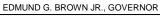


STATE BOARD OF OPTOMETRY

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

Correct Application Fee

Detailed Course Summary

Detailed Course Outline

 $\Box PowerPoint and/or other Presentation Materials$

□Advertising (optional)

 $\Box \mathsf{CV}$ for EACH Course Instructor

□License Verification for Each Course Instructor Disciplinary History? □Yes □No BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY

GOVERNOR EDMUND G. BROWN JR.



\$50 Mandatory

 STATE BOARD OF OPTOMETRY

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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

Pursuant to California Code of Regulations (CCR) § <u>1536</u>, 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 IT aste of the Islands CEII	Course Presentation Date			
the the diagonal and property of the	16 it Cancer? The optometrist's Role 04/30/2017			
Penintular Skip Cancer. Course Provide	un the dragnosis and management of 04/20/20/20/20			
Provider Name (Castal Vision Medical	r Contact Information			
Coustal Vision Meanal	GF BULP			
Gina Valdemar				
(First)		idie)		
Provider Mailing Address				
street <u>293 S-Main St. # 100</u> City <u>Ovalue</u> State <u>CA</u> zip 92800				
Provider Email Address gina Valdemar @ coastal-vision . com				
Will the proposed course be open to all California licensed optometrists?		YES DNO		
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?		YES INO		
Course Instru	uctor Information			
Please provide the information below and attach the curricul If there are more instructors in the course, please provide the Instructor Name	Ilum vitae for each instructor or lecturer in	volved in the course.		
Instructor Name	requested mormation on a separate si	neet of paper.		
	Ceph M Last) (M	/iddle)		
License Number 117073	License TypeMD			
Phone Number (704) 746 9679	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 of Course Provider				
a a a a a a a a a a a a a a a a a a a	Date	-		

1

COASTALVISION Technique. Technology. Trust.

March 23, 2017

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

RE: Late submission of CE course approval-Taste of the Islands 8 Hour CE-April 30, 2017: Five Retinal Diagnoses You Don't Want to Miss; Cataract Surgery in Patients with Corneal Pathology; Buried Treasure: Connecting the Dots to Treating Binocular Misalignment; Patient-reported Outcomes with Lasik: Interpreting the PROWL study; What We Know about Topography Guided Refractive Surgery: Case Studies in Clinical Practice; Do You See What I See?; Crosslinking for Corneal Ectasia: The Evolution of Sclera Lenses; Blink and You'll Miss It: Dry Eye in the Cosmetic Patient; Is the Symfony Toric Lens the Answer for Every Eye Condition; Should My Glaucoma Patient with a Cataract have a MIGS Surgery; Vitreous: Friend or Foe; Is it Cancer? The Optometrist Role in the Diagnosis and Management of Periocular Skin Cancer; Oral Presentations of Systemic Disease: Case Presentations; Glaucoma Management: What Should I do Next?

Dear Practice and Education committee,

I am writing this letter in regards to late submission for the multi-course symposium titled "Taste of the Islands CE" scheduled for presentation on 04/30/2017. We are short 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 appreciation 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

Coastal Vision Irvine 15825 Laguna Canyon Rd., Ste. 201, Irvine, CA 92618 Tel: (949) 453-4661 • Fax: (949) 453-4663 Coastal Vision Orange 293 S. Main St., Ste. 100, Orange, CA 92868 Tel: (714) 771-1213 • Fax: (714) 771-7126 Coastal Vision Long Beach 709 E. Anaheim St., Long Beach, CA 90813 Tel: (562) 591-7700 • Fax: (562) 591-1311

Schedule of Events:

7:00 am-7:50 am	Registration & Breakfast	
7:50 am-8:00 am	Dan B. Tran, MD	Welcome & Opening Remarks
8:00 am-8:25 am	Timothy You, MD	5 Retinal Diagnoses You Don't Want to Miss
8:25 am-8:50 am	Jennifer Lee Wu, MD	Cataract Surgery in Patients with Corneal Pathology
8:50 am-9:15 am	Gary Lovcik, OD	Buried Treasure: Connecting the Dots to Treating Binocular Misalignment
9:15 am-9:40 am	Elizabeth Hofmeister, MD, MC, USN	Patient-reported Outcomes with LASIK: Interpreting the PROWL Study
9:40 am-10:05 am	Dan B. Tran, MD	What We Know about Topography Guided Refractive Surgery: Case Studies in Clinical Practice
10:05 am-10:30 am	Madhu Agarwal, MD	Do You See What I See?
10:30 am-11:00 am	Break	
11:00 am-11:50 am	Jennifer Lee Wu, MD	Crosslinking for Corneal Ectasia
11:50 am-12:15 pm	Justin Kwan, OD, FAAO	The Evolution of Sclera Lenses
12:15 pm-12:40 pm	Jeffrey Joseph, MD	Blink and You'll Miss It: Dry Eye in the Cosmetic Patient
12:40 pm-1:50 pm	Lunch/Luau	
1:50 pm-2:15 pm	Dan B. Tran, MD	Is the Symfony Toric Lens the Answer for Every Eye Condition?
2:15 pm-2:40 pm	Betsy Nguyen, MD	Should My Glaucoma Patient with a Cataract have a MIGS Surgery?
2:40 pm-3:05 pm	Raj Rathod, MD, MBA	Vitreous: Friend or Foe
3:10 pm-3:35 pm	Jeffrey Joseph, MD	Is it Cancer? The Optometrist's Role in the Diagnosis and Management of Periocular Skin Cancer
3:35pm-3:40 pm	Lisa D. Garbutt, MD	Ocular Presentations of Systemic Disease: Case Presentations
4:00 pm-4:25 pm	Betsy Nguyen, MD	Glaucoma Management: What Should I Do Next?
4:25 pm-4:30 pm	Closing Remarks/Raffle	

*At time of print, pending CA Board of Optometry approval. Topics and speakers are subject to change.

COASTALVISION Medical Group Inc. Taste of the Islands 8 hour CE (13 of 15 lectures)

Course Title: Is it Cancer? The Optometrist's Role in the Diagnosis and Management of Periocular Skin Care

Course Presentation date: 4/30/17

Speaker: Jeffrey Joseph, MD

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

Course Description: The identification and management of periocular skin cancer is becoming more important in the optometric setting due to several factors. Discussion to include; Increasing prevalence in the population, the volume of primary eye care delivered by optometrists relative to physicians, and limited access to health care for a large subset of the population and unique skills in periocular evaluation, not usually present in the majority of medical specialties.

CE Credit: .50 CE Units

1	THE OPTOMETRIST'S ROLE IN DIAGNOSIS AND MANAGEMENT OF PERIOCULAR SKIN CANCER April 30, 2017
2	Financial Disclosures
3	About Me My Practice Exclusively dedicated to Aesthetic and Reconstructive Oculoplastic Surgery Newport Beach, CA Ophthalmic Plastic and Reconstructive Surgeon Skin Cancer and Reconstructive Surgery Center Appearance Center of Newport Beach Assistant Professor - UC Irvine Department of Ophthalmology Gavin Herbert Eye Institute
4	Skin Cancer and Reconstructive Surgery Center
5	Skin Cancer and Reconstructive Surgery Center
6	Skin Cancer and Reconstructive Surgery Center
7	 Background From the American Optometric Association (AOA) The American Optometric Association represents approximately 39,000 doctors of optometry, optometry students and paraoptometric assistants and technicians. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide two-thirds of all primary eye care in the United States.
8	Background The ratio of optometrists to ophthalmologists in the US is approximately 2:1
9	Background
	□The role of evaluating or identifying eyelid-periocular lesions is shifting towards the optometrist and away from physicians (primary care-ophthalmology)

10 Why the optometrist?

□The unique role and skills of the optometrist

■ Primary eye care provider

- ■Many people see an optometrist more frequently than an MD- especially younger patients
 - ■Uninsured
 - Myopia

In the United States, myopia has increased 66% (last 30 years)42% of people aged 12-54 are myopic.

■Familiarity with the eye and eyelids

■ Proficiency with the microscopic-slit lamp exam

11 🔳 33 year old woman- -5D myope

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17 Why does it matter? □Skin cancer incidence is increasing (most common cancer in US) ■Aging population ■Longer lifespan Increased outdoor activities **□**? Environmental changes □Accurate diagnosis & management critical in achieving a cure Easier to treat when small in size 18 Why the optometrist? The optometric community must embrace this role for our population to have adequate identification and treatment of potentially malignant periocular lesions. 19 Is It Cancer? □History □↑ age & history of significant sun exposure are suggestive ■History of skin or other malignancy Lesion growth or change □Examination Certain elements may favor a benign vs. malignant etiology □Pattern recognition □Clinical intuition 20 HISTORY Description of the symptoms □Rate of progression □Targeted review of systems 21 **HISTORY** Description of the symptoms ■Sensory: tenderness, itching, visual changes ■Motor: ptosis, lagophthalmos ■Structural: visible or palpable lesion, change in symmetry ■Functional: keratopathy or tearing Secondary: pigmentation, lymphadenopathy 22 HISTORY Description of the symptoms

□Rate of progression Most symptoms develop over weeks to months ■hemorrhage, infection, and inflammation may be acute.

23 HISTORY
□Description of the symptoms
\Box Rate of progression
□Targeted review of systems
□Risk factors and history of epidermal malignancy
Sun exposure
INDOOR TANNING
■Age
■Family
■Immuno-suppressed or transplant
History of systemic malignancy
24 Anatomy
25 Anatomy
26 Clinical Evaluation
■Evaluate the patient's complaint
And/Or
□Identify concerning lesions (not identified by the patient)
27 If you don't think about it, you won't see it!
□Clinical Evaluation
■My philosophy
LIGHTS ON
Point of view
28 🔳 If you don't think about it, you won't see it!
□Clinical Evaluation
■My philosophy
■LIGHTS ON
■Point of view
■Structure
DO IT THE SAME EVERY TIME
29 Examination
LESION EVALUATION
1. Look
1. Look 2. Feel
1. Look 2. Feel 3. Press
1. Look 2. Feel 3. Press 4. Move
1. Look 2. Feel 3. Press

30 Is It Cancer?
 History age & history of significant sun exposure are suggestive History of skin or other malignancy Lesion growth or change Examination
■Certain elements may favor a benign vs. malignant etiology □Pattern recognition □Clinical intuition
31 Concerning Features
□Size- recent onset or growth □Color
□Borders- poorly defined with surrounding induration □Vascularity
□Ulceration □Loss of lashes (or misdirection)
Disruption of normal lid or cutaneous architecture Signs of spread
 Hyposthesia Fixed to underlying structures or bone
□Lymphadenopathy
32 Concerning Features
33 Concerning Features
34 Concerning Features
35 Concerning Features
36 Concerning Features
37 Periocular Cancer
□Sun (UV) related
■Basal Cell (80-85%) ■Squamous Cell (10-15%)
■Melanoma (~1%)
□Non Sun related (rare)
 Sebaceous cell carcinoma Merkel Cell
■Metastasis
—

38 Periocular Cancer
□One of the most common sites for skin cancers
\Box 5-10% of all skin cancers occur on the lid proper
□Nonmelanoma skin cancers
■including basal cell carcinoma and squamous cell carcinoma
■Highest incidence rates of any cancers in the US.
□Rising incidence of melanoma
□currently the sixth most common cancer in men
the seventh most common for women
one of only three cancers with an increasing mortality rate in men.
39 Periocular Cancer
□1 in 55 Americans will develop melanoma
□Up to 2 in 5 will develop skin cancer (all types)
■Up to 50% of people in the US who live to age 65 will have atleast one Basal Cell Cancer
□Over 5.4 million cases in the US each year
40 Distribution of Periocular Cancer
41 Basal Cell Carcinoma
□Telangiectasias □Destruction of lid architecture
Meibomian glands
■Notch
□Rolled edges
42 Nodular Basal Cell Carcinoma
43 🔲 Nodular Basal Cell Carcinoma
44 🔲 Nodular Basal Cell Carcinoma
45 🔲 Nodular Basal Cell Carcinoma
46 🔲 Basal Cell Carcinoma
47 Squamous Cell Carcinoma
□ Arises in sun-damaged skin (de novo or from actinic keratosis)
□Can appear as nodule or an indurated plaque
□Direct
■Perineural
□Distant metastasis
□Lymphatic

- 48 🔲 Squamous Cell Carcinoma
- 49 Squamous Cell Carcinoma
- 50 Squamous Cell Carcinoma

51 Melanoma

 \Box Eyelid melanomas are rare (<1%)

- □Clinical features
 - recent onset
 - change in existing lesion (uncontrolled growth)
 - Asymmetric shape (cannot "fold" on itself)
 - Borders irregular (uncontrolled growth)
 - Color change or multiple colors within lesion
 - Diameter >6mm in diameter (large lesion)
- 52 Melanoma
- 53 Melanoma
- 54 Melanoma
- 55 Melanoma
- 56 Melanoma

57 Non-UV Related

□Sebaceous gland carcinoma

■Arising from sebaceous glands

Meibomian, etc

■Nodular or diffuse

Classic atypical or recurring "chalazion"

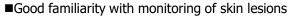
Must have high clinical suspicion due to difficulty of diagnosis and high lethal potential

58 When do I refer?

- ■The simple answer: "When you think about it"
 - ■Worrisome features
 - ■Focal or unexplained issue
 - ■Inflammation/ ulceration
 - Trichiasis
 - ■Clinical intuition
 - Strong history or ROS

59 Where do I refer?

Dermatologist



Limited experience with monitoring non-skin lid lesions

■Variable experience/ comfort with surgical intervention on lid or near eye ■General ophthalmologist

- Excellent comfort/ familiarity with lid and ocular surface
- ■Variable familiarity/ ability with monitoring of lesions
- ■Variable experience/ comfort with surgical intervention on soft tissue

- -
- _ '

60 Where do I refer?

Ophthalmic plastic surgeon

- ■Good familiarity with monitoring of skin lesions
- Extensive experience with monitoring non-skin lid lesions
- Excellent comfort/ familiarity with lid and ocular surface
- ■Photographic monitoring is a staple of the practice/EMR.
- Specialty with most experience and training with regards to surgical intervention on lid or near eye

- -
- .
- -

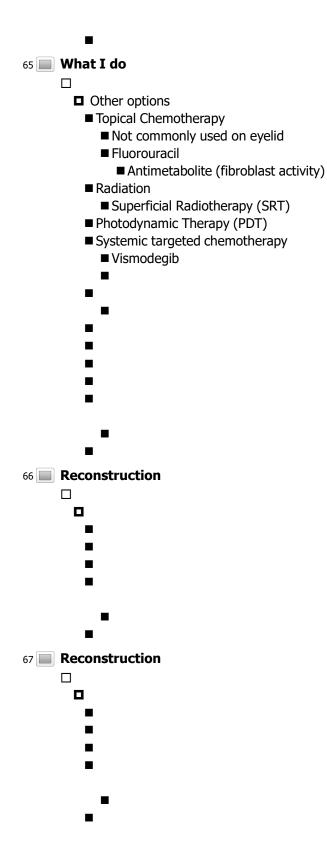
61 🔳 What I do

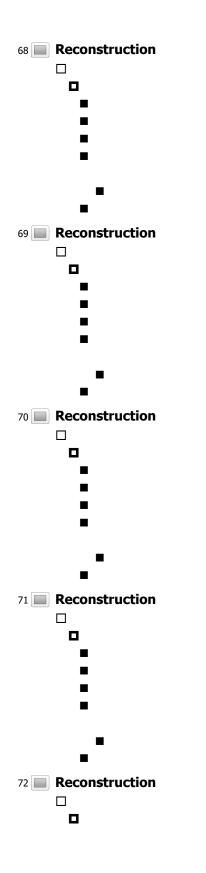
Biopsy

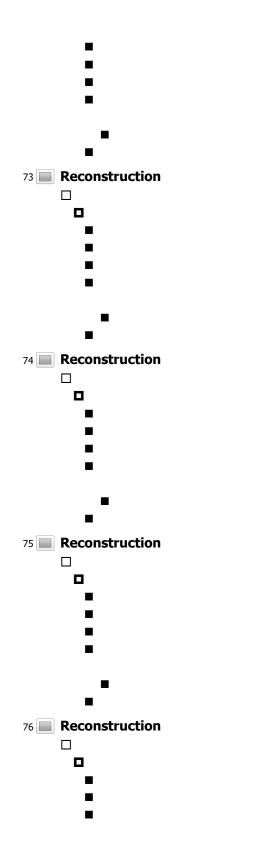
- I routinely biopsy any suspicious lesion
- Done in office
- Patients back to normal routine usually that day
- Can place a small stent in the canaliculus if needed

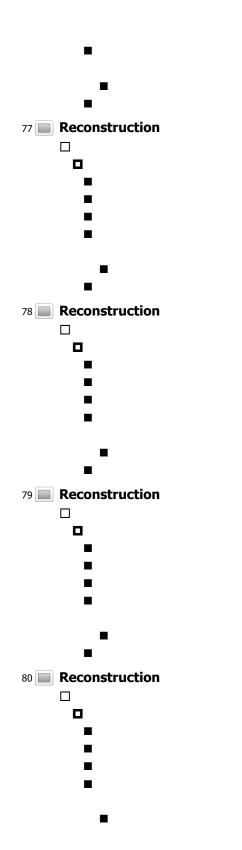
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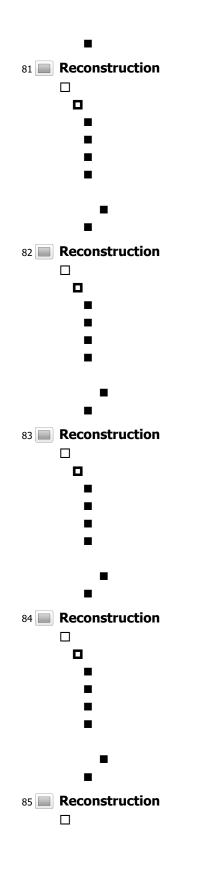
62 What I do Excision ■ With symptomatic or malignant lesions 63 🔳 What I do Ensuring no residual tumor Frozen section Mohs surgery 64 What I do □ Other options ■ Topical Chemotherapy ■ Not commonly used on eyelid Fluorouracil Antimetabolite (fibroblast activity)

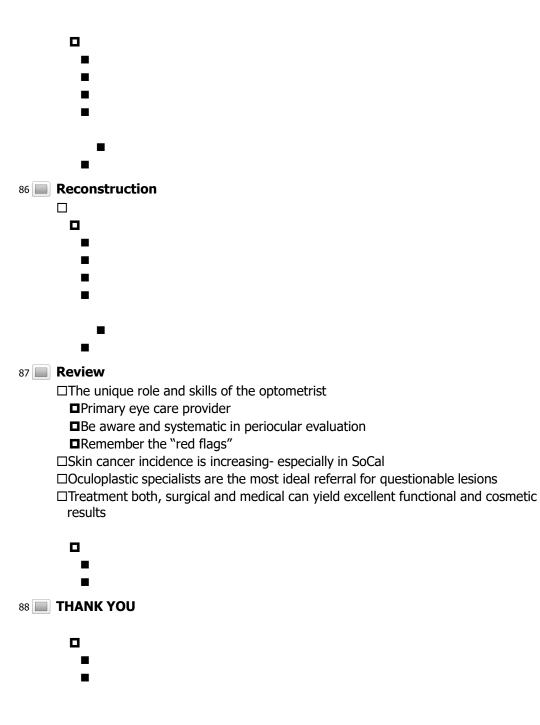


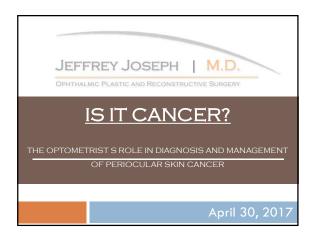


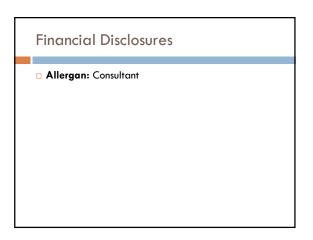


















Background

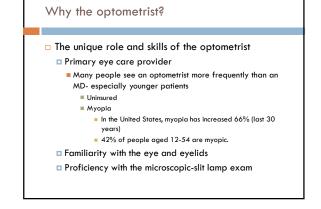
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History

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 History of skin or other malignancy
- Lesion growth or change

Examination

- Certain elements may favor a benign vs. malignant etiology
- Pattern recognition
- Clinical intuition

HISTORY

- Description of the symptoms
- Rate of progression
- Targeted review of systems

HISTORY

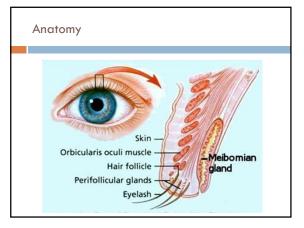
- Description of the symptoms
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 - Structural: visible or palpable lesion, change in symmetry
 - Functional: keratopathy or tearing
 - Secondary: pigmentation, lymphadenopathy

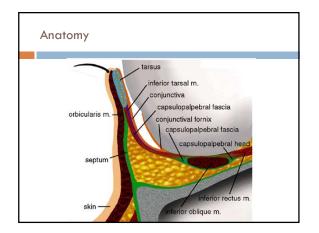
HISTORY

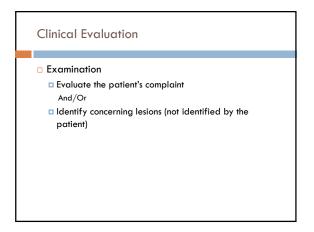
- Description of the symptoms
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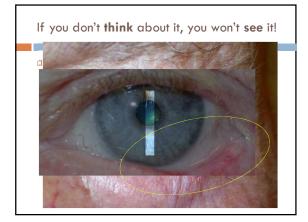
HISTORY

- Description of the symptoms
- Rate of progression
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 - Risk factors and history of epidermal malignancy
 - Sun exposure
 - *INDOOR TANNING*
 - Family
 - Immuno-suppressed or transplant
 - History of systemic malignancy







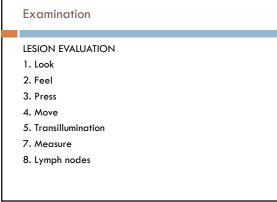


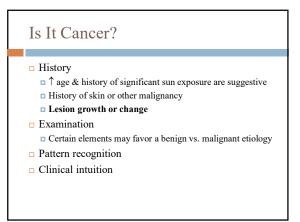


Clinical Evaluation

- My philosophy
- LIGHTS ON
 - Point of view
- Structure

DO IT THE SAME EVERY TIME



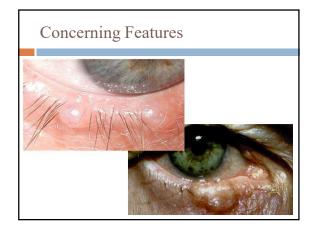


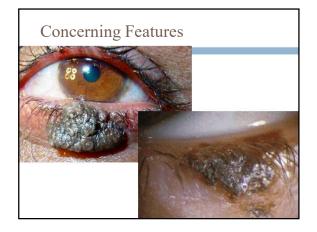
Concerning Features

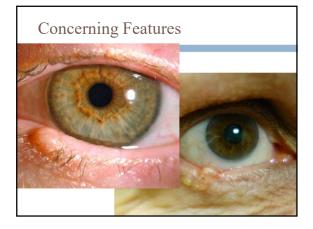
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- Borders- poorly defined with surrounding induration
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- Loss of lashes (or misdirection)
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 - Pain

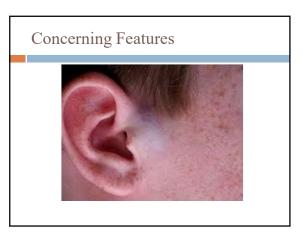
 - Hyposthesia
 Fixed to underlying structures or bone
 Lymphadenopathy

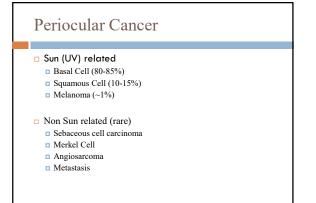


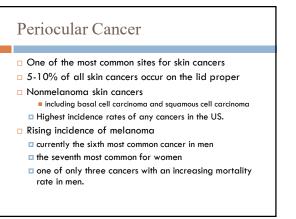


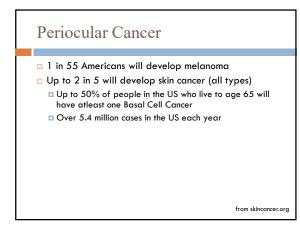


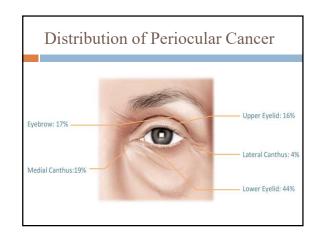


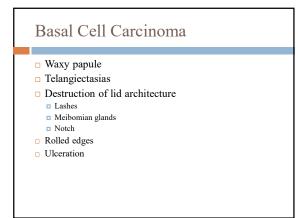


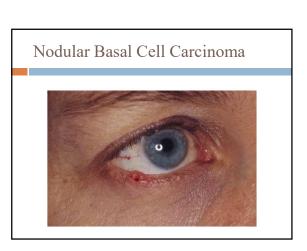


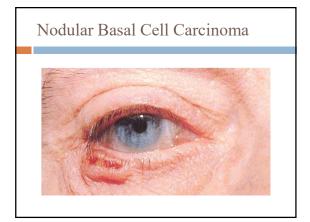


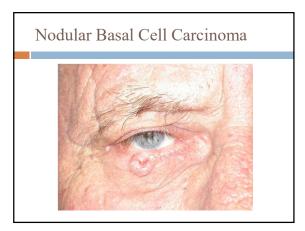


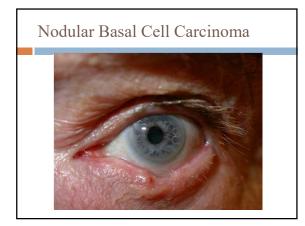


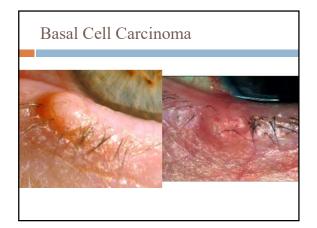












Squamous Cell Carcinoma

- Arises in sun-damaged skin (de novo or from actinic keratosis)
- □ Can appear as nodule or an indurated plaque
- Local metastasis
 - Direct
 - Perineural
- Distant metastasis
 - Lymphatic



Squamous Cell Carcinoma

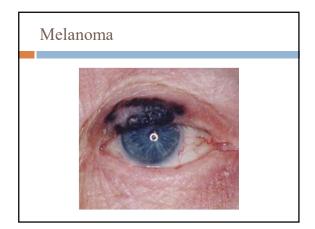


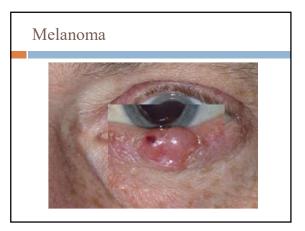


Melanoma

- □ Eyelid melanomas are rare (<1%)
- Clinical features
 - recent onset
 - change in existing lesion (uncontrolled growth)
 - Asymmetric shape (cannot "fold" on itself)
 - Borders irregular (uncontrolled growth)
 - Color change or multiple colors within lesion
 - **D**iameter >6mm in diameter (large lesion)

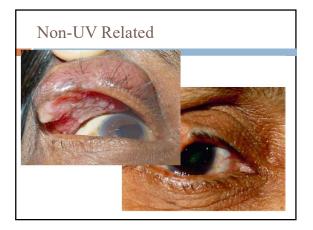


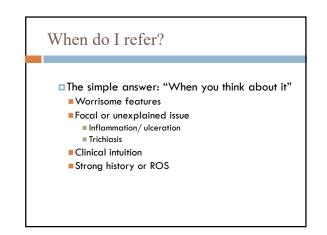












Where do I refer?

Dermatologist

- Good familiarity with monitoring of skin lesions
- Limited experience with monitoring non-skin lid lesions
- Variable experience/ comfort with surgical intervention on lid
- or near eye
- General ophthalmologist
 - Excellent comfort/ familiarity with lid and ocular surface
 - Variable familiarity/ ability with monitoring of lesions
 Variable experience/ comfort with surgical intervention on soft
 - tissue

Where do I refer?

Ophthalmic plastic surgeon

- Good familiarity with monitoring of skin lesions
 - Extensive experience with monitoring non-skin lid lesions
- Excellent comfort/ familiarity with lid and ocular surface
- Photographic monitoring is a staple of the practice/EMR.
- Specialty with most experience and training with regards to surgical intervention on lid or near eye

What I do

Biopsy

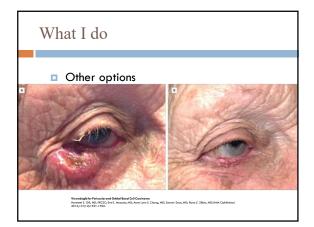
- I routinely biopsy any suspicious lesion
- Done in office
- Patients back to normal routine usually that day
- Can place a small stent in the canaliculus if needed

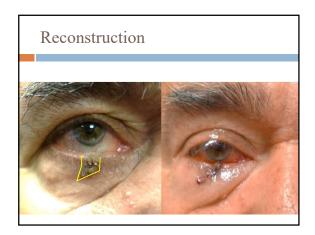


What I do

- Ensuring no residual tumor
 Frozen section
- Frozen section
 Mohs surgery



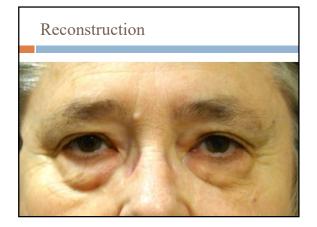


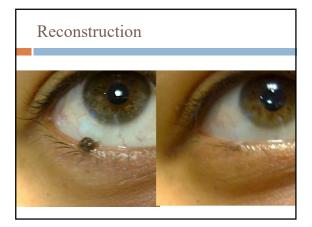


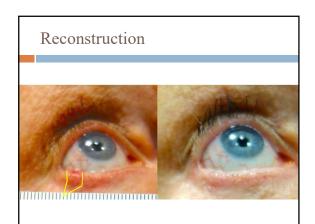




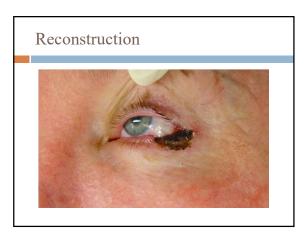


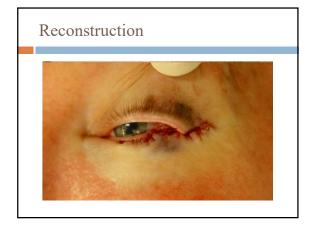










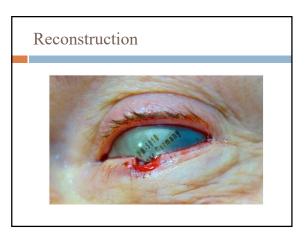




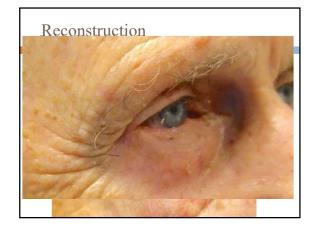


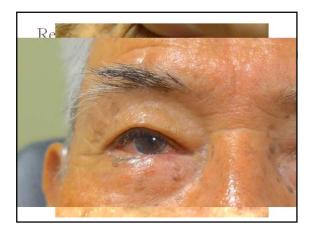






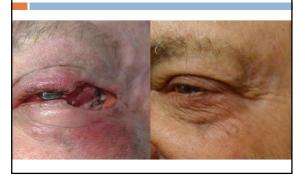








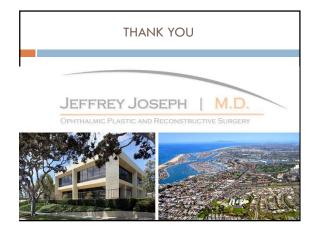
Reconstruction





Review

- The unique role and skills of the optometrist
 Primary eye care provider
 - Be aware and systematic in periocular evaluation
 Remember the "red flags"
- $\hfill\square$ Skin cancer incidence is increasing- especially in SoCal
- Oculoplastic specialists are the most ideal referral for questionable lesions
- Treatment both, surgical and medical can yield excellent functional and cosmetic results



JEFFREY JOSEPH, MD

ACADEMIC AND PRACTICE AFFILIATIONS

Ophthalmic Plastic and Reconstructive Surgeon

Skin Cancer and Reconstructive Surgery Center Appearance Center of Newport Beach

Assistant Professor UC Irvine Department of Ophthalmology Gavin Herbert Eye Institute

Ophthalmic Plastic and Reconstructive Surgeon Inland Eye Specialists

EDUCATION

UC San Diego

Degree: General Biology (pre-med focus) Minor: Health Care and Social Issues

Boston University School of Medicine

Degree: Medical Doctorate Honors: Alpha Omega Alpha Honor Society Pathology Honor Society

Post Graduate

Internship:

St. Vincent's Hospital Manhattan- Transitional Intern

Residency in Ophthalmology:

NYU School of Medicine – Manhattan Eye, Ear, & Throat Hospital

Chief Resident: 2010-2011

Fellowship, Ophthalmic Plastic and Reconstructive Surgery: University of California, Irvine – Gavin Herbert Eye Institute

RESEARCH & PUBLICATIONS

Textbook Contributions:

Enucleation Jeffrey M. Joseph MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD Encyclopedic Reference of Ophthalmology Springer Publishing; New York, NY USA *In Press* Evisceration Jeffrey M. Joseph MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD Encyclopedic Reference of Ophthalmology Springer Publishing; New York, NY USA *In Press* Orbital Implants

Jeffrey M. Joseph MD, Robert Peralta MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD Encyclopedic Reference of Ophthalmology Springer Publishing; New York, NY USA *In Press* Ophthalmic Plastic Surgery; Essential Concepts Joseph JM, Echegoyen J, Morgan P, Tao JP; Ophthalmic Microsurgery: Principles, Techniques, and Applications; Slack; Thorofare, NJ USA. *In press*

Online Review Contributions:

Joseph JM, Zoumalan CI. Lacrimal System Probing and Irrigation. Medscape Reference. Updated July 25, 2011. Available at: http://emedicine.medscape.com/article/1844121-overview.

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Oculocardiac reflex associated with a large orbital floor fracture. Ophthalmic Plastic and Reconstructive Surgery. Volume 25, Issue 6, Pages 496 – 498 Jeffrey M. Joseph, Caroline Rosenberg, Christopher I. Zoumalan, Richard A. Zoumalan, W. M. White, Richard D. Lisman. November 2009. Orbital Fractures: A Review Clinical Ophthalmology, Volume 2011:5, Pages 95 – 100 Jeffrey M. Joseph, Ioannis P. Glavas, January 2011

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Plastic and Reconstructive Surgery, Volume 129, Issue 2, Pages 402e-404e JM. Joseph, A. Voldman, CI. Zoumalan, RD. Lisman, NM. Iovine February 2012

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Needle decompression of acute orbital emphysema: case report with video British Journal of Ophthalmology, Volume 96, Issue 10, Pages 1346-1347 G Chak, JM Joseph, JP Tao October, 2012 A positive sentinel lymph node in periocular invasive squamous cell carcinoma: a case series. Ophthalmic Plastic and Reconstructive Surgery. Volume 29, Issue 1, Pages 6-10 Garrick Chak MD, Payam V Morgan MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS. January, 2013

The Efficacy of a Midfacial Seal Drape in Reducing Oculofacial Surgical Field Fire Risk Ophthalmic Plastic and Reconstructive Surgery. Volume 29, Issue 2, Pages 109-112 Jeremiah P. Tao MD, FACS, Kristin E. Hirabayashi BA, Brian T. Kim MD, Feilin A. Zhu MD, Jeffrey M. Joseph, MD, William Nunery MD, FACS March, 2013

Repair of eyelid retraction due to a trabeculectomy bleb: case series and review of the literature Ophthalmic Plastic and Reconstructive Surgery.

Ann Shue MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS.

In Press

The Efficacy of a Novel Mobile Phone Application for Goldmann Ptosis Visual Field Interpretation

Ophthalmic Plastic and Reconstructive Surgery.

Robi N. Maamari, BS, Michael V. D'ambrosio, Ph.D, Jeffrey M. Joseph, MD, Jeremiah P. Tao, MD, FACS.

Submitted

Massive Silicone-induced Orbital Granuloma: Case report and literature review.

Ophthalmic Plastic and Reconstructive Surgery.

Ann Shue, MD, Jeffrey M. Joseph, MD; Jeremiah P. Tao, MD, FACS,

Donald S. Minckler, MD, MS

Submitted

Lectures:

Trabeculectomy Bleb-Induced Eyelid Retraction Repair: Case Series and Review of the Literature Ann Shue MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS. ASOPRS 43rd Annual Fall Scientific Symposium on Friday, November 9, 2012, Chicago, IL

Effect of Eyelash Ptosis on Visual Field Tiffany S Liu MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS. ASOPRS 43rd Annual Fall Scientific Symposium on Thursday, November 8, 2012, Chicago, IL

Abstract Publications:

Oculocardiac reflex associated with a large orbital floor fracture: a case report. Second International Orbital Society Symposium. Jeffrey M. Joseph, Caroline Rosenberg, Christopher I. Zoumalan, Richard A. Zoumalan, W. Matthew White, Richard D. Lisman. New York, NY. September 26 and 27, 2008.

Evaluation of the Canalicular System: An Anatomic Study.Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting.J.M. Joseph, C.I. Zoumalan, D. Howard, R.D. Lisman.Fort Lauderdale, FL. May 3 to May 7, 2009

Evaluation of the Canalicular System and Lacrimal Sac: An Anatomic Study. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) Fall Scientific Symposium Jeffrey M. Joseph MD, Christopher Zoumalan MD, Gary Lelli, Jr. MD, David Howard MD, Michael Kazim MD, Richard Lisman MD. San Francisco, CA. October 21-22, 2009 Antibacterial Analysis of Surgical Adhesives.

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) Fall Scientific Symposium.

J.M. Joseph, A. Voldman, C.I. Zoumalan, N. Iovine, R.D. Lisman.

Chicago, Il. October 13-14, 2010.

Podcasting And Its Effect On Traditional Resident EducationAssociation for Research in Vision and Ophthalmology (ARVO) Annual Meeting.J.M. Joseph, J. Young.Fort Lauderdale, FL. May 1 to May 5, 2011