Mayo Clinic

OPHTHALMIC REVIEWS

March 7 – 8, 2003

Siebens Medical Education Building
Rochester, Minnesota

COURSE DESCRIPTION

This one-and-one-half day course is designed as a continuing education course for ophthalmologists and Mayo Health System optometrists, with a balanced assessment of clinically relevant advances in eye care. Keynote speakers for the course include Dr. Scott MacRae who will emphasize refractive surgery, and Dr. Eugene deJuan who will cover topics in vitreoretinal disease and management. The remainder of the course will be taught by Mayo Clinic ophthalmologists, featuring lectures and interactive discussions, and covering a variety of topics in contemporary eye care, including but not limited to: 1) medical and surgical corneal disease, 2) management of diabetic macular edema, 3) clinical-pathologic and neuroradiologic correlations, 4) ophthalmic electronic medical record development, 5) amblyopia and 6) medical management of glaucoma.

COURSE LEARNING OBJECTIVES

• analyze treatment options for diabetic macular edema
• translate the basic science of corneal refractive surgery to expected clinical outcomes
• interpret specific neuroradiologic findings in patients presenting with significant neuro-ophthalmic histories
• assess advances in the treatment of age-related macular degeneration
• formulate interventional strategies in the medical management of ocular hypertension
• assess the status of the retinal implant
• assess the promise and perils of an ophthalmic electronic medical record
• demonstrate the collaborative efforts of the clinician and the ophthalmic pathologist through archived cases
• evaluate current clinical trials in pediatric ophthalmology
• formulate treatment plans for specific vitreoretinal and corneal refractive problems through case presentations

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

INTENDED AUDIENCE

Ophthalmologists and Mayo Health System Optometrists.
General Information

CREDIT
Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Mayo Foundation designates this educational activity for a maximum of 13.25 hours in category 1 credit towards the AMA Physician’s Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

COPE approval for 13.25 credit hours is being reviewed by the Council on Optometric Practitioner Education.

EDUCATIONAL GRANTS
This course is supported in part by educational grants from, in accordance with ACCME Standards.

At the time of this printing, a complete listing of commercial supporters was not available. Appropriate acknowledgment will be given to all supporters at the time of the meeting.

CANCELLATION POLICY
Your registration fee, less a $50 administrative fee, will be refunded when written notification is received by the Mayo School of Continuing Medical Education before February 21, 2003. No refunds will be made after February 21, 2003.

TRAVEL
Rochester, Minnesota, is a friendly city that greets thousands of visitors from around the world each year. The city is serviced by a modern international airport with multiple flights daily from Chicago and Minneapolis via American or Northwest Airlines. Access to and from the airport is provided by taxi cab and shuttle service. The airport is located approximately 10 driving miles from the Mayo Clinic complex.

American Airlines is the official carrier for this Mayo course. Reduced airfares are available for participants by calling American Airlines at 800-433-1790/817-267-2222 or contact Lynn at Corporate Travel, phone 507-287-7468 or e-mail Lynn@ctsrst.com. Please reference this course under star file #S9988 by destination and date. Corporate Travel can also assist you with ground transportation.

LODGING ACCOMMODATIONS
Blocks of guestrooms have been reserved with special course rates at each of the following downtown Rochester hotels. To ensure accommodations and the discounted rate, please make your reservations by February 13, 2003, and identify yourself as a participant of the Ophthalmic Reviews course.

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilton Garden Inn</td>
<td>225 South Broadway</td>
<td>800-445-8667, 507-285-1234</td>
<td>$85 single/double</td>
</tr>
<tr>
<td>Kahler Grand Hotel</td>
<td>20 Second Avenue SW</td>
<td>800-533-1655, 507-282-2581</td>
<td>$79 single/double</td>
</tr>
<tr>
<td>Radisson Plaza Hotel</td>
<td>150 South Broadway</td>
<td>800-333-3333, 507-281-8000</td>
<td>$95 single/double</td>
</tr>
<tr>
<td>Rochester Marriott Hotel</td>
<td>101 First Avenue SW</td>
<td>877-623-7775, 507-280-6000</td>
<td>$129 single/double</td>
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The hotels listed above are connected by skyway and pedestrian subway to conference facilities, downtown shops, restaurants and theaters. You may also wish to visit the Rochester Convention and Visitors Bureau website (www.rochestercvb.org) for additional accommodation options.

PARKING
Parking is available in hotel, city, and Mayo patient/visitor ramps. The cost for parking is not included in the registration fee. A map indicating the location of downtown parking facilities will be mailed with the registrant confirmation letter.
FRIDAY, MARCH 7, 2003

7:00 a.m.  On-site Registration
          View Exhibits
8:10 a.m.  Welcome and Announcements
          Program Director, Paul W. Hardwig, M.D.
          Chair, Jonathan M. Holmes, M.D.

SESSION I:  Orbital Update – James A. Garrity, M.D.
8:20 a.m.  Neuro-Ophthalmic Case Presentation with Neuro-Imaging Correlates
          Jacqueline A. Leavitt, M.D. and John T. Wald, M.D.; Department of Radiology
8:40 a.m.  Oculoplastics Update – Kristin Tarbet, M.D.
9:00 a.m.  Ophthalmic Electronic Medical Record – Paul Hardwig, M.D.
9:20 a.m.  Questions/Answers
10:05 a.m. Refreshment Break

SESSION II:  New Treatments for Age-Related Macular Degeneration – Eugene deJuan, Jr. M.D.
10:35 a.m. New Developments in the Management of Diabetic Macular Edema
          Colin A. McCannel, M.D.
10:55 a.m. New Ophthalmic Imaging Techniques (UBM and OCT) – Helmut Buettner, M.D.
11:15 a.m. Minimally Invasive Vitreoretinal Surgery (25 gauge) – Eugene deJuan, Jr. M.D.
11:35 a.m. Questions/Answers
12:15 p.m. Lunch Provided
Speaker:  Malcolm McCannel, M.D.

SESSION III:  Retinal Updates:
1:30 p.m.  1. Outcomes for Rhegmatogenous Retinal Detachment Treated with Primary
          Scleral Buckling – A Population-Based Study
          Dennis M. Robertson, M.D.
2:20 p.m.  Current Status of the Retinal Implant – Eugene deJuan, Jr. M.D.
1:50 p.m.  The Use of RetCam in Pediatric Retinal Disease – Brian Mohney, M.D.
2:40 p.m.  Vitreo-Retinal Symposium – Eugene deJuan, Jr. M.D., Helmut Buettner, M.D.,
          Colin A. McCannel, M.D., Dennis M. Robertson, M.D.
3:00 p.m.  Questions/Answers
3:15 p.m.  Refreshment Break

SESSION IV:  Tales from the Operating Room – Michael A. Mahr, M.D.
3:45 p.m.  Clinical Trials in Pediatric Ophthalmology – Jonathan M. Holmes, M.D.
4:05 p.m.  Clinicopathologic Correlations from the Mayo Clinic Archives
          Amir R. Khan, M.D. and Diva R. Salomao, M.D.;
          Departments of Ophthalmology and Pathology
4:25 p.m.  Ocular Hypertension Treatment Study: Practical Clinical Applications
          David C. Herman, M.D.
4:45 p.m.  Questions/Answers
5:05 p.m.  Attendee Reception
5:15-7:00 p.m.  Attendee Reception
SATURDAY, MARCH 8, 2003

7:00 a.m. View Exhibits
Breakfast with the Experts
• One consultant per each table
• Topics are pediatric ophthalmology, neuro-ophthalmology, orbit/plastics, glaucoma, general, cataract surgery, refractive surgery, vitreoretinal disease
• Offering 1 CME credit

8:15 a.m. Welcome – Paul W. Hardwig, M.D.

SESSION V: CORNEA/REFRACTIVE SURGERY
8:20 a.m. The Biomechanics of LASIK – Scott MacRae, M.D.
8:50 a.m. Corneal Wound Healing After PRK and LASIK Using Confocal Microscopy – Jay C. Erie, M.D.
9:10 a.m. Long-Term Cell Survival in Transplanted Corneas – William M. Bourne, M.D.
9:30 a.m. Fundamentals of Wavefront Sensing – Scott MacRae, M.D.
10:00 a.m. Questions/Answers
10:15 a.m. Refreshment Break

SESSION VI: CORNEA/REFRACTIVE SURGERY
10:45 a.m. Interesting Cornea and External Disease Cases – Keith H. Baratz, M.D.
11:05 a.m. Management Dilemmas in LASIK – Leo J. Maguire, M.D.
11:25 a.m. Treatment with Customized Ablation – Scott MacRae, M.D.
11:55 a.m. Refractive Surgery Symposium – Scott MacRae, M.D., William M. Bourne, M.D., Leo J. Maguire, M.D.
12:15 p.m. Questions/Answers
12:30 p.m. Conference Adjourned

FACULTY

Course Director – Paul W. Hardwig, M.D.

Mayo Clinic Rochester Faculty
Keith H. Baratz, M.D. David C. Herman, M.D. Michael A. Mahr, M.D.
George B. Bartley, M.D. Jonathan M. Holmes, M.D. Colin A. McCannel, M.D.
William M. Bourne, M.D. Jacqueline A. Leavitt, M.D. Brian Mohney, M.D.
Helmut Buettner, M.D. John T. Wald, M.D. Diva R. Salomao, M.D.
Jay C. Erie, M.D. Amir R. Khan, M.D. Dennis M. Robertson, M.D.
James A. Garrity, M.D. Leo J. Maguire, M.D.

Guest Speaker
Malcolm McCannel, M.D.

Keynote Speakers
Eugene deJuan Jr., M.D. Scott MacRae, M.D.
Professor of Ophthalmology Professor of Ophthalmology
Doheny Eye Centers University of Rochester
USC School of Medicine Rochester, NY
Los Angeles, CA

FACULTY DISCLOSURE

As a provider accredited by ACCME, Mayo Foundation must ensure balance, independence, objectivity and scientific rigor in its educational activities. All faculty participating in a Mayo Foundation activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these commitments and/or relationships will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.
Registration Form

Mayo Clinic

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March 7 & 8, 2003

Mail form and payment to:
Mayo School of Continuing Medical Education
200 First St SW
Rochester, MN 55905

Telephone: 800-323-2688
507-284-2509
Fax: 507-284-0532
Website: http://www.mayo.edu/cme/ophth.htm
E-Mail: cme@mayo.edu

Mail form and payment to:

Telephone: 800-323-2688
507-284-2509
Fax: 507-284-0532
Website: http://www.mayo.edu/cme/ophth.htm
E-Mail: cme@mayo.edu

(Please print or type all information. You may duplicate this form for multiple registrations.)

Name__________________________________________Degree_________________________

Institution____________________________________Medical Specialty________________________

What is your preferred mailing address? Choose one: □ Work □ Home

Work Address________________________________________

City_________________________State/PV________ZIP/PC________Country________________________

Home Address________________________________________

City_________________________State/PV________ZIP/PC________Country________________________

Business Phone (________)________________________Home Phone (________)________________________

Int’l Phone (country code)__________________________ (city code)__________________________ (phone)________________________

FAX (________)________________________E-mail address________________________________________

Type of credit that you are interested in receiving: □ AMA/Category 1 □ COPE

☐ Check box if you have special accommodation/dietary needs. If so, please indicate your needs here: __________________________________________________________

Breakfast with the Experts – Please rank your preferences (1-3):

Saturday:

☐ Pediatric Ophthalmology     ☐ Glaucoma     ☐ Refractive Surgery
☐ Neuro-Ophthalmology        ☐ General      ☐ Vitreoretinal Disease
☐ Orbit/Plastics             ☐ Cataract Surgery

Attendee Reception:

☐ Yes, I plan to attend
☐ Yes, I will bring one guest (Fee $25) $__________

PAYMENT

Registration Fee:

Physicians: $400 $__________
Residents: $200 $__________

Total Payment Enclosed: $__________

Payment Method:

[ ] Check enclosed payable to Mayo Foundation    [ ] Visa    [ ] MasterCard    [ ] Discover

Card Number ____________________________ Expiration Date ____________________________

Signature ____________________________ Date ____________________________