Philadelphia Orbital Tumor Symposium:
Featuring the Second James A. Katowitz
Lecture in Oculoplastic and Orbital Surgery

Friday, April 29, 2016

Leonard and Madlyn Abramson Pediatric Research Center
at The Children’s Hospital of Philadelphia

Sponsored by the
Division of Ophthalmology and Department of Surgery

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Course Information

Course Overview
The Children's Hospital of Philadelphia is pleased to announce the Philadelphia Orbital Tumor Symposium: Featuring the Second James A. Katowitz Lecture in Oculoplastic and Orbital Surgery, scheduled for Friday, April 29, 2016. This full-day course is intended for pediatric ophthalmologists, general ophthalmologists, pediatric and adult oculoplastic surgeons, oncologists, neuro-ophthalmologists, dermatologists, and pediatric healthcare providers as well as optometrists, orthoptists, ophthalmic technicians and other specialists interested in orbital tumors.

General Information
The conference will be held at The Children's Hospital of Philadelphia in the Leonard and Madlyn Abramson Pediatric Research Center. Registration will begin at 7:30 a.m. The registration fee includes breakfast, breaks, parking and program materials.

ACME Accreditation Statement
The Children's Hospital of Philadelphia is accredited by the Accreditation Council for Continuing Medical Education (ACME) to provide continuing medical education for physicians.

AMA Credit Designation Statement
The Children's Hospital of Philadelphia designates this live activity for a maximum of 6.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Course Objectives
Upon completion of this course, the participant should be able to:
- Discuss the management of vascular lesions of the orbit
- Review the management of orbital malignancies
- Explain and discuss new horizons in oculoplastic or orbital surgery

Registration Fee
The Course registration fee is $100. Attendees can register by mail, fax or online at www.chop.edu/cme. Pre-registration is required; the registration deadline is Monday, April 18, 2016. Payment must accompany the registration form in order for it to be processed. Once registration has been processed, a confirmation letter will be mailed. If you have any questions about this conference, please call 215-590-5263.

PLEASE NOTE: Your registration is not complete if you do not receive a confirmation letter. If you do not receive confirmation within 10 days of sending your registration, please contact the CME Department at The Children's Hospital of Philadelphia at 215-590-5263.

Cancellation and Refund Policy
The Children's Hospital of Philadelphia reserves the right to cancel or postpone any conference due to any unforeseen circumstances. In the event of cancellation or postponement, The Children's Hospital of Philadelphia will refund registration fees but is not responsible for any related costs, charges or expenses to participants, including cancellations/charges assessed by hotels or airlines/travel agencies.

In order to process refunds, cancellations must be received in writing by Monday, April 18, 2016. Refunds will be issued for the amount of registration minus a $25 administrative fee. No refunds will be issued thereafter.

Services for People with Disabilities
Participation by all individuals is encouraged. If arrangements are required for an individual with special needs to attend this course, please contact the CME Department at 215-590-5263 at least two weeks in advance so that we may provide better service to you during the conference.
Program – Friday, April 29

7:30 a.m.  Registration

8 a.m. Welcome and Introduction
William R. Katowitz, M.D.

**Orbital Cases I**

8:05 a.m. Neuroblastoma Case
Lama Khatib, M.D.

8:15 a.m. Case Presentation
Christiana Munroe, M.D.

8:25 a.m. Case Presentation
Sonul Mehta, M.D.

8:35 a.m. 3D Printing of Orbital Implant Templates in Reconstruction After Large Orbital Tumor Resections
Alison Callahan, M.D.

**Orbital Tumors I**

8:45 a.m. Clinical Behavior of Sphenoi-orbital Meningiomas Based on WHO Classification and Ki-67
Irina Belinsky, M.D.

9 a.m. Debulking Orbital Optic Nerve Gliomas
William R. Katowitz, M.D.

9:15 a.m. Evolution of an Optic Nerve Lesion to a Glioma
Ashley Campbell, M.D.

9:30 a.m. Pathology of Pediatric Orbital Tumors
Ralph Eagle, M.D.

9:50 a.m. Discussion

10 a.m. Break

**Orbital Cases II**

10:30 a.m. Case Presentation
Aida Bounama, M.D.

10:40 a.m. Case Presentation
Edward H. Bedrossian Jr., M.D., F.A.C.S.

10:50 a.m. Case: Orbital Melanoma
Karen Revere, M.D.

11 a.m. Advanced Neglected Basal Cell Carcinoma of the Orbit
Scott M. Goldstein, M.D.

**Keynote**

11:10 a.m. Introduction
William R. Katowitz, M.D.
Program – Friday, April 29 continued

11:15 a.m.  Second James A. Katowitz Lecture

11:55 a.m.  Discussion

Noon        Lunch

Orbital Imaging

1 p.m.      Efficacy of Color Doppler and Conventional Imaging in the Diagnosis of Carotid
            Cavernous Fistula
            Ann P. Murchison, M.D., M.P.H.

1:15 p.m.   Computer Assisted Orbital Tumor Surgery
            Nicholas R. Mahoney, M.D.

1:30 p.m.   Not Just Skin Deep
            Vivian Lee, M.D.

1:40 p.m.   Discussion

Orbital Cases III

1:50 p.m.   Case Presentation
            Robert B. Penne, M.D., F.A.C.S.

2 p.m.      Case Presentation
            Sara Lally, M.D.

2:10 p.m.   Case Presentation
            Mary A. Stefanyszyn, M.D.

2:20 p.m.   Case Presentation
            Renelle P. Lim, M.D.

2:30 p.m.   Necrobiotic Xanthogranuloma
            Carol Shields, M.D.

2:40 p.m.   Break

Orbital Tumors II

2:55 p.m.   Arteriolized Venous Malformations of the Orbit
            Michael Kazim, M.D., B.C.

3:10 p.m.   Grade 3 Follicular Cell Lymphoma of the Orbit: A Series of Five Patients
            Jurij Bilyk, M.D., F.A.C.S.

3:25 p.m.   Orbital Tumors and Pseudotumors: Quick Cases and Clinical Pearls
            Jerry Shields, M.D.

3:45 p.m.   Discussion

3:55 p.m.   Closing Comments
            James A. Katowitz, M.D.

4 p.m.      Adjourn
Course Faculty

 Unless otherwise noted, faculty are from The Children's Hospital of Philadelphia and the Perelman School of Medicine at the University of Pennsylvania

Course Director
William R. Katowitz, M.D.
Attending Surgeon
Oculoplastic and Orbital Surgery
Assistant Professor of Clinical Ophthalmology

Scott M. Goldstein, M.D.
Attending Surgeon
Wills Eye Hospital
Clinical Assistant Professor of Ophthalmology
Thomas Jefferson University

James A. Katowitz, M.D.
Director, Oculoplastic and Orbital Surgery
The Edwin and Fannie Gray Hall Center for Human Appearance
University of Pennsylvania Health System
Professor Emeritus

Keynote Speaker
Consultant Ophthalmic Plastic Surgeon
Eyelid, Lacrimal and Orbital Clinic at the Royal Brisbane and Women's Hospital and Royal Children's Hospital Brisbane, Australia

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Wills Eye Hospital
Associate Professor
Thomas Jefferson University

Karen Revere, M.D.
Fellow, Pediatric Orbital and Oculoplastic Surgery

Carol Shields, M.D.
Co-director, Wills Eye Oncology Service
Wills Eye Hospital
Professor of Ophthalmology
Thomas Jefferson University

Jerry Shields, M.D.
Director, Wills Eye Oncology Service
Wills Eye Hospital
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Attending Surgeon, Oculoplastic and Orbital Surgery
Wills Eye Hospital

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Delaware County Memorial Hospital

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Fellow, Ophthalmic Plastic and Reconstructive Surgery
Wills Eye Hospital

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University of Pennsylvania Health System
Professor Emeritus

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Pediatric Orbital and Oculoplastic Surgery

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Christiana Munroe, M.D.
Resident
The Scheie Eye Institute
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Registration Deadline: Monday, April 18, 2016

Name _______________________________________________________

☐ M.D. ☐ D.O. ☐ C.R.N.P. ☐ R.N. ☐ Other ______________________

Home Address _______________________________________________

City ____________________________ State ______  ZIP _____________

Phone __________________________  Fax _________________________

Email _______________________________________________________

Conference Registration Fee: $100

Registration will not be processed unless accompanied by full payment. Faxed registrations will be accepted for credit card payments only.

Method of Payment

☐ Personal check       ☐ Institutional check
(Made payable to The Children’s Hospital of Philadelphia)

☐ Discover   ☐ MasterCard  ☐ American Express  ☐ VISA

Credit Card # _________________________________________________

Exp. Date ____________________________

Mail/fax the completed registration form and payment to:

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