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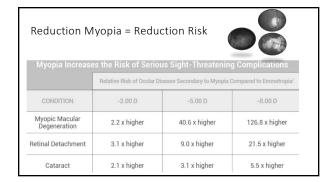
Public Health Impact of Myopia in YOUR clinic and the WORLD

3/01/24

Impact: Myopia on Public Health

- a. Myopia has reached epidemic levels in East Asian countries
- b. The prevalence is rising in Western countries
- c. Studies are finding an earlier age of onset and faster progression of myopia this will lead to higher risk
- d. Myopia is associated with a higher-risk of developing several vision-threatening eye diseases (myopic macular degeneration, glaucoma, retinal detachment)
- e. Intervention is necessary. What treatment strategies work?
- ${\sf f.} \quad {\sf Not\ everyone\ has\ access\ to\ care.\ What\ is\ happening\ in\ myopia\ control\ globally?}$

2/01/24



Each Diopter Matters

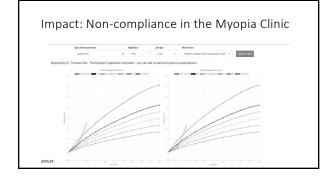
> Optom Vis Sci. 2019 Jun;96(6):463-465. doi: 10.1097/0PX.000000000000136

Myopia Control: Why Each Diopter Matters

Mark A Bullimore, Noel A Brennan 1

- Maculopathy is one of the most sight threatening and serious complications of myopia
 - n = 21,000 patients
 - 1-diopter increase in myopia is associated with 67% increase in prevalence of myopic maculopathy
 - Slowing myopia by 1-diopter reduced likelihood of patient developing myopic maculopathy

(2019) Optom & Vision Science



Schools of Optometry

 100% of North American Schools of Optometry include myopia control in regular curriculum



State of Myopia Management in **Underprivileged Countries**

- There is a need for global awareness about options to prevent myopic progression.
- There is a need for specialty eye care, specifically for dry eye and myopia management.
- There is a need for continued development of sustainable clinics, which can be accomplished by training local eye care
- providers.

 Economics play a significant role in access to care and materials in all countries globally, future effort for international mission trips could seek to establish access to myopia control spectacles or other therapies. Specially control eness are largely under utilized in developin countries due to practicality and access of care, including for internal spacials, integral acroness, and myopia management.
- Local ODs and OMDs in Jamaica were highly interested in learning about myopia management, and specialty contact lenses; I would guess this would also be the case in many other Caribbean countries around the world.



Treatment Strategies & Safety

Treatment Strategies

- Primary Scientific Approaches (Clinical) a. Pharmaceutical

 - Management
 Optical
 Management
 1. Spectacles
 2. Contact lens (DW or orthok)



What ARE NOT VIABLE MYOPIA CONTROL OPTIONS

- ◆ Undercorrection of myopia
 - Historically by -0.50 or -0.75; correlation exists between undercorrecting and increased progression
- ◆ Executive-top-bifocal spectacles
 - Very little work done looking at axial elongation, lower efficacy
- ♦ Alignment-fit GP contact lenses
 - Flattens the cornea, no myopia control effect
- - Restricted availability, no ophthalmic preparation to be used off-label

Lens Options for Myopia Control

- 1 Soft
 - · Daily
 - · Monthly
 - · Custom
- 2. Orthokeratology
- 3. Hybrid & Scleral



Treatment Options & Safety Studies



- Contact Lenses
- Atropine
- Spectacles
- Environment

Orthokeratology

Orthokeratology has been used as a method to correct myopia for years.

In recent years, evidence indicates that ortho-k can successfully slow the rate of progression of myopia.

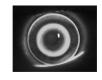


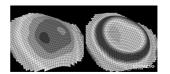
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Hiraoka T, Sakita T, Okamoto F, Takahashi H, Oshika T, Long-term effect of overnight orthokeratology on axial length elongation in childhood myopia: a 5-year follow-

Orthokeratology – Overnight Wear

• The orthokeratology lens design—which incorporates a reverse curve—creates a myopic defocus which signals a reduction in axial length progression.





Walline Jl. Myopia Control. in Bennett ES, Henry VA. Clinical Manual of Contact Lenses (5th ed.), Philadelphia, Wolters Klu

Safety

The Risk of Microbial Keratitis With Overnight Corneal Reshaping Lenses

Mark A. Bullimore*, Loraine T. Sinnott[†], and Lisa A. Jones-Jordan[‡]

 The risk of MK with overnight corneal reshaping contact lenses is similar to that with other overnight modalities (2013)

Pediatric Microbial Keratitis With Overnight Orthokeratology in Russia

Mark A. Bullimore, M.C.Opom, Ph.D., Dmitry S. Mirsayafov, M.D., Aslan R. Khurai, M.D. Ph.D., Leonid B. Kononov, M.D. Ph.D., Suzanna P. Asatrian, M.D., Andrei N. Shmakov, M.D. Ph.D.,

 The incidence of microbial keratitis in children wearing overnight orthokeratology is lower than a previous United States study and similar to rates associated with use of daily wear soft contact lenses (2021)

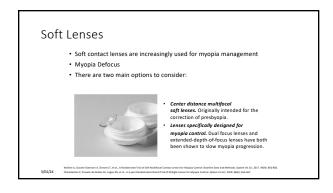
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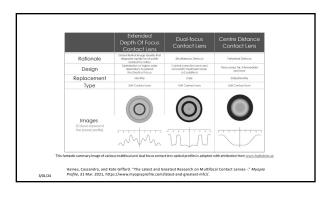
Orthokeratology: Digital World

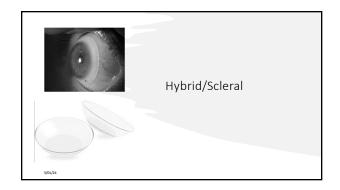
Controversy: Does a Smaller Treatment Zone Improve Orthokeratology for Myopia Control?

Controversy: Does a Smaller Treatment Zone Improve Orthokeratology for Myopia Control?

- •Animal models support this idea
 - Peripheral retina can influence central refractive development (Liu 2011, Smith 2009)
 - Review of optical strategies for controlling myopia suggests that
 effectiveness of treatments involving imposed myopic defocus is
 influenced by extent of exposed visual field (Smith, 2013)
 - 3. Reasonable hypothesis but no evidence in humans that this is the case
 - 4. University of Berkeley study showed no statistically significant difference in treatment zone between 5mm and 6mm





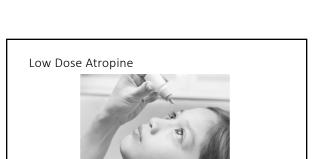


Available in MF center D, center N, and EDOF designs

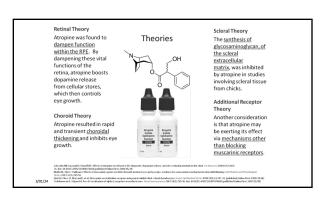
Not commonly used due to practicality and lack of evidence to use

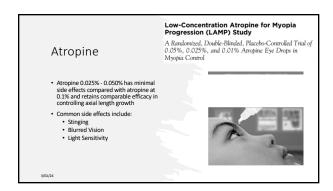
Control In the Setting of Corneal Scarring

•Study: A Novel Use of Multifocal Scleral Lenses for Myopia



Atropine is the most widely used (globally) pharmaceutical with respect to myopia management, in both <u>clinical trials</u> and in <u>clinical practice</u>.





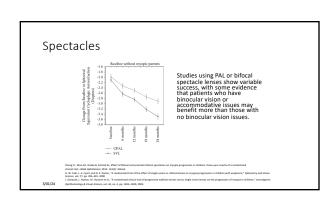
Safety

REMEM ARTICLE

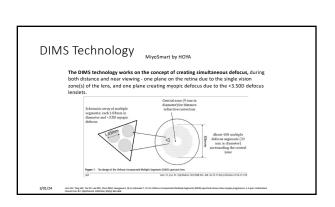
Low concentration atropine and myopia: a narrative review of the evidence for United Kingdom based practitioners

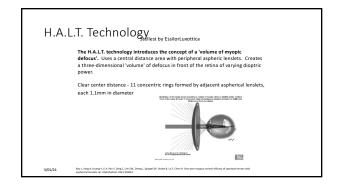
The Although Control of Cont

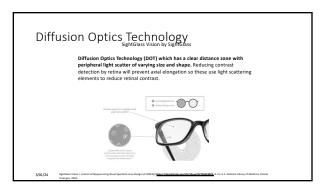
Spectacles The simplest option for myopia correction (and myopia management) is spectacles. This is especially the case for young patients who may not be ready for other options.

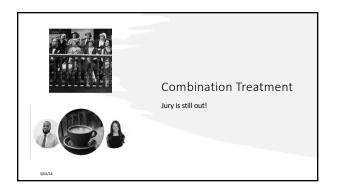


Poefocus Incorporated Multiple Segments (DIMS) Highly Aspheric Lenslet Target (HALT) Diffusion Optics Technology (DOT) The newest myopia controlling spectacles can both correct and manage myopia as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated, planting as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated, planting as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated, planting as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated, planting as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated, planting as well as the most effective contact lens options. UM-DI-Target 1.50 ft. of. in this include integrated Multiple Repeated Repeated Multiple Repeated Re











Implementing into Clinical Practice

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Objectives of Myopia Management

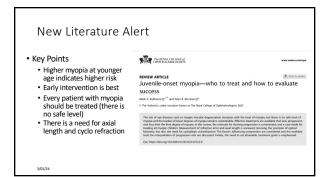
- · Do our best for children!
 - · Slow or halt progression of myopia
 - · Provide good quality vision
 - · Healthy eyes
- · Practice management
 - · Patient/parent experience
 - May seek something different from OD perspective...

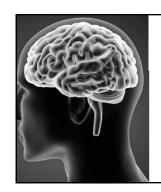


Challenges to implement

- Equipment needs
- 2. Pre-misconceptions (OMDs) about contact lens use in children/teenagers
- 3. Finding the right industry connections
- Communication with parents/caregivers is the key to success... can also be
- Getting patients
- 6. Dabbling versus creating a system that is **financially worthwhile**

Selecting Candidates for Myopia Control i. Who is a good candidate? ii. What ages are appropriate for treatment? Too young? Too high?





Mind 'Priming'

- Plant the seed early
 Strike a personal note
 Long-term management strategies
 Look at risk factors that are easy to understand:
 - Parents or siblings with myopia
 - · Myopic shift

Review of Emmetropic Age Norms



Mayer et al	
Arch Oph	thalmology 2001
	Spherical
Age in	Equivalent (D)
Months	Mean (SD)
1	+2.20 (1.60)
1.5	+2.08 (1.12)
2.5	+2.44 (1.32)
4	+2.03 (1.56)
6	+1.79 (1.27)
9	+1.32 (1.13)
12	+1.57 (0.78)
18	+1.23 (0.91)
24	+1.19 (0.83)
30	+1.25 (0.89)
36	+1.00 (0.76)
48	+1.13 (0.85)

6yo: +0.75D

Controversy: Should We Treat Pre-Myopes?

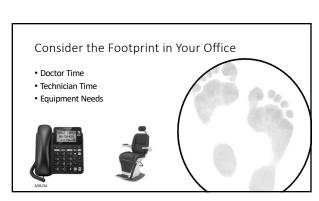


- •le a 3, 4, or 5 year old that is not hyperopic...
 - 1. ATOM3: Prevention of Myopia using Atropine ongoing
 - 1. Public health outreach to prevent myopia in Singapore











Controversy: Should We Measure Axial Length?

**Academic Trend: Axial Length is Gold Standard*

Yes Excessive eye length is the putative cue for sight-threatening morbidities associated with myopia.

No Myopia progression and axial elongation are highly correlated.

How to Handle Axial Length Growth

Key Points

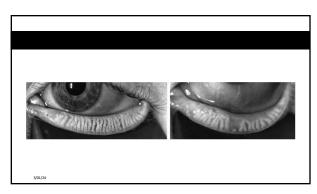
- · Parents will ask you what is significant?
- 0.1mm = approximately 0.25D; 1mm is approximately 2.75D
 - Some growth is normal... we want kids to grow
- Non-linear: younger children will grow more than older children
 - Need to measure treatment efficacy
 - Should evaluate younger children q6m
 - Add adjunct therapy as needed

Extra Special Testing Considerations

- Pupil Size
- Binocular Vision Testing
- Accommodative Testing
- Dry Eye Testing
 - Contact lens wear is associated with dry eye

 - Atropine contains harsh preservatives
 Dry eye disease is exacerbated by increasing use of screens in youth





Establish Your Fees • Do not under charge or sell yourself short Consider global annual professional fees Materials/drug costs are extra • Avoids patients declining measurements/visits **VALUE FEES**

Establish Your Protocols • Everyone in the office needs to be doing the same thing Protocol at first encounter · Myopia referrals coordinator

Specialty Products Coordinator

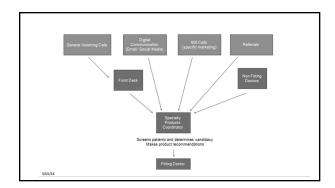
- Support the "Closer"
 - Provide sufficient education
- Space to spend whatever time is needed to answer all questions
- Commission based
- Platform to follow up with leads
- Additional resources
- · Manufacturers





Specialty Products Coordinator

- Provide sufficient education
- Space to spend whatever time is needed to answer questions
- Commission based
- Platform to follow up with leads
- Additional resources



Specialty Products Coordinator

- Following up with leads
 Phone calls
- Emails
- Concierge point of contact w patients
- Myopia management requires a lot of handholding (child and parent)
 Starting Initial insertion and removal training
- Follow-up evaluations (in person/telehealth)
- Point of contact for manufacturers
 - · Lens orders
 - · Lens modifications

Specialty Products Coordinator



- Following up with leads
 - Phone calls
 Emails

- Concierge point of contact with patients

 Myopia management requires a lot of
 handholding (Child and Parent)

 Starting Initial insertion and removal training
 Follow up evaluations (in person /
 telemedicine)
- Point of contact with manufacturers
- Lens ordersLens modifications

Sample Myopia Clinic Baseline Work-up

- Dry Refraction
- Cycloplegic Refraction (damp) with 1% tropicamide, 1gtt OU, wait 5 min, instill another 1gtt OU or cyclopentolate
 - · Wet autorefraction
 - Axial Length
 - Corneal Topography
 - BV testing: eye posture & accommodation
 - Need to evaluate anterior and posterior cornea prior to orthok

Routine Eye Exam Should be Completed Prior

Evidence Based Practice

3/01/24



Have Your Resources Ready

Never of the Control of

Use Peer-Reviewed Literature

The Role of Orthokeratology in Myopia Control: A Review
Michael J. Lipson, O.D. F.A.O. F.S.L.S., Moya M. Brooks, M.D., and Bruce H. Koffler, M.D.

The Safety of Orthokeratology—A Systematic Review
Yue M. Liu, O.D., Ph.D., M.P.H. and Peiying Xie, M.D., Ph.D.

Research Summary Resources

Special Issue | February 2019
IMI - Clinical Management Guidelines
Report
Kate I. Gifford; Kathryn Richdale; Pauline Kang; Thomas A. Aller; Carly S. Lam; Y. Maria Liu; Langis Michaud;
Jenematicual Myopia Institute
Jene

FDA/Health Canada Approvals vs Off Label
Credibility with other co-managing health professions
Future insurance coverage gains
Rigorous peer-reviewed studies and publications
Use as a weapon...

Choosing a Myopia Management Strategy



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Novel Areas of Study

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Nutrition

- Refined carbohydrates: hyperinsulinism could increase elongation of the globe due to metabolism in scleral fibroblasts.^{1,2}
- Supplementation with omega-3 polyunsaturated fatty acids may be useful to prevent myopic progression.³
- Good nutrition, rest, hydration, and time outdoors has other benefits to children; considering them beyond a set of eyes is an excellent approach to guiding overall health.
- Cordain L et al. An evolutionary analysis of the aetiology and pathogenesis of juvenile onset myopia. Acta Ophthalmol Scand. 2002; 80:125-135
- Galvis V et al. Is myopia another clinical manifestation of insulin resistance? Med Hypothesis. 2016; 90:32-40
- Sravani G. Omega-3
 Sravani G. Omega-3
 Supplements are protective for myopia. Article, Review of Myopia Management. 2022 Sept https://reviewofmm.com/ome ga-3-supplements-areprotective-for-myopia/

Light Levels

- The journey to understand the exact mechanisms which play a role in myopic progression have yet to be fully elucidated.
- Light plays an important role in many facets of visual development and therefore has a role in myopia
- The effect of red light on myopia has become popular recently and far red/near-infrared (FR/NRi) light has the potential to control myopia. Two studies published in 2022 safety and efficacy of slowing axial elongation in school-aged myopia using red light exposure treatment, not be practical in delivering red light conveniently and the dose dependency (granlagous to atropine studies) will require further study to desarrant and a stream of the stream of th
- Zhang, P., Zhu, H. Light Signaling and Myopia Development: A Review. Ophtholmol Ther 11, 939–957 (2022).
- https://doi.org/10.1007/s40123.072.00490-2 2. Ackerman D. Light as a tool for myopia control. Beyley of Myoola Management online article. Dec. AVIZ: https://restewtirm.com/light-as-atool-for-moola-control/
- tool-for-monota-control/

 3. Jiang Y et al. Effect of repeated low-level red light therapy for myopia control in children: a multicenter randomized controlled trial. Journal of Ophthalmology, 2022;129(5):509-519. https://doi.org/10.016/i.ophtha.2021.11.023
- Pftfic://doi.org/10.0016/i.cohtha.2021.11.023
 4. Dong Jet al. Mycopia control effect of repositoric low-level red light threapy in Chinese children a randomized, double-blind, controlled clinical trial. Journal of Ophthalmology.
 2022-129(7):198-204.
 https://doi.org/10.1016/i.ophtha.2022.08.024

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Light Levels

- Tablets and handheld devices with blue LED backlight display are widely used, blue-light filtering spectacle lenses are often marketed for eye health, which has not been proven. The impact of blue light blockers on school-aged myopic progression is also unknown/conflicted in the literature. Clinical trials have been performed but not published to determine if blue-light filtering spectacle lenses affect myopia progression.
- National Library of Medicine (US). (2018 -) The effect of blue-light filtering spectacle lenses on myopia progression in schoolchildren. Identifier

3/01/24



- Several articles have suggested the benefit of at least 120 minutes daily of outdoor light exposure for children and adolescents. When applying this information to clinical practice in a practical and meaningful way, looking at the overall \$\tilde{b}_{ij} \tilde{c}_{ij} \tild
- . Ackerman D. Light as a tool for myopia control. Review of Myopia Management online article, Dec 2022. https://reviewofmm.com//Light-as-a-trol-for-myopiaight-as-a-tool control/
- Weir K. Nurtured by nature. American Psychological Association Epub 2020 April 1. Vol.51, No. 2. https://www.apa.org/mon itor/2020/04/nurtured-

Compliance

How Do We Prevent Ugly Myopia Management?

- 1. Embody the WHY in how you practice and communicate
- 2. KNOW your options... ALL of them, including when and where to refer
- 3. Discuss EVIDENCE-BASED SAFETY
- 4. Practice from a BEST ETHICS perspective
- 5. Understand consequences of non-compliance and implement strategies to ENHANCE COMPLIANCE

Figure 1. An early model for evidence based clinical decisions from Haynes et al. 2002. 2 Image retrieved from https://ebm.bmj.com/content/ebmed/7/2/36.full.pdf

Efficacy

Figure 1. The percent slowing of axial elongation and myopic refraction progression in orthokeratology contact lenses, soft multifocal contact lenses (MF CLs), orthokeratology contact lenses, and low-dose atropine. Adapted from Myopia Control in 2019, by Jeffery Walline, March 2013.

What Does Compliance Involve?

- Efficacy is ALSO the product of patient action, and appropriate treatment selection by a myopia management provider to best match a patient's ocular shape, refractive error, and lifestyle.
- Patients are more likely to be compliant with therapies when they are motivated and involved in the process. When it comes to contact lens use, discussing lifestyle and hobbies may uncover benefits such as freedom from glasses for performance.
- · Any medical devices will only be successful with safe and compliant use; careful consideration of the patient's whole physical structure, lifestyle, home support, and personality are essential for myopia management

Compliance Driven Success... The Ugly

Scenario 1: A careful discussion about all treatment options for a 7-year-old patient with -0.75 diopters of myopia yielded a final decision between starting atropine drops or full-time wear of myopia control glasses; g glasses, glasses were selected. The patient returned to the clinic for follow up 6 months later and had nearly doubled in refractive error. It turned out that while parents thought the patient was wearing glasses full-time as directed at school, the patient would remove them.

Compliance Driven Success... The Ugly

Scenario 2: It was recommended that a patient use both glasses and contact lenses, with myopia control optics in them; only myopia control daily wear contact lenses were purchased with the intention to wear the devices at least 70% of waking hours to be effective, with the patient's habitual single vision glasses the remaining 30% of the time. The patient returned to the clinic for follow up 18 months later and had increased in axial length by 0.4mm (~1.3D). It turned out that the patient ran out of myopia control contact lenses after wearing them about 50% of the time for a year and single vision glasses the remaining 50% of the first year and then full time for six more months

Compliance Driven Success... The Ugly

Scenario 3: A high myope (-6D) with comeal astigmatism (-2.5D) was selected for orthokeratology treatment. Despite best lens modifications and training with lens handling, the patient struggled with lens adhesion and inadequate final treatment. This resulted in a lengthy fitting process with multiple times out of lenses, blurry distance vision, and eventual drop out of the devices. The patient progressed during

Parent Discussions

Parents Don't Know What They Don't Know

Myopia is a global health dilemma...

but yet, there are serious knowledge gaps and misunderstandings regarding myopia care for children among the public.



Parents Don't Know What They Don't Know



- - Nearly 88% of responding parents said that comprehensive eye exams for children are not

Parent Are The Gate Keepers

In order to be effective in addressing myopia in all of these children we have to educate the parents.

Easier Said Than Done....

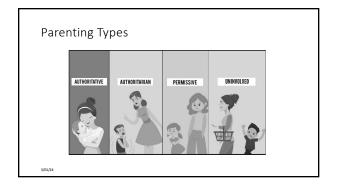
NOT ALL PARENTS ARE CREATED EQUAL

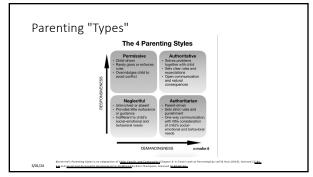






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Permissive Parents

Common traits:

- High responsiveness, low demandingness
- Communicates openly and usually lets their kids decide for themselves
- Rules and expectations are either not set or rarely enforced
- Goes through great lengths to keep their kids happy, sometimes at their own expense



How Do You "Diagnose"

The "Permissive" Parent?



- Parent does nothing when misbehaving during the exam
- Parent asks for the child's permission if you can put drops in their eye Parent may bribe the child to be complaint during the exam
- Asks the child's opinion about starting myopia management

How to pitch Myopia Management to.....

Permissive Parents

The Permissive Parent Within Myopia Management:

- Conversation: YOU and CHILD
- Do not want to waste too much time in education of the parent. This is not the person you need to convince.
- Go above and beyond ensuring the treatment experience is enjoyable for the child
- Speak directly to the child.
- Must make the child feel they are involved in the decision making process.
- BE CAREFUL Parent will give up at the child's first sign of

Authoritative Parents

Common traits:

- High responsiveness, high demandingness
- Sets clear rules and expectations for their kids
- Practice flexibility and understanding
 Communicates frequently; take into consideration their children's thoughts, feelings and opinions
- Nurturing, supportive and often in tune with their children's needs.





How Do You "Diagnose" The "Authoritative" Parent?



- Children generally well behaved during the exam
- during the exam
 Parent is monitoring every letter
 on the acuity chart
 Parent very involved in the case
 history portion of exam, often
 encouraging the child to answer
 for themselves
- Very nurturing during the discomfort of the dilation drops

How to pitch Myopia Management to.....

Authoritative Parents

- The Authoritative Parents Within Myopia Management:

 Conversation: YOU, PARENT and CHILD

 Take your time and be very detailed with explanations. They are armed with smartphones and ask a lot of good and difficult questions, but underneath they are emotional, stressed, and worried.
- Parents are often shocked and upset when they learn that their child has myopia. These parents are very involved and are often upset they missed it
- Speak about the ancillary benefits. Discuss studies showing self-esteem benefits, (can make them feel better about peer interactions), their looks, and they feel more athletic.
- Emphasize safety of contact lenses

"Parent" Based Decision

Neglectful Parents

Common traits:

- Low responsiveness, low demandingness
- Let's their kids mostly fend for themselves
- Offers little nurturance, guidance and attention
- · Sometimes referred to as
- Neglectful parents have limited engagement with their children and rarely implement rules.
- They can also be seen as cold and uncaring



How Do You "Diagnose" The "Neglectful" Parent?



- Parent not involved in any part of the exam
- Child speaks up for themselves during any questioning
- Parent is on phone or distracted
- Parent may seem bothered or in a rush to finish the exam

How to pitch Myopia Management to.....

Neglectful Parents

The Neglectful Parents Within Myopia Management:

- Conversation: YOU and CHILD (but get help
- Consider yourself fortunate to even be having the conversation
- · Attempt to connect with other family members
- Should attempt to educate the parent, but the patient education is vital and should be overemphasized
- Preparation is key with this group. They are looking for excuses to get out.

 Many will have the feeling that "if there's no complaint, don't fix it."

 Be prepared with the assumption that contact lenses weren't meant for children.

 Be prepared with pricing information.

Authoritarian Parents

Common traits:

- High demandingness, low responsiveness
- Often says "because I said so" when their kid questions the reasons behind a rule or consequence
- Communication is mostly oneway — from parent to child
- This rigid parenting style uses "tough love."

 Full control, talk to their children without wanting input or feedback.





How Do You "Diagnose"

The "Authoritarian" Parent?



- Parent takes complete control over the case history portion
- Intently watching YOU and the patient
- Parent may threaten the child when complaining about dilation drops
- Parent may expect communication to be directed toward them

3/01/24

How to pitch Myopia Management to.....

Authoritarian Parents

The Authoritarian Parent Within Myopia Management:

- Conversation: YOU and PARENT
- Although you should be acknowledging the child, all communication needs to be with the parent
- Parent education is very important with this group. Parents are often shocked and upset when they learn that their child has myopia.
- Very detailed about your expectations (follow-ups, expectations, etc.)
- expectations, etc.)

 They are going to try and tell you what to do. It is not uncommon for parents to request that a prescription be reduced such that the full refractive error is not prescribed.

3/01/24

Parenting Types



3/01/

Marketing Myopia Control

3/01/2

Types of Marketing

- Internal Marketing
- Targeting patients that already exist in the practice
- External Marketing
 - Targeting patients that haven't worked with you before



3/01/24

Internal Marketing

- Front desk appointments
 Script: "Are you scheduling for orthokeratology or a routine exam?"
 Signage within the office
 What is your patient seeing, reading or listening to in the waiting room?
- Utilizing the information received at check-in
- How are you using email addresses?
- Multiple advocates
- $\mbox{ \bullet }$ Are you the only one presenting orthokeratology as an option?
- Are you an advocate
- When are you presenting orthokeratology as an option?

External Marketing

- Traditional marketing
 - Radio and television advertising done correctly
- Billboards and Signage
 - Advertisements placed in high volume areas to get peoples attention
- Targeted Google Ads
 - LASIK alternative, Orthokeratology, No more glasses
- Retargeting Ads
- Sending constant reminders to people that have come across your ads
- Social Media
- Understanding how to use the different platforms









The Bottom Lines...

- Myopia management is no longer an elective, it is the standard of care
 Decisions we make today for children impact them tomorrow and for the rest of their lives

