

COURSE SYLLABUS

20/100

T

H E

20/70

S U N

20/50

C O A S T

20/40

S E M I N A R

20/25

F O R O P T O M E T R Y

20/20

A P R I L 2 5 - 2 6 , 2 0 2 6




Saturday April 25

- 7:45 am - 8:15 am** **Registration**
Exhibit Hall Open
Continental breakfast - sponsored by *St. Luke's Cataract and Laser Institute*
- 8:15 am - 9:55 am** **Advances in Cornea, Cataract, Refractive and Glaucoma Surgery (2, TQ, COPE: 103831-GO)**
Neel R. Desai, M.D. and Priti Panchal, O.D.
- 9:55 am - 10:40 am** **Break**
Exhibit Hall Open
- 10:40 am - 12:20 pm** **Amblyopia Management for Primary Care O.D.s (1, COPE: 103274-FV)**
Acquired Brain Injury: What the O.D. Needs to Know (1, COPE: 103273-FV)
Richard Sorkin, O.D.
- 12:20 pm - 1:10 pm** **Lunch** - sponsored by *Retina Vitreous Associates of Florida*
Exhibit Hall Open
- 1:10 pm - 1:20 pm** **Lighthouse of Pinellas Update**
- 1:20 pm - 1:30 pm** **FOA Update**
- 1:30 pm - 3:10 pm** **Pharmaceutical Update - Innovations and Insights for Eye Care (2, TQ, COPE: 103324-PH)**
Greg Caldwell, O.D.
- 3:10 pm - 3:30 pm** **Break**
- 3:30 pm - 5:10 pm** **Latest Advances in Eye Care Technology - Innovations in Early Detection and Management (2, TQ, COPE:103700-GO)**
Greg Caldwell, O.D.

Sunday April 26

- 7:30 am - 8:00 am** **Registration**
Continental breakfast - sponsored by *the POA*
- 8:00 am - 9:40 am** **Grand Rounds - Improving Eye Care and Outcomes for Patients (2, TQ, COPE: 103866-TD)**
Greg Caldwell, O.D.
- 9:40 am - 10:00 am** **Break**
- 10:00 am - 11:40 am** **Prevention of Medical Errors (2, COPE: 102834-EJ)**
Alice Sterling, O.D.
- 11:40 am - 12:00 pm** **Lunch** - sponsored by *LENZ Therapeutics*
- 12:00 pm - 1:40 pm** **Florida Jurisprudence (2, COPE: 101024-EJ)**
Alice Sterling, O.D.


Why Your Patients Are on ELAHERE

 ELAHERE is a therapy approved to treat certain patients with advanced ovarian cancer

- ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FR α) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Who have received one to three prior systemic treatment regimens
- This indication is approved under accelerated approval based on tumor response rate and durability of response

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Why Eye Care Is Important for Patients Receiving ELAHERE™

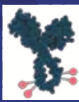
 You play a critical role in patient management as ocular adverse events have been observed in patients treated with ELAHERE

BOXED WARNING: OCULAR TOXICITY

- ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis.
- Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated.
- Administer prophylactic artificial tears and ophthalmic topical steroids.
- Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose.
- Discontinue ELAHERE for Grade 4 ocular toxicities.

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Proposed MOA for Ocular Events Associated With MIRV



- The underlying mechanisms of ocular toxicities remain poorly understood, but it is hypothesized to be an off-target effect on the corneal epithelium due to the lack of FR α receptors in that part of the eye
- Anti-microtubule payloads such as DM4 have been previously associated with resolvable ocular toxicity, such as blurred vision, dry eye, and keratopathy
- One hypothesis for toxicity seen with anti-microtubule payloads is that symptoms arise from a change in curvature of the cornea due to transient alterations in corneal epithelial thickness or corneal biomechanical properties, associated with the presence of microcysts
- Additionally, prolonged retention in circulation associated with MIRV's stable linker may lead to enhance exposure in normal tissues

The ocular AE profile of MIRV is a dose-dependent toxicity limited to the corneal epithelium of the eye, with resolvability observed in both non-clinical and human studies

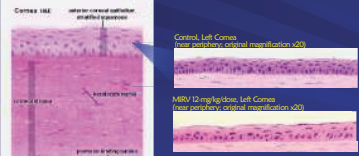
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Microscopic Analysis of the Corneal Epithelium

Non-clinical Microscopic Analysis (Control and MIRV 12-mg/kg Dose)

Key Observations With MIRV 12-mg/kg Dose

- Fewer and larger epithelial cells
- Overall thinner epithelial layer
- Basal layer appearing disorganized as gaps noted between visible nuclei
- No visible nuclei in places across the thickness of the epithelial layer, suggesting no cells other than those of the basal layer were present
- Lesions only at the periphery of the cornea



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Due to the Possibility of Ocular Adverse Events With ELAHERE Eye Care Is Necessary



Ophthalmic Exams



Preventive Measures



Lubricating Eye Drops



Ophthalmic Topical Steroids

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Proactive Management of Ocular Adverse Events

- Patients should receive a baseline ophthalmic exam from an ophthalmologist or optometrist prior to treatment initiation and follow-up exams during every other cycle for the first 8 cycles, and as clinically indicated
- Tell patients to avoid use of contact lenses, unless they are medically necessary
- Use of preservative-free¹ lubricating eye drops at least 4 times daily and as needed is recommended during treatment with ELAHERE
- Use of ophthalmic topical corticosteroids is recommended
 - The initial prescription and renewals of any corticosteroid medication should be made only after examination with a slit lamp

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Recommended Schedule for Eye Drops

Ophthalmic Topical Corticosteroids

Starting the day before ELAHERE infusion until 3 days after infusion (Days 1-4)

- Advise patients to apply 1 drop in each eye 6 times daily

On Days 5-8

- Advise patients to apply 1 drop in each eye 4 times daily

Lubricating Eye Drops

The use of preservative-free lubricating eye drops is also recommended at least 4 times daily and as needed during treatment. Advise patients to wait at least 10 minutes after administering ophthalmic topical corticosteroids before using lubricating eye drops

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What to Look for in the Baseline Ophthalmic Exam

- A baseline ophthalmic examination should include a visual acuity test and slit lamp exam
- Document the patient's current symptoms and visual acuity prior to the initiation of ELAHERE™

Symptom Assessment

Inquire about ocular symptoms (eg, vision impairments, dry eye, photophobia, eye pain), and treat as appropriate

Visual Acuity

Measure best corrected visual acuity at baseline to help understand whether changes have occurred during follow-up exams

Slit Lamp Exam

Assess corneal health (eg, keratopathy, superficial punctate keratitis) is recommended before initiation of treatment with ELAHERE

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What to Monitor During Scheduled Follow-up Ophthalmic Exams

Monitor patients every other cycle (~every 6 weeks) for the first 8 cycles (~6 months) of ELAHERE™ for any changes from the baseline ophthalmic exam, and as clinically indicated¹

Symptom Assessment¹

- Inquire about any new or worsening ocular symptoms since the most recent ophthalmic exam

Visual Acuity¹

- Compare against baseline measurement to determine whether best corrected visual acuity has changed

Slit Lamp Exam¹

- Document any ocular findings, including keratopathy and uveitis

Note: As part of their treatment with ELAHERE, your patient is being prescribed ophthalmic topical steroids that may elevate intraocular pressure

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Presentation of Keratopathy (Microcyst-like Corneal Epithelial Changes)

- Microcyst-like corneal epithelial changes (MECs) may be identified during ophthalmic slit lamp exams¹
- MECs can appear in both symptomatic and asymptomatic patients²
- Document whether MECs are²:
 - Confluent (ie, merging or clumped)
 - Nonconfluent (ie, separated or distinct)

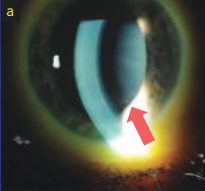
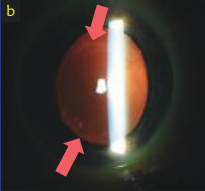



Figure. Anterior double contrast micrographs obtained in a 71-year-old patient 2 weeks after receiving ELAHERE™. Reprinted by permission from Copyright Clearance Center, Springer Nature. Reuter, A. et al. Ocular Adverse Events: An Update. 2020; 2(1): 17-19. © 2020, Springer Nature. All rights reserved.

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What to Expect With Ocular Events Associated With ELAHERE™

Integrated Safety Analysis of Patients Treated With ELAHERE (N=464)¹

Timing of Onset

- Median onset to the first ocular adverse event was ~3 weeks (range, 1 day-55.3 weeks)¹

Impact

- Ocular adverse events of any grade occurred in 61% of patients¹
- Grade 1 or 2: >90% of patients
- Grade 3: 9% of patients
- Grade 4: 0.2% of patients¹

Resolution

- No patients had permanent ocular sequelae²
- Ocular adverse events led to permanent discontinuation of ELAHERE in 0.6% of patients¹

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Monitoring Ocular Adverse Events


Ophthalmic Exam Findings Requiring Dose Modifications

| Ophthalmic exam finding | Severity of finding | Action |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|
| Keratitis/keratopathy | Nonconfluent superficial keratitis | Monitor |
| | Confluent superficial keratitis, a cornea epithelial defect, or 3-line or more loss in best corrected visual acuity | Notify treating oncologist |
| | Corneal ulcer or stromal opacity or best corrected distance visual acuity of 20/200 or worse | |
| Uveitis | Cornea perforation | Notify treating oncologist |
| | Grade 1/rare cell in anterior chamber | |
| | Grade 2/1-2+ cell or flare in anterior chamber | |
| | Grade 3/+ cell or flare in anterior chamber | |
| | Grade 4/hypopyon | |

Ocular adverse events should be treated by the eye care provider per standard clinical guidelines

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Coordinating With the Treating Oncologist



ELAHERE™ Ocular Assessment Form to Guide Ophthalmic Exams and Communicate With Treating Oncologists

- Reporting exam findings to the treating oncologist can guide the need for dose modification due to ocular events
- Dose reductions or modifications may help resolve ocular events
- Ocular adverse events led to permanent discontinuation of ELAHERE in 0.6% of patients

For questions or information about billing and coding, reference the ELAHERE Ocular Billing & Coding Guide

Scan this code to download a copy of the ELAHERE Ocular Assessment Form

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Case 9

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88-year-old man
I see faces of friends that I have not seen for years, wheels of cars and at times pine trees

BVA
Count fingers at 2 feet OU

Current Correction
R: plano
L: -1.00 sphere

EOMS: full, unrestricted
CT: ortho D/N by Hirschberg

PERRL (-)APD
CF: central defect OU

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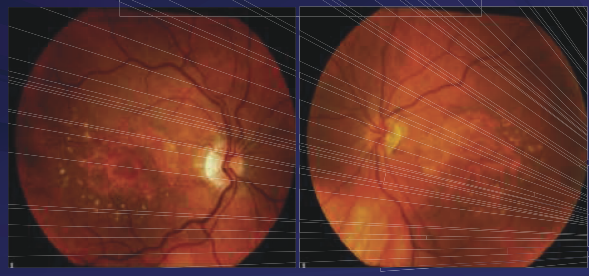
Recommend psyche consult?

Alert and Oriented x 3

- * **Person**
 - Knows who he is, who is with him
- * **Place**
 - Knows where he is, knows where he lives
- * **Time**
 - Knows what month, day, date and year.

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Diagnosis and Treatment?



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Charles Bonnet Syndrome

“Release Hallucination”

Visual hallucinations

- * **Irritative (brief)**
 - Epilepsy
 - Migraine
- * **Release (continuous)**
 - Stroke
 - Sensory deprivation

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Treatment

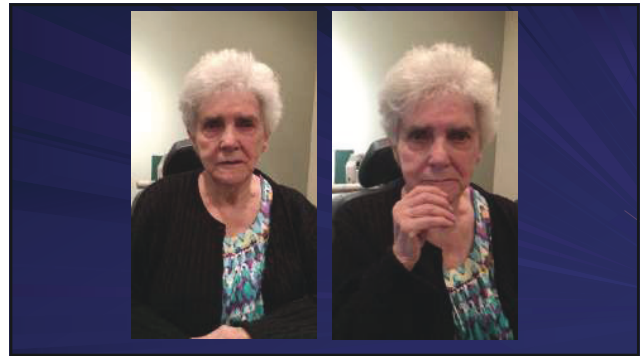
Reassurance

- * That this is normal for patient with severe vision loss to experience hallucinations

Clinical Pearl

- * Any patient 20/100 or worse in better eye
 - Ask the patient

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Clinical Pearl

Is there a difference between Geographic Atrophy and Disciform Scar

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Case 10

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Diagnosis?

Treatment

- * Doxycycline
- * Maxitrol
- * Avenova
- * Hydrocortisone
- * Xiidra, Xiidra, Xiidra
- * Reassurance
- * Follow up 10 days

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Optometric Education Consultants

Questions and Thank You!

Grand Rounds

Improving Eye Care and Outcomes for Patients

Greg Caldwell, OD, FAAO

The Suncoast Seminar
April 25-26, 2026

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