

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 ApplicationOpen to all Optometrists?☑Yes☐NoMaintain Record Agreement?☑Yes☐No		
✓ Detailed Course Summary		
☑ Detailed Course Outline		
☑ PowerPoint and/or other Presentation Materials		
□Advertising (optional)		
☑License Verification for Each Course Instructor Disciplinary History? ☐Yes ☑No		



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CONTINUING EDUCATION COURSE APPROVAL \$50 Mandatory Fee APPLICATION

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	Course Presentation Date		
A company of the American			
International ophthalmology	05/03/2017		
Course Provider Contact Information			
Provider Name			
soin Lally p			
FRIN LAILY B (Middle)			
Provider Mailing Address (Last) (Middle)			
Provider Mailing Address			
Street 2110 Forest Ave, STeB City San Jose State CA Zip 95128 Provider Email Address jenny @ careyvision. Com			
Trovider Email Address Total & Con Co Vision Chin			
Will the proposed course be open to all California licensed optometrists?		MYES □ 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?			
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			
Finish 9			
		<u>3· </u>	
(First) (L	as t) (I	Middle)	
License Number A143146 License Type MD			
Phone Number (40%) 295 - 3433 Email Address @ lally @ cavey vision · 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.			
Oliverture of Occurred Breakfalls	Doto		
Signature of Course Provider	Date	Form CE-01, Rev. 5/16	
	1		

Brief Course Summary-International Ophthalmology

This course is about the number of people who are visually impaired or have low vision around the world. Dr. Lally will discuss the causes of visual impairment/blindness and how it can be treated. The lecture will cover signs, symptoms, treatment, technique, and studies.

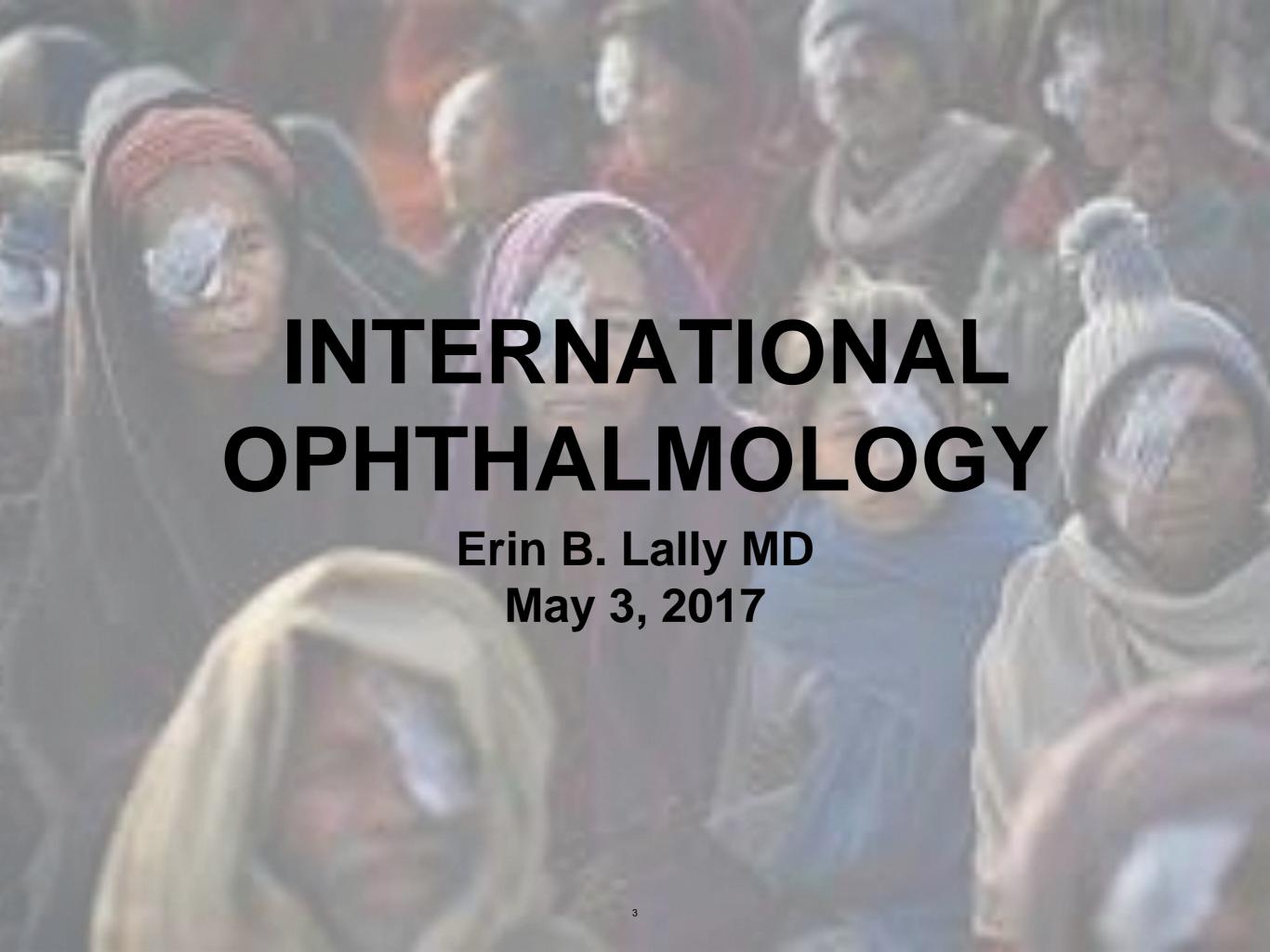
Outline:

- Statistics
- Causes of visual impairment
- WHO Global Action Plan
- Impact of Cataract Surgery / Visionary Study (Vietnam)
- Cataract Impact Study
- RUIT MSICS Technique
- Himalayan Cataract Project (HCP)
- Jimma , Ethiopia
- Cataract Surgery in rural areas
- Tenwek Hospital (Kenya)
- Pathology
- Post-Ops
- References

Start Time: 6pm End Time: 9pm

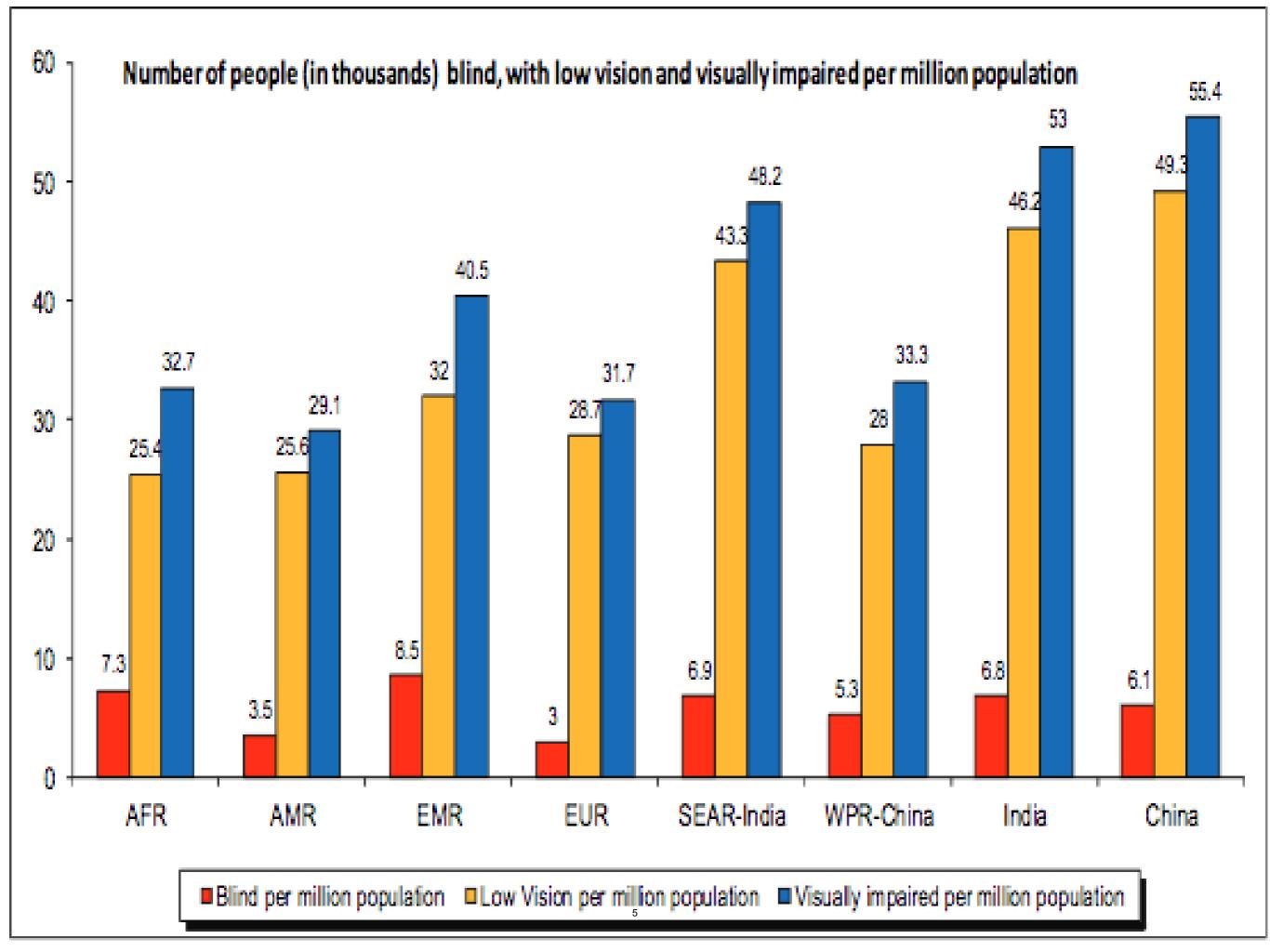
Location: Tarragon Restaurant

140 S. Murphy Avenue, Sunnyvale CA 94086

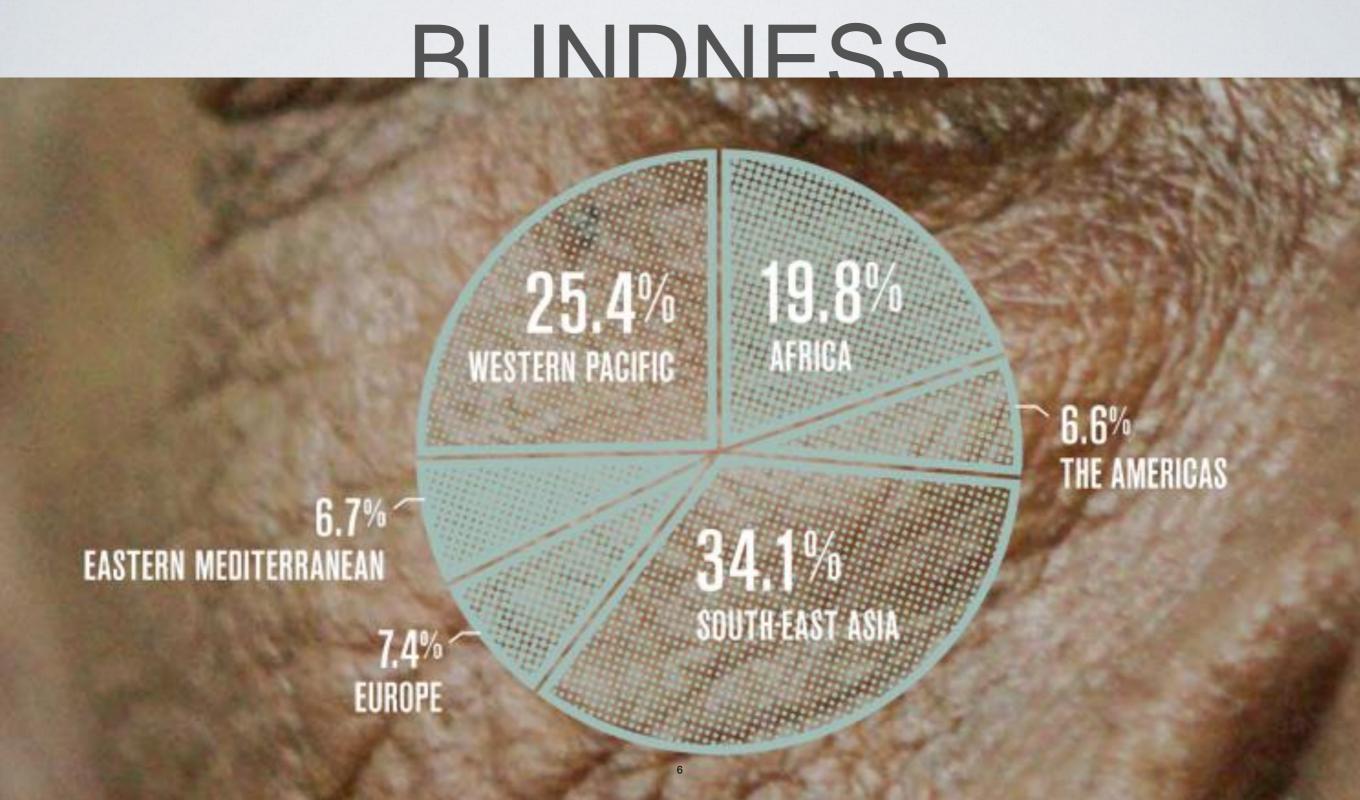


STATISTICS

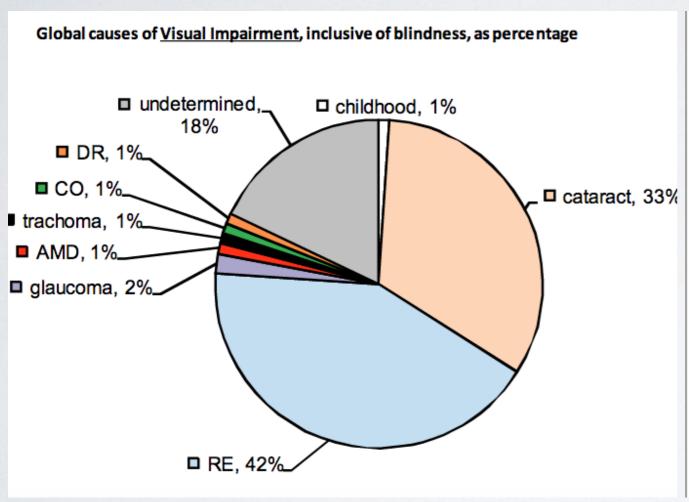
- Worldwide, there are:
 - 285 million people with VA <20/60
 - Over 7% of these patients are blind
 - 82% of blind patients are 50+ years old

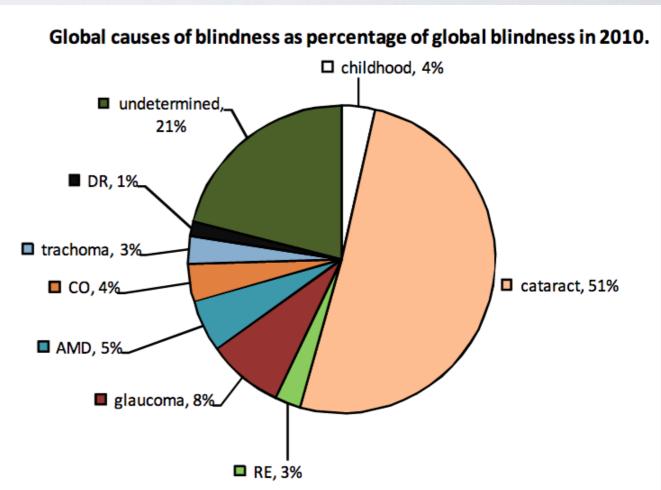


GEOGRAPHIC DISTRIBUTION OF GLOBAL BLINDNIESS



CAUSES OF VISUAL IMPAIRMENT AND BLINDNESS





THE FACTS

285

million people are visually impaired 4/5
cases are avoidable

90%

Of the world's visually impaired people live in developing countries



"It was just accepted that you grew old, your hair turned white, your yes turned white, and then you died."

-Geoff Tabin, co-founder of Himalayan Cataract Project

WHO GLOBAL ACTION PLAN

· GOAL:

 25% Reduction of avoidable blindness and visual impairment by 2019

· PLAN:

- 1. Collect evidence
- 2. Train more doctors, nurses and optometrists
- 3. Provide comprehensive eye care services

IMPACT OF TREATING BLINDNESS

- Easing poverty
- Improves economy, equality, skill and development of a country
- Reduction of financial and social burden

IMPACT OF CATARACT SURGERY

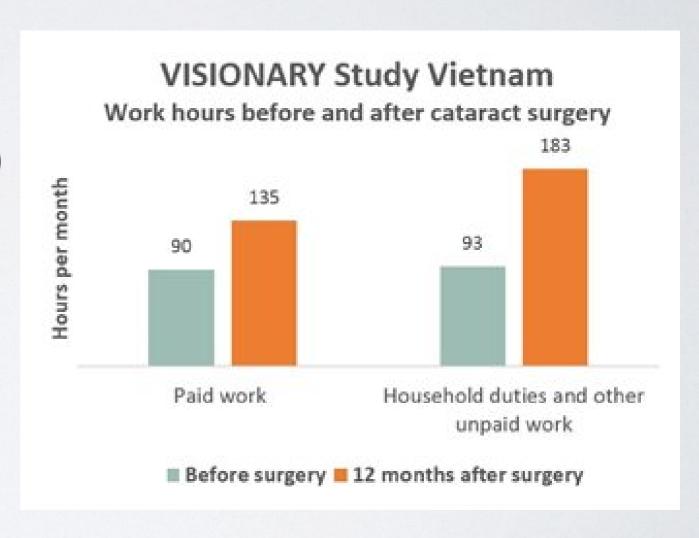
- Cataract surgery is among themes costeffective of health interventions
- Quality of life and economic benefits of restoring sight far outweigh the treatment cost

VISIONARY STUDY

- Prospective investigational study of psychological outcomes following cataract surgery in Vietnam
- Measured people's wellbeing while affected by cataract blindness and again, 12 months after cataract surgery

POST-SURGICAL CHANGES

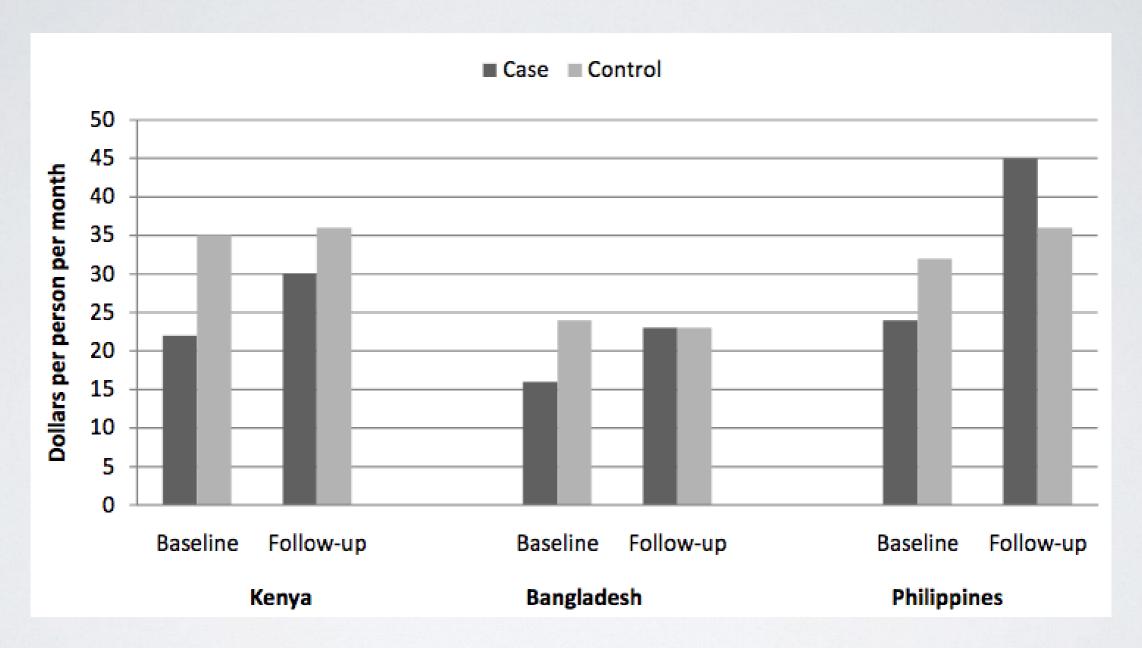
- Increase of 44.5 hours of paid work per month
- Increase of 89.5 hours of unpaid (household duties) work per month
- 17% reduction of "hardship"
- 7% reduction in catastrophic health expenditure



CATARACT IMPACT STUDY

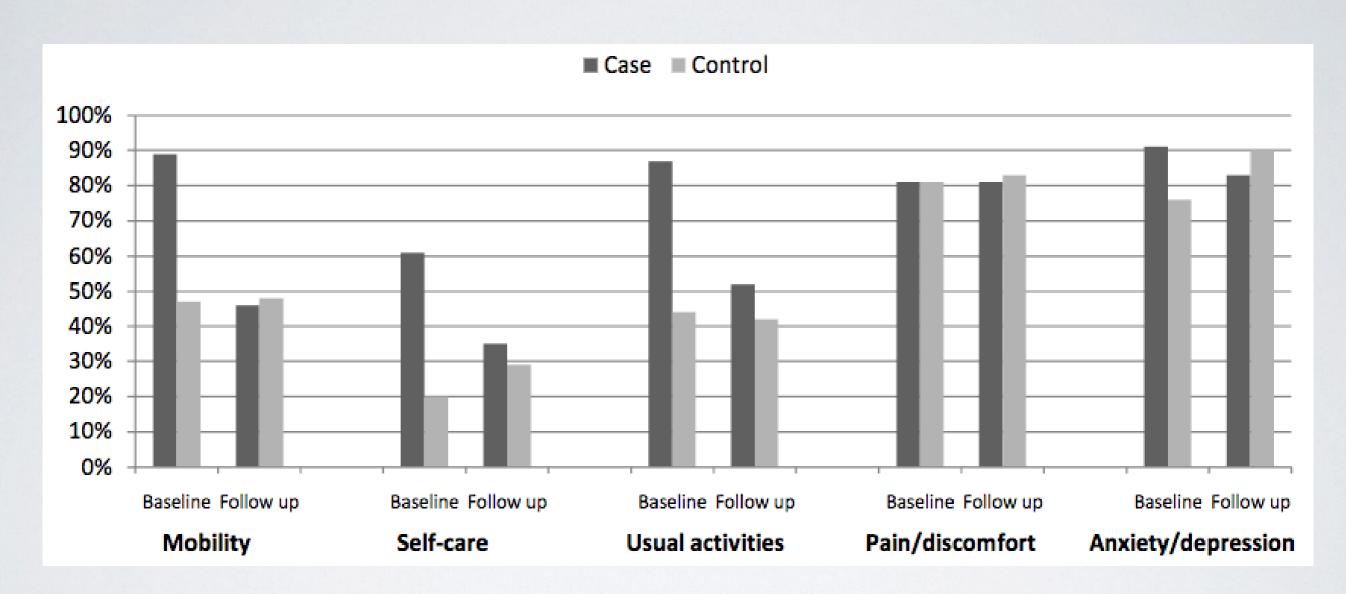
- Longitudinal study to assess impact of CE on poverty and quality of life in Kenya, Bangladesh and the Philippines
- Demonstrates the benefits of restoring sight last for the long-term
 - Sustained improvements in financial gain and quality of life through 6 years follow-up s/p CE

CATARACT IMPACT STUDY

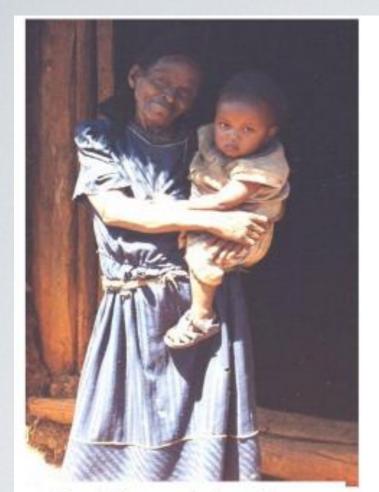


Individual income before and after cataract surgery

CATARACT IMPACT STUDY



Rate of hardship/daily struggles



Positive social and economic benefits to household members

"After surgery I
completely got back my
eyesight but because of
my old age cannot do
heavy work. But I can help
in the household chores,
so my family can
concentrate on earning
money."

"The family are happy because we are able to attend other duties now that she is independent. We are able to go about our duties without worry or hurrying back to the house to attend to her."

Participation in social events



"After surgery I was very happy because I could visit my friends, and attend village meetings, bazaars and functions like weddings."

Engagement in productive activities



"I was able to do my business again making locks and knives to sell. This helped me to get money for my family"

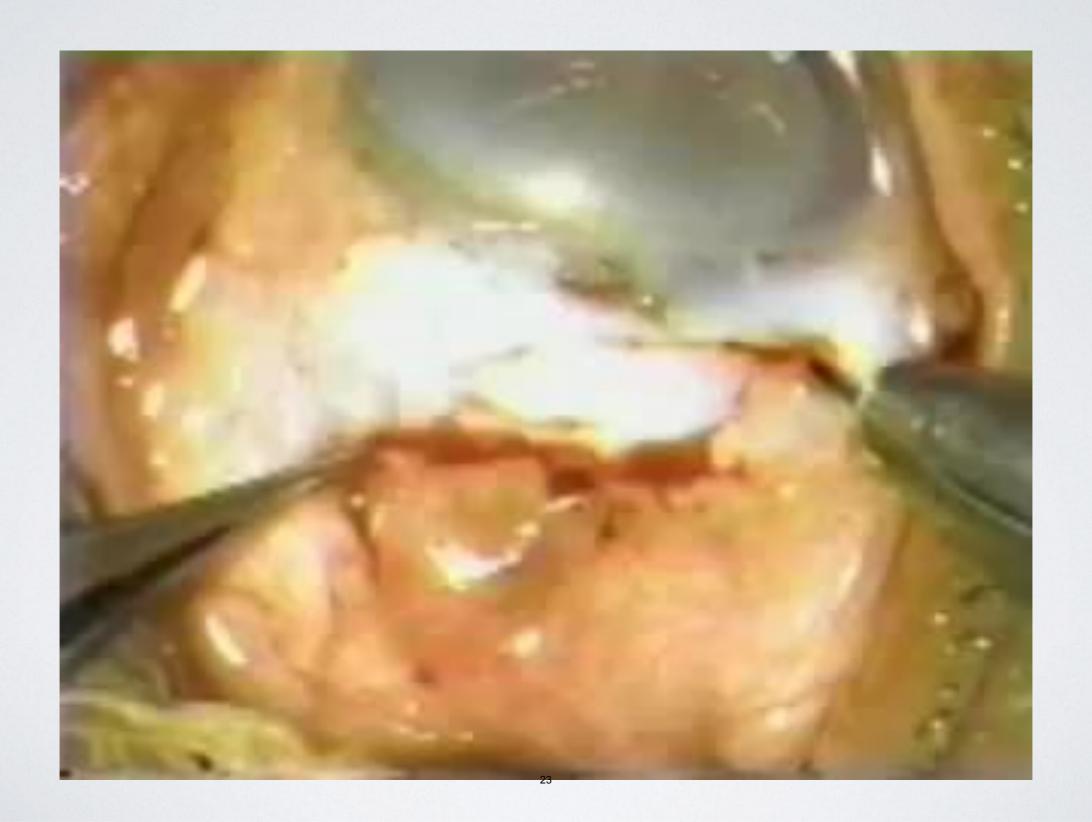
CATARACT SURGERY TECHNIQUE

- Until the early- to mid-1990's, CE was a crude operation
 - Eye was filleted open and entire lens was removed
 - No IOL was inserted
- Post-operative patients require, thick, aphakic glasses

- Developed in 1999 by Dr. Sanduk Ruit
- Dr. Sanduk Ruit:
 - Born in rural Nepal
 - Ophthalmology training in India
 - Fellowship in cataract surgery in the Netherlands and Australia

- Lens implants
 - Least expensive IOL on the world market cost \$200
- Ruit joins Australian ophthalmologist, Fred Hollows, to start the 1st low-cost intracular lens factory in the world (built in Kathmandu)
 - · Same quality lens implant that are used in America
 - \$4 per lens

- In USA, average cataract surgery costs
 ~\$3,000
- By eliminating expensive machinery,
 equipment and pricy lenses, Ruit's technique
 reduces cost to \$20 per case



MSICS QUALITY

A Prospective Randomized Clinical Trial of Phacoemulsification vs Manual Sutureless Small-Incision Extracapsular Cataract Surgery in Nepal

SANDUK RUIT, MD, GEOFFREY TABIN, MD, DAVID CHANG, MD, LEENA BAJRACHARYA, MBBS, DANIEL C. KLINE, MD, WILLIAM RICHHEIMER, MD, MOHAN SHRESTHA, MA, AND GOVINDA PAUDYAL, MD

- · MSICS is:
 - 3x faster
 - 10x less expensive

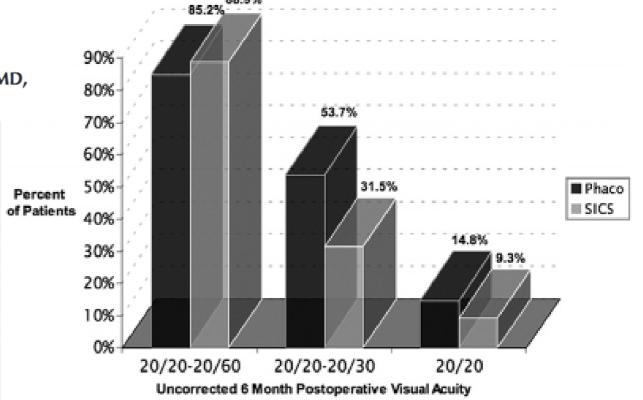


FIGURE 3. Uncorrected visual acuity (UCVA) by functional level at six months after operation. Stratified into groups with visual acuity of 20/20, better than or equal to 20/30, and better than or equal to 20/60 in the phacoemulsification group (Phaco; black) vs the manual sutureless small incision extra24 capsular cataract surgery (SICS; gray) group.

HIMALAYAN CATARACT PROJECT (HCP)

- Founded in 1994 by:
 - Sanduk Ruit
 - Geoff Tabin
- GOAL: to establish sustainable eye care infrastructure in the Himalaya

HCP MISSION

- Eradicate preventable blindness with a concurrent strategy to:
 - Provide high-quality care
 - Train local personnel
 - Establish a world-class eye care infrastructure where most needed

HIGH-VOLUME CATARACT CAMPAIGNS

 Drs. Ruit and Tabin, along with teams of local nurses and doctors, conduct high-volume cataract campaigns



EDUCATION AND TRAINING

 Train local eye care teams with methodologies optimized for the developing world

 Increase the number of trained eye care specialists who can then train future eye care

providers



"We go beyond just "teaching a man to fish." We're teaching fleets of fishermen to cast their nets widely. And through quality, we tech them how to sell the fish."

-Geoff Tabin, co-founder of Himalayan Cataract Project

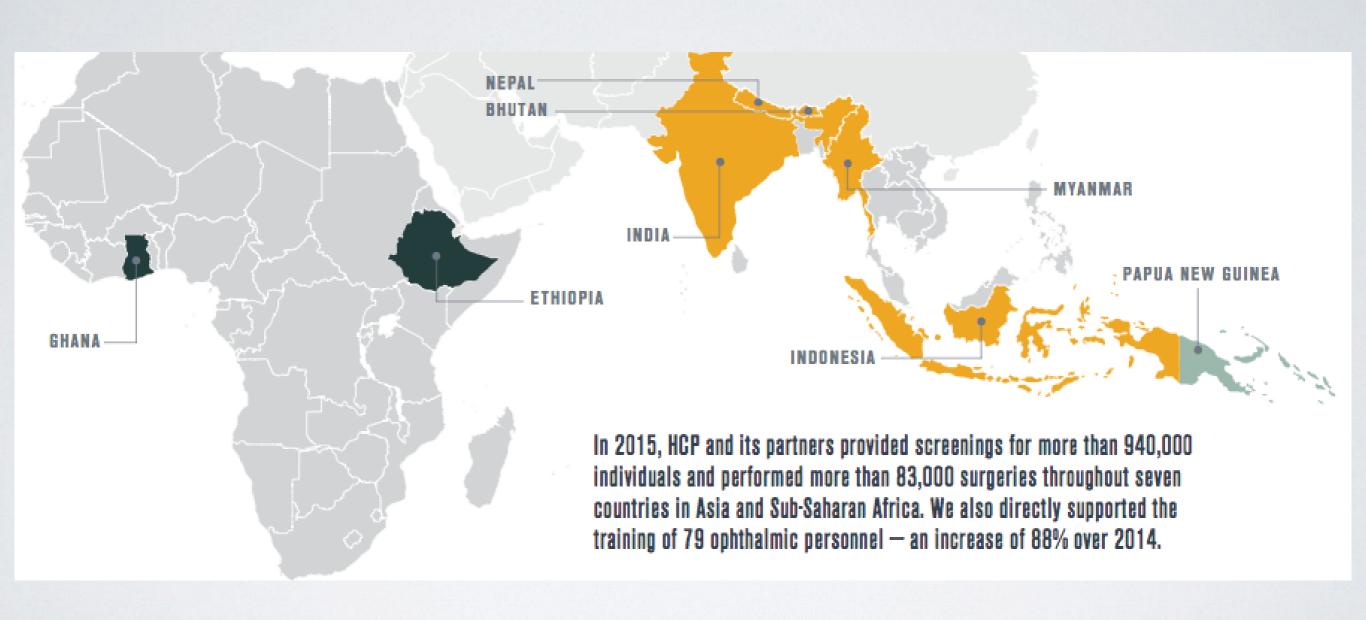
INFRASTRUCTURE

- HCP provides financial support and administrative assistance depending on the need of the region
- "Cost Recovery Model"
 - · Elite of Nepal pay for their services in full
 - Provides subsidy to provide free care for the poor

"By engaging the powerful, we are able to give great care for free to the powerless"

-Geoff Tabin, co-founder of Himalayan Cataract Project

HCP LOCATIONS



HCP IMPACT

- Since 1995, HCP has performed more than
 600,000 eye surgeries in the developing world
- 2015 review:
 - Screened 940,000 patients
 - Preformed 83,000 surgeries
 - Trained 79 ophthalmic personnel



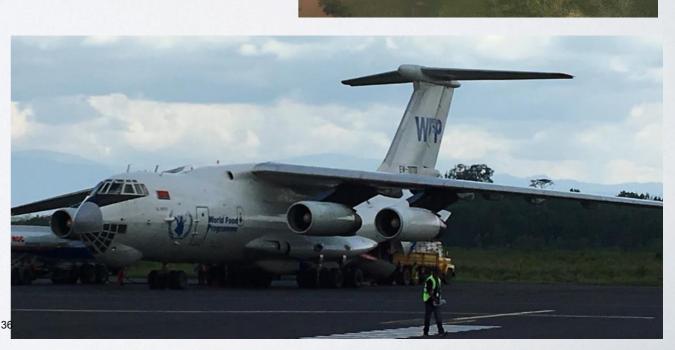
JIMMA, ETHIOPIA





JIMMA HEALTH STATISTICS

- 80% of population has no access to clear water supply
 - >80% population has no toilet facility
- <5% of population exercises hand-washing</p>
- Only 28% of children are immunized by 1st birthday









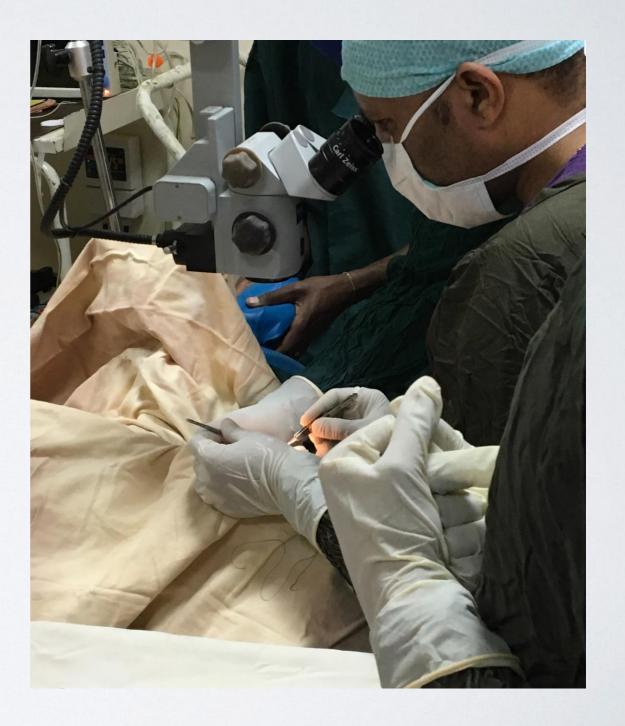
JIMMA UNIVERSITY HOSPITAL



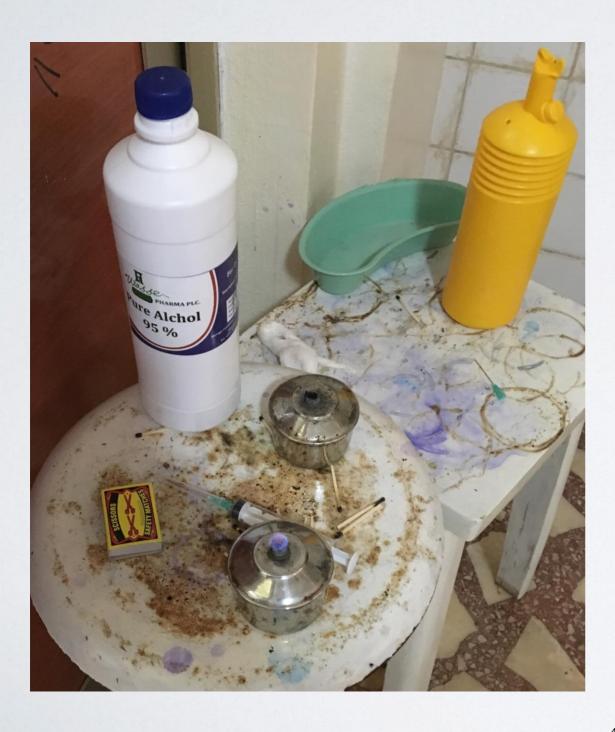


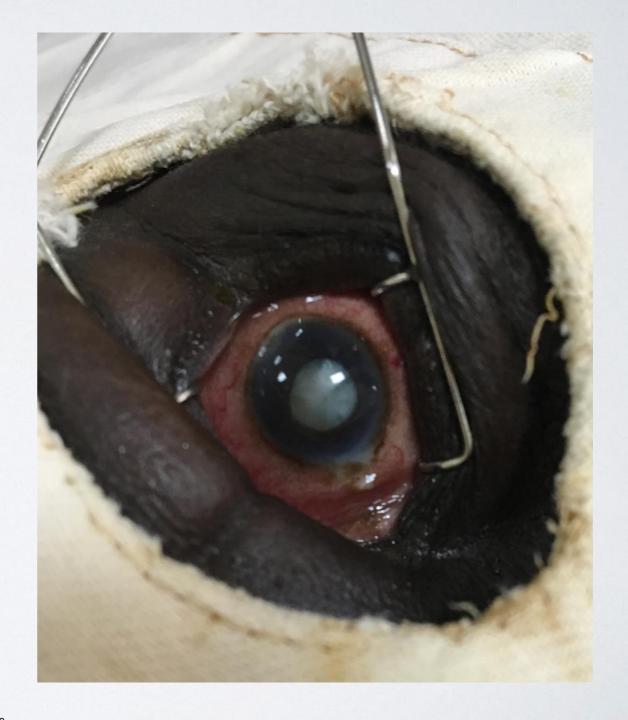
SURGICAL THEATER



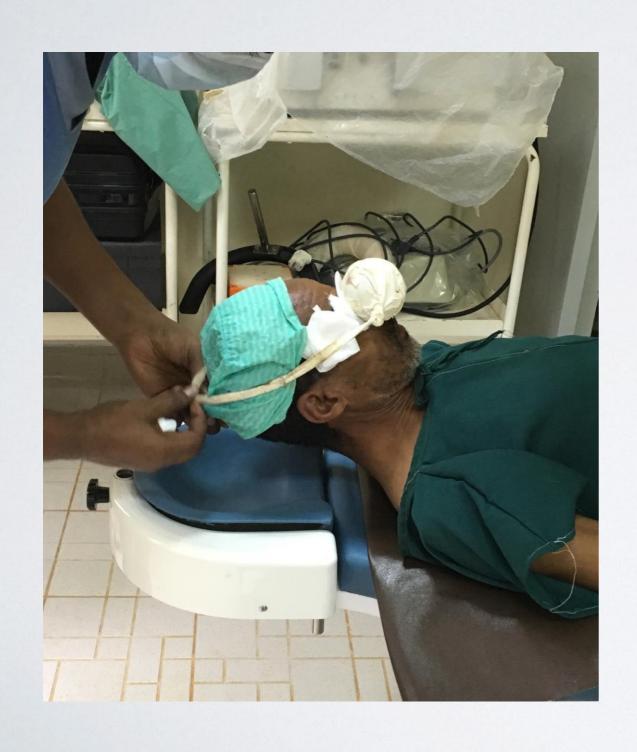


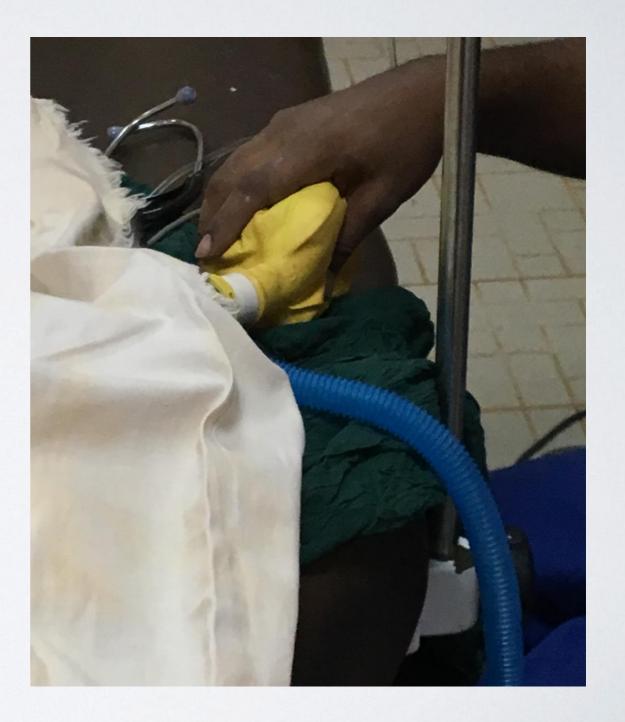
STERILE TECHNIQUE



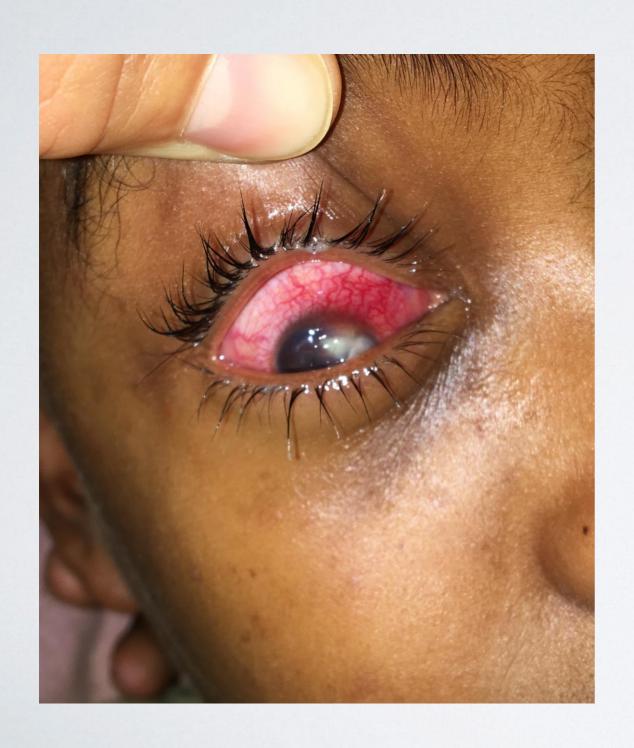


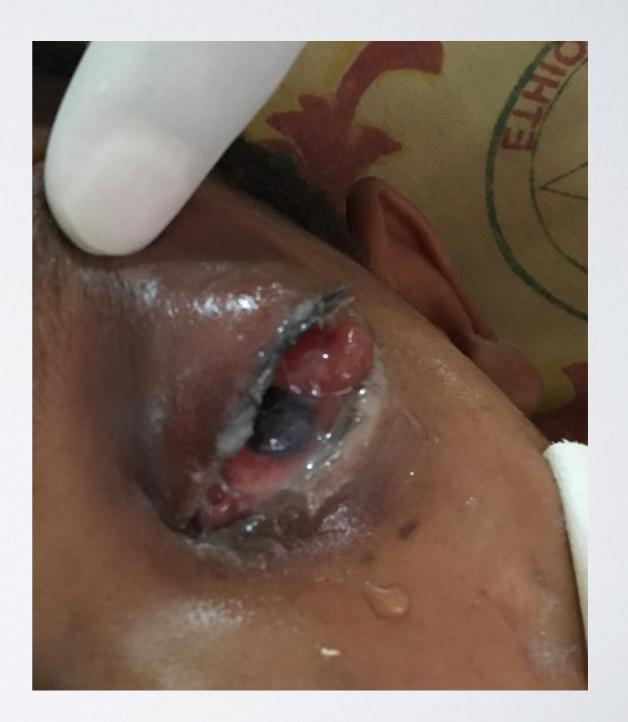
ANESTHESIA





PATHOLOGY



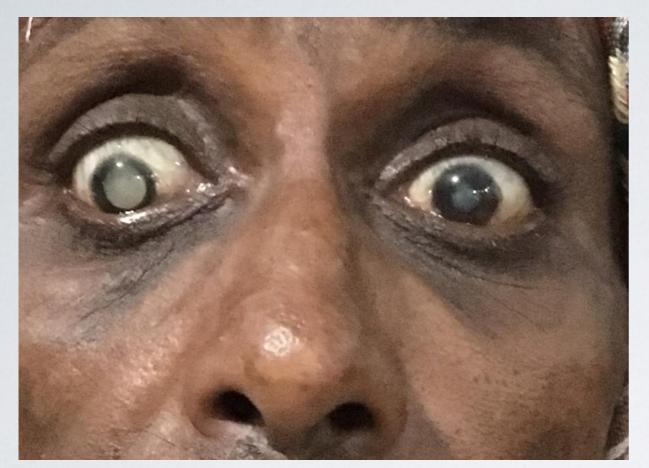






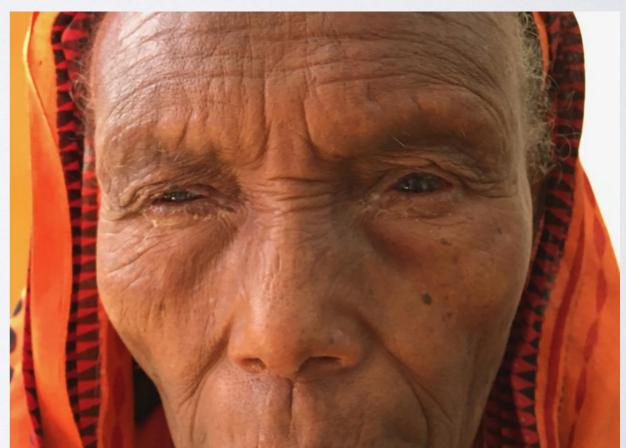












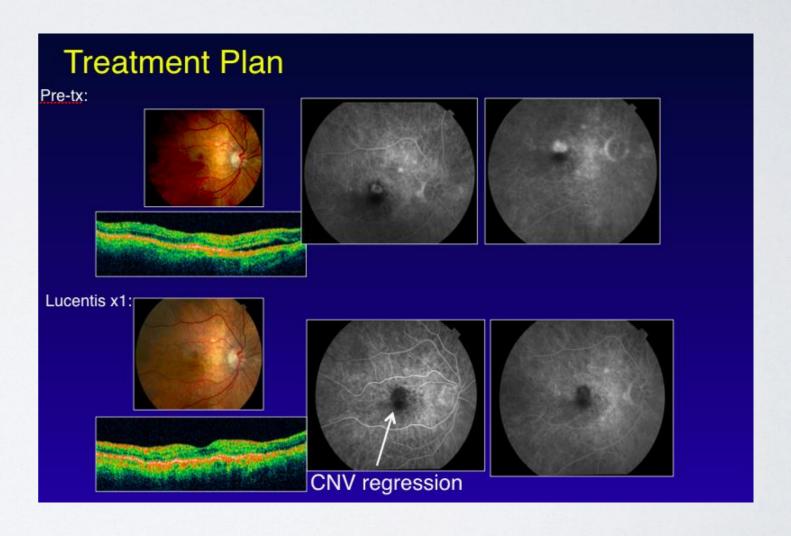






MEDIAL RETINA LECTURES

- Macular degeneration
- Vein occlusion
- Vascular disease
- Diabetic retinopahty
- Ocular dystrophies
- Imaging modalities (FA/FAF/OCT)



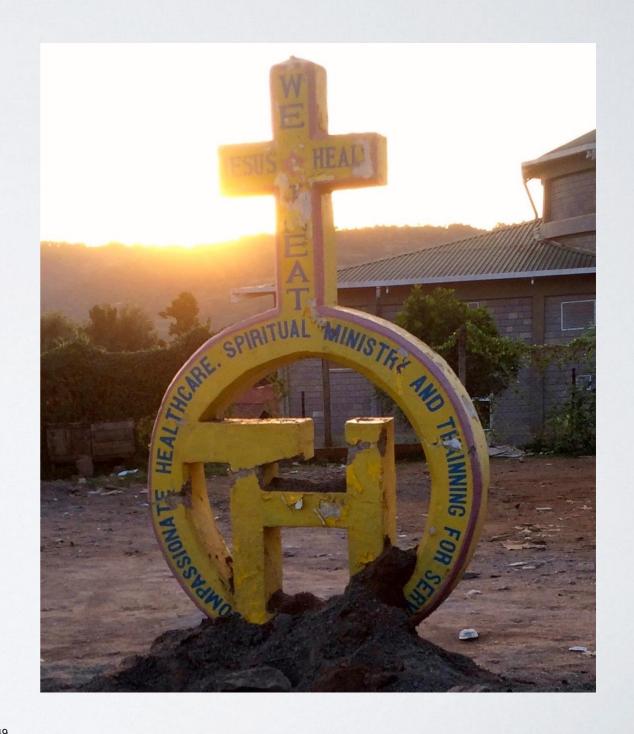
THIRD WORLD LIMITATIONS

- Diabetic retinopathy is 3rd leading cause of vision loss in working-age adults
- Inadequate/ no access to drug
- Poor level of disease understanding



TENWEK HOSPITAL

- Founded in 1935 by World Gospel Mission
 - "We treat, Jesus heals."
- Primary hospital for area's 1 million people
- Ophthalmology department is run by Dr. Ben Roberts







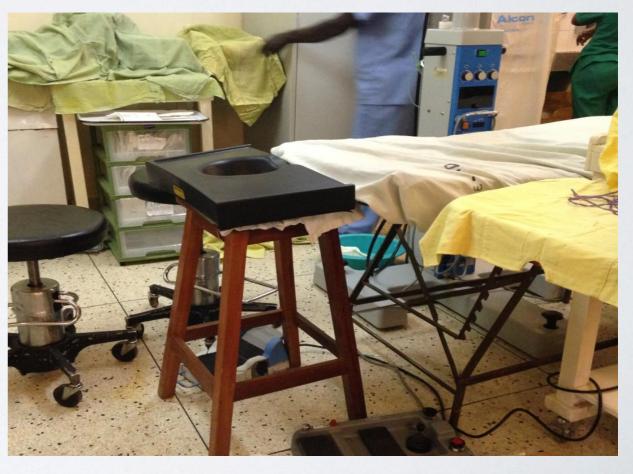












PATHOLOGY

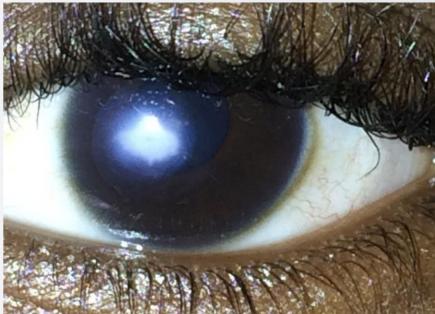








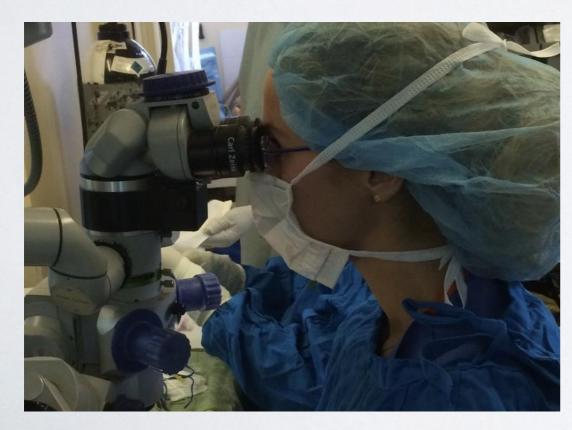




CATARACT SURGERY

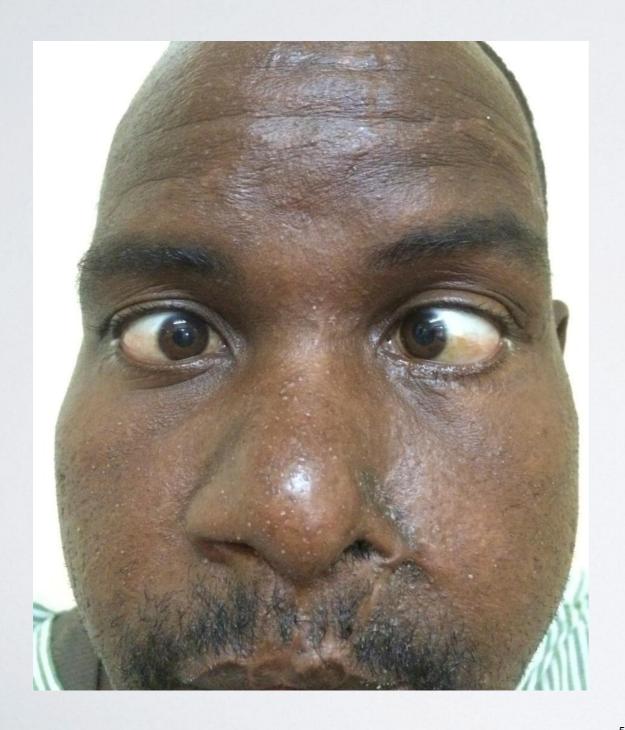


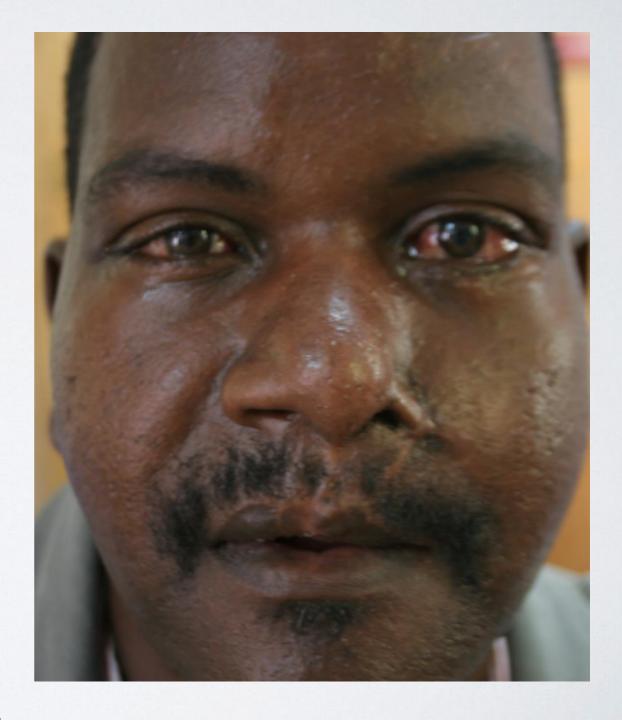






TRAUMA





EYELID RECONSTRUCTION









POST-OPS











"What's attention-grabbing is the overnight transformation. The people looking almost crippled to one day later dancing with joy. It's as close as we can get to magic as humanly possible. People think our surgeons are Gods."

-Adrienne Graves, Ph.D., Himalayan Cataract Project Board Member

Cure Blindness: Himalayan Cataract Project. Cureblindness.org

Danquah L, Kuper H, Eusebio C, R; snid I IA, Bowen L, Fos er A, Polack S. <u>The long-temp impact of cataract surgery on quality of life, activities and poverty: results from a six year longitudinal study in Bangladesh and the Philippines.</u> 2014 Apr 18;9(4).

Essue BM, Li Q, Hackett ML, Keay L, Iezzi B, Tran KD, Tan Phuc H, Jan S; VISIONARY Study Team. <u>A multicenter prospective cohort study of quality of life and economic outcomes after cataract surgery in Vietnam: the VISIONARY study.</u> Ophthalmology. 2014 Nov;121(11):2138-46.

Essue BM, Hackett ML, Mueller A, Hanh Duc NT, Phuc HT, Jan S. <u>inVestIgating the pSychologIcal and ecONomic impAct of cataRact surgerY in Vietnam: The VISIONARY observational study protocol.</u> BMC Ophthalmol. 2011 Sep 12;11:25.

Polack S, Eusebio C, Mathenge W, Wadud Z, Mamunur AK, Fletcher A, Foster A, Kuper H. <u>The impact of cataract surgery on health related quality of life in Kenya, the Philippines, and Bangladesh.</u> Ophthalmic Epidemiol. 2010 Dec;17(6):387-99.

Polack S, Eusebio C, Mathenge W, Wadud Z, Rashid M, Foster A, Kuper H. <u>The impact of cataract surgery on activities</u> and time-use: results from a longitudinal study in Kenya, <u>Bangladesh and the Philippines</u>. 2010 Jun 1;5(6).

Polack S, Kuper H, Eusebio C, Mathenge W, Wadud Z, Foster A. <u>The impact of cataract on time-use: results from a population based case-control study in Kenya, the Philippines and Bangladesh.</u> Ophthalmic Epidemiol. 2008 Nov-Dec;15(6):372-82.

Erin B. Lally, MD

2530 Erwin Road Apartment 415 Durham NC, 27705 (724) 989-2541 eblally@gmail.com

EDUCATION	
Fellowship, Durham NC Duke Eye Center Medical Retina	2015-2016
Residency, Philadelphia PA Wills Eye Institute Ophthalmology	2012 - 2015
Internship, Philadelphia PA Albert Einstein Medical Center Transition Year, Internal Medicine	2011 - 2012
Jefferson Medical College, Philadelphia, PA Doctor of Medicine	2007 - 2011
Georgetown University, Washington DC Bachelor of Arts in French, Concentration in Pre-Medicine Minor in Theology	2003 - 2007
EXAMINATIONS	
Board Eligible 2017	
USMLE Step 1, passed USMLE Step 2 CS, passed USMLE Step 2 CK, passed USMLE Step 3, passed	June 2009 June 2010 July 2010 April 2012
AWARDS AND HONORS	
Clinical Years: Highest Honors in OBGYN Highest Honors in Psychiatry Excellent in Internal Medicine Highest Honors in Anesthesiology Highest Honors in Ophthalmology Excellent in Family Medicine Excellent in Pediatrics Highest Honors in Ocular Pathology Highest Honors in Clinical Ophthalmology at Temple University	2009 2009 2009 2010 2010 2010 2010 2010
Undergraduate: Magna Cum Laude, Georgetown University Cumulative GPA 3.72 Honors /Dean's List every semester	2003 – 2007

RESEARCH EXPERIENCE AND PUBLICATIONS

Duke University Eye Center, Durham, NC

2016

Poster presentation

Allingham M, Mukherjee D, Lally EB. A quantitative approach to predict differential effects of anti-VEGF treatment on diffuse and focal leakage in patients with diabetic macular edema. Poster session presented at: The Association for Research in Vision and Ophthalmology. 2016 May 1-5. Seattle, WA.

Duke University Eye Center, Durham, NC

2015-2016

Co-investigator

Spectral domain-optical coherence tomography angiography of retinal diseases

Working with Principal Investigator Priyatham S. Mettu MD to use a new algorithm on the OptoVue OCT-Angiography device to visualize retinal vascularization and identify vascularization subtypes in Age-Related Macular Degeneration.

Duke University Eye Center, Durham, NC

2015-2016

Co-investigator

Pilot study of safety of flucinolone acetonide intravitreal insert (FA-i) for the treatment of uveitis affecting the posterior segment

Working with Principal Investigator Glenn K. Jaffe, MD to determine tolerability, safety, and benefits of the extedned-release flucinolone acetonide intravitreal insert in people who have non-infectious intermediate, posteiror, or pan-uveitis.

Wills Eye Institute, Philadelphia, PA

2014

Author

Lally EB, Murchinson AP, Moster ML, Bilyk JR. Compressive Optic Neuropathy From Neurosarcoidosis. Ophthal Plast Reconstr Surg. 2014 Nov 25.

Wills Eye Institute, Philadelphia, PA

2014

Author

Lally EB, Shields CL. Fundus autofluorescence of congenital hypertrophy of the retinal pigment epithelium. In: Lois N, Forrester J, eds, *Fundus Autofluorescence*, *edition 2*. Philadelphia: Lippincott Williams Wilkins, 2015.

Wills Eye Institute, Philadelphia, PA

2014

Author

Shields CL, Arepalli S, Lally EB, Lally SE, Shields JA. Iris Stromal Cyst Management With Absolute Alcohol-Induced Sclerosis in 16 Patients. JAMA Ophthalmol. 2014 Jun 1;132(6):703-8.

Wills Eye Institute, Philadelphia, PA

2010

Research Assistant, Glaucoma Service

Working under Dr. George Spaeth to test a new method of determining contrast sensitivity that does not require letter recognition. By eliminating the confounders of literacy and pattern recognition, the study seeks to establish a more valid determination of contrast sensitivity.

Wills Eye Institute, Philadelphia, PA

2010

Author

Lally EB, Kligman BE, Shields CL. Cavitary Retinoblastoma: A low-grade variant of retinoblastoma with anticipated minimal response to therapy. Submitted to the *Journal of American Association for Pediatric Ophthalmology and Strabismus*. Project pending publication.

Wills Eye Institute, Philadelphia, PA

2010

Author

Lally EB, Shields CL. Conjunctival Nevi Clinical Features and Therapeutic Outcomes. Evidence-Based Ophthalmology. 11(3):160-161, July 2010.

Wills Eye Institute, Philadelphia, PA

2010

Author

Shields CL, Lally EB. Discussion of: A 30-month prospective study on the treatment of retinoblastoma in the Gabriel Toure Teaching Hospital, Bamako, Mali. Br J Ophthalmol. 2009:94:467-9. Evidence-Based Ophthalmology 2010; in press.

Wills Eye Institute, Philadelphia, PA

2009-2010

Research Assistant, Wills Emergency Room

Participated in retrospective study detailing admissions to the Wills Emergency Room over a one-year period. Project includes chart analysis for over 8,800 patients.

Wills Eye Institute, Philadelphia, PA

2009-2010

Author

Lally SE, Lally EB, Shields CL, Shields JA. Postpartum Conjunctival Hemorrhage as the Initial Manifestation of Orbital Lymphangioma. Project pending publication.

Wills Eye Institute, Philadelphia, PA

2008

Research Assistant, Ocular Oncology Service

Clinical research project with Dr. Bianciotto and Dr. Carol Shields comparing effectiveness between Ultrasound Biomicroscopy and Anterior Chamber Optical Coherence Tomography in the detection of ocular pathology of the anterior chamber. Project pending publication.

Wills Eye Institute, Philadelphia, PA

2008

Research Assistant, Ocular Oncology Service

Presentation at the Grand Rounds Tumor Clinic on the clinical presentations of Optic Nerve Coloboma and Morning Glory Syndrome.

VOLUNTEER AND LEADERSHIP EXPERIENCE

Obank

Co-founder and board member

2013-present

Created and developed an on-line question bank for OKAP study review. Database contains over 2,000 questions written by Wills Eye faculty, alumni and current residents. Online release pending.

Wills Eye Gives Kids Sight Day, Philadelphia, PA

2009- present

Volunteer

Participated in a citywide event that provided vision screening, eyeglasses and full ophthalmic examinations for children of all ages at no cost.

Jefferson Sports Medicine Society, Philadelphia, PA

2008 - 2009

Co-President

Organized physician-run talks and clinics that focused on topics of Sports Medicine. Participated in community service events to benefit Philadelphia elementary and high school children.

JeffHOPE (Health, Opportunity, Prevention and Education), Philadelphia, PA

2007 - 2011

Volunteer

Volunteer at a student-run organization that provides medical care to Philadelphia's homeless population.

Dr. Jacob DaCosta Learning Society, Philadelphia, PA

2007 - 2011

Society Member

Participated in community service events and mentored high school students interested in the medical profession.

PERSONAL AND OTHER INTERESTS

1997-present

Rock and Ice Climbing

Summited Mount Everest, May 2011.

Climbed to Camp II on south side of Mount Everest (22,000') in 2007.

Climbed eight, 18,000 to 20,000 peaks in the Bolivian Andes over a 10-day period in 2007.

Summitted Mount Blanc, The Matterhorn and numerous peaks in the French and Swiss Alps in 2006.

Ascended more than 20 of Colorado's 14,000' peaks.

Running

1999-present

Completed the 2009 Chicago Marathon, 2012 Philadelphia Marathon, 2013 Philadelphia Marathon and numerous half-marathons.

Paragliding

2002-present

Piloted over 600 solo flights throughout the United States, Mexico and Europe.

Other personal interests include skiing, traveling, and cooking.