



STATE BOARD OF OPTOMETRY
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Continuing Education Course
 Approval Checklist

Title:

Provider Name:

- Completed Application
 - Open to all Optometrists? Yes No
 - Maintain Record Agreement? Yes No
- Correct Application Fee
- Detailed Course Summary
- Detailed Course Outline
- PowerPoint and/or other Presentation Materials
- Advertising (optional)
- CV for EACH Course Instructor
- License Verification for Each Course Instructor
 - Disciplinary History? Yes No



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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title Diabetic Macular Edema Pearls, Updates from Protocol T and DRCRnet	Course Presentation Date <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> [0][9]/[1][7]/[2][0][1][6] </div>
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Course Provider Contact Information

Provider Name Wendy (First) Friedman (Last) (Middle)	
Provider Mailing Address Street 393 East Walnut St City Pasadena State CA Zip 91188	
Provider Email Address Wendy.L.Friedman@kp.org	
Will the proposed course be open to all California licensed optometrists?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name Anthony (First) Joseph, MD (Last) (Middle)	
License Number _____	License Type _____
Phone Number (617) 314-2611	Email Address tonyjosephmd@gmail.com

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Signature of Course Provider

Date

1/9/17



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Pasadena, California 91188
(626) 405-4644

Medical Grouping and Board Use Only			
Receipt #	Payor ID	Beneficiary ID	Amount
1-1670	1509266	1509266	300

November 21, 2016

Dear California Board of Optometry,

This letter is to correct the missing application pieces for the 2016 Ophthalmology Symposium at the Disneyland Hotel on Saturday, September 17, 2016

Enclosed is

- a check for \$300.00
- a detailed summary of each course
- outlines for each course
- powerpoint slides – which can also be viewed on the website (link below)

The reason the application was late

The delay was due to not knowing the status of one of our speakers (Nadia Waheed, MD) so the agenda wasn't finalized. She was originally scheduled to speak twice in the morning but then she informed us she was asked to present at a different symposium on the same day in San Diego. We didn't know until very close to the symposium if she would have to cancel or would be able to switch to an afternoon slot or she would only speak once and have another colleague take her other slot. What was finally settled upon is she would switch to the afternoon slot and give the other slot away to her colleague.

Your letter requested a CV for Dr. Garrick Chak.

He was the chair of the committee and introduced the day and all the speakers – he didn't give any presentation.

Below is the link to our registration website that has more information and shows that Southern California Permanente Medical Group (accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians – and they have approved this symposium for **6.5 AMA PRA Category 1 Credit(s)TM**

<https://www.signup4.net/public/ap.aspx?EID=PHYE530E&OID=50>

I can email you soft copies (if you prefer) or if you need any more information, please feel free to contact me.

Sincerely,

Wendy Friedman
Meeting Planner
393 East Walnut, Pasadena, CA 91188 626) 405-4644 wendy.L.friedman@kp.org



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August 15, 2016

Dear California Board of Optometry,

This letter is to request continuing education credits for the

2016 Ophthalmology Symposium

at the

Disneyland Hotel

1150 Magic Way, Anaheim, CA 92802

Saturday, September 17, 2016

Enclosed is a check for \$50.00

Below is the link to our registration website that has more information and shows that Southern California Permanente Medical Group (accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians – and they have approved this symposium for **6.5 AMA PRA Category 1 Credit(s)TM**

<https://www.signup4.net/public/ap.aspx?EID=PHYE530E&OID=50>

If you need any more information, please feel free to contact me.

Sincerely,

Wendy Friedman
Meeting Planner
393 East Walnut
Pasadena, CA 91188
(626) 405-4644

wendy.L.friedman@kp.org



KAISER PERMANENTE

**33rd Annual Southern California Kaiser Ophthalmology Symposium
Disneyland Hotel**

1150 Magic Way, Anaheim, CA 92802

Saturday, September 17, 2016

7:00 am – 7:45 am	Registration/Continental Breakfast
7:45 am – 8:00 am	Welcome/Opening Remarks Garrick Chak, MD Symposium Chair, Kaiser Permanente, West Los Angeles
8:00 am – 8:45 am	How to Avoid Being Burned by Pseudoexfoliation ✓ Pratap Challa, MD ✓ Associate Professor of Ophthalmology, Duke Eye Center, Duke University
8:45 am – 9:30 am	Update on Diagnosis and Management of Challenging Cornea Cases Natalie Afshari, MD ✓ Professor of Ophthalmology, Shiley Eye Institute, UC San Diego
9:30 am – 9:45 am	BREAK
9:30 am - 11:30 am	TECHNICIAN BREAKOUT SESSION: Helpful Need-to-Know Facts Bobbi Ballenberg, COMT ✓ Clinical Manager, Jules Stein Eye Institute, UCLA
9:45 am – 10:30 am	ROCK Inhibitors and Glaucoma Pratap Challa, MD ✓ Associate Professor of Ophthalmology, Duke Eye Center, Duke University
10:30 am -11:30 am	ROCK Inhibitors and Cornea Natalie Afshari, MD ✓ Professor of Ophthalmology, Shiley Eye Institute, UC San Diego
11:30 am – 12:30 pm	LUNCH
12:30 pm – 1:15 pm	Select Innovations in Pediatric Retina Irena Tsui, MD ✓ Assistant Professor of Ophthalmology, Jules Stein Eye Institute, UCLA
1:15 pm – 2:00 pm	Pearls for Scleral Fixated Intraocular Lenses Irena Tsui, MD ✓ Assistant Professor of Ophthalmology, Jules Stein Eye Institute, UCLA
2:00 pm – 2:15 pm	BREAK
2:15 pm – 3:00 pm	OCT Angiography ✓ Nadia Waheed, MD ✓ Associate Professor of Ophthalmology, New England Eye Center, Tufts
3:00 pm – 3:55 pm	Diabetic Macular Edema Pearls, Updates from Protocol T and DRCRnet Nadia Waheed, MD ✓ Associate Professor of Ophthalmology, New England Eye Center, Tufts
3:55 pm – 4:00 pm	Closing Remarks

2:20 pm – 3:05 pm

Diabetic Macular Edema Pearls, Updates from Protocol T and DRCRnet

SPEAKER: **Nadia Waheed, MD**

DETAILED SUMMARY: Diabetic retinopathy is a largely prevalent cause of blindness, and diabetic macular edema DME is characterized as the accumulation of fluid in the central part of the retina from leaking blood vessels. Ophthalmologists lack knowledge and awareness in the differing anti-VEGF therapies for DME they need to make educated decisions on the best treatment options and then know how to manage care of the disease.

OBJECTIVES - At the end of this activity, participants should be able to:

- Identify candidates for anti-VEGF treatment for diabetic macular edema, and develop individualize treatment plan for patient

TOPICAL OUTLINE

1. Intravitreal VEGF
 - a. Choices
2. DRCR Protocol T
 - a. Study Design Features
 - b. Results
3. Treatment for diabetic macular edema
 - a. DME treatment
 - b. Efficacy
 - c. Case studies
 - d. Outcomes
4. Summary

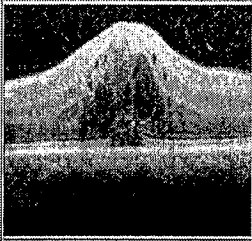
**Diabetic Macular Edema:
Updates from Protocol T & DRCRnet**
Anthony Joseph MD
Ophthalmic Consultants of Boston

Disclosures
None

Acknowledgements
DRCR Network Protocol T Investigators
Nadia K. Waheed MD, MPH

Take Home Points

- Aflibercept, bevacizumab, and ranibizumab are all effective
- Protocol T shows advantage with aflibercept in eyes with worse vision
- No difference in serious adverse events between 3 agents
- Intravitreal steroids and laser may be used in eyes with sub-optimal response to VEGF inhibitors



**Intravitreal VEGF Blockade for DME
How do you choose?**

Aflibercept	Bevacizumab	
Ranibizumab		\$1200
\$1950		

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Aflibercept, Bevacizumab, or Ranibizumab for Diabetic Macular Edema

The Diabetic Retinopathy Clinical Research Network

**DRCR Protocol T
Key Study Design Features**

- No anti-VEGF treatment within past 12 months or any other DME treatment in past 4 months
- Snellen equivalent VA $\leq 20/32$ and $\geq 20/320$
- Repackaged bevacizumab (1.25mg dose) underwent sterility, purity, and potency testing
- Follow up q4weeks (± 1 week)
- Retreat unless VA was 20/20 with no edema on OCT or no improvement or worsening in response to past 2 injections

Primary Outcome: change in BCVA at 1 year adjusted for baseline VA

Pre-Planned Subgroup Analysis

Baseline visual acuity
Baseline OCT central subfield thickness

Results

Baseline Characteristics

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)
Age (years) – Median	61	63	59
Gender: Women	49%	47%	43%
Race			
White	65%	64%	67%
Black/African American	14%	17%	17%
Hispanic	17%	17%	14%
Other	4%	3%	3%
Type 2 diabetes	88%	94%	90%
Median HbA1c	7.6	7.7	7.8

Ocular Baseline Characteristics

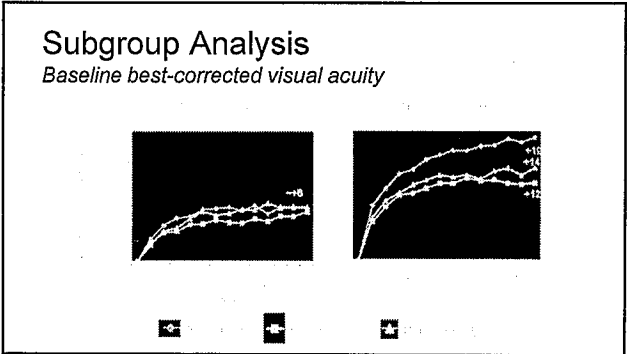
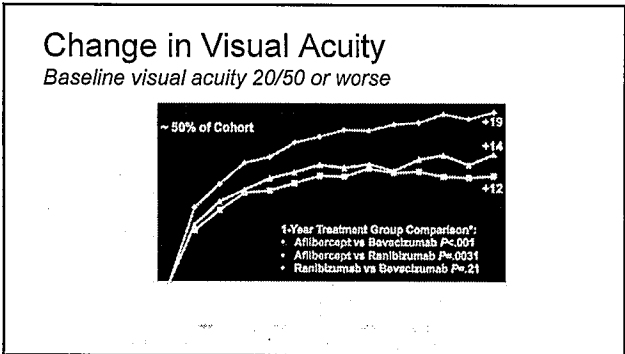
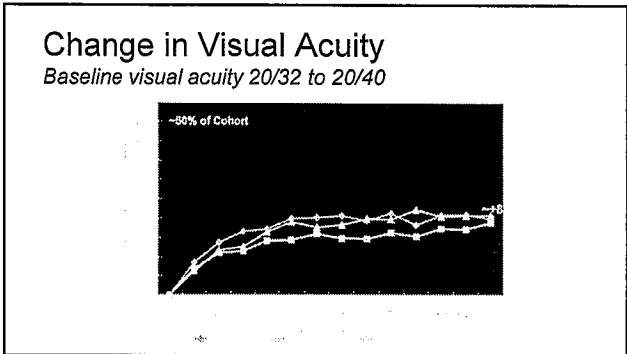
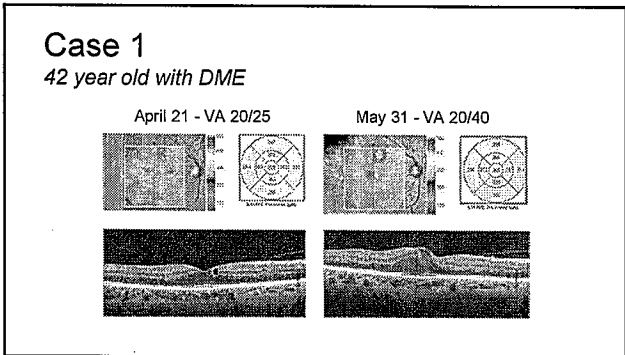
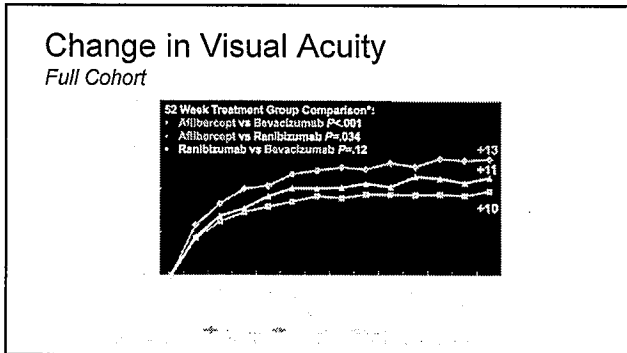
	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)
Mean visual acuity letter score (~Snellen Equivalent)	56 (20/80)	57 (20/80)	57 (20/80)
Mean OCT CST (µm)	387	376	390
Any Prior Focal/Grid Laser	36%	39%	37%
Any Prior Treatment with anti-VEGF	11%	14%	13%
Phakic	74%	73%	78%

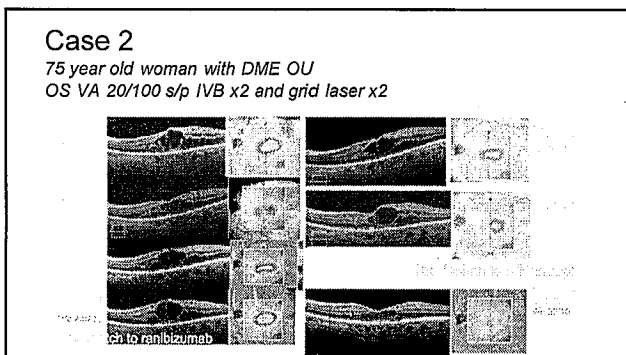
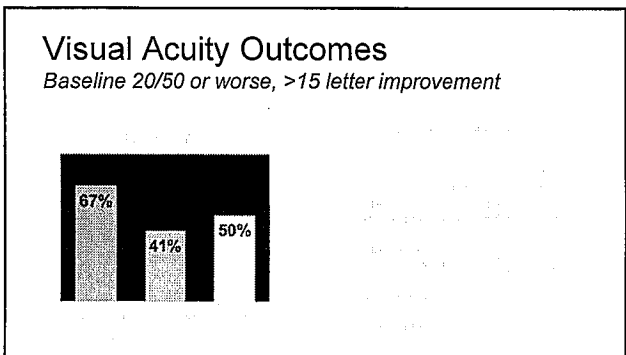
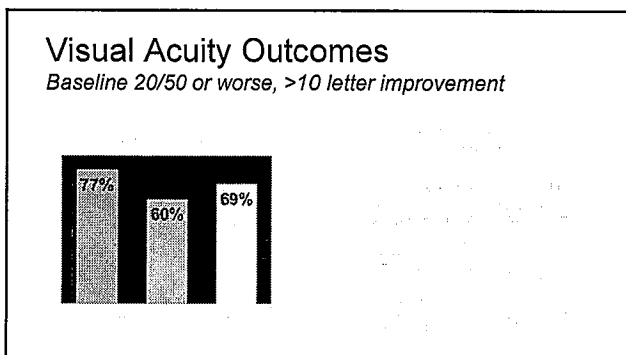
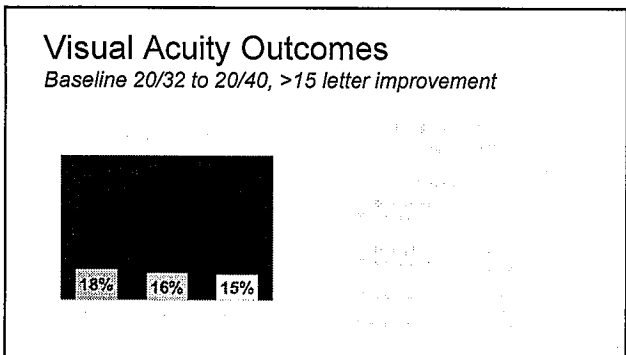
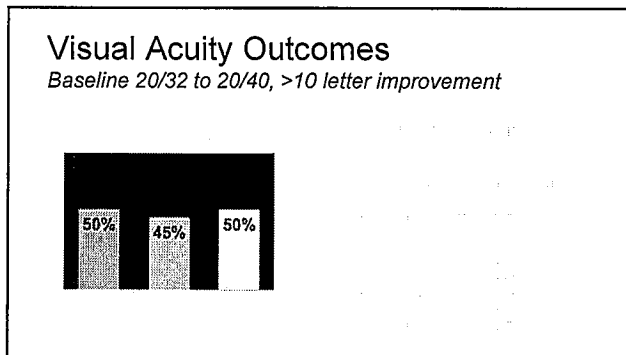
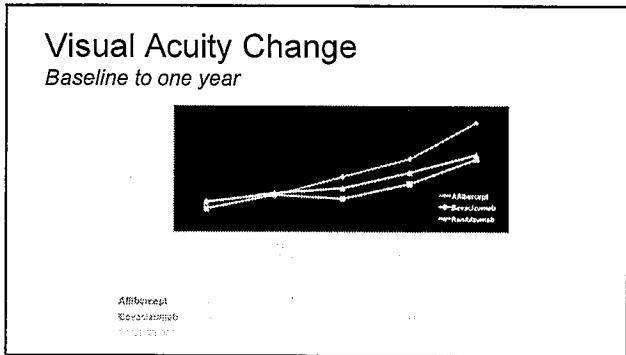
Treatment for Diabetic Macular Edema

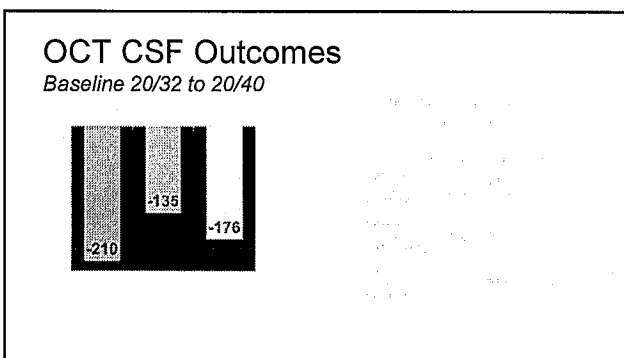
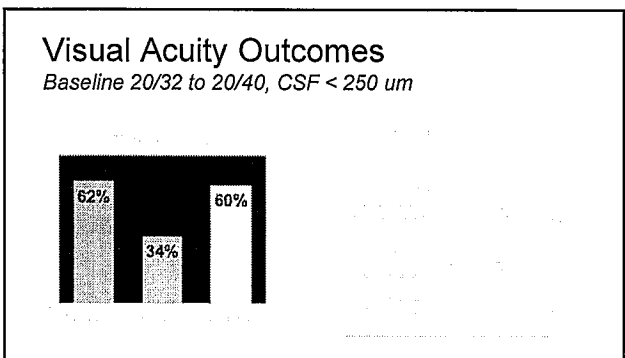
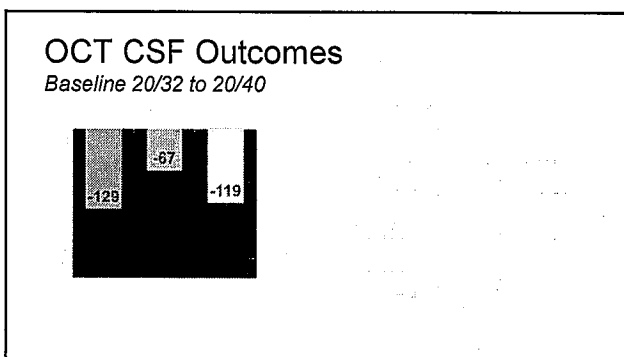
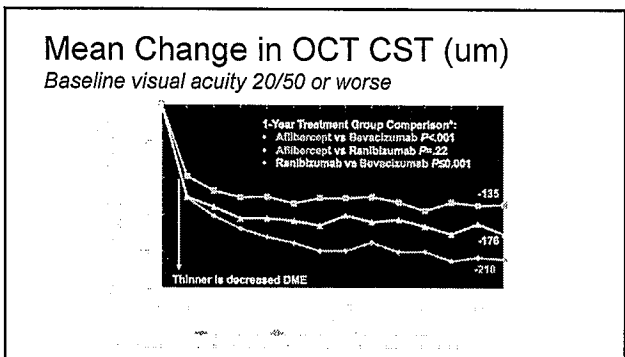
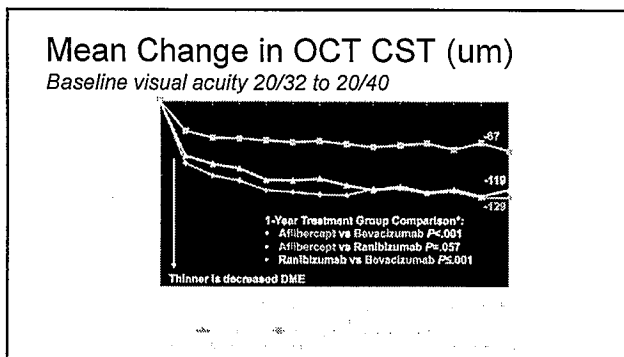
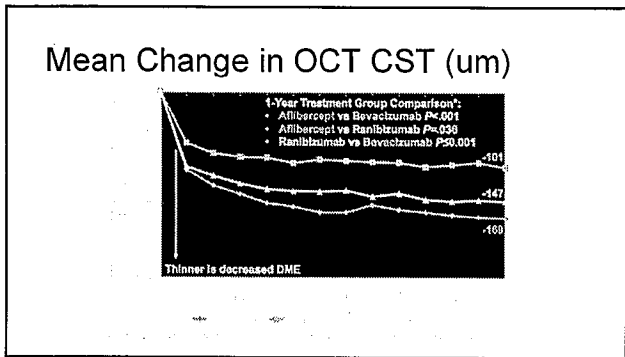
DME Treatment Through 1 Year: Anti-VEGF and Laser

	Aflibercept N = 208	Bevacizumab N = 206	Ranibizumab N = 206	P-Value
# of Injections (Max = 13)				
Mean	9.2	9.7	9.4	
Median (25 th , 75 th percentile)	9 (8, 11)	10 (8, 12)	10 (8, 11)	.045 [†]
At least one focal/grid laser	37%	56%	48%	<.001 [‡]

Efficacy

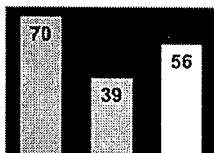






Visual Acuity Outcomes

Baseline 20/50 or worse, CSF < 250 um



Safety

Ocular Adverse Events Through 1 Year

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)	P- Value
No. of injections prior to 1 year	1991	2055	2011	
Endophthalmitis	0	0	0	
Inflammation†	<1%	<1%	<1%	1.0
Retinal detachment‡	0	<1%	<1%	.55
Vitreous hemorrhage	2%	4%	3%	.35
Injection related cataract	<1%	<1%	0	.55
IOP elevation‡	14%	9%	11%	.18

Systemic Adverse Events

APTC* through one year

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)
Non-fatal MI	2%	<1%	1%
Non-fatal stroke	0	2%	2%
Vascular death	<1%	2%	1%
Any APTC Event	3%	4%	5%

Systemic Adverse Events

Pre-specified (per participant) through one year

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)	P- Value*
Death (any cause)	1%	2%	2%	.72
Hospitalization	21%	18%	22%	.51
SAEs	26%	24%	25%	.40
Gastrointestinal †	20%	18%	17%	.84
Kidney Events‡	13%	11%	11%	.81
Hypertension Events	12%	7%	12%	.20

Post Hoc Analysis

Cardiovascular events through one year

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)	Global P-Value unadjusted†
Any Cardiovascular Event † excluding hypertension	9%	9%	17%	.0121 .0242
Any Cardiovascular Event	10%	10%	26%	.038† .031*

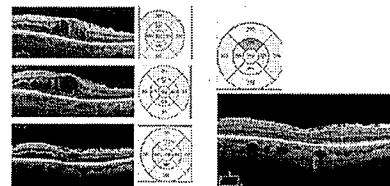
Post Hoc Analysis

Cardiovascular events

	Aflibercept (N = 224)	Bevacizumab (N = 218)	Ranibizumab (N = 218)
Any Cardiovascular Event			
Cardio Events	8%	8%	11%
Cerebrovascular Events	0	2%	5%
Peripheral Vascular Disease Events	<1%	<1%	<1%
Venous Disease Events	<1%	<1%	<1%
Hypertension Events	12%	7%	12%
Other Cardiovascular Events	3%	<1%	2%

Case 3

75 year old woman with DME
OD VA 20/200 s/p IVB x4, grid laser x2

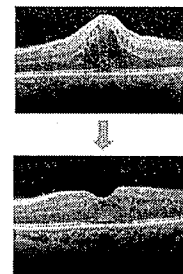


DRCR Protocol T Conclusions

- All 3 anti-VEGF agents are effective treatments for DME.
- When initial visual acuity loss is mild, on average there is little difference in visual acuity at 1-year.
- At worse levels of initial visual acuity aflibercept is more effective at improving vision.
- Serious adverse event, death, and hospitalization rates appeared similar among treatment groups.

Summary of Managing Diabetic Macular Edema

- Aflibercept, bevacizumab, ranibizumab are all effective
- Protocol T shows advantage with aflibercept in eyes with worse vision
- No differences in serious adverse events between 3 agents
- Intravitreal steroids and laser may be used in eyes with sub-optimal response to VEGF inhibitors



Thank You



Nadia K Waheed, MD

Ophthalmology Boston, MA

Retinal Disease

Assistant Professor, Ophthalmology, Tufts Medical Center

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- Tufts Medical Center
800 Washington Street
Boston, MA 02114

Phone:(617) 636-1648



Education & Training

- Massachusetts Eye & Ear Infirmary Residency
- Aga Khan Medical College Medical School



Certifications & Licensure

- MA State Medical License 2004 - 2017
- OH State Medical License Active through 2013

- NH State Medical License Active through 2013
- American Board of Ophthalmology Ophthalmology

Awards, Honors, & Recognition

- CMS Meaningful Use Stage 1 Certification eClinicalWorks EHR, eClinicalWorks LLC, 2013

Clinical Trials

- Eplerenone for Central Serous Chorioretinopathy: A Pilot Study Start of enrollment: 2013 May 01 Witkin, A.J., Waheed, N.K., Rogers, A.H., Baumal, C.R., Weber, M.L., Reichel, E., Duker, J.S.

Publications & Presentations

- PubMed
- Subretinal hyperreflective material imaged with optical coherence tomography angiography. Dansingani, K. K., Tan, A., Gilani, F., Phasukkijwatana, N., Novais, E., Querques, L., Waheed, N. K., Duker, J. S., Querques, G., Yannuzzi, L. A., Sarraf, D., Freund, K. B.; Am. J. Ophthalmol.. 2016 Jun 29.
- Three-Dimensional Enhanced Imaging of Vitreoretinal Interface in Diabetic Retinopathy Using Swept-Source Optical Coherence Tomography. Adhi, M., Badaro, E., Liu, J. J., Kraus, M. F., Baumal, C. R., Witkin, A. J., Hornegger, J., Fujimoto, J. G., Duker, J. S., Waheed, N. K.; Am. J. Ophthalmol.. 2015 Nov 10.
- Choroidal neovascularization analyzed on ultra-high speed swept source optical coherence tomography angiography compared to spectral domain optical coherence tomograph... Novais, E. A., Adhi, M., Moulton, E. M., Louzada, R. N., Cole, E. D., Husvagt, L., Lee, B., Dang, S., Regatieri, C. V., Witkin, A. J., Baumal, C. R., Hornegger, J., Jayaraman, V., Fu...; Am. J. Ophthalmol.. 2016 Feb 07.
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Press Mentions

- American Academy of Ophthalmology June 2016
- Ophthalmic Surgery, Lasers and Imaging Retina May 2016
- More in this section...Join now to see the full profile



Hospital Affiliations

- Tufts Medical Center Boston, MA
- Beverly Hospital Beverly, MA

- Brigham and Women's Faulkner Hospital Boston, MA
- Hallmark Health System Melrose, MA
- Mount Auburn Hospital Cambridge, MA
- St. Elizabeth's Medical Center Brighton, MA
- Winchester Hospital Winchester, MA