus.com to obtain the FDA-approved product labeling.

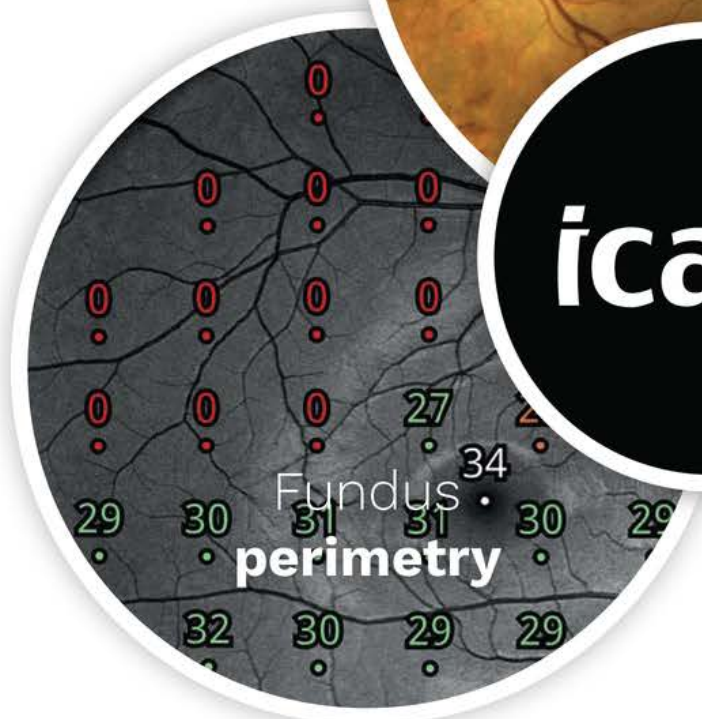
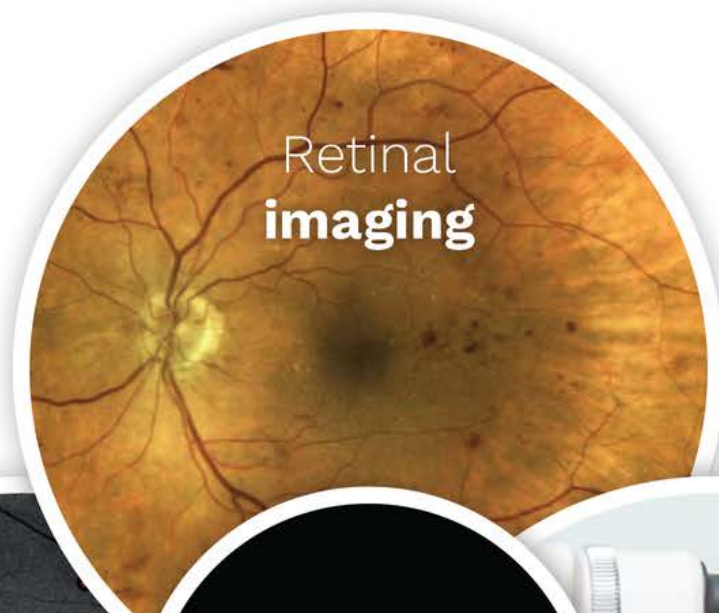
You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

SCAN WITH PHONE

Learn more about iLink corneal cross-linking here



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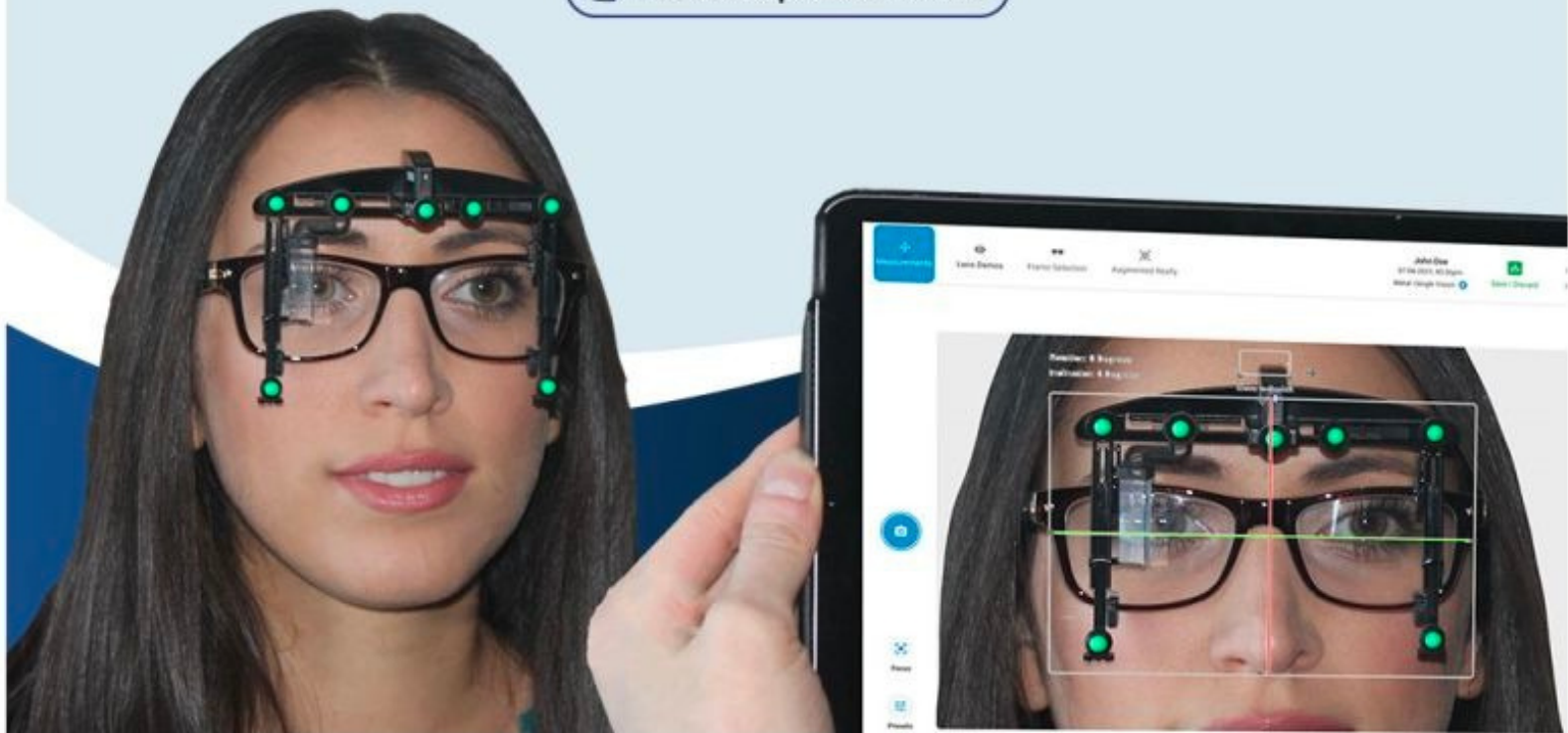
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- HA and trehalose increased tear film thickness for up to 240 minutes
- Proprietary, multi-dose bottle

Chronic Dry Eye Patient Usage Study†:

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84%

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Safe for use with contact lenses‡

*Prescription market data, Dec. 2022 - 501K without cyclosporine.

†In a chronic dry eye patient usage study, participants from a variety of socioeconomic backgrounds answered questions about iVIZIA. There were 203 chronic dry eye patients, ranging from ages 28-80, who used their current eye drops before switching to iVIZIA for 30 days.¹

‡To limit blurriness when using contact lenses, remove contacts, apply drops, then insert contacts.

Reference: 1. Data on file.

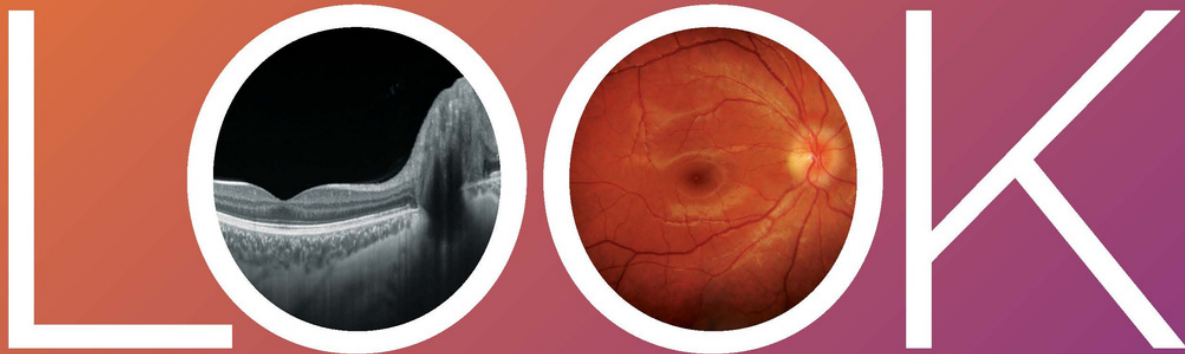
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Looking for ways to grow your practice? Effectively treating the dry eye patient can help.

What Makes the Bruder Mask #1 Doctor Recommended?

Bruder compresses are scientifically designed from the inside out. A key differentiator between the Bruder Moist Heat Eye Compress and other masks is the chemistry of the beads inside. Only the Bruder compress contains patented MediBeads®. This is an important distinction.

MediBeads® are silver-infused. Incorporating silver into the bead structure ensures pure, clean, moist heat with every use, helping to repel bacteria and keep eyelids clean.

Eye care practitioners have found that moist heat compresses containing silver-infused MediBeads can help promote healthy outcomes. The Bruder compress helps clear oil glands and allows natural oils to flow back onto the eye to relieve discomfort. It is a patient favorite for its unique design and comfortable fit.



Want to know more about the Bruder family of products?

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