SECO 2021
WHERE SIGHT MEETS VISION™
THURSDAY, APRIL 29, 2021
DAILY

Schedule at a glance for SECO 2021, **p.5**
Get business savvy at MedPro360, **p.6**
Topics covered in today's courses, **p.8**

SECO 2021 Kicks Off Return of In-Person Events

First major post-pandemic conference emphasizes foresight rather than hindsight as its theme, organizers say.

Welcome back to Atlanta—we're so excited to have you join us for SECO 2021! SECO is committed to creating an event experience where our participants can safely and effectively come together to access a wide variety of learning opportunities, see the latest in technology and services, and forge new connections with the eyecare community. The SECO 2021 program has been thoughtfully developed to maximize your in-person experience, while respecting social distancing and comfort without compromising safety.

Discover new ways to keep your patients happy and healthy at **Optometry's Marketplace™**, where you can learn about the latest products and solutions that will help you create an exceptional experience for your patients and run a more profitable practice.

The 2021 SECO education program is a diverse mix of clinical, technical and business content, developed by a committee of volunteers dedicated to creating a world-class conference. Grow your career with lectures, labs and unconventional learning sessions developed to address the targeted needs of your profession. SECO 2021 offers opportunities to connect and learn with the broader optometric community, as well as education curated for every role, whether you're an optometrist, optician, optometric technician, student or anything in between. Highlights are as follows:

- The popular **Special Session** programs include: "An Eye on Neuro," "Clinical Perspectives in Patient Care" and "Anterior Segment Advances: The Future is Now!"
- Learn, earn and have fun with the interactive edutainment sessions that provide educational sessions in a variety of novel settings.
- **Symposium Series courses.** Held today, Friday and Saturday for both ODs and allied healthcare profes-

With over 70 education courses, 157 hours of CE, and opportunities to safely connect with colleagues, you'll be equipped to get a clear view on what's in store for the future.

sionals (AHP), these unique sessions allow you to learn from industry leaders who take the stage to highlight the latest developments in their companies and in optometry—all while you enjoy a complimentary lunch or dinner.

- Strengthen your business skills like sales, marketing, billing and HR with SECO's **MedPro360** practice management program held throughout SECO, where you'll cover an expanded range of topics. If you haven't already registered, head over to any registration desk.

And don't forget to have a little much-needed fun while you're at SECO! Expand your professional circle, build lasting friendships and safely reconnect with colleagues at this year's special events. From concerts to alumni receptions, there are plenty of opportunities in store to connect and kick back. ■

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WHAT'S INSIDE

Capitalize on Comanagement

New tech and surgeries spur greater opportunities for ODs.

Today, optometrists have even more compelling reasons to get involved in comanagement due to the explosion of new technologies, the growth of the medical model in optometric practices and additional surgical options available to patients.

During Tuesday evening's virtual session, "Cutting Edge Comanagement," presenter Bobby Saenz, OD, shared the latest thinking in cataract surgery, refractive surgery and corneal crosslinking, emphasizing optometrists' growing role in comanaging these patients.

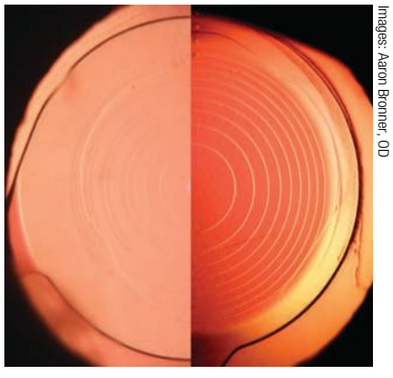
All three of these surgeries present benefits for everyone involved, Dr. Saenz said.

"It's a win for the surgical practice because they get to do more surgeries, it's a win for optometrists because they get to provide care to their patients, and it's a win for the patient because they get the latest technology, a great surgery and great after-care by their optometrist who already knows them," he said.

In cataract surgery, optometry continues to play a vital role in pre- and post-op care, he added. Cataract surgery is the most common operation performed in the US, with 3.8 million procedures done each year, and the population of those over the age of 65 is expected to double by 2030, Dr. Saenz explained.

Additionally, cataract/refractive surgery technology has changed dramatically from the early days when astigmatism or astigmatism and presbyopia couldn't be corrected, leaving bifocals as the only option. Looking at the intraocular lens (IOL) field, technology has greatly advanced in recent years, Dr. Saenz said. While there are still monofocal, accommodating and monovision choices, newer extended-depth-of-focus lenses—such as the Vivity and Eyhance—in addition to the launch of the Panoptix trifocal, have expanded the IOL pool.

See COMANAGEMENT, Page 13



Images: Aaron Bronner, OD

Side-by-side slit lamp view of the PanOptix (left) and the Symfony (right). The PanOptix has a smaller central optic and syncopated ring spacing.

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Today: 10:30am–12:30pm ROOM A305

Refractive Error Treatment: Think Outside the Box

Don't rely solely on trial data—sometimes your patient needs more than it has to offer.

Centered around raising awareness of the treatment options associated with amblyopia, intermittent exotropia and hyperopia, this morning's "Integrating the PEDIG Research into Clinical Practice" session presented by Glen T. Steele, OD, and Marie I. Bodack, OD, will aim to show attendees how to effectively incorporate each management approach into clinical practice.

The Pediatric Eye Disease Investigator Group (PEDIG), a network of ODs and MDs dedicated to conducting research as it pertains to eye disorders that affect children, has successfully shown that treatments outside of those studied and applied in the past are becoming increasingly helpful in-clinic, says Dr. Steele. However, he notes that not every patient who presents will fit a study's research criteria but that doesn't mean they aren't in need of help. "I fully understand the need for specific criteria in all research protocols, but this too often, is not often the patient in your chair," he says. This is a gap he and Dr. Bodack will attempt to close during the course. "I want to support those doctors who are treating patients on a daily basis who do not fit a specific research protocol," Dr. Steele says.

He wants ODs to understand that there will never be a clinical trial for each and every condition they encounter. As such, patients shouldn't be expected to wait to receive treatment until their ocular condition fits neatly into a preexisting clinical trial. "The goal is to review these clinical trials and use them as a beginning guide to overall management but be ready to alter management as necessary," Dr. Steels says. He notes that some of the case examples he presents will stray from study protocols, which will instead serve more as a guide for management.

The PEDIG studies offer a foundation when it comes to treatment of bilateral and anisometropic refractive amblyopia in younger children. Options may include optical correction, occlusion (patching, atropine 1%, Bangerter foils), vision therapy and video games. Intermittent exotropia is associated with observation, surgery, vision therapy/orthoptics, prism, patching and over-minus lenses. As far as hyperopia goes, a patient's choices include glasses, atropine, surgery, patching and observation.

To over- or under-prescribe, or fail to even prescribe at all or follow-up with a patient, is doing them an extreme disservice and creating the beginning of a domino effect that will last throughout their life, the doctor duo notes. Take advantage of studies when they're there; create your own relying on your clinical expertise and help from colleagues when they're not, they add.

Dr. Steele says that it's important we don't focus too much on one part of the whole—whether it be one sign or symptom or a single study criterion; doing so increases the chance that we miss the bigger picture, which is sometimes right in front of us. ■

Photo: Kara Tison, OD

Accommodative flippers are used in many vision therapy activities.

SPEAKER SPOTLIGHT

Andrew Lee, MD

Dr. Lee, a neuro-ophthalmologist, is a professor in the departments of ophthalmology, neurology and neurosurgery at Weill Cornell Medical College in New York City. He is also a chair of the department of ophthalmology at Blanton Eye Institute, Houston Methodist Hospital, and an adjunct professor of ophthalmology at the University of Iowa. Dr. Lee has published over 400 peer reviewed publications and been the invited speaker at over 200 regional, national and international medical meetings.

He has been a member of the editorial boards of 14 scientific journals, including *JAMA Ophthalmology*, the *Canadian Journal of Ophthalmology*, the *American Journal of Ophthalmology*, the *Japanese Journal of Ophthalmology*, *Eye* and the *Journal of Neuro-ophthalmology*.

Dr. Lee's SECO 2021 course schedule includes:

Special Session: An Eye on Neuro

Thursday
2:30-4:30pm

Amphitheater A2 and streaming

Make Room For Injections in Your Practice

Once your state gives the green light, take time to arm yourself with the appropriate knowledge.

Attendees looking to learn more about injections found themselves in the right place at this morning's session, "Injecting Injections in Your Practice," presented yesterday afternoon by Scott Moscow, OD of Roswell, GA.

Dr. Moscow opened the course with a discussion of the billing and coding practices associated with injections. He clarified that incisions cutting tissue without removal and excisions that remove tissue do not fall under the same category as injections. Both have a 10-day global period, the time starting with a surgical procedure and ending some period of time after the procedure to encompass all associated office visits.

In his practice state (and SECO's home base) of Georgia, ODs can administer injections only after successfully completing an injectables training program, sponsored by a school or college of optometry credentialed by the US Department of Education and the Council on Postsecondary Accreditation, and consisting of a minimum of 30 hours approved by the Board. ODs must also be trained in CPR. Once certified, ODs practicing in this state can administer periocular injections of intralesional and subconjunctival steroids, antibiotics and anesthetics.

Photo: Joseph Sowka, OD

When dealing with recurrent chalazion in the same location, only reinject once if the first injection showed improvement.

To proceed with an injection, an OD must first receive patient consent, without which Dr. Moscow equates to assault. Consent in this case means describing the procedure in lay terms, discussing allergies, describing the recommended/alternative procedures and rationale for treatment, documenting abnormal/off-label use, presenting all known risks and uncertainties, and getting the patient's signature.

In terms of intralesional injections, there are no requirements to have the injection, which is considered off-label for the medication. Multiple injections may be required and may not completely resolve the problem, in which case surgical removal is the next best option. For reoccurring chalazion in the same spot, Dr. Moscow recommends reinjection if the first treatment showed an improvement; he stops after two injections in the same lesion and next considers surgical removal/biopsy.

As a general rule of thumb, Dr. Moscow notes that lesions smaller than 6mm and/or those that have lasted less than six months have a 60% chance of responding positively to an injection. He warns attendees to avoid injecting preseptal or orbital cellulitis, malignant lesions, open wounds and external or internal hordeolum.

Dr. Moscow cautions attendees of the learning curve associated with injections. He says to be mindful of premature injections, loose clamps, multiple injection sites and over-injections with the bevel down. From a patient's perspective, multiple injections and disposable glove removal may present challenges.

Subconjunctival injections can be administered to treat uveitis, cystoid macular edema and anterior scleritis, to name a few.

Dr. Moscow notes the importance of screening all patients for sexually transmitted diseases and infections, as ODs administering injections work closely with needles. Proper needle care involves not bending or recapping contaminated needles and not reaching for needles. If you do come into contact with a needle, wash your hands with water and soap, notify your supervisor, document the incident, identify the patient and go to a treatment facility. Your entire office should be vaccinated for hepatitis B, aware of potential hazards and trained in exposure procedures.

With all this in mind, you'll be well on your way to incorporating injections into your knowledge base—and practice. ■

SCHEDULE AT A GLANCE

Looking for networking events, Optometry's Marketplace™ hours or a specific education session? Here's what's happening:

REGISTRATION SERVICES
4/28: 10:30am–6pm
4/29: 6am–5pm
4/30: 6am–6pm
5/1: 6pm–6:30pm
5/2: 7am–12pm

LIVE CONTINUING EDUCATION PROGRAM
4/28: 9am–9:30pm
4/29: 7am–4:45pm
4/30: 7am–7pm
5/1: 7am–7pm
5/2: 8am–11:15pm

VIRTUAL CONTINUING EDUCATION PROGRAM
4/27: 6pm–8pm
4/28: 12pm–9:15pm
4/29: 7am–4:30pm
4/30: 7am–7:15pm
5/1: 7am–7:15pm
5/2: 8am–11:15am

ALLIED HEALTHCARE PROFESSIONALS GENERAL SESSION
How to Deliver a Patient Centric Eyecare Experience in 2021 and Beyond
Ryan Lee Parker, OD
Walter Hanlin, ABOM
Sharon Carter
Frank Pigneri, ABO-AC
4/30: 4:30pm–6:30pm

FREE SYMPOSIA SERIES
OD Lunch Symposium
4/28: 1pm–2pm
Presented by Bausch + Lomb Lotemax SM/Vyzulta and Bausch + Lomb Vision Care

OD & AHP Dinner Symposium
4/28: 6:30pm–7:30pm
Presented by Allergan and CooperVision

OD Lunch Symposium
4/29: 12:30pm–1:30pm
Presented by Johnson & Johnson Vision

AHP Lunch Symposium
4/29: 11:30am–12:30pm
Presented by Novartis

OD Lunch Symposium
4/30: 12pm–1pm
Presented by Alcon and Novartis

AHP Lunch Symposium
4/30: 11am–12pm
Presented by Allergan and CooperVision

OD Lunch Symposium
5/1: 12:15pm–1:15pm
Presented by Allergan and Alcon

Student Symposium
5/1: 11:15am–12:15pm
Presented by CooperVision and Alcon

SPECIAL SESSIONS
An Eye on Neuro
Andrew Lee, MD
4/29: 2:45pm–4:30pm

Clinical Perspectives in Patient Care
Ron Melton, OD
Randall Thomas, OD
4/30: 8am–10am

Anterior Segment Advances: The Future is Now!
Lawrence Woodard, MD
John Berdahl, MD
5/1: 8am–10am

OPTOMETRY'S MARKETPLACE™
4/30: 9am–5pm
5/1: 9am–4pm
- Exhibit Hall
- Presentation Theater
- The View
- Optix Zone

EVENTS
Welcome Reception
4/29: 5pm–7pm

Allied Healthcare Professionals Party
4/30: 6:30pm–8:30pm

COVID Safety Protocols

These meet-safe plans will protect one and all.

SECO was the last major event held in 2020, and we will be the first in 2021 to help lead the way of offering face-to-face networking and learning experiences.

SECO is committed to creating an event experience where our participants can safely and effectively come together. We are taking extra precautions, beyond those mandated by local authorities and governmental agencies, including temperature checks and face masks required of all persons entering the Georgia World Congress Center (GWCC) Building A, without exception.

Below is a list of measures we have in place and how you will play a role in helping us move forward with an in-person event safely. In addition to SECO's safety protocols, the GWCC has implemented a program of stringent processes for cleaning, disinfection and infectious disease prevention.

Reminders placed throughout the GWCC stress the importance of exposure mitigation at SECO 2021.

Easy Health Screenings
Each attendee will participate in a daily text health screening to ensure the safety of all SECO 2021 attendees.

Arriving at SECO 2021
We are taking additional health and safety measures at SECO 2021. Please allow extra time when arriving at the Congress this year.

Daily temperature screenings will be conducted to enter the GWCC building each day for all participants.

SECO 2021 has a no-contact policy in place. No handshakes or hugs this year. We know the no hugs will be difficult… save them for SECO 2022 in New Orleans!

Inside the Congress
Face masks will need to be worn inside the Congress at all times. Please make sure you have a face mask with you. Children under age two are the only exception. Please follow all recommended health and safety measures, including:
- stay at least six feet from one another
- wash your hands often
- cover your cough or sneeze
- stay home if you are sick

We have designed the Congress to allow for social distancing. There will be no aisle carpet in the exhibit hall to allow for enhanced cleaning and sanitation.

We will remind you to keep a safe distance from others with signage.

Seating areas will be properly distanced, and transparent shields will be placed at all concession stands.

Exhibitors will have the option to order enhanced cleaning and disinfection services for their booths.

Trash will be removed from the exhibit hall and course rooms with greater frequency.

Daily disinfecting will take place to sanitize all seating, restrooms and frequently touched public areas.

Feeling sick unexpectedly at the Congress? Medical personnel will be onsite and available to help anyone feeling unwell.

If you have additional questions, please contact info@secostaff.com. ■

Mind Your Business with MedPro360

These popular courses to help strengthen your practice management skill sets are back for another year.

With robust discussions of various business strategies such as leadership, revenue streams, work culture and much more, the popular MedPro360 "meeting within a meeting" is returning to SECO this year once again. A wide variety of business education programs can help ensure your practice runs smoothly and efficiently, while improving its profitability and functionality. The MedPro360 program begins today and will run until 7:15pm Saturday.

"MedPro360 was designed to be a comprehensive curriculum of business information for eyecare professionals," says Ted McElroy, OD, a key member of the program's faculty. "Using some of the most sought-after business intel gurus in our profession, attendees can get relevant information on coding and billing, leadership, customer service, staffing, fiscal management, social media implementation and a host of other topics to improve the practice's leadership team's business acumen."

Remaining MedPro360 Courses Available During SECO 2021

Thursday, April 29		
Coding and Billing, *Sharon Carter*	8:15am–10:15am	Room A404/405
Facilitated Learning Lab: Whose Exam Is It Anyway?, *Chris Wolfe, OD*	8:15am–10:15 am	Room 402/403
Assessing the Financial Health of Your Practice, *Mick Kling, OD*	10:30am–11:30am	Room A404/405
Customer Service vs. Customer Experience: What's the Difference?, *Joy Gibb*	12:30am–1:30pm	Room A311/312
Facilitated Learning Lab: Leadership and Differentiation—How to Make Your Practice Stand Out In a Crowd, *Mick Kling, OD*	12:30pm–2:30pm	Room 402/403
Frame Inventory That Works FOR You, *Joy Gibb*	1:30pm–2:30pm	Room A404/405
Facilitated Learning Lab: Telemedicine, *Mike Rothschild, OD*	2:45pm–4:45pm	Room 402/403
Friday, April 30		
Communicating with Patients, *Sharon Carter*	12pm–1pm	Room A311/312
Maximizing Message Boards and Social Media Groups, *Darryl Glover, OD*	1:15pm–2:15pm	Room A411/412
Tele-Frame Styling & Optical Sales, *Joy Gibb*	3:15pm–4:15pm	Room A315/316
Saturday, May 1		
Post COVID Leadership Tactics to Implement Daily, *Ted McElroy, OD*	10:15am–11:15am	Room A311/312
Creating Influencers to Promote your Practice for You, *Darryl Glover, OD*	12:15pm–1:15pm	Room A411/412
Artificial Intelligence in Eye Care, *Chris Wroteb, OD*	2:15pm–3:15pm	Room A315/316
Hello, is Anybody Listening?, *Rebecca Johnson*	6:15pm–7:15pmpm	Room A404/405

Dr. McElroy says one of the most popular and effective hallmarks of the MedPro360 program at SECO is the facilitated learning labs, which will use peer-to-peer, facilitator-led discussions that directly involve the attendees in the problem solving.

"Highly acclaimed since the inception, the MedPro360 facilitated learning labs get attendees talking and doing in a peer-review format where they will leave with ideas to implement immediately," he explains. "SECO is committed to being on the edge of innovation, and using unique instructional design strategies and testing new learning formats continues to position SECO as the leader in education."

Dr. McElroy says ODs should try to spend more time "on" their business—evaluating and strategizing—and less "in" it, bogged down with the day-to-day.

Dr. McElroy says there has been an ongoing gap in knowledge when it comes to optometrists having the skills and information needed to effectively and efficiently manage the "business of their business."

"As eyecare professionals, we spend way more time working 'in' the business than 'on' the business," he says. The MedPro360 program offers an opportunity to step away from the day-to-day clinical demands and operations of a practice and focus on business and management processes. "These sessions allow the attendees to peel back the layers of their current structure and uncover opportunities to ensure fiscal security, as well as provide the best possible patient experience. Staying connected to the most up-to-date business strategies can be the best investment a practice can make to map their future success."

One of the sessions hosted by Dr. McElroy, "How to Create a Work Culture You Love," which took place yesterday, discussed examples of companies that focus on the people over the profits, such as creating a culture where there is trust and vulnerability, and focusing on your team over individuals, he explains.

"In any business, metrics and financial concerns are important, but they are less important than creating a culture which allows everyone to feel safe, respected and heard by the rest of the team and the leaders," he says.

Another of his sessions, "Post COVID Leadership Tactics to Implement Daily," slated for Saturday morning at 10:15am, will offer advice on how to get through COVID or any crisis, and creating a plan for success.

"While the COVID-19 pandemic created havoc for most businesses, it also showed us that we can not only survive, but also thrive, depending on how we approach dealing with change," explains Dr. McElroy. "Prioritizing people and understanding how to stay focused, creating a plan and continuing to communicate through any crisis, whether everyday types or those that affect the entire world, are the keys to success. We'll look at specific strategies that you can implement in any situation."

After attending MedPro360, you'll leave SECO 2021 with new and exciting strategies that can strengthen not only your practice, but also your relationships with patients and improve the overall customer experience. ■

A NEW WAY TO EXPERIENCE *REVIEW OF OPTOMETRY*

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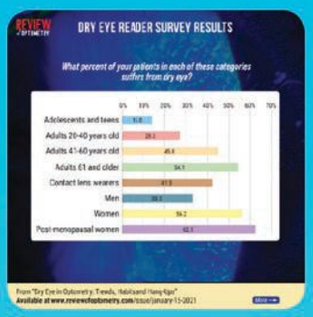

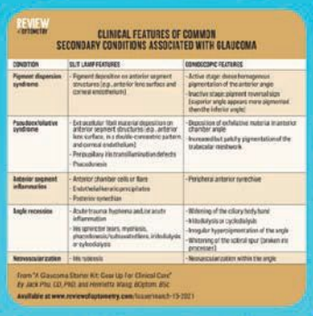

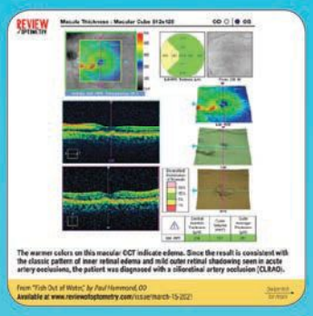

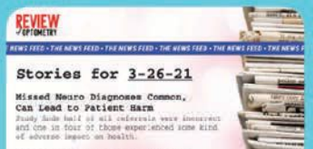

THURSDAY AT A GLANCE

OD & AHP ADVANCED LEARNING COURSES (SHADED IN GREEN) HAVE VARIOUS ACCREDITATIONS BASED ON CONTENT, AND THE ACCREDITATION INFORMATION IS LISTED FOR EACH COURSE BELOW.

6:30 AM					
6:45 AM					
7:00 AM	**505 OD & AHP Advanced** **Controversies in Eye Disease Management** 7:00 AM-8:00 AM | **Room A311/312 & Streaming** *Brooks Alldredge, OD*	**110** **What's Up with The Choroid** 7:00 AM-8:00 AM | **Room A313/314** *Jim Williamson, OD*			
7:15 AM					
7:30 AM					
7:45 AM					
8:00 AM					
8:15AM	**111** **Clinical Encounters of the Neuro Kind** 8:15 AM-10:15 AM | **Room A313/314** *Jim Williamson, OD*	**506 OD & AHP Advanced** **Scleral Lens Complications and Controversies** 8:15 AM-10:15 AM | **Room A311/312 & Streaming** *Jason Jedlicka, OD*	**112** **Refer or Relax Retina** 8:15 AM-10:15 AM | **Room A411/412** *Steven Ferrucci, OD*	**113** **Go For Glaucoma** 8:15 AM-10:15 AM | **Room A302** *Ben Casella, OD*	
8:30 AM					
8:45 AM					
9:00 AM					
9:15 AM					
9:30 AM					
9:45 AM					
10:00 AM					
10:15 AM					
10:30 AM	**114** **Evolving Trends in Retinal Vascular Disease** 10:30 AM-12:30 PM | **Room A302** *Jessica Steen, OD*	**115** **Integrating the PEDIG Studies into Clinical Practice** 10:30 AM-12:30 PM | **Room A305** *Glen T Steele, OD* *Marie Bodack, OD*	**116** **Going Viral: HSV, HZO, EKC** 10:30 AM-12:30 PM | **Room A311/312 & Streaming** *Nate Lighthizer, OD*	**121** **Oral Meds and the Eye** 10:30 AM-12:30 PM | **Room A313/314** *Tammy Than, OD*	**712** **OCT and Retinal Issues for Today's Optician and Technician** 10:30 AM-11:30 AM | **Room A410** *Mile Brujic, OD*
10:45 AM					
11:00 AM					
11:15 AM					
11:30 AM					
11:45 AM					
12:00 PM					
12:15 PM					
12:30 PM	**303 FREE LUNCH OD Lunch Symposia** Presented by Johnson and Johnson Vision 12:30 PM-1:30 PM | **GWCC Amphitheater A2**				**714** **The Tech's Role in Testing for Diabetic Retinopathy** 12:30 PM-1:30 PM | **Room A404/405** *Nate Lighthizer, OD*
12:45 PM					
1:00 PM					
1:15 PM					
1:30 PM	**117** **Diabetes: New Testing and Treatment for Retinopathy** 1:30 PM-2:30 PM | **Room A313/314** *Nate Lighthizer, OD*	**118** **Practical Management of Ocular Pain** 1:30 PM-2:30 PM | **Room A311/312 & Streaming** *Jessica Steen, OD*	**119** **Future in Focus: Stem Cells & Gene Therapies** 1:30 PM-2:30 PM | **Room A302** *Chris Wroten, OD*	**120** **Seeing Double: The Urgent & Chronic Causes of Diplopia** 1:30 PM-2:30 PM | **Room A411/412** *Jim Williamson, OD*	**715** **Seeing Glaucoma as More Than Just High Pressure** 1:30 PM-2:30 PM | **Room A410** *Mile Brujic, OD*
1:45 PM					
2:00 PM					
2:15 PM					
2:30 PM	**060 OD & AHP Advanced** **SPECIAL SESSION: An Eye on Neuro** 2:30 PM-4:30 PM | **Amphitheater A2 & Streaming** *Andrew Lee, MD*				
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5:00 PM	**Welcome Reception supported in part by Luxottica** 5:00 PM-7:00 PM | **GWCC East Plaza**				
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SECO's comprehensive program offers more than 70 educational courses throughout the conference.

*Here are **today's courses** for optometrists and allied health professionals.*

For course descriptions and the entire five-day education program, visit attendseco.com/education.

Missed a course at SECO 2021? Log on to secouniversity.com throughout the year to access all courses.

- OD-ONLY COURSES
- ALLIED HEALTHCARE PROFESSIONALS–ONLY COURSES
- OD & AHP ADVANCED COURSES
- MedPRO360 COURSES

- ABO
- AOA Paraoptometric
- Treatment & Management of Ocular Disease: Anterior Segment
- Florida CE Broker (live only)
- CEE/TQ Course (live only)
- Contact Lenses

6:30 AM					
6:45 AM					
7:00 AM	**710** **Dispensing to the Elderly – A Glimpse at the Aging Eye** 7:00 AM-8:00 AM | **Room A315/316 & Streaming** *Jackie O'Keefe* ABO AOA PARA FL				
7:15 AM					
7:30 AM					
7:45 AM					
8:00 AM					
8:15AM	**711** **The DNA of Ophthalmic Lenses** 8:15 AM-10:15 AM | **Room A410** *Jackie O'Keefe* ABO FL	**405 MedPRO360** **Coding and Billing** 8:15 AM-10:15 AM | **Room A404/405 & Streaming** *Sharon Carter* COVD PM ABO AOA PARA FL	**406 MedPRO360** **Facilitated Learning Lab** **Whose Exam Is It Anyway?** 8:15 AM-10:15 AM | **Room 402/403** *Chris Wolfe, OD* COVD PM ABO AOA PARA FL		
8:30 AM					
8:45 AM					
9:00 AM					
9:15 AM					
9:30 AM					
9:45 AM					
10:00 AM					
10:15 AM					
10:30 AM	**713** **AR Treatments - The Journey** 10:30 AM-11:30 AM | **Room A315/316 & Streaming** *Jackie O'Keefe* ABO FL	**407 MedPRO360** **Assessing the Financial Health of Your Practice** 10:30 AM-11:30 AM | **Room A404/405** *Mick Kling, OD* COVD PM ABO FL		**518 Facilitated Learning Lab** **Coding and Billing** **Patient Communication Strategies** 10:30 AM-12:30 PM | **Room 402/403** *Chris Wolfe, OD* COVD PM FL ABO AOA PARA	
10:45 AM					
11:00 AM					
11:15 AM					
11:30 AM	**302 FREE LUNCH AHP Lunch Symposia** **Connecting the Dots,** *Whitney Hauser, OD,* presented by Novartis 11:30 AM-12:30 PM | **GWCC Room A411/412**				
11:45 AM					
12:00 PM					
12:15 PM					
12:30 PM	**717** **Contact Lens Virtual Learning Lab** 12:30 PM-1:30 PM | **Room A410** *Mile Brujic, OD* AOA PARA NCLE FL	**408 MedPRO360** **Customer Service vs Customer Experience: What's the Difference?** 12:30 PM-1:30 PM | **Room A311/312 & Streaming** *Joy Gibb* COVD PM ABO	**303 FREE LUNCH OD Lunch Symposia** Presented by Johnson and Johnson Vision 12:30 PM-1:30 PM | **GWCC Amphitheater EH A2**		**410 MedPRO360** **Facilitated Learning Lab** **Leadership and Differentiation-How to Make Your Practice Stand Out In a Crowd** 12:30 AM-2:30 PM | **Room 402/403** *Mick Kling, OD* COVD PM ABO FL
12:45 PM					
1:00 PM					
1:15 PM					
1:30 PM	**507 OD & AHP Advanced** **The Vision and Wellness Connection** 1:30 PM-2:30 PM | **Room A315/316 & Streaming** *Tammy Than, OD* COVD GO AOA PARA NCLE ABO FL	**409 MedPRO360** **Frame Inventory That Works FOR You** 1:30 PM-2:30 PM | **Room A404/405** *Joy Gibb* COVD PM ABO FL			
1:45 PM					
2:00 PM					
2:15 PM					
2:30 PM	**060 OD & AHP Advanced** **SPECIAL SESSION: An Eye on Neuro** 2:30 PM-4:30 PM | **Amphitheater A2 & Streaming** *Andrew Lee, MD* COVD NO AOA PARA FL				
2:45 PM			**716** **Team building - From Me to We** 2:45 PM-4:45 PM | **Room A311/312 & Streaming** *Sharon Carter & Lynn Lawrence* ABO FL	**411 MedPRO360** **Facilitated Learning Lab Telemedicine** 2:45 PM-4:45 PM | **Room 402/403** *Michael Rothschild, OD* COVD PM ABO FL	
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- Ethics/Jurisprudence
- Glaucoma
- General Optometry
- Injection Skills
- Laser Procedures
- * NCLE
- Neuro-Optometry
- Oral Pharmaceutical
- Principles of Diagnosis
- Pharmacology
- Practice Management
- Peri-Operative Management of Ophthalmic Surgery
- Treatment & Management of Ocular Disease: Posterior Segment
- Refractive Surgery Management
- Systemic/Ocular Disease
- Surgical Procedures
- Functional Vision/Pediatrics
- Public Health
- Low Vision/Vision Impairment & Rehabilitation
- Facilitated Lab/Workshop
- Virtual Session
- Food Course

** Brought to you by the National Academy of Opticianry*

SECO Extends Warm Welcome to Students and Residents

Experience. Learn. Connect.

SECO is committed to helping future eyecare professionals achieve their goals, offering a robust program that allows students to expand their knowledge, refine their skills, make professional connections and move their budding careers forward. With world-class educational programming, groundbreaking innovations and unbeatable networking opportunities all in one location, there's no better place to build your future as an eyecare professional than SECO 2021.

Current optometric students and residents are encouraged to participate in SECO's renowned educational programming, featuring a variety of in-depth, hands-on sessions designed to help you build your skills, all free of charge.

Created specifically for students and residents, Saturday's **Student Symposium** (course 306, 11:15am–12:15pm) will feature networking opportunities—plus, you could even win a $1,000 scholarship just by attending!

Be sure to stop by **Optometry's Marketplace**™ to get a clear view of tomorrow's eyecare solutions.

And don't forget to have some *fun* while you're here! SECO 2021 has many networking events that will give you the chance to safely mingle with other students and enjoy an unforgettable experience. For the most up-to-date event schedule, check SECO's mobile app. ■

Set Your Eyes on Outside-the-Classroom Education

Earn free CE credits (COPE and CE broker accredited) and gain valuable information right on the show floor! All courses are for CE credit unless otherwise noted on the schedule. The Presentation Theater courses are open seating and registration is not required, first come will be first admitted. Limited seating available.

Friday, April 30

200: Evidence-based Scleral Lens Management, *Maria Walker, OD*

201: Modern Aesthetics for the Optometric Physician, *Chris Wroten, OD*

Saturday, May 1

202: A Patient Management Perspective on Dry Eye Disease, *Ron Melton, OD, and Randall Thomas, OD*

203: New Treatment Options for Patients with Acquired Blepharoptosis, *April Jasper, OD*

Exhibit Hall "Rarin' to Go" for Long-Awaited Return

A year of pandemic-mandated virtual conferences has left much of the profession antsy for the real thing. Nowhere is this more profound than in the exhibit hall, where mingling, haggling and "road testing" new equipment were all once vital parts of the experience.

And they will be again, starting tomorrow!

Take the knowledge you learned in the educational sessions and make informed purchasing decisions in face-to-face discussions, demonstrations and special presentations right on the show floor. SECO 2021, the first major eyecare event of the year, is your first opportunity to see, touch and experience the exciting innovations that are shaping the future of your profession—and make them a part of your practice ahead of your competition.

This year's hall will include **The View**, a luxury eyewear pavilion and the place to be at SECO if you make or influence eyewear buying decisions. For allied health professionals, there's the **Optix Zone**, a specially designed area where you can learn, collaborate and assess your skills. And the popular **Presentation Theater** offers even more CE, and this time it's free!

All in one location, there's no better place to build your future as an eyecare professional than SECO 2021. Exhibit hall hours are as follows:

• ***Friday, April 30, 9am–5pm*** • ***Saturday, May 1, 9am–4pm***

Friday: 8am–10am AMPHITHEATER A2

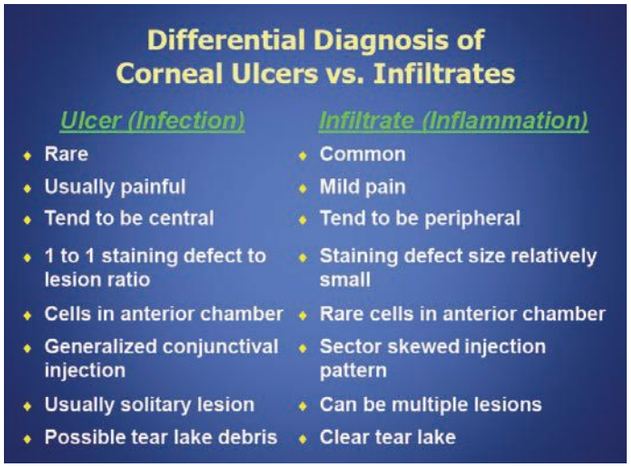
Embrace the Ever-Changing World of Optometry

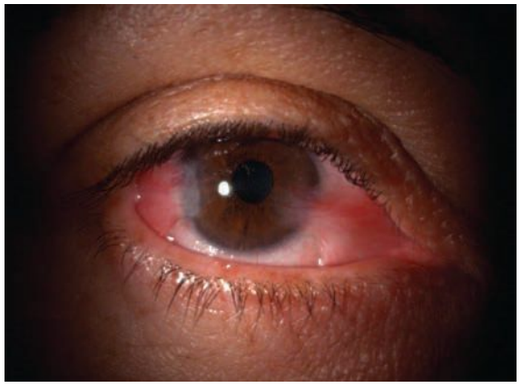
As demand for eye care continues to grow, it's important to know the challenges you will face and how to adapt to them. Tomorrow, Drs. Melton and Thomas discuss.

With over 80 combined years of clinical experience, North Carolina's Ron Melton, OD, and Randall Thomas, OD, know a thing or two about optometry and especially the field of ophthalmic medications. In this SECO special session, they'll present the most up-to-date information on clinical patient care and also cover a wide array of anterior and posterior segment topics, emphasizing the latest medical management of acute and chronic eye conditions.

The esteemed ODs will also touch on the future of optometry in the US and the challenges eye care professionals face—notably, the increased demand for medical and surgical eye care and how to efficiently manage it.

"The field of medical eye care has not been optimally embraced by the profession of optometry, nor the profession of ophthalmology, a surgical specialty," says Dr. Thomas. "As such, there is a void in the delivery of medical eye care services. Further, there is a tsunami of virtual and real assaults on traditional optometric services. There are now numerous websites where citizens can get refractive services online, and this will only become more extensive." The sale of eyeglasses and contact lenses is already widespread, and this, too, will only expand, he notes.





UV light is a trigger for pterygia formation and progression. Doxycycline and corticosteroids can inhibit neovascularization, Dr. Thomas says.

"Our lectures consistently implore our colleagues to embrace an ever-expanding scope of professional practice," says Dr. Thomas. "For our part, we try our best to share the latest developments in patient care and focus on a wide array of medical eye conditions." One of those developments includes remote patient monitoring, which takes patient care to a new level thanks to artificial intelligence.

Over 30 medical eye conditions will be discussed, including diabetic microvascular retinopathy, zoster ophthalmicus and phlyctenular keratoconjunctivitis, to name a few.

The dynamic duo will then discuss new ways to manage many acute and chronic eye conditions, the role of intranasal betadine and its effects on COVID-19, off-label timolol to treat migraines, a new treatment for thyroid-related proptosis, side effects of glaucoma drugs, the latest on microbial keratitis and what to watch for with systemic medications.

New data on shingles and the Shingrix vaccine will also be a topic of discussion. Incidence is on the rise, and at increasingly younger ages, according to Dr. Thomas.

"Although eye doctors often view recommending vaccinations as the job of the PCP, given the incredible toll herpes zoster can take on the eye, we must accept responsibility for protecting our patients and recommend this preventive measure."

He adds, "Our goal is to equip the practitioner with all the knowledge necessary to competently provide ever-expanding patient care services."

Drs. Melton and Thomas are dedicated to educate, motivate and inspire their fellow colleagues to fill an "unmet need" for medical eye care services. "This approach firstly enhances patient care, and secondly underpins the solvency of optometric practices in the face of technological assaults," says Dr. Thomas. ■

REMAINING SECO 2021 CEE TQ COURSES

Thursday, April 29

- 8:15am–10:15am: Course 111, Clinical Encounters of the Neuro Kind, Jim Williamson, OD
- 8:15am–10:15am: Course 113, Go For Glaucoma, Ben Casella, OD
- 10:30am–12:30pm: Course 114, Evolving Trends in Retinal Vascular Disease, Jessica Steen, OD
- 10:30am–12:30pm: Course 115, Integrating the PEDIG Studies into Clinical Practice, Glen Steele, OD, Marie Bodack, OD

Friday, April 30

- 2:15pm–4:15pm: Course 131, Ocular Trauma, Michelle Welch, OD
- 5:15pm–7:15pm: Course 138, Frontline Ocular Surface Disease Care, Paul Karpecki, OD, Justin Schweitzer, OD
- 5:15pm–7:15pm: Course 139, Retinal and OCT Grand Rounds, Steven Ferrucci, OD

Saturday, May 1

- 4pm–6pm: Course 154, Lumps and Bumps, Michelle Welch, OD
- 4pm–6pm: Course 155, Following AMD with OCT, Julie Rodman, OD

Today: 2:30pm–4:30pm AMPHITHEATER A2

Strategize Against these Six Neuro Diseases

Lecture addresses how ODs shouldn't back down from diagnosing and referring common conditions.

Coming in from the renowned Houston Methodist Hospital, Andrew G. Lee, MD, chair of ophthalmology at the Blanton Eye Institute, will address SECO attendees on the potential life-threatening diagnoses in neuro-ophthalmology. Optometrists might be afraid of such cases due to a possibility to misdiagnose prior to referral. Issues can also be overlooked when the OD does not perform a complete assessment or fails to associate signs and symptoms with a neuro-ophthalmic process. However, Dr. Lee believes that attendees will still take the cases seriously but not break a sweat the next time they come across them.

This afternoon, in "An Eye on Neuro," Dr. Lee will cover six neuro-ophthalmic conditions that all optometrists should be prepared for. Early diagnosis and prompt referral are critical for optometrists in order to save patients in these cases, and Dr. Lee will provide well-rounded advice on how to approach such surprises. This session is labeled a "Special Session," only reserved for lectures that SECO believes you will not see at any other optometry meeting.

The lecture will review Lee's "A's": acute painful proptosis/orbital apex (abscess), acute painful bitemporal hemianopsia (pituitary apoplexy), acute painful third nerve palsy (aneurysm), acute painful Horner syndrome (arterial dissection) and acute painful loss of vision in the elderly (giant cell arteritis). According to Dr. Lee, these conditions share features characterized by the patient mentioning the phrase "acute and painful" plus a neuro-ophthalmic sign (*e.g.*, anisocoria, RAPD, third nerve palsy).

"Recognize, triage and refer is the standard of care, not treating or necessarily diagnosing these conditions," Dr. Lee emphasizes. Among his triage pearls in neuro-ophthalmology, Dr. Lee advises to have your triage plan set in advance, not directly when the patient presents to you. If you cannot explain your patient's symptoms, a neuro-ophthalmic workup and referral might be necessary. Dr. Lee will address patterns in the demographics or signs often found in neuro cases that optometrists should be aware of. He will also go into detail on red flags that should rightfully worry clinicians who come across them.

One in particular is the "rule of the pupil," which is taken into account with a pupil-involved CN III palsy. In such a case, consider an aneurysm of the posterior communicating artery until proven otherwise.

Careful consideration can minimize the need for neuroimaging or a neuro-ophthalmology consultation; however, if neuroimaging is necessary or the patient needs to be admitted to the hospital, Dr. Lee has you covered. Within the cases presented, Dr. Lee will go over the ideal imaging strategy each case would require, such as in CN III palsy. Then he will address the key clinical or radiographic features for the respective diagnoses.

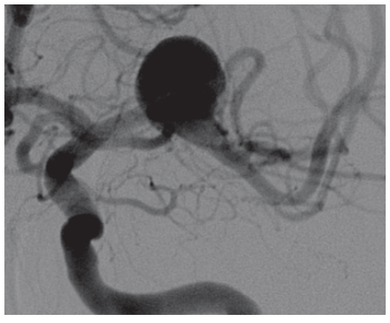
Dr. Lee's lecture will challenge optometrists to face their fears and be ready for a patient with a neuro-ophthalmic condition. With humor and insight from a multitude of resources, attendees will learn from Dr. Lee what makes a difference in saving patients who might have to deal with life-threatening conditions and navigating them through that process. ■

Five Red Flags to Worry About

1. Acute headache in elderly especially with visual loss (also jaw claudication and scalp pain).
2. Acute painful ophthalmoplegia or orbital apex.
3. Acute painful anisocoria (small or big pupil).
4. Acute no light perception.
5. Acute bilateral visual loss or ophthalmoplegia.

Five Triage Pearls in Neuro-ophthalmology

1. Have the "triage list" ***in advance***, not ad hoc.
2. Beware red flag: "acute painful _____" [insert any ophthalmic sign!]
3. "How long has it been there?" (This is your time clock for working it up.)
4. How bad is your pain or visual loss? (worst headache of life, LP or NLP vision = "Come now!")
5. Are your pupils different sizes? (Go look in the mirror now!)



Depending on location, a lesion on CN III can cause pupillary involvement, as with this middle cerebral artery aneurysm.

Comanagement: Options Aplenty for ODs

COMANAGEMENT, continued from Page 1

Dr. Saenz also shared promising options on the horizon in this category, including the IC-8 IOL, a clear monofocal lens with an embedded mini-ring, or pinhole, in the center.

For patients to be happy with their cataract surgery outcome, it's important for optometrists to understand three important factors:

- "who" the patient is (e.g., myopic, hyperopic, mixed astigmatism)
- the type of lens they received (e.g., distance target OU, monovision OU, near target OU, trifocal OU)
- why the individual picked that target and correction modality

Despite all the measurements and discussions pre-op, some patients might still be unhappy with their visual outcomes after cataract surgery. In these cases, options such as a LASIK enhancement might help.

Refractive Renaissance

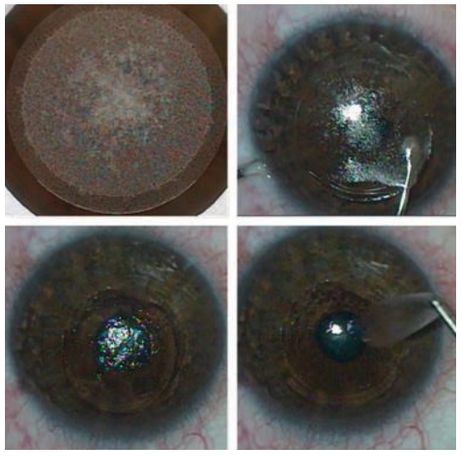
Technology has also advanced on the refractive side with intracorneal lenses (ICLs), small-incision lenticule extraction (SMILE), SMILE for astigmatism and now low-energy SMILE.

With the prevalence of mask wear during the pandemic, Dr. Saenz suggested even more patients are opting for refractive surgery in lieu of "foggy glasses."

Still, LASIK represents a missed opportunity for many ODs, as only about 20% comanage these patients even though optometrists are the primary eye care provider for about 90% of patients. With this in mind, Dr. Saenz estimated optometrists lost out on $565 million in revenue from comanaging LASIK patients in 2019.

"It's important for optometrists to talk to patients about LASIK during an eye exam along with contact lenses and glasses," Dr. Saenz said.

Optometrists need to get over the mindset that they'll lose the patient if they send them out for LASIK, since most optometrists will have already lost these individuals to LASIK surgery chains. So, ODs will ultimately miss out on revenue by not discussing this option and participating in LASIK comanagement, he added.



The SMILE procedure creates (top left), dissects (top right) and removes a lenticule (bottom left and right) to correct myopia and myopic astigmatism.

Additionally, modern LASIK has made significant advances from its earliest days.

Dr. Saenz cited one recent study that found modern LASIK was not only safe and effective but also improved patient quality of life, didn't result in past common issues (e.g., dry eye, glare, halos) and improved OSDI scores of dry eye following the procedure.

CXL Takes Off

Corneal crosslinking, approved in 2016, also offers an exciting new area of comanagement for ODs.

"The procedure is FDA approved, covered by insurance and has a zero-day global period, so optometrists can participate in the post-operative period by billing medical exams to insurance," Dr. Saenz said.

Any patient with progressive keratoconus would benefit for a crosslinking referral, he added.

Despite all the new technology, Dr. Saenz recommended considering some tried-and-true procedures, such as an ICL that corrects myopia and myopic astigmatism. The ICL has been around longer than the iPhone and might prove to be the ideal option for some patients, he suggested. "Our goal as optometrists is to recommend the best possible form of vision correction, and in some patients—especially the really high myopes—the ICL is a great procedure that will give them their best possible vision, but a lot of patients don't even know that it's an option," he said.

Dr. Saenz offered these final pearls on how to grow the comanagement arm of a practice:

- Inform patients who were previously told they weren't candidates: "They are!"
- Add a simple question to patient forms about interest in a comanaged surgery.
- Accompany a patient on their surgery day.
- Consider contact lens dropout patients for refractive surgery. "If you have a contact lens patient struggling with dryness but they do well with glasses, consider refractive surgery," Dr. Saenz said.

Looking toward the future, the role of optometrists will continue to expand, so ODs need to rise up, not only in the US, but globally.

"We believe everyone deserves to see, so it's important that we come together to prevent blindness and help the number of patients who are visually impaired," Dr. Saenz said. ■

Today: 10:30am–12:30pm ROOM A302

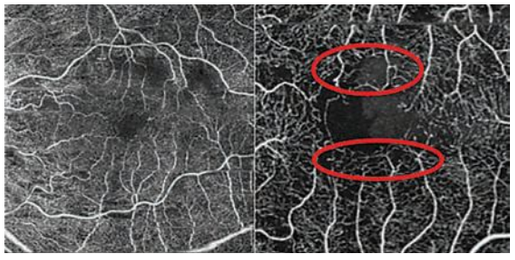
Retina Care: Don't Stop at Anti-VEGF

Widen your armamentarium so you're better able to tailor each patient's management approach.

Myth: anti-VEGF injections cure all retinal vascular disease. Fact: this management option has been widely successful but does not block the natural history of retinal disease. Patients with these multifactorial conditions vary in disease presentation and treatment response and may require a more comprehensive, tailored approach to management, says Jessica Steen, OD.

This morning, Dr. Steen's course, "Evolving Trends in Retinal Vascular Disease," will address this common misconception, starting with a review of the pathophysiology of retinal disease and the role anti-VEGF plays in this subset of clinical care as indicated by clinical studies and trials.

Dr. Steen will then close out the lecture with a discussion of imaging strategies, treatment trends and developments in the care of patients with diabetic retinopathy, exudative macular degeneration and retinal vein occlusion. She'll specifically focus on OCT-A and OCT features of retinal vascular disease, including identification of high-risk biomarkers for disease progression and early biomarkers of macular neovascularization to improve timely referrals and ocular outcomes.



Macular ischemia is a driving force in diabetic retinopathy disease progression but is currently untreatable.

Dr. Steen stresses that OCT-A should not replace fluorescein angiography or OCT. Rather, it can provide supplementary information, especially when it comes to neovascularization and macular ischemia. She notes that ischemia is a central driving factor of disease progression in cases of diabetic retinopathy but has not been successfully targeted by any currently available therapeutics.

Diabetic retinopathy, an end-organ response to systemic disease, ranges in severity and causes vision loss secondary to diabetic macular edema, macular ischemia and proliferative diabetic retinopathy. Anti-VEGF is typically the first-line treatment but may present a medication burden from frequent injections, says Dr. Steen. In DR-related neovascularization, panretinal photocoagulation plays a substantial role in the management process.

Anti-VEGF agents are also front-runners when it comes to retinal vein occlusion and exudative macular degeneration, but they don't come without adverse effects. Over-activation of the complement pathway is a driver in the macular degeneration disease process, and inhibition can prevent progression. Beyond intravitreal injections, gene therapy and home-based OCT are showing promising results in this treatment process.

"Novel treatment strategies aim to address new therapeutic targets and enhance durability in comparison with currently available therapeutics," says Dr. Steen. Reducing the number of injections, increasing the time interval between treatments, developing alternative administration routes and decreasing the cost of treatment will allow dramatic improvements in patient quality of life and ocular outcomes. ■

Making the Grade on Lab Tests

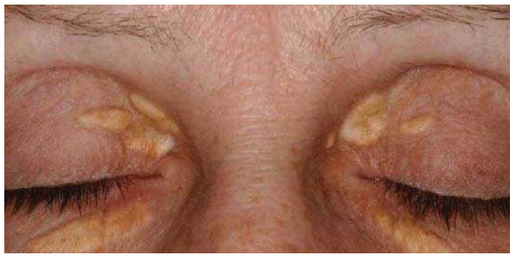
Tomorrow: 7am–8am
ROOM A411/412

Efficiency, practicality and patient convenience are top concerns when considering what tests to order.

Be sure to get up early tomorrow morning and catch a fantastic session on laboratory testing. At 7am, Caroline Pate, OD, of Alabama at Birmingham will go into intricate detail on how to best order tests for your patients as well as help those who are able to perform in-office point-of-care tests. "I'd love attendees to feel more comfortable with laboratory testing that needs to be performed both in and out of the office, which ultimately will enhance the level of care they can provide to their patients," Dr. Pate says.

Optometrists must be familiar with the necessary lab testing often required in the diagnosis and management of certain systemic conditions. To best develop a strategy for approaching lab testing, Dr. Pate believes optometrists should take into consideration its effect on their management plan, the rapidity of results, patient convenience and the test's financial and practical impacts.

When an optometrist orders a test, Dr. Pate believes they should recognize how to interpret,



Xanthelasma is among the many cases for which Dr. Pate suggests ODs must order a lipid profile.

communicate, treat and refer. With point-of-care testing, the optometrist can obtain certain results in a timely fashion. However, Dr. Pate emphasizes that any optometrist looking to perform in-office lab tests should be CLIA-certified and obtain patient consent. The optometrist must also document medical necessity.

Lab studies give ODs hard data from the tests ordered, so it is then up to them to provide the clinical interpretation. Dr. Pate will cover some tips and resources for helping to interpret results. She'll discuss a variety of clinical scenarios of both the anterior and posterior segment where lab testing may provide key information to help the optometrist know when a certain test will be indicated and then take better care of the patient.

Dr. Pate will present cases and ask attendees what tests they feel they should order. Cases will review the ABCs of diabetes, when a carotid doppler is necessary and when to follow your suspicions. She'll also walk through what differentials to consider, which conditions require a clinical diagnosis before even reviewing labs, and patterns and markers that ODs can recognize better.

Attendees will learn some clinical pearls that will help them with ordering tests and become more confident in using them. Overall, Dr. Pate believes that optometrists should emphasize efficiency, practicality and patient convenience when deciding on how to carry out lab testing. ■

EYSUVIS (loteprednol etabonate ophthalmic suspension) 0.25%, for topical ophthalmic use

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE

EYSUVIS is a corticosteroid indicated for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease.

CONTRAINDICATIONS

EYSUVIS, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

WARNINGS AND PRECAUTIONS

Delayed Healing and Corneal Perforation—Topical corticosteroids have been known to delay healing and cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin corneal or scleral tissue may lead to perforation. The initial prescription and each renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining.

Intraocular Pressure (IOP) Increase—Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, as well as defects in visual acuity and fields of vision. Corticosteroids should be used with caution in the presence of glaucoma. Renewal of the medication order should be made by a physician only after examination of the patient and evaluation of the IOP.

Cataracts—Use of corticosteroids may result in posterior subcapsular cataract formation.

Bacterial Infections—Use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions of the eye, corticosteroids may mask infection or enhance existing infection.

Viral Infections—Use of corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular corticosteroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections—Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local corticosteroid application. Fungus invasion must be considered in any persistent corneal ulceration where a corticosteroid has been used or is in use. Fungal cultures should be taken when appropriate.

Risk of Contamination—Do not to allow the dropper tip to touch any surface, as this may contaminate the suspension.

Contact Lens Wear—The preservative in EYSUVIS may be absorbed by soft contact lenses. Contact lenses should be removed prior to instillation of EYSUVIS and may be reinserted 15 minutes following administration.

ADVERSE REACTIONS

Adverse reactions associated with ophthalmic corticosteroids include elevated intraocular pressure, which may be associated with infrequent optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, delayed wound healing and secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

Clinical Trials Experience—Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The most common adverse reaction observed in clinical trials with EYSUVIS was instillation site pain, which was reported in 5% of patients.

USE IN SPECIFIC POPULATIONS

Pregnancy—Risk Summary: There are no adequate and well controlled studies with loteprednol etabonate in pregnant women. Loteprednol etabonate produced teratogenicity at clinically relevant doses in the rabbit and rat when administered orally during pregnancy. Loteprednol etabonate produced malformations when administered orally to pregnant rabbits at doses 1.4 times the recommended human ophthalmic dose (RHOD) and to pregnant rats at doses 34 times the RHOD. In pregnant rats receiving oral doses of loteprednol etabonate during the period equivalent to the last trimester of pregnancy through lactation in humans, survival of offspring was reduced at doses 3.4 times the RHOD. Maternal toxicity was observed in rats at doses 347 times the RHOD, and a maternal no observed adverse effect level (NOAEL) was established at 34 times the RHOD.

The background risk in the U.S. general population of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies.

Data—*Animal Data:* Embryofetal studies were conducted in pregnant rabbits administered loteprednol etabonate by oral gavage on gestation days 6 to 18, to target the period of organogenesis. Loteprednol etabonate produced fetal malformations at 0.1 mg/kg (1.4 times the recommended human ophthalmic dose (RHOD) based on body surface area, assuming 100% absorption). Spina bifida (including meningocele) was observed at 0.1 mg/kg, and exencephaly and craniofacial malformations were observed at 0.4 mg/kg (5.6 times the RHOD). At 3 mg/kg (41 times the RHOD), loteprednol etabonate was associated with increased incidences of abnormal left common carotid artery, limb flexures, umbilical hernia, scoliosis, and delayed ossification. Abortion and embryofetal lethality (resorption) occurred at 6 mg/kg (83 times the RHOD). A NOAEL for developmental toxicity was not established in this study. The NOAEL for maternal toxicity in rabbits was 3 mg/kg/day.

Embryofetal studies were conducted in pregnant rats administered loteprednol etabonate by oral gavage on gestation days 6 to 15, to target the period of organogenesis. Loteprednol etabonate produced fetal malformations, including absent innominate artery at 5 mg/kg (34 times the RHOD); and cleft palate, agnathia, cardiovascular defects, umbilical hernia, decreased fetal body weight and decreased skeletal ossification at 50 mg/kg (347 times the RHOD). Embryofetal lethality (resorption) was observed at 100 mg/kg (695 times the RHOD). The NOAEL for developmental toxicity in rats was 0.5 mg/kg (3.4 times the RHOD). Loteprednol etabonate was maternally toxic (reduced body weight gain) at 50 mg/kg/day. The NOAEL for maternal toxicity was 5 mg/kg.

A peri-/postnatal study was conducted in rats administered loteprednol etabonate by oral gavage from gestation day 15 (start of fetal period) to postnatal day 21 (the end of lactation period). At 0.5 mg/kg (3.4 times the clinical dose), reduced survival was observed in live-born offspring. Doses ≥ 5 mg/kg (34 times the RHOD) caused umbilical hernia/incomplete gastrointestinal tract. Doses ≥ 50 mg/kg (347 times the RHOD) produced maternal toxicity (reduced body weight gain, death), decreased number of live-born offspring, decreased birth weight, and delays in postnatal development. A developmental NOAEL was not established in this study. The NOAEL for maternal toxicity was 5 mg/kg.

Lactation—There are no data on the presence of loteprednol etabonate in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for EYSUVIS and any potential adverse effects on the breastfed infant from EYSUVIS.

Pediatric Use—Safety and effectiveness in pediatric patients have not been established.

Geriatric Use—No overall differences in safety and effectiveness have been observed between elderly and younger adult patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility—Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma thymidine kinase (tk) assay, in a chromosome aberration test in human lymphocytes, or *in vivo* in the single dose mouse micronucleus assay. Treatment of male and female rats with 25 mg/kg/day of loteprednol etabonate (174 times the RHOD based on body surface area, assuming 100% absorption) prior to and during mating caused pre-implantation loss and decreased the number of live fetuses/live births. The NOAEL for fertility in rats was 5 mg/kg/day (34 times the RHOD).

For a copy of the Full Prescribing Information, please visit www.EYSUVIS.com.

Manufactured for:
Kala Pharmaceuticals, Inc.
Watertown, MA 02472

Part # 2026R02

October 2020
Kala®

US-EYS-2000115

The **FIRST AND ONLY FDA APPROVED SHORT-TERM**
(up to two weeks) Rx treatment for the signs and symptoms of Dry Eye Disease

IN THE BATTLEGROUND OF DRY EYE...

When Dry Eye Flares strike,

fight back first with fast.

EYSUVIS is an eye drop, not a spray.

INDICATION

EYSUVIS is a corticosteroid indicated for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

Contraindication:

EYSUVIS, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

Warnings and Precautions:

Delayed Healing and Corneal Perforation: Topical corticosteroids have been known to delay healing and cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin corneal or scleral tissue may lead to perforation. The initial prescription and each renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining.

Intraocular Pressure (IOP) Increase: Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, as well as defects in visual acuity and fields of vision. Corticosteroids should be used with caution in the presence of glaucoma. Renewal of the medication order should be made by a physician only after examination of the patient and evaluation of the IOP.

Cataracts: Use of corticosteroids may result in posterior subcapsular cataract formation.

Bacterial Infections: Use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, corticosteroids may mask infection or enhance existing infection.

Viral Infections: Use of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular corticosteroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections: Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local corticosteroid application. Fungus invasion must be considered in any persistent corneal ulceration where a corticosteroid has been used or is in use.

Adverse Reactions:

The most common adverse drug reaction following the use of EYSUVIS for two weeks was instillation site pain, which was reported in 5% of patients.

Please see Brief Summary of Prescribing Information for EYSUVIS on the next page.

kala PHARMACEUTICALS

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EYSUVIS™
(loteprednol etabonate ophthalmic suspension) 0.25%
THE FAST FLARE FIGHTER