



**January 17 & 18, 2026**



**Seminole Hard Rock Hotel & Casino Hollywood  
1 Seminole Way, Hollywood, FL 33314**

# President's Message

It is my pleasure to welcome you to the 2026 Gold Coast Educational Retreat.

On behalf of the Broward County Optometric Association, thank you for joining us for a weekend dedicated to exceptional education, connection, and professional growth.



In an ever-evolving healthcare landscape, continuing education is more than a requirement, it is what moves us forward. This year's program reflects that purpose, offering content designed to challenge, inspire, and provide practical insights you can immediately apply in your practice.

A unique feature of GCER is the collaborative nature of our educational program. Our speakers, both optometrists and ophthalmologists, offer diverse perspectives that enhance interdisciplinary cooperation and ultimately elevate the care we provide our patients.

I appreciate how this retreat also provides the opportunity to reconnect with colleagues, build new relationships, and strengthen our professional community. Whether you are a long-time attendee or joining us for the first time, we hope you feel the camaraderie that makes this meeting so special.

We encourage you to visit the exhibit hall throughout the weekend and connect with our valued sponsors. Be sure to have your bingo card ready as you visit each booth. Our main raffle, tied to a completed bingo card, will take place on Sunday during lunch. On Saturday evening, we invite you to join us for our cocktail hour, an opportunity to connect with colleagues in a relaxed setting.

I would like to extend our sincere thanks to our sponsors for their generous support, as well as to our dedicated administrators: Vanessa McDonald, Rachel Snell, Holly Frost, and Diana Shechtman, this retreat would not be possible without your hard work and dedication. And to our past presidents, whose leadership continues to inspire this meeting year after year.

Thank you for being part of the Gold Coast Educational Retreat. I hope you find this weekend educational, engaging, and memorable.

Warm regards,

A handwritten signature in black ink, appearing to read 'Isabel Carvajal'.

Isabel Carvajal  
President, BCOA



**GOLD COAST RETREAT**  
**DATE: January 17-18, 2026**  
**LOCATION: Hard Rock Hotel**  
**1 Seminole Way**  
**Hollywood, FL 33314**

Saturday – January 17th		Speakers	Hours
7:00 am – 8:00 am	Registration and Breakfast – Exhibit Hall Opens		
8:00 am – 9:40 am	The Best Way to Manage the Case: Who Said It Best?	Rebecca Miller OD Diana Shechtman OD	2/TQ
9:40 am – 10:00 am	Break and Exhibit Hall		
10:00 am -10:50 am	Eye on Myopia Control Management	Brianna Rhue OD	1
10:50 am – 11:40am	Eye on Nutrition	Steven Newman OD	1
11:40 am – 1:00 pm	Lunch and Exhibit Hall		
1:00 pm – 2:40 pm	Cataract Co-management “Hype or Help” Who Said It Best?	Rebecca Miller OD Carlos Buznego MD Marc Bosem MD	2/TQ
2:40 pm – 3:10 pm	Break and Exhibit Hall		
3:10 pm - 4:50pm	Eye on Aesthetics	Beatta Lewandoska OD Dan Georgescu MD Aliza Epstein, MD	2/TQ
4:50 pm - 6:00 pm	Exhibit Hall Closes for the Day and Happy Hour		

Time	Sunday – Sunday January 18th	Speakers	Hours
7:00 am – 8:00 am	Registration and Breakfast – Exhibit Hall Opens		
8:00 am – 9:40 am	Breaking the Retinal Vascular Da Vinci Code	Aaron Gold OD Marco Gonzalez MD Gary Sheinbaum MD	2/TQ
9:40 am – 10:00 am	Break and Exhibit Hall		
10:00 am -11:40 am	Cranial Conundrums: Clinical Pearls for Cranial Disease	Joseph Sowka OD	2/TQ
11:40 am – 12:40 pm	Lunch and Exhibit Hall		
12:40 pm – 2:20 pm Concurrent	Prevention of Medical Errors	Joseph Sowka OD	2
12:40 pm – 1:30 pm Concurrent	Delegate to Elevate: Getting More by Doing Less (Practice Management)	Ben Thayil OD	1
1:30 pm – 2:20 pm Concurrent	Eye on HIV	Jessica Steen OD	1
2:20pm - 2:30pm	Break and Exhibit Hall Closes (2:30)		
2:30 pm – 4:10 pm	Florida Jurisprudence Update	David Rouse OD	2
4:10pm	Conference Ends		



**MONDAY**



**WEDNESDAY**



**THURSDAY**



**FRIDAY**



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## EVIDENCE SUMMARY

# Predicting Progression to Vision-Threatening Complications in Diabetic Retinopathy

Davis, Waheed, Brigell. *Ophthalmology Science*. DOI: 10.1016/j.xops.2025.100859



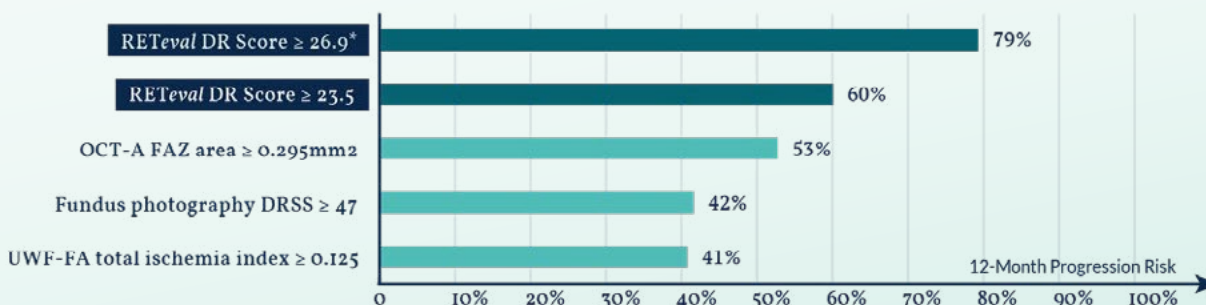
### OVERVIEW:

- 48-week prospective longitudinal design
- Multiple sites across the US
- Evaluated 56 diagnostic parameters from 4 testing modalities:
  - ERG + pupillometry
  - Color fundus photography (FP)
  - OCT angiography (OCT-A)
  - Ultra-widefield fluorescein angiography (UWF-FA)
- 74 patients tested with the RETeval® handheld ERG
- Endpoint identified as progression from moderate to severe non-proliferative diabetic retinopathy (NPDR) to vision-threatening complications (VTC)

### KEY FINDINGS:

- Patients with a RETeval DR Score of 26.9 or higher had a 79% chance of progressing to needing treatment in less than 1 year.
- RETeval DR Score  $\geq 26.9$  was the strongest predictor of progression to VTC with a relative risk (RR) of 5.6.
- Study authors conclude that the RETeval DR Score can improve the existing DR staging system.

## RISK OF PROGRESSION



\*49% of patients with RETeval DR Score  $\geq 26.9$  progressed to needing treatment within 6 months.

Data found in Supplemental Figure 1, available on [ophthalmologyscience.org](https://ophthalmologyscience.org).

### WHY THIS MATTERS:

- **Enables risk stratification** to identify patients who need close monitoring or early referral, even when structural imaging appears stable.
- Allows timely referrals and/or resource prioritization, **reducing overtreatment and missed progression**.
- Creates potential to improve DR staging systems and **support value-based care models**.
- Supports evidence for **inclusion of ERG in the American Academy of Ophthalmology's updated Preferred Practice Pattern** for detecting and managing DR.

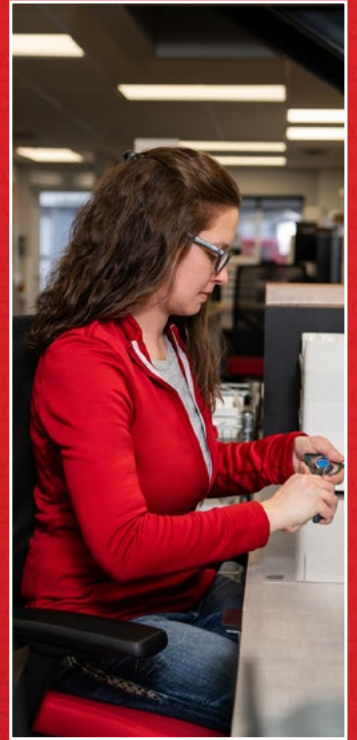
### PRACTICAL ADVANTAGES:

- Compact, handheld design
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**BAUSCH + LOMB**



Olivia & Madeline, age 11



No Rx change

-0.25 D change

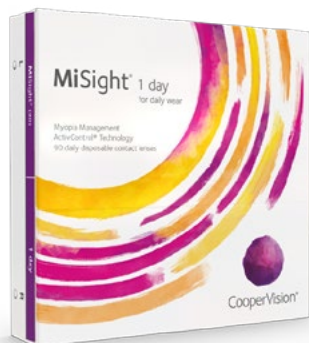
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\*Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8–12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal.

†MiSight® 1 day, designed for myopia control, shows sustained slowing of eye growth over time on average. While eyes are still growing; children fit ages 8–12 and followed for 6–years. n=40

‡Compared to a single vision 1 day lens.

§Results may vary. Compared to a single vision lens over a 3–year period, 41% of age-appropriate MiSight® 1 day wearers had no progression with 0.25D or less of change and myopia progression was reduced by 59% on average.

◇ActivControl® technology in MiSight® 1 day contact lenses slows axial length elongation and corrects refractive error for age-appropriate children.

1. Chamberlain P et al A 3–year Randomized Clinical Trial of MiSight® Lenses for Myopia Control. Optom Vis Sci 2019;96:556–567. 2. Chamberlain P, et al. Long-term

Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6–year Multicenter Clinical Trial. OVS 2022 Mar 1;99(3):204–212. 3. Chamberlain P,

Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6–year findings. Optom Vis Sci 2020;97(E–abstract): 200038.

4. Tricard D, Marillet S, Ingrand P, Bullimore MA, Bourne RRA, Leveziel N. Progression of myopia in children and teenagers: a nationwide longitudinal study.

Br J Ophthalmol. 2022 Aug;106(8):1104–1109.

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*Please welcome*  
**CHAD KAPLAN, MD**  
Board-Certified Ophthalmologist

Dr. Kaplan is a board-certified ophthalmologist specializing in cataract and glaucoma surgery. He specializes in laser cataract surgery, utilizing premium intraocular lenses to enhance both distance and near vision, with the goal of minimizing the need for glasses after the procedure. In addition to cataract surgery, he provides medical, laser, and surgical treatments for glaucoma.

Dr. Kaplan earned his medical degree and completed his residency in ophthalmology at the University of Florida, where he served as Chief Resident and chaired the Resident Graduate Medical Education Committee. After his residency, he completed a Surgical Glaucoma Fellowship at Columbia University in New York. During this time, he was actively involved in academic roles at both Columbia University and New York University, contributing to the education of ophthalmology residents. His research focuses on aqueous fluid dynamics to better understand the pathophysiology of glaucoma.

He is a distinguished member of several professional organizations, including the Chandler Grant Glaucoma Society, the American Glaucoma Society, the New York Glaucoma Society, the American Academy of Ophthalmology, and the Association for Research in Vision and Ophthalmology. Dr. Kaplan has been a board member for the Florida Glaucoma Society since 2023, currently serving as Treasurer.

In 2021, Dr. Kaplan returned to South Florida to be closer to family and to start a family of his own.





IPL with RF!

# DAVID KEITH

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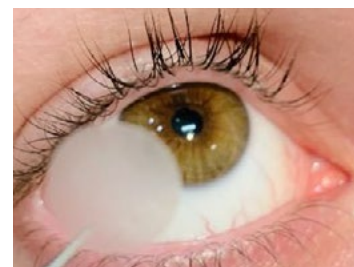

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XDEMVMY (lotilaner ophthalmic solution) 0.25% is indicated for the treatment of *Demodex* blepharitis.

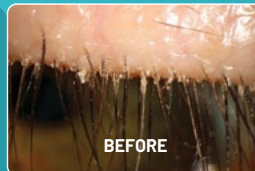
### IMPORTANT SAFETY INFORMATION:

### WARNINGS AND PRECAUTIONS

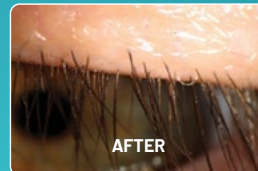
**Risk of Contamination:** Do not allow the tip of the dispensing container to contact the eye, surrounding structures, fingers, or any other surface in order to minimize contamination of the solution. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

**Use with Contact Lenses:** XDEMVMY contains potassium sorbate, which may discolor soft contact lenses. Contact lenses should be removed prior to instillation of XDEMVMY and may be reinserted 15 minutes following its administration.

### Real results



BEFORE



AFTER

44% and 55% of patients taking XDEMVMY in SATURN-1 (N=209) and SATURN-2 (N=193), respectively, achieved a significant improvement in their eyelids (reduction of collarettes to no more than 2 collarettes per upper lid) at Day 43 vs 7% (N=204) and 12% (N=200) of patients taking vehicle (P<0.01 in each trial).\*

All images are of actual patients who participated in clinical trials for Tarsus Pharmaceuticals.

**ADVERSE REACTIONS:** The most common adverse reaction with XDEMVMY was instillation site stinging and burning which was reported in 10% of patients. Other ocular adverse reactions reported in less than 2% of patients were chalazion/hordeolum and punctate keratitis.

**Please see next page for a Brief Summary of the full Prescribing Information.**

**Reference:** XDEMVMY [prescribing information]. Tarsus Pharmaceuticals, Inc; 2023.

\*The safety and efficacy of XDEMVMY for the treatment of DB were evaluated in a total of 833 patients (415 of whom received XDEMVMY) in two 6-week, randomized, multicenter, double-masked, vehicle-controlled studies (SATURN-1 and SATURN-2). Patients were randomized to either XDEMVMY or vehicle at a 1:1 ratio, dosed twice daily in each eye for 6 weeks. All patients enrolled were diagnosed with DB. The primary efficacy endpoint was defined as the proportion of patients with collarette reduction to no more than 2 collarettes per upper eyelid at Day 43 (SATURN-1: XDEMVMY N=209, vehicle N=204, P<0.01; SATURN-2: XDEMVMY N=193, vehicle N=200, P<0.01).

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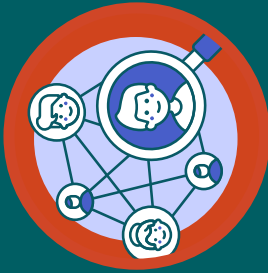
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1. Internal Monthly Membership Report (12/2022) 2. Internal lab location data (02/2022)  
3. Internal provider utilization report (2021) 4. Internal client reporting report (04/2023)

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#### Important Safety Information

##### CONTRAINDICATIONS

Hypersensitivity

##### WARNINGS AND PRECAUTIONS

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Rare cases of retinal detachment have been reported with miotics. Examination of the retina is advised in all patients prior to initiation of therapy. Advise patients to seek immediate medical care with sudden onset of flashes of lights, floaters, or vision loss.

Qlosi is not recommended to be used when iritis is present.

Qlosi should not be administered while wearing contact lenses. Remove lenses prior to the installation of Qlosi and wait 10 minutes before reinsertion.

Avoid touching the tip of the vial to the eye or any other surface.

##### ADVERSE REACTIONS

The most common adverse reactions (5% to 8%) are instillation site pain and headaches.

Please see full Prescribing Information here:  
<https://www.qlosi.com/prescribing-information>

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