



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



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 APPLICATION

\$50 Mandatory

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 and topical outline of the subject matter. Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title <u>STAR WARS: GO ROGUE</u> <u>MILK Episode III: CYPRESS Micro-stent,</u> <u>A New Hope</u>	Course Presentation Date <u>THURS AM 11:35 AM</u> <table border="1"> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>6</td> </tr> </table>	1	2	/	1	8	/	2	0	1	6
1	2	/	1	8	/	2	0	1	6		

Course Provider Contact Information

Provider Name <u>Coastal Vision Medical Group</u> <u>Gina</u> (First) <u>Valdemar</u> (Last) <u>F</u> (Middle)

Provider Mailing Address Street <u>243 S-Main St. #100</u> City <u>Orange</u> State <u>CA</u> Zip <u>92660</u>

Provider Email Address <u>gina.valdemar@coastal-vision.com</u>
--

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 <u>Baithm (Betsy)</u> (First) <u>Nguyen</u> (Last) _____ (Middle)		
License Number <u>62609</u>	License Type <u>MD</u>	
Phone Number <u>(714) 746-9679</u>	Email Address _____	

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]
Signature of Course Provider

11-1-14
Date



IN A TIME OF CELEBRATION, A GROUP OF UNLIKELY HEROES BAND TOGETHER ON A MISSION TO LEARN MORE ABOUT OPTOMETRY, THEIR CHOSEN WEAPON.



WHEN:
 Sunday, December 18th
 Registration opens at 6:45am
 7:45am-11:35am (4-hour CE
 followed by the movie)

WHERE:
 AMC Downtown Disney
 Downtown Disney District
 1565 Disneyland Drive
 Anaheim, CA 92802

Hyperdrive of Toys

Bring any new, unwrapped toy, to benefit Toys for Tots, and receive a movie ticket for you and a guest for *Rogue One: A Star Wars Story*.
 Movie to follow CE. Additional tickets available for purchase.



Downtown Disney Parking: First 2 hours are free; additional 2 hours free with AMC validation (Disneyland parking lots may be available for all day parking prices; parking is responsibility of attendee)

For registration information please visit our Affiliate Portal:
coastalvisionmedical.com/site/ces.htm

AGENDA

6:45 am	Check-in (pastries and coffee provided)	
7:45 am	Welcome - Opening Remarks	
7:50 am	Lisa Garbutt, MD	Symphony and Symfony Toric: The Best of Both Galaxies
8:15 am	Jennifer Wu, MD	Corneal Crosslinking "The Lightsaber for Corneal Ectasia"
8:40 am	Raj Rathod, MD	Retina One: A Story of Systemic Discovery
9:05 am	Dan Tran, MD	Combining Laser Corneal Refractive Surgery and Intraocular Lens Technology - The Force Is Strong
9:30 am	Break	
9:55 am	Vincent Hau, MD	Retina Jeopardy...From a Galaxy, Far, Far Away
10:20 am	Betsy Nguyen, MD	MIGS Episode III: Cypass Micro-Stent, A New Hope
10:45 am	Madhu Agarwal, MD	Eye Rebel: Waging War on Orbital Disease
	Dan Tran, MD	
11:10 am	Lisa Garbutt, MD	Rogue Diagnosis: Case Presentations
	Betsy Nguyen, MD	
	Jennifer Wu, MD	
11:35 am	Conclusion	
11:45 am	Movie: <i>Rogue One: A Star Wars Story</i>	

*CE and movie ticket registration is based on first-come, first-served basis. Seating is limited.

November 5, 2016

State Board of Optometry
2450 Del Paso Road, Ste. 105
Sacramento, CA 95834

RE: Late submission of CE course approval; Star Wars: Go Rogue Symposium-Symfony and Symfony Toric; The Best of Both Galaxies, Corneal Crosslinking "The Lightsaber for Corneal Ectasia", Retina One: A Story of Systemic Discovery, Combining Laser Refractive Surgery and Intraocular Lens Technology-The force is strong, Retina Jeopardy, MIGS Episode III: Cypass Micro-Stent, A New Hope, Eye Rebel: Waging War on Orbital Disease, Rogue Diagnosis: Case Presentations.

Dear Practice and Education committee,

I am writing this letter in regards to late submission for the multi-course symposium titled "Star Wars; Go Rogue" scheduled for presentation on 12/18/16. We are just shy of the 45 day submission request, and wanted to include a letter for late submission with our CE approval application.

We continue to work diligently to get all required items to the board needed for CE approval in a timely manner. Due to multiple speakers at the upcoming CE, we had difficulty obtaining all the lectures to meet the submission requirement timeline and would appreciate your consideration of our continuing education approval request.

Please feel free to reach out to us with any other questions. We look forward to continued relations with the State Board of Optometry and the practice and education committee.

Sincerely,



Gina Valdemar
Affiliate Relations and Education Director
Coastal Vision Medical Group
ginavaldemar@coastal-vision.com

Star Wars: Go Rogue 4 hour CE

Course Title: MIGS Episode III: Cypass Micro-Stent, A New Hope

Course Presentation date: 12/18/2016

Speaker: Baothu (Betsy) Nguyen, MD

Target Audience: This lecture is intended for optometrist seeking continuing education

Course Description:

This lecture seeks to provide optometrists with information regarding Micro Invasive Glaucoma Surgery (MIGS). Discussion includes what MIGS are and what is the need for the procedure and how it helps patients with mild to moderate glaucoma in conjunction with cataract surgery. Introduction of the different type of MIGS and the discussion of the newest FDA approved MIG; Cypass Micro-stent. Lecture will include a discussion of the Compass Study and the results regarding Cypass. Optometrist should be able to gain a better understanding of the growing surgical options for treatment of their patients with mild to moderate glaucoma.

CE Credit: .50 CE Units

1  **MIGS EPISODE III: CYPASS MICRO-STENT, A NEW HOPE**

Betsy Bao-Thu Nguyen, M.D.
GLAUCOMA & CATARACT SPECIALIST

2  **Financial Disclosure**

- I DO NOT have any financial conflict or conflict of interest in relation to this presentation.
-

3  **Background: Glaucoma & Cataracts**

- 2.8 million have PRIMARY OPEN ANGLE GLAUCOMA (POAG) in US.
 - Half are undiagnosed.
 - 2nd most common cause of legal blindness in US.
- Treatment goal: LOWER INTRAOCULAR PRESSURE by Medications, Laser, or Surgery
- Estimated that 20% of cataract surgeries in USA are in patients with co-morbid glaucoma or ocular hypertension
-

4  **WHAT IS MIGS?**

- micro-invasive glaucoma surgery
- minimally invasive glaucoma surgery
- typically angle surgery, combined with cataract surgery
- BLEB-FREE SURGERY
- usually indicated for early or moderate open angle glaucoma

5  **Reframing Disease Severity**

6 

**Avoiding Trabeculectomy
(The "Traditional Gold Standard" of Glaucoma Surgery)**

- MULTIPLE POTENTIAL COMPLICATIONS OF TRABECULECTOMY
 - Lifelong risk of bleb leak and infection
 - Hypotony (with flat/shallow AC)
 - Hypotonous Maculopathy
 - Transient Poor Vision (2-3 months)
 - Endophthalmitis
 - Blindness
 -
-

7  **TRABECULECTOMY (FILTERING SURGERY)**

- SHUNTS Aqueous FLUID TO SUBCONJUNCTIVAL SPACE. Bypassing Normal Outflow System, and avoid area of resistance to outflow (juxtacanalicular TM).
- Typically lowers IOP to 8-12 (for advanced glaucoma or progressing mod-adv glaucoma)
- Adding antimetabolites (Mitomycin-C, 5-FU) to decrease scarring and improve flow of

bleb

– Adding Express Shunt (decrease bleeding?, decreased hypotony, faster visual recovery)

8  **Will TRABECULECTOMY and Tube Shunts become extinct?**

- No! It is still indicated for progressive moderate and advanced glaucoma!
- No! And Angles that are chronically narrow, with PAS
-
-
-
- MAYBE! For early and moderate glaucoma... here comes the MIGS REVOLUTION!

9  **MIGS REVOLUTION:**

Cataract surgery combined with MIGS

- BLEB-FREE SURGERY
- FDA APPROVED:
 - 1) Glaukos Istent "Version 1.0" -- into Schlemm's Canal
 - 2) Cypass -- into supraciliary space
 - 3) Trabectome – 1st FDA approved MIGS procedure
 - 4) GATT (Gonioscopy assisted transluminal trabeculotomy)
 - 5) Trab 360 / Visco 360
 - 6) Ellex Ab interno canaloplasty ("ABiC")
- *NOT* FDA APPROVED / MANY MORE in CLINICAL TRIALS: MULTIPLE STENTS
 - 1) Hydrus -- into Schlemm's Canal
 - 2) Glaukos Istent Supra -- into supraciliary space
 - 3) Allergan - AqueSys /Xen -- into subconjunctival space

10 

11 

12  **MIGS REVOLUTION:**

Cataract surgery combined with MIGS

- BLEB-FREE SURGERY
- FDA APPROVED:
 - 1) Glaukos Istent "Version 1.0" -- into Schlemm's Canal
 - 2) Cypass -- into supraciliary space
 - 3) Trabectome – 1st FDA approved MIGS procedure
 - 4) GATT (Gonioscopy assisted transluminal trabeculotomy)
 - 5) Trab 360 / Visco 360
 - 6) Ellex Ab interno canaloplasty ("ABiC")
- *NOT* FDA APPROVED / MANY MORE in CLINICAL TRIALS: MULTIPLE STENTS
 - 1) Hydrus -- into Schlemm's Canal
 - 2) Glaukos Istent Supra -- into supraciliary space
 - 3) Allergan - AqueSys /Xen -- into subconjunctival space

13  **Glaukos Istent ("Version 1.0")**

- Glaukos Trabecular Micro-Bypass Stent
- FDA approved June 2012 for 1 ISTENT , combined with cataract surgery
- Smallest FDA approved device (0.3mm height x 1mm Length)
 - Heparin coated, non-ferromagnetic titanium stent with a snorkel shape
- Placed through 1.5 mm corneal incision, across to nasal angle. Penetrate trabecular meshwork ,then into Schlemm's canal.
- Typically lowers IOP 2-3 pts, in addition to Cataract Surgery
- In Europe & Canada – 2 Istents placed
- Targeted placement for better IOP lowering –near aqueous vein

14  **Cypass Micro-stent**

- Cypass Micro-Stent ,by ALCON (acquired by Transcend 02/16)
- Recent FDA approval (Aug 2016)
- polymide, supraciliary device , 6.35mm in length.
- Combined with cataract surgery.
- Through Cataract corneal incision, retractable guide wire is used to create blunt dissection of the ciliary body → allow passage into the supraciliary space → Cypass stent placed
- Lowers IOP to teens ?

15  **Cypass Micro-stent**

- COMPASS study
 - About 500 mild to moderate patients, with 2 yr Follow-up
 - 73% achieved at least 20% decrease IOP
 - 61% achieved IOP <19, on no medications
- Lowers IOP to teens ?
-
- Glaukos Istent Supra (not
FDA approved) competitor. will be

16  **QUESTION**

WHEN SHOULD I CONSIDER CATARACT SURGERY WITH CISTENT?

Answer: Any patient that needs cataract surgery, with early or moderate glaucoma, that there is sufficient space in the angle for the Cypass, and patient wants to decrease # current glaucoma medications


17  **TAKE HOME MESSAGE**

- Compliance and cost of medications are likely to affect patient's glaucoma.
- Minimize side effects to patient by considering SLT, cataract surgery, and MIGS.
- MIGS is bleb-free and can have less surgical risks than traditional glaucoma surgery.
- This is just the beginning of the MIGS revolution, and it is evolving. It is all about bypassing the resistance of TM outflow, and improving outflow via Schlemm's canal. Time will tell which MIGS devices and procedures will be used.

18  **THANK YOU FOR YOUR ATTENTION!**


- QUESTIONS: betsynguyen@coastal-vision.com

COASTALVISION
Medical Group Inc.



MIGS EPISODE III: CYPASS MICRO-STENT, A NEW HOPE


Betsy Bao-Thu Nguyen, M.D.
GLAUCOMA & CATARACT SPECIALIST



Financial Disclosure

- **I DO NOT** have any financial conflict or conflict of interest in relation to this presentation.


COASTALVISION
Medical Group Inc.



Background: Glaucoma & Cataracts


- 2.8 million have PRIMARY OPEN ANGLE GLAUCOMA (POAG) in US.
 - Half are undiagnosed.
 - 2nd most common cause of legal blindness in US.
- Treatment goal: LOWER INTRAOCULAR PRESSURE by Medications, Laser, or Surgery
- Estimated that 20% of cataract surgeries in USA are in patients with co-morbid glaucoma or ocular hypertension

COASTALVISION
Medical Group Inc.




WHAT IS MIGS?

- micro-invasive glaucoma surgery
- minimally invasive glaucoma surgery
- typically angle surgery, combined with cataract surgery
- BLEB-FREE SURGERY
- usually indicated for early or moderate open angle glaucoma









COASTALVISION
Medical Group Inc.



Reframing Disease Severity


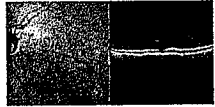

Substantial structure damage may exist by the time VF loss is detected by SAP

			
Structure	Early Glaucoma	Moderate Glaucoma	Severe Glaucoma
Function			


FORGE II

Avoiding Trabeculectomy (The "Traditional Gold Standard" of Glaucoma Surgery)

- MULTIPLE POTENTIAL COMPLICATIONS OF TRABECULECTOMY
 - Lifelong risk of bleb leak and infection
 - Hypotony (with flat/shallow AC)
 - Hypotonous Maculopathy
 - Transient Poor Vision (2-3 months)
 - Endophthalmitis
 - Blindness

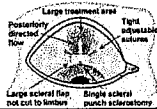




COASTALVISION
Medical Group Inc.



TRABECULECTOMY (FILTERING SURGERY)

- SHUNTS Aqueous FLUID TO SUBCONJUNCTIVAL SPACE. Bypassing Normal Outflow System, and avoid area of resistance to outflow (juxtacanalicular TM).
- Typically lowers IOP to 8-12 (for advanced glaucoma or progressing mod-adv glaucoma)
- Adding antimetabolites (Mitomycin-C, 5-FU) to decrease scarring and improve flow of bleb
- Adding Express Shunt (decrease bleeding?, decreased hypotony, faster visual recovery)



COASTALVISION
Medical Group Inc.

Will TRABECULECTOMY and Tube Shunts become extinct?

- No! It is still indicated for progressive moderate and advanced glaucoma!
- No! And Angles that are chronically narrow, with PAS



- MAYBE! For early and moderate glaucoma... here comes the MIGS REVOLUTION!

COASTALVISION
Medical Group Inc.

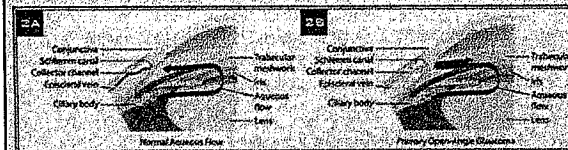
MIGS REVOLUTION:

Cataract surgery combined with MIGS

- BLEB-FREE SURGERY
- FDA APPROVED:
 - 1) Glaukos IStent "Version 1.0" - Into Schlemm's Canal
 - 2) Cypass - into supraciliary space
 - 3) Trabectome - 1st FDA approved MIGS procedure
 - 4) GATT (Gonioscopy assisted transluminal trabeculotomy)
 - 5) Trab 360 / Visco 360
 - 6) Ellex Ab interno canaloplasty ("ABIC")
- NOT FDA APPROVED / MANY MORE in CLINICAL TRIALS: MULTIPLE STENTS
 - 1) Hydrus - into Schlemm's Canal
 - 2) Glaukos IStent Supra - into supraciliary space
 - 3) Allergan - AqueSys /Xen - into subconjunctival space

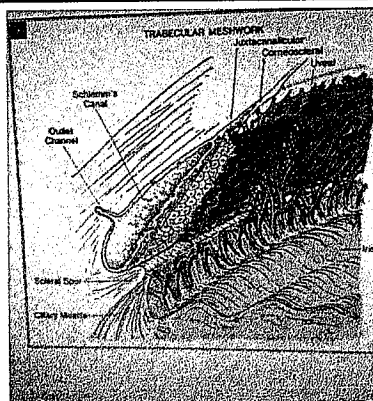
COASTALVISION
Medical Group Inc.

MD, at the University of Wisconsin School of Medicine and Public Health. This glaucoma procedure involves creating a new drainage pathway for aqueous humor by cutting through the trabecular meshwork and Schlemm's canal, facilitating fluid egress through the bleb. Despite its ocular and systemic adverse effects, and the fact that it has to be used multiple times, it remained a mainstay treatment for many years, said Dr. Kauffman. "As a result, the eye had..."



Aqueous pathways: (2A) Normal aqueous flow passes through the trabecular meshwork and Schlemm's canal. (2B) In primary open-angle glaucoma, the trabecular meshwork is impaired without chronic blockage.

Glaucoma Inhibitors



COASTALVISION
Medical Group Inc.

MIGS REVOLUTION:


Cataract surgery combined with MIGS

- BLEB-FREE SURGERY
- FDA APPROVED:
 - 1) Glaukos IStent "Version 1.0" - Into Schlemm's Canal
 - 2) Cypass - into supraciliary space
 - 3) Trabectome - 1st FDA approved MIGS procedure
 - 4) GATT (Gonioscopy assisted transluminal trabeculotomy)
 - 5) Trab 360 / Visco 360
 - 6) Ellex Ab interno canaloplasty ("ABIC")
- NOT FDA APPROVED / MANY MORE in CLINICAL TRIALS: MULTIPLE STENTS
 - 1) Hydrus - into Schlemm's Canal
 - 2) Glaukos IStent Supra - into supraciliary space
 - 3) Allergan - AqueSys /Xen - into subconjunctival space

COASTALVISION
Medical Group Inc.

Glaukos Istent ("Version 1.0")

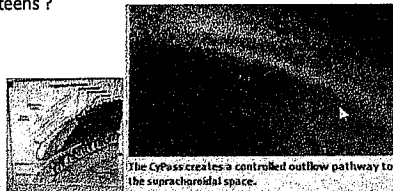
- Glaukos Trabecular Micro-Bypass Stent
- FDA approved June 2012 for 1 ISTENT , combined with cataract surgery
- Smallest FDA approved device (0.3mm height x 1mm Length)
 - Heparin coated, non-ferromagnetic titanium stent with a snorkel shape
- Placed through 1.5 mm corneal incision, across to nasal angle. Penetrate trabecular meshwork ,then into Schlemm's canal.
- Typically lowers IOP 2-3 pts, in addition to Cataract Surgery
- In Europe & Canada – 2 Istents placed
- Targeted placement for better IOP lowering –near aqueous vein



COASTALVISION
Medical Group Inc.

Cypass Micro-stent

- Cypass Micro-Stent ,by ALCON (acquired by Transcend 02/16)
- Recent FDA approval (Aug 2016)
- polyimide, supraciliary device , 6.35mm in length.
- Combined with cataract surgery.
- Through Cataract corneal incision, retractable guide wire is used to create blunt dissection of the ciliary body → allow passage into the supraciliary space → Cypass stent placed
- Lowers IOP to teens ?

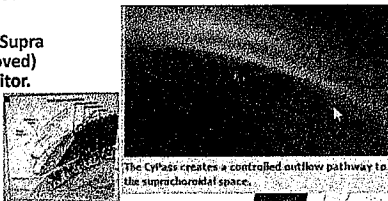


COASTALVISION
Medical Group Inc.

The Cypass creates a controlled outflow pathway to the supraciliary space.

Cypass Micro-stent

- COMPASS study
 - About 500 mild to moderate patients, with 2 yr Follow-up
 - 73% achieved at least 20% decrease IOP
 - 61% achieved IOP <19, on no medications
- Lowers IOP to teens ?
- Glaukos Istent Supra (not FDA approved) will be competitor.




COASTALVISION
Medical Group Inc.

The Cypass creates a controlled outflow pathway to the supraciliary space.

QUESTION

WHEN SHOULD I CONSIDER CATARACT SURGERY WITH CISTENT?


Answer: Any patient that needs cataract surgery, with early or moderate glaucoma, that there is sufficient space in the angle for the Cypass, and patient wants to decrease # current glaucoma medications



COASTALVISION
Medical Group Inc.

TAKE HOME MESSAGE


- Compliance and cost of medications are likely to affect patient's glaucoma.
- Minimize side effects to patient by considering SLT, cataract surgery, and MIGS.
- MIGS is bleb-free and can have less surgical risks than traditional glaucoma surgery.
- This is just the beginning of the MIGS revolution, and it is evolving. It is all about bypassing the resistance of TM outflow, and improving outflow via Schlemm's canal. Time will tell which MIGS devices and procedures will be used.



COASTALVISION
Medical Group Inc.

THANK YOU FOR YOUR ATTENTION!

- QUESTIONS: betsynguyen@coastal-vision.com



COASTALVISION
Medical Group Inc.

CURRICULUM VITAE

Bao-Thu Betsy Nguyen, M.D.
293 S. Main St, #100
Orange, CA 92868
(714)771-1213/ (714)771-7123 (fax)

CURRENT PRACTICE

2000 - Present: Private Practice, Ophthalmology
2000 - Present: Consultant/Research for USC, Dept of Ophthalmology

LICENSES & CERTIFICATIONS

11/19/2000 Board Certified, Diplomate, Ophthalmology (Effective through 12/2020)
06/06/1997 Medical Board of California licensed (Exp date = 10/31/2016)
1997 DEA licensed (Exp date = 10/31/2017)
2004 - 2011 LOCS III certified

EDUCATION & POSTGRADUATE TRAINING

1999 - 2000 : Clinical Fellowship, Glaucoma & Clinical Instructor
Preceptors: Robert L. Stamper, MD and Marc F. Lieberman, MD
University of California, San Francisco (UCSF) & California Pacific Medical Center
1996 - 1999 : Residency, Ophthalmology (worked with Joseph Caprioli, MD, Anne Coleman, MD & Roy Wilson, MD)
Jules Stein Eye Institute at UCLA
1995 - 1996 : Internship, Preliminary Medicine
UCLA – San Fernando Valley
1991 - 1995 : M.D. degree, *Alpha Omega Alpha* Honor Society (top 10% of class)
UCLA David Geffen School of Medicine
1989 - 1991 : B.S. Biological Sciences, *Magna cum laude*
University of California, Irvine
1987 - 1989 : Dean's Honors List & UC Regents Scholar
University of California, San Diego

HONORS & AWARDS

1999 : ARVO Travel Fellowship, National Eye Institute
1995 : Alpha Omega Alpha Honor Society, UCLA School of Medicine
1991 : Edward Mittleman Scholarship, for academic excellence in Biological Sciences
1991: Magna Cum Laude, University of California, Irvine
1989 : Phi Beta Kappa Honor Society, University of California, Irvine
1989 : UC Regents Scholarship
1987 – 1991 : Dean's Honors List
1987 : High School Class Valedictorian, Irvine High School

PROFESSIONAL MEMBERSHIPS

American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery,

California Medical Association, California Academy of Eye Physicians & Surgeons, Orange County Ophthalmology Society

OTHER ACTIVITIES

- 2000-2006 Team Eye Doctor for the National Champions Anaheim Angels
2000-2006 Team Eye Doctor for the Division Champions Anaheim Mighty Ducks
2002-2012 Consultant for Allergan

RESEARCH EXPERIENCE, PRESENTATIONS & PUBLICATIONS

- 2013-2015 Researcher for USC – Collaboration with Chinese American Eye Study (CHES). Collaborate with Rohit Varma, MD.
- 2012 Baseline risk factors that predict the development of open-angle glaucoma in a population: the Los Angeles Latino Eye Study. *Ophthalmology*. 2012 Nov;119(11):2245-53.
- 2012 Four-year incidence of open-angle glaucoma and ocular hypertension: the Los Angeles Latino Eye Study. *Am J Ophthalmol*. 2012 Aug;154(2):315-325.
- 2011 "Population and High Risk Group Screening for Glaucoma: The Los Angeles Latino Eye Study", *Invest Ophthalmol Vis Sci*. 2011 August; 52(9): 6257–6264.
- 2000 - 2012 Researcher for USC – Collaboration with Los Angeles Latino Eye Study (LALES). Collaborate with Rohit Varma, MD and Brian Francis, MD.
- 2005 Screening for Glaucomatous Optic Nerve Damage: The Los Angeles Latino Eye Study. *ARVO Abstract. Invest Ophthalmol Vis Sci* 2005;46: E-Abstract 2499.
- 2004 "Prevalence of open-angle glaucoma and ocular hypertension in Latinos: the Los Angeles Latino Eye Study", *Ophthalmology*, 2004 Aug; 111(8):1439-48.
- 2003 Prevalence of Open-Angle Glaucoma and Ocular Hypertension in Latinos. The Los Angeles Latino Eye Study (LALES) . *ARVO Abstract. Invest Ophthalmol Vis Sci* 2003;44: E-Abstract 317
- 2000 - 2012 Researcher for USC – Collaboration with **Los Angeles Latino Eye Study (LALES)** . Collaborate with Rohit Varma, MD.
- 2007 - 2009 : Schering study (LOCS III Certified)
- 2004 - 2006 : TAKEDA study (LOCS III Certified)
- 2003 Advanced Glaucoma Training DVD, for Allergan
- 1999 - 2000 : Evaluation of computerized optic discs to determine stability vs. progression of glaucoma, under Robert L. Stamper, MD, Chief of Glaucoma, UCSF.
- 1998 - 1999 : Retrospective longitudinal study of progression of glaucoma, using multivariate analysis of serial visual fields, stereoscopic disc photographs, and confocal laser imaging, under Joseph Caprioli, MD, Chief of Glaucoma, UCLA Jules Stein Eye Institute.
ARVO paper presentation, "Identification of Glaucoma Progression Through Combined Use of Quantitative Structural and Functional Measures", May 1999.
- 1995 - 1997 : Development of quantitative methods for evaluation of socket motility of orbital implants, under Robert A. Goldberg, MD, Chief of Oculoplastics,

UCLA Jules Stein Eye Institute.

Poster presentation, Jules Stein Eye Institute Research and Alumni Day, 1998.

1992 - 1993 : Investigation of traumatic optic neuropathy in a rat model, under Robert A. Goldberg, MD & Kenneth Steinsapir, MD, UCLA School of Medicine. Poster presentation, "Dynamic Changes in Cerebral Glucose Metabolism Following Optic Nerve Trauma", at Neuroscience, 1992.

1989 - 1991 : Investigation of the effects of glycation on the function of the sodium-potassium pump, under Margaret H. Garner, PhD, UCI School of Medicine.

Publication, "Na,K-ATPase of Cultured Bovine Lens Epithelial Cells: H₂O₂ Effects", *Experimental Eye Research*, 1992 Mar, 54 (3): 321-7.

Poster presentation, "Glucose Control, by Nonenzymatic Glycation of Na, K-ATPase Function in the Nondiabetic", FASEB 1991.

References available upon request.