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CANADIAN JOURNAL OF OPTOMETRY
REVUE CANADIENNE D'OPTOMÉTRIE
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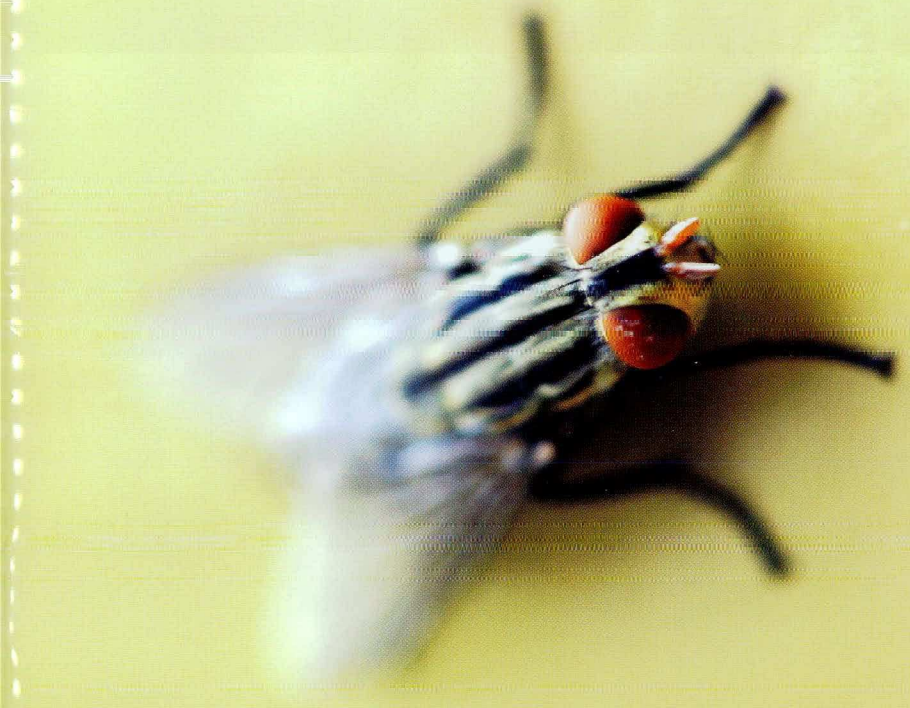

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Because the World Can Be a Very Dry Place

Welcome to ACUVUE® OASYS™

Brand Contact Lenses

- ***The Next Generation Silicone Hydrogel Built on ACUVUE® Heritage***
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CANADIAN JOURNAL OF OPTOMETRY
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Exigences uniformes pour les manuscrits: voir sur le site des membres à *www.opto.ca* ou contactez l'ACO.

Cover: What's that ***buzzzzz*** ? October Eye Health Month is fast approaching. Find out what CAO is doing to promote awareness and what you can do at a local level to create a buzz in your area. Don't forget to submit your local communications project for the EYE DARE YOU challenge! Read more about resources available to members on page 130.

Couverture: Quel est ce ***bourdonnement*** ? Le mois de la santé de l'œil d'octobre s'approche rapidement. Découvrez ce que l'ACO a fait pour promouvoir la sensibilisation et ce que vous pouvez faire à un niveau local pour créer un bourdonnement dans votre secteur. N'oubliez pas de soumettre vos projets locales pour le concours «JE VOUS METS AU DÉFI!» Lisez plus au sujet des ressources disponibles aux membres à la page 130.

THE WORLD IS BEAUTIFUL > TO LOOK AT

Proven soothing relief from dry eye discomfort

- Proven satisfaction in 93.6% of patients[1]
- 94.8% of patients continued using GenTeal* over other brands[1]

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Reference: 1. Data on file, Novartis Ophthalmics. GenTeal* Patient Satisfaction Survey, 2005

GT-051120E

Knock, Knock, Eight Times

Toc, toc, huit fois

Lillian Linton, BSc, OD
Chair, National Public Education Committee / Présidente, Comité national de l'éducation publique

I am charged with a unique responsibility for our profession - and that is to chair a committee whose task it is to make the public aware of the importance of preventive eye health examinations. Given that most people have difficulty understanding what it is an optometrist does, as well as people generally taking their vision for granted, creating awareness is by no means an easy task - and yet, with perseverance and commitment to work together, the sky is the limit!

The lifeline of the National Public Education Committee (NPEC) depends on the personal financial investment of its members across Canada and it would not be possible without the belief that a central message needs to be streamlined and supported at a national level. This does not eliminate the need for communications projects at a provincial level, but my hope is that the investment to NPEC is seen and used as the stepping stone for unduplicated efforts and to complement larger regional initiatives.

To showcase the communications program, following is a brief summary of the various projects managed by NPEC.

Communications Program

Media buy

The Spring 2006 TV media buy 'dollar value' was recently submitted by Walker Media and NPEC is pleased to announce that the national cooperative effort resulted in a 52% return on investment.

Numbers can often be impressive, but more important is understanding how this value is calculated. Depending on the approach, the value can invariably show higher or lower returns. Our media group provides dollar value on the basis that provinces would otherwise benefit from negotiated rates that are achieved through the collective economies of scale. To understand the math and approach for this dollar value assessment, please see the article prepared by Walker Media group on page 149. Here you will also read about the added benefits regarding a united effort as it relates to the media buy.

On a separate note, we are pleased to announce that the Quebec Association of Optometrists has worked with NPEC to adapt the national ad into French and it will begin airing in Quebec starting Fall 2006. The programming schedule can be viewed on the CAO member website.

Also, the New Brunswick Association of Optometrists (NBAO) will be using the French ad, scheduled to air Fall 2006. The overall buy will closely mirror New Brunswick's 2:1 ratio of English to French population. As per the English campaign, programming will be evaluated based on the target group, female head-of-household, aged 25-54. Planning is based on ensuring that English and French audiences will be supported equally, based on population splits. Advertising weight will be allocated to ensure that the French campaign delivers the same levels of target group reach and frequency as the English television buy in New Brunswick.

TERMS OF REFERENCE

The National Public Education Committee (NPEC) is responsible for the operation of the Eye Health Council of Canada (EHCC), which is the public relations division for CAO. NPEC delivers a national public awareness campaign through the purchase of advertising and the co-ordination of member activities including the Eye Health Canada Month. NPEC is also responsible for maintaining contact with the ophthalmic supplier community, to establish industry partnerships in the EHCC and to coordinate partner activities.

All day comfort*.
All allergy season long.

Help reduce ocular allergy symptoms with Focus® DAILIES®

AQUA Release™

During allergy season recommend — the #1 daily disposable contact lens in Canada[1]

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In association with The Canadian Association of Optometrists
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Order your free trial lenses today at mycibavision.com or call 1-800-268-3968

* Results may vary. See package insert for details. 1. CIBA Vision. Data on file, 2005.

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Production

The dubbing and adaptation of the English TV spots (*10-second closed captioning, 10-second Public Service Announcement, 30-second spot, 30-second Public Service Announcement*) to French is expected to be completed by early August. To maximize on cost efficiencies, NPEC is combining its studio time to incorporate different projects, including the development of a video loop on DVD. The 30-minute segment will provide information on childhood vision and proceed to walk the viewer through to vision and the golden years. The DVD will contain some footage provided by BCAO, news footage of optometry in the media, and clips from the B-rolls done in 2005. Optometry Giving Sight has also agreed to include its stirring piece on vision care at an international level. The video will be made available to members and can be used in reception/waiting room areas. It can also be given to health care professionals.

NPEC also produced a national version of the "Human Eye" poster and tear-off sheet in both English and French. A copy of the tear sheet is included in this issue of the CJO but 100-sheet pads are available via the CAO order form.

Still to be produced in 2006 are two new CAO brochures: contact lens care and glasses. Stay tuned!

Research 2006

While statistics provide necessary feedback, more important is how the media campaign translates to awareness and new patient visits. To gauge increased awareness is a difficult task for any marketing group, and optometry is no exception. Yet NPEC has ensured that benchmarks have been set to assist with measuring its member investment. Its 2001 and 2004 tracking study will be used as a comparative tool for the next quantitative/tracking study scheduled for mid 2008.

To prepare for this research, TerraNova Market Strategies was asked to set targets for expected public awareness levels prior to the next study. Please see the sidebar for more information on the report. Briefly, it is more a question of a measured and steady increase versus pinpointing degrees of change.

NPEC also commissioned TerraNova to conduct a cross-Canada online omnibus survey to gain provocative insight and anecdote to fuel October Eye Health Month public relations initiatives.

Public Relations: Eye Health Month (EHM)

While paid media continues to be the priority for NPEC, a public relations component will assist in building momentum. Fleishman-Hillard, a full-service PR firm in Toronto, has been commissioned to lead an editorial campaign for EHM. The campaign centres around building awareness on World Sight Day with the launch of a 'Canadian Eye Health Report Card'. The online omnibus, previously mentioned, will be used to highlight gaps in eye health awareness and serve to expose how much people care for their vision versus what they do for their eye health. The synergies between 'lifestyle' and eye health will provide

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MARKET STRATEGIC INC.

In response to reasonable projections for the next wave of the Tracking Study (2008), it is very important that any data-driven goals are shaped in the context of specific marketing objectives and that the total marketing effort is recognized to have an influence on the achievement of these objectives. Having said that, a general rule of thumb is that a 'reasonable' projection would be an increase of statistical significance. The significance varies according to the sample size and how high or low the original percent is. With a sample of close to a 1,000 and an accuracy tolerance of +/- 5%, relatively small differences are considered statistically significant. It is also important to look at patterns – is there movement across different dimensions, is there consistency?

For business to improve, all elements of the marketing mix (*PR, Eye Health Month, website sessions, advertising and localized efforts*) play key roles in helping to turn the general public attitude from passive to active. It is also critical to think about the highly fragmented media environment and category interest. Also, in the absence of very aggressive marketing spending, moving the 'reasonable projection' needle even a fraction, is a Herculean effort. Governments have spent millions of dollars to get people to understand the risks of smoking. Yet nearly a quarter of Canadians smoke and only now is there a marginal decrease in younger people starting.

All this to reinforce the fact that 'reasonable projection' in the case of eye health measures, should be modest. As research practitioners, based on our experience, attitudes and behaviour take a long time to change, and do so in very small increments.

— Liz Torlée
Joint Managing Partner
TerraNova Market Strategies Inc.

an emotional story for the PR group to build a provocative message to the media. For more general information, please see the article by Fleishman-Hillard on page 153.

Knock, Knock: Eye Dare You!

As you may know, to get patients to listen to our advice and recommendations about eye care, we may often have to say it more than a few times. Repetition and consistent messaging is critical. Similarly, when we promote awareness about preventive eye health examinations across Canada, our best effort is multiplied when we use consistent messaging.

Some marketing groups believe that it takes, on average, eight different impressions of your company's name or message before a person will take notice. It may be the same ad eight times, or it may be a variety of different impressions that communicate the same message.

For example, imagine a person from our target group (*female heads of household, aged 25-54*) watches her favorite program and sees the 30-second television spot. The next day, she goes to the mall and sees the same message, '*Your eyes deserve an optometrist*', displayed at a member's practice entrance. Next, she grabs an issue of *Chatelaine* and sees the national co-op ad. At this point, she may even be calling for an appointment, but, if not, she may come across the TV ad once again or she may come across other venues that contain the same message: a ready Public Service Announcement in her local paper, or a PowerPoint presentation by an OD at a community centre.

It is important to stay involved and to keep the momentum of the campaign alive in your community. Find out what you can do to create a buzz in your area about preventive eye health examinations.

Leverage your investment, stay on message, use branding and spread the word!

WHAT'S THAT BUZZ? TELL ME WHAT'S HAPPENING! WHAT'S THAT BUZZ? TELL ME WHAT'S HAPPENING! WHAT'S THAT BUZZ? TELL ME WHAT'S HAPPENING! WHAT'S THAT BUZZ? TELL ME WHAT'S HAPPENING! WHAT'S THAT BUZZ? TELL ME!

QUEL EST CE BOURDONNEMENT? DITES-MOI CE QUI SE PASSE! QUEL EST CE BOURDONNEMENT? DITES-MOI CE QUI SE PASSE! QUEL EST CE BOURDONNEMENT? DITES-MOI CE QUI SE PASSE! QUEL EST CE BOUR

SOME MARKETING GROUPS BELIEVE IT TAKES, ON AVERAGE, EIGHT DIFFERENT IMPRESSIONS OF YOUR COMPANY'S NAME OR MESSAGE BEFORE A PERSON WILL TAKE NOTICE.

CAO IS HOLDING ITS SECOND EYE DARE YOU CHALLENGE TO ENCOURAGE MEMBERS TO BUILD ON THE NATIONAL TV BUY AND TO CREATE A BUZZ ABOUT OCTOBER EYE HEALTH IN THEIR AREA.

SEND DETAILS OF YOUR OCTOBER EHM PROJECT TO *EYEDAREYOU@OPTO.CA*. THE PROVINCE WITH THE MOST ENTRIES WILL BE ANNOUNCED AND ONE OF ITS MEMBERS WILL BE ELIGIBLE TO WIN AN IPOD NANO!

USE THE NATIONAL RESOURCES, TIE INTO THE MEDIA MESSAGE, MAKE AN IMPRESSION, AND CREATE A BUZZ ABOUT OCTOBER EYE HEALTH MONTH!

CERTAINS GROUPES DE MARKETING CROIENT QU'IL FAUT EN MOYENNE HUIT IMPRESSIONS DIFFÉRENTES DU MESSAGE D'UNE ENTREPRISE AVANT QU'UNE PERSONNE LE REMARQUE.

L'ACO TIENT SON DEUXIÈME DÉFI POUR VOUS ENCOURAGER À CRÉER, DANS VOS SECTEUR, UN BOURDONNEMENT AU SUJET DU MOIS DE LA SANTÉ DE L'ŒIL (MSO) EN OCTOBRE.

ENVOYEZ LES DÉTAILS DE VOTRE PROJET POUR LE MSO EN OCTOBRE À DEFI@OPTO.CA. ON ANNONCERRA LE NOM DE LA PROVINCE OÙ IL Y AURA LE PLUS D'ENTRÉES ET UN DE SES MEMBRES SERA ADMISSIBLE POUR GAGNER UN NANO-IPOD.

EMPLOYEZ LES RESSOURCES NATIONALES, FAITES UNE IMPRESSION, ET CRÉEZ UN BOURDONNEMENT EN OCTOBRE!

EYE DARE YOU *CHALLENGE*

FOR MORE INFORMATION AND TO FIND OUT WHAT RESOURCES ARE AVAILABLE, LOG ON TO THE CAO MEMBER WEBSITE AT WWW.OPTO.CA!

JE VOUS METS *AU DÉFI!*

POUR OBTENIR DES RENSEIGNEMENTS ET SAVOIR QUELLES SONT LES RESSOURCES DISPONIBLE, VEUILLEZ CONSULTER LE SITE WEB DES MEMBRES À OPTO.CA!

YOU, TOO, CAN FEEL AT EASE PRESCRIBING *Nikon* i PROGRESSIVE LENSES.

- A SUPERIOR PROGRESSIVE LENS WITH A PROVEN TRACK RECORD
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GUEST ARTICLE
ARTICLE INVITÉ

Member Communications

NPEC utilized broadcast e-mails in 2005 as a means to update members and involve them in promoting eye health awareness at a local level. This will be repeated in 2006 to promote awareness about the October EHM as well as to advance the Eye Dare You challenge, designed to raise awareness about the importance of eye health at a community level.

NPEC encourages members to tie into the national communications program and resources, which reinforce the tone and message of the national media buy and core message regarding preventive eye health.

Eye Health Council of Canada

NPEC developed counter stands for our 2006 EHCC partners. The stands pulled images of the TV spot and can be used at trade shows. The objective is for CAO members to better identify with EHCC's support and commitment to profiling optometry and promoting eye health awareness in Canada.

In addition, an EHCC contest to Optometric Assistants was held and promoted in the first issue of the Assistant's View newsletter.

2006 Budget

Members' financial commitment to EHCC is invested exclusively in the media buy — the programming schedule is bought in line with regional contributions. All other NPEC initiatives, including research, PR, and production are taken from EHCC partner investment.

The following provinces have committed to a $700 NPEC levy for 2007 (*a $100 increase from 2006*): BCAO, SAO, MAO, OAO, NBAO, and NSAO. The remaining provinces will be voting on the $700 levy for 2007 at their respective AGMs later this year.

For more information on the NPEC communications program, please contact the CAO office at (888) 263-4676 or *info@opto.ca.*

La sauvegarde du Comité national d'éducation publique (CNEP) dépend de l'investissement financier personnel de ses membres de l'ensemble du Canada, et elle ne serait pas possible sans la conviction que l'on doive simplifier et appuyer un message vital à l'échelle nationale. Cela ne veut pas dire qu'on élimine le besoin de projets de communications à l'échelle provinciale, mais j'espère que l'investissement dans le CNEP sera considéré et utilisé comme point de départ d'efforts non chevauchés et comme complément aux initiatives régionales de grande importance.

Pour mettre en valeur certains projets chapeautés par les communications, voici un bref résumé des divers projets gérés par le CNEP.

Le Plan média

La publicité télé du printemps 2006 sur la « valeur en dollars » a récemment été déposée par Walker Media, et le CNEP est heureux d'annoncer que cet effort coopératif national a entraîné un rendement de 52 %.

Il arrive souvent que les chiffres soient impressionnants, mais il est tout aussi important de comprendre comment cette valeur est calculée. Selon l'approche, la valeur peut invariablement montrer une appréciation ou une baisse du rendement. Notre groupe de médias a fourni la valeur en dollars en fonction du fait que les provinces tireraient des bénéfices négociés réalisés par les économies d'échelle collectives. À cette fin, pour comprendre les calculs mathématiques de la valeur en dollars, consultez l'article préparé de la page 150. Vous y trouverez également de l'information sur les avantages ajoutés d'un effort uni dans le domaine de la publicité dans les médias.

Par ailleurs, nous sommes heureux d'annoncer que l'Association des optométristes du Québec a travaillé avec le CNEP pour adapter la publicité nationale en français et qu'elle sera diffusée pendant la campagne de l'automne 2006. La programmation publicitaire se trouve sur le site Web des membres de l'ACO.

De plus, l'Association des optométristes du Nouveau-Brunswick diffusera la publicité en français à l'automne 2006. La campagne reflétera très bien le rapport de la population du Nouveau-Brunswick. Comme dans le cas de la campagne en anglais, la programmation sera déterminée en fonction du groupe cible : les femmes chefs de ménage de 25 à 54 ans. La planification est établie de façon à ce que les auditoires francophone et anglophone reçoivent un soutien équitable selon la répartition de la population. On attribuera un poids

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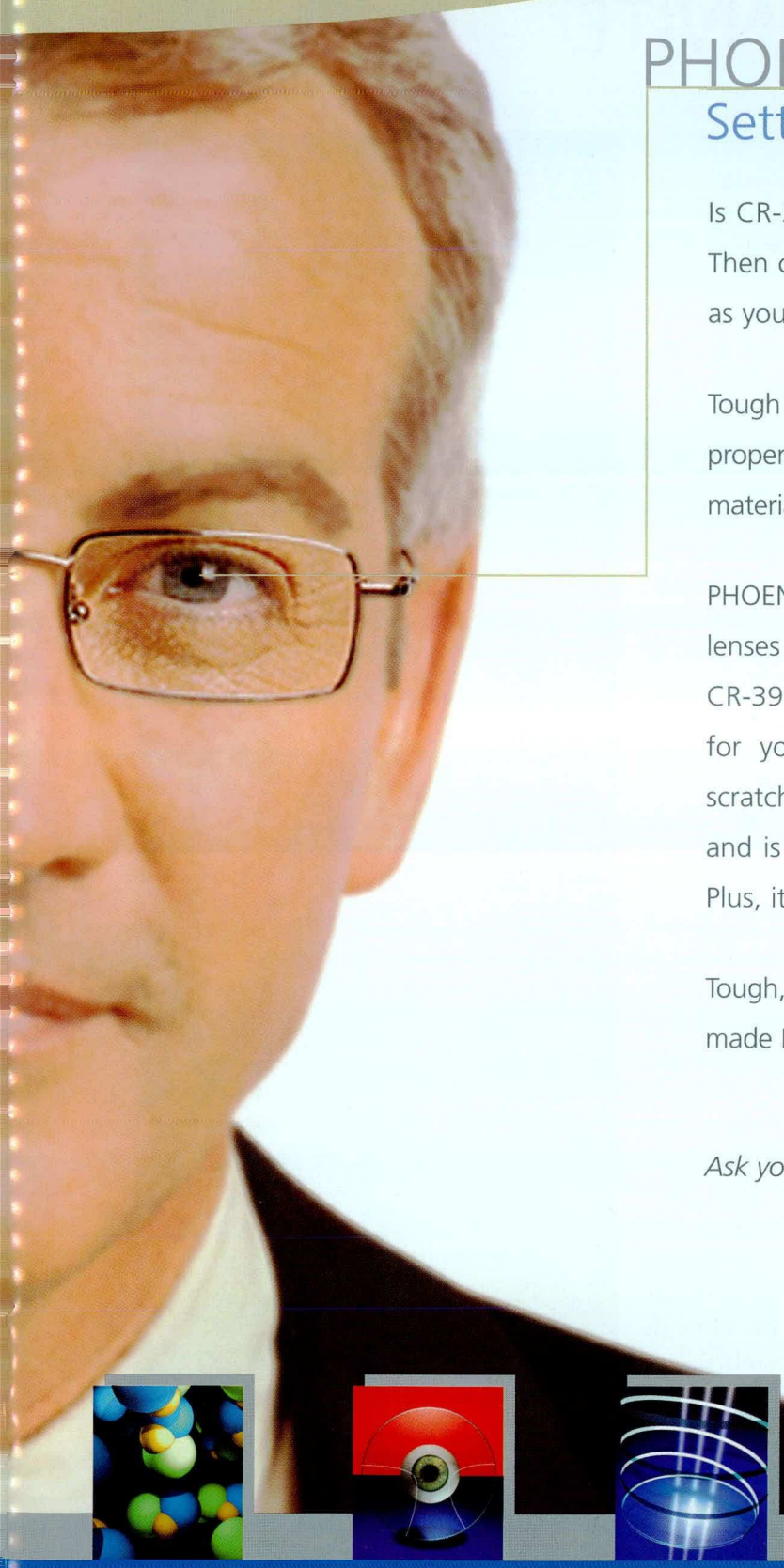

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Tough and durable PHOENIX offers the best in mechanical properties without optical compromise and is the lightest lens material on the market.

PHOENIX is available in a wide range of finished stock lenses and advanced progressive designs. Lighter than both CR-39 and polycarbonate, PHOENIX provides more comfort for your patients. Additionally, PHOENIX offers superior scratch resistance, meets demanding high-impact standards and is optically clear while providing 100% UV protection. Plus, it's surprisingly affordable.

Tough, light, clear, and competitively priced. Isn't it time you made PHOENIX your standard everyday lens material?

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HOYA

publicitaire pour veiller à ce que la campagne en français offre les mêmes niveaux de portée et de fréquence au groupe cible que la publicité télé en anglais au Nouveau-Brunswick.

Production

Le doublage et l'adaptation en français des messages publicitaires télévisés en anglais (*sous-titrage de 10 secondes, la publicité de 10 secondes de la fonction publique, message de 30 secondes, la publicité de 30 secondes de la fonction publique*) seront terminés au début d'août. Pour optimiser la rentabilité, le CNEP combine le temps qu'il passe en studio pour incorporer différents projets, comme l'élaboration d'une boucle vidéo en DVD. Cet enregistrement de 30 minutes renseignera le téléspectateur sur la vue de l'enfance à l'âge d'or. Une fois terminé, ce DVD sera offert aux membres qui pourront présenter cette vidéo à la réception ou dans la salle d'attente de leur clinique. On peut aussi en remettre un exemplaire aux professionnels des soins de santé.

Le CNEP a également produit une version nationale de papiers à détacher sur l'œil humain. Le présent numéro contient une copie de la partie détachable, mais il est possible de se la procurer à l'aide du formulaire de commande de l'ACO.

Deux nouvelles brochures de l'ACO seront produite en 2006 : une sur l'entretien des lentilles cornéennes et l'autre sur les lunettes.

Recherche 2006

Les statistiques constituent une rétroaction nécessaire, mais il est encore plus important de voir dans quelle mesure la campagne médiatique se traduit par une sensibilisation et des visites de nouveaux patients. Il est difficile de jauger l'accroissement de la sensibilisation dans n'importe quel secteur d'activité, l'optométrie n'y faisant pas exception. Pourtant, le CNEP veille à ce que l'on fixe des points de repère pour faciliter la mesure de l'investissement de ses membres. Son étude de suivi de 2001 et de 2004 servira d'outil comparatif pour la prochaine étude quantitative prévue pour le milieu de 2008.

En préparation de cette recherche, on a demandé à *TerraNova Market Strategies* d'établir des objectifs de niveaux prévus de sensibilisation de la population avant la prochaine étude. Consultez le menu latéral pour obtenir de plus amples renseignements.

Le CNEP a également prié TerraNova de réaliser un sondage général en ligne pour recueillir des anecdotes et des renseignements accrocheurs pour alimenter les initiatives de relations publiques du Mois de la santé de l'œil en octobre.

Relations publiques: Mois de la santé de l'œil (MSO)

Fleishman-Hillard, une agence de realtions publiques à service complet de Toronto, a été mandatée pour mener une campagne éditoriale pour le MSO. La cam-

TERRANOVA MARKET STRATEGIES INC.

En réponse aux projections raisonnables relatives au prochain cycle de l'étude de suivi (2008), il est très important de formuler tout objectif axé sur les données dans le contexte des objectifs de marketing particuliers et de reconnaître que l'effort de marketing global a une incidence sur l'atteinte de ces objectifs. Cela étant dit, en règle générale, une projection « raisonnable » serait une augmentation de la signification statistique. La signification varie selon la taille de l'échantillon et selon que le pourcentage initial est élevé ou faible. Avec un échantillon de près de 1 000 et une marge d'exactitude de +/- 5 %, des différences relativement minimes sont considérées comme statistiquement significatives. Il importe aussi d'examiner les tendances – y a-t-il des variations au sein de différentes dimensions, y a-t-il des constantes?

Pour que les affaires s'améliorent, tous les éléments de marketing (relations publiques, Mois de la santé de l'œil, consultations du site Web, publicité et efforts localisés) doivent contribuer à faire en sorte que les gens adoptent une attitude active plutôt que passive. Il est également essentiel de tenir compte de l'intérêt catégorique et de l'environnement médiatique hautement fragmenté. De plus, en l'absence de dépenses très agressives en marketing, il faut un effort herculéen pour faire bouger même d'une fraction l'aiguille de la « projection raisonnable ». Les gouvernements ont dépensé des millions de dollars pour faire comprendre les risques du tabagisme à la population. Pourtant, près d'un quart des Canadiens fument, et on observe seulement maintenant une diminution marginale du nombre de jeunes qui commencent à fumer.

Tout cela vient renforcer le fait qu'une « projection raisonnable » dans le cas des mesures de la santé de l'œil doit être modeste. Selon notre expérience de chercheurs praticiens, il faut beaucoup de temps pour changer un tant soit peu les attitudes et les comportements.

— Liz Torlée
Coassocié directeur
TerraNova Market Strategies Inc.

pagne promouvra la sensibilisation pendant la Journée mondiale de la vue avec le lancement d'un « *Bulletin national sur la sensibilisation à la santé oculo-visuelle au Canada* ». Le sondage général en ligne dont on fait mention précédemment servira à mettre en évidence les lacunes dans la sensibilisation à la santé oculo-visuelle et permettra d'exprimer dans quelle mesure les gens prennent soin de leur vue et ce qu'ils font pour veiller à la santé de leurs yeux. Les synergies entre les habitudes de vie et la santé oculo-visuelle constitueront un profil émotif pour établir un message provocateur à l'intention des médias. Pour obtenir d'autres renseignements, consultez l'article rédigé par Fleishman-Hillard à la page 156.

Je vous mets au défi!

Vous le savez peut-être déjà, mais pour inciter les patients à écouter nos conseils et nos recommandations en matière de soins des yeux, nous devons souvent les répéter plusieurs fois. La répétition et la cohérence des messages sont essentielles. De même, lorsqu'on fait la promotion de la sensibilisation aux examens de la vue préventifs au Canada, nous multiplions nos plus grands efforts lorsqu'on transmet des messages cohérents.

Certains groupes de marketing croient qu'il faut en moyenne huit impressions du nom ou du message d'une entreprise avant qu'une personne le remarque. Il peut s'agir de la même publicité huit fois ou d'une variété d'impressions différentes qui communiquent le même message.

Par exemple, imaginez une personne de notre groupe cible (*les femmes chefs de ménage de 25 à 54 ans*) qui regarde son émission préférée et tombe sur notre publicité télé de 30 secondes. Le lendemain, elle se rend au centre commercial et remarque le même message disant que « *Vos yeux méritent un optométriste* » à l'entrée de la clinique d'un membre. Puis, elle achète un numéro de *Châtelaine* et y aperçoit la publicité coopérative nationale. À ce moment-là, il se peut qu'elle prenne même un rendez-vous chez un optométriste, sinon, il se peut qu'elle tombe une fois de plus sur la publicité télé ou qu'elle croise d'autres endroits où l'on donne le même message : un message d'intérêt public dans son journal local, une présentation d'un optométriste dans un centre communautaire, etc.

Il est important que vous vous engagiez et que vous donniez de la vie à cette campagne dans votre collectivité. Essayez de voir ce que vous pouvez faire pour créer un engouement pour la santé oculo-visuelle dans votre région. Faites fructifier votre investissement et passez le message!

Communications avec les membres

Le CNEP se servait du courriel à diffusion générale pour transmettre les mises à jour aux membres, les inviter à promouvoir la sensibilisation au Mois de la santé de l'œil en octobre et pour faire avancer le concours *Je vous mets au défi*, conçu pour accroître la sensibilisation dans les collectivités. Le CNEP encourage les membres à se fonder sur le programme et les ressources de communications nationaux, qui renforcent le ton et le message de la publicité dans les médias nationaux et le principal message sur la santé oculo-visuelle préventive.

Le conseil canadien de la santé de l'œil (CCSO)

Le CNEP a conçu, à l'aide des images de la publicité télé, des présentoirs que nos partenaires peuvent utiliser dans les foires commerciales. Cette technique a pour but de permettre aux membres de l'ACO de mieux s'identifier au soutien du CCSO et à son engagement à établir le profil de l'optométrie et à promouvoir la santé oculo-visuelle au Canada.

Budget 2006

La contribution financière des membres au CCSO est investie exclusivement dans la publicité dans les médias, la programmation étant achetée en fonction des contributions provinciales. Toutes les autres initiatives de communications sont payées à l'aide de l'investissement des partenaires du CCSO.

Les provinces ci-après ont autorisé un prélèvement de 700 $ du CNEP pour 2007 (*hausse de 100 $ par rapport à 2006*) : l'AOCB, l'AOS, l'AOM, l'AOO et l'AONE. Les autres provinces se prononceront sur le prélèvement de 700 $ pour 2007 à leur assemblée annuelle respective plus tard cette année.

Pour obtenir plus de renseignements, veuillez communiquer avec nous au numero sans frais: 888.263.4676 ou à *info@opto.ca*.

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1. *Data on file, Bausch & Lomb Incorporated.*
2. *Aston University Technical Report, Birmingham, England; 1997.*

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Dorrie Morrow, OD
President / présidente

Standard of Eye Care: A Model Report

Norme des soins oculo-visuels : Un rapport exemplaire

The Health Professions Regulatory Advisory Council (HPRAC) recently issued its report entitled Regulation of Health Professions in Ontario: New Directions for public review and comment. HPRAC is an arm's length advisory council that has a mandate under the Regulated Health Professions Act (RHPA) to provide independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario.

In February, 2005, the Minister sent a letter to the Chair, HPRAC requesting advice on a number of issues including the regulation of opticians as to whether there is a risk of harm in dispensing of eye wear and whether refractometry is within the scope of practice for opticianry. As well, the referral included a request to review the regulation of optometrists and to provide advice on the prescribing of therapeutic pharmaceutical agents.

In response to the Minister's request, HPRAC reviewed previous recommendations, examined practice in other jurisdictions, conducted public consultations on a variety of topics and completed a review of the HRPA.

The HPRAC report is impressive. It is a well written and referenced summary of the Minister's referrals. For optometry, HPRAC recommended to the Minister that Ontario optometrists be "granted the authority to prescribe therapeutic pharmaceutical agents with the exception of anti-glaucoma medications". The scope of TPAs would include both topical and oral medications.

For opticians, HPRAC recommended to the Minister that "dispensing subnormal vision devices, contact lenses, or eye glasses other than simple magnifiers should remain a controlled act under the RHPA" and that opticians should "not be authorized to dispense eye wear solely on the basis of a refraction test" and that refractometry be limited to "circumstances where such refracting is undertaken in collaboration with an optometrist or physician for the purpose of informing a comprehensive ocular assessment".

The full HPRAC report provides much more detail concerning its study and rationale for its recommendations. I would encourage CAO members to read the report and to share my appreciation for the extent to which the review is evidence based and patient focused.

Some within the optometry profession may take exception to some recommendations, including the limits on glaucoma treatment. However, I believe that Ontario and other jurisdictions will be well served by using the HRPAC report as a benchmark for scope of practice. The formal review process used by HPRAC may also be used as a model.

PRESIDENT'S PODIUM
MOT DE LA PRÉSIDENTE

I take great satisfaction in having a neutral authority share Optometry's view that the public requires and deserves a comprehensive level of eye care. It validates our belief that the interests of the public will ultimately prevail when the appropriate rationale is applied.

It also gives us greater reason to continue to 'fight the good fight' and to continue to build relationships and awareness with elected officials, policy makers and other stakeholders. In the near future, CAO will provide members with a summary of HPRAC recommendations that may be used for this purpose.

Congratulations to HPRAC and Optometry in Ontario for a job well done!

Le Conseil consultatif sur la réglementation des professions de la santé (CCRPS) a récemment fait paraître son rapport intitulé Réglementation des professions de la santé en Ontario : Nouvelles orientations, pour consultation et commentaires publics. Le CCRPS est un comité consultatif sans lien de dépendance dont le mandat, en vertu de la Loi sur les professions de la santé réglementées (LPSR), consiste à offrir au ministre de la Santé et des Soins de longue durée des conseils stratégiques indépendants sur des questions liées à la réglementation des professions de la santé en Ontario.

En février 2005, le ministre a fait parvenir une lettre au président du CCRPS pour lui demander des avis sur un nombre de questions, dont la réglementation des opticiens pour savoir si la dispensation de lunetterie présente un risque et si la réfractométrie est de la compétence des opticiens. Il demandait aussi d'examiner la réglementation des optométristes et la prescription d'agents pharmaceutiques thérapeutiques.

En réponse à la demande du ministre, le CCRPS a examiné des recommandations antérieures et la pratique dans d'autres secteurs de compétence, mené des consultations publiques sur une diversité de sujets et terminé un examen de la LPSR.

Le rapport du CCRPS est impressionnant. C'est un résumé bien écrit et bien documenté des réponses demandées par le ministre. En ce qui concerne l'optométrie, le CCRPS a recommandé que les optométristes de l'Ontario « soient autorisés à prescrire des agents pharmaceutiques thérapeutiques, à l'exception des antiglaucomateux. » Le champ des APT inclurait les médicaments topiques et oraux.

Concernant les opticiens, le CCRPS a recommandé au ministre que « la préparation des verres de contact, des lunettes autres que les lentilles grossissantes ordinaires et de tout appareil pour les malvoyants demeure un acte autorisé en vertu de la LPSR », que les opticiens « ne devraient pas être autorisés à préparer des appareils de correction visuelle en se fiant uniquement aux résultats des examens de réfraction » et que l'examen de réfraction soit réservé « aux seuls cas où celui-ci est mené dans le cadre d'un examen complet de la vue, en collaboration avec un optométriste ou un médecin ».

Le rapport complet du CCRPS contient beaucoup plus de détails sur l'étude et la justification de ses recommandations. J'invite les membres de l'ACO à lire le rapport et à se rendre compte, comme moi, à quel point l'examen est fondé sur des données probantes et axé sur l'intérêt public.

Des membres de la profession de l'optométrie peuvent avoir des réserves sur quelques recommandations, notamment les restrictions concernant le traitement du glaucome. Toutefois, je crois que l'Ontario et d'autres secteurs de compétence auront tout avantage à utiliser le rapport du CCRPS comme point de repère pour établir le champ de la pratique. Le processus d'examen formel utilisé par le CCRPS est également un modèle en lui-même.

Je me réjouis grandement qu'une autorité neutre partage les vues de l'Optométrie selon lesquelles le public nécessite et mérite des soins oculo-visuels complets. Cela confirme nos convictions que les intérêts du public deviennent la référence ultime lorsqu'on applique une justification appropriée.

Nous avons encore plus de raisons de continuer « le bon combat » et de poursuivre le travail de relation et de sensibilisation auprès des élus, des décideurs et d'autres intervenants. Très prochainement, l'ACO offrira aux membres un résumé des recommandations du CCRPS qui pourra être utilisé à cette fin.

Nous félicitons le CCRPS et l'Optométrie en Ontario pour un travail bien fait!

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1. Christensen M. *et al.* Clinical Evaluation of an HP-guar gellable lubricant eye drop for the relief of dryness of the eye. *Current Eye Research* 2004, Vol.28, No. 1, 55-62. 2. Hartstein I. An open-label evaluation of HP-Guar gellable lubricant eye drops for the improvement of dry eye signs and symptoms in a moderate dry eye adult population. *Current Medical Research and Opinions.* Vol. 21, No. 2, 2005, 255-260.

CLINICAL DIAGNOSIS

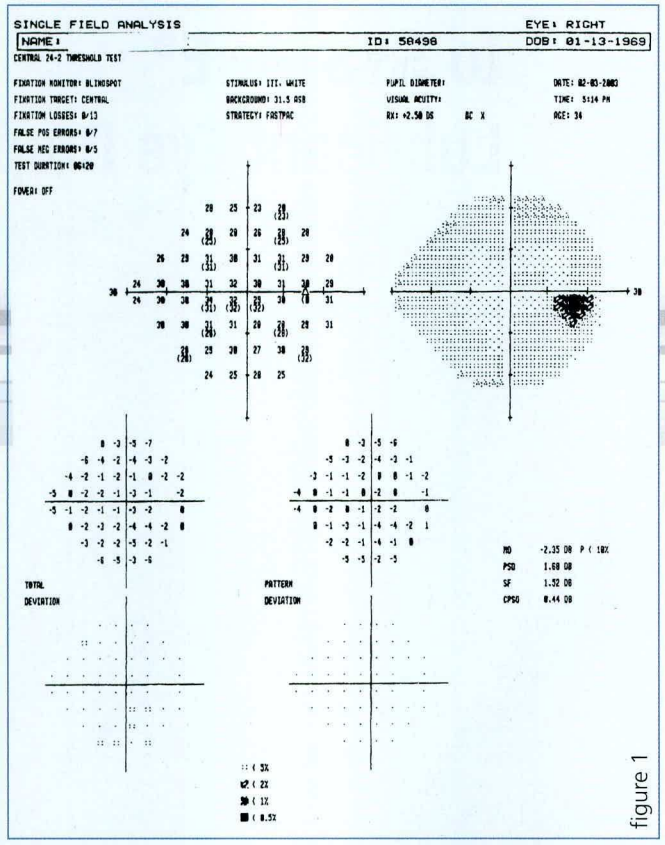

figure 1

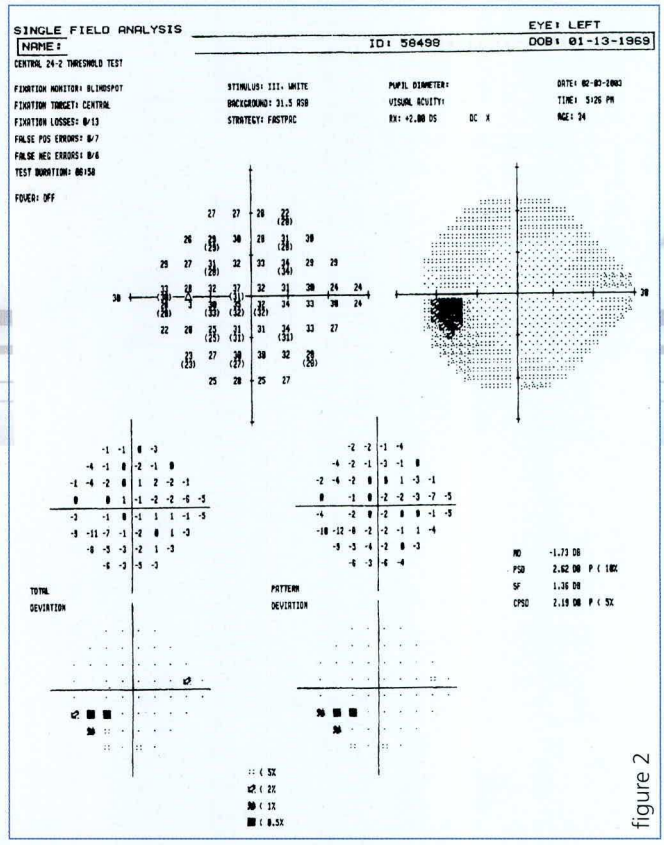

figure 2

Catherine Chiarelli, OD, FAAO | Vision Institute of Canada

A 34-year-old Caucasian female presented for a binocular vision examination, upon referral from her regular optometrist. She reported sudden onset visual symptoms one month previously, with near vision blur and intermittent diplopia. There was no history of prior vision problems; regular eye examinations had been provided in the past, with no relevant findings. Other symptoms also were experienced over the past month, including intermittent pupil dilation lasting up to one hour, numbness and tingling in legs and hands and a burning sensation in the chest. A recent neurological examination raised suspicion of Multiple Sclerosis, with possible internuclear ophthalmoplegia. The diagnosis remained unconfirmed, however, since CT scan and nerve conduction testing were normal.

Entering unaided visual acuities were 20/20 each eye at distance and 0.37M each eye at near. Cover test revealed orthophoria at distance and 12 pd intermittent exotropia at near. Convergence amplitude at near (x/8/2) was inadequate to compensate for the deviation. Extraocular muscle movements were full and unrestricted, with no evidence of nystagmus or disconjugate movement. Amplitude of accommodation was reduced to 5 dioptres each eye. Subjective refraction revealed hyperopia: OD +1.75, OS +1.25 and cycloplegic refraction revealed a small amount of latent hyperopia: OD +2.25, OS +1.50.

Pupils were equally round and reactive to direct and consensual light, with no relative afferent defect. Anterior segment was clear. Dilated fundus examination revealed healthy optic nerve heads with cup-to-disc ratio of 0.30, and intact neural rim in each eye. Myelinated nerve fibres were visible radiating from the inferior aspect of the right optic nerve, and the superior aspect of the left optic nerve. Maculae and retinal grounds were clear. Visual fields were normal (*see Figures 1 and 2*).

What is the diagnosis for the patient's binocular dysfunction?

DIAGNOSTIC clinique

What treatment is recommended?
What etiologies might be responsible for development of the binocular dysfunction?

(see page 159)

Une femme de 34 ans de race blanche, référée par son optométriste habituel, s'est présentée à un examen de la vision binoculaire. Un mois auparavant, elle avait remarqué une vision trouble soudaine et de la diplopie intermittente. Jusqu'à présent, cette femme n'avait jamais éprouvé de troubles de la vision; les examens de la vue qu'elle avait subis fréquemment par le passé ne révélaient rien sur ce plan. Elle a également éprouvé d'autres symptômes au cours du dernier mois, notamment une dilatation intermittente des pupilles pouvant durer jusqu'à une heure, un engourdissement et des picotements aux jambes et aux mains ainsi qu'une sensation de brûlure à la poitrine. À la suite d'un examen neurologique récent, on a soupçonné l'apparition de la sclérose en plaques avec risque d'ophtalmoplégie internucléaire. Le diagnostic n'est toutefois pas confirmé puisque les tests de tomodensitogramme et de conduction nerveuse n'ont rien révélé d'anormal.

Au départ, les acuités visuelles sans correction s'établissaient à 20/20 pour chaque œil de loin et à 0,37M pour chaque œil de près. Le test écran indiquait une orthophorie de loin et une exotropie intermittente de 12 dp de près. L'amplitude de convergence de près (x/8/2) ne suffisait pas à contrebalancer la déviation. Les mouvements des muscles de l'orbite étaient complets et illimités, sans qu'il n'y ait évidence de nystagmus ou de perte des mouvement conjugués. L'amplitude d'accommodation était diminuée à 5 dioptries/œil. Tandis que la réfraction subjective révélait une hypermétropie : OD + 1,75, OS + 1,25, la réfraction cycloplégique révélait une légère hypermétropie latente : OD + 2,25, OS + 1,50.

Les pupilles étaient régulières et de même diamètre. Elles réagissaient à la lumière directe et consensuelle, sans défaut pupillaire afférent. Le segment antérieur était clair. L'examen du fond d'œil dilaté a révélé de chaque côté le bon état de la papille optique, un rapport excavation/papille de 0,30, et un tissu neural sain. Les fibres nerveuses myélinisées provenant de la portion inférieure du nerf optique droit et de la portion supérieure du nerf optique gauche étaient bien visibles. La macula et la rétine étaient claires. Le champ visuel était normal (voir les figures 1 et 2).

Quel est le diagnostic d'une dysfonction binoculaire de la patiente?
Quel est le traitement recommandé?
À quelles étiologies peut on imputer l'apparition de cette dysfonction binoculaire?

(voir la page 159)


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CHANGE YOUR VIEW

Full Appointment Books

Alphonse Carew
OF, FAAO

Like any thriving business most optometric practices have a strong desire to see more patients pass through the door. In the typical practice the average dollar-per-patient is in access of $200, so even one or two more patients a day can add significant amounts to the practice's gross income. More importantly, because these "extra" patients can be seen with little increase in expenses these dollars are even more valuable as more of it falls to net income.

How can we get these patients? Some will try external marketing to make the phones ring, but this can be a very expensive option and the results are never clear. I suggest that you look to a program that will cost you little, and is geared to your existing patient base, people that already know you and are appreciative of what you can do for them. Following are a few of these methods that can help fill your appointment book.

RECALL. Many practices don't have a recall system, or when they do it is ineffective. The best results come from using the telephone, reminding patients that they are due for an exam and asking for the appointment while you have them on the phone.

Often practices let patients slip out of their recall system when a patient fails to make an appointment - find a way to keep them in your system. If your standard recall is two years and a patient has missed this recall, most offices will wait until the next anniversary date to contact them; however, why not try them again at the 2.5 year mark? You have to be careful and not annoy your patients with these calls, but simply remind them they are due and give them the opportunity to make an appointment.

FAMILY VISITS. When a patient is being seen, have your staff pull the charts for the whole family and see when they were in last. Armed with this information in the exam room, you can let them know that their family members need care and often appointments will be made before they leave.

FOLLOW-UP VISITS. Doctors often prescribe a treatment regime and then let the patient decide if they should come back for follow-up. It's better to book these patients back to make sure the treatment is working and decide if a change in course is needed.

ASK FOR THE APPOINTMENT. When I consult with a practice I will call the office (*and competing practices*) asking questions about the cost of eye exams. Many times I am provided with the basic information in a professional manner without ever asking if I want to make an appointment.

This is such a missed opportunity to turn a caller into a patient. Also, adding information that makes your practice stand out from the next office they are going to call can greatly increase the likelihood that these callers will book with you.

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MEMBERS' WEB PORTAL

Part One of a two part article focusing on the revitalization project of the Members' Web portal.
Written by Robin Galipeau
Senior Project Lead, Vurtur Communications Group

Earlier this spring, CAO decided it was time to review the status of the Members' web portal, and do a full discovery of market solutions that would increase the effectiveness of publishing information to its member base and to its constituents. After detailed analysis, the decision was made to integrate a full Content Management System (CMS), which is, for lack of better words, state of the art. The new infrastructure has been in development & integration for a few months now and is set to launch in early August.

In this first part article, we will highlight the details of the project and describe the benefits of the new environment. The second part of the article, which will be published in the next CJO, will be a "*How-to*" training based article, intended to help members instantly leverage this newly accessible web environment.

We live in a society where information overload is increasingly becoming a problem. With the advent of the web and e-mail, the amount of information exploded, and filtering relevant bits of useful content can become a time consuming task.

After an extensive review of the current member website, it became clear that the CAO needed to integrate a web solution that would enable them look beyond the next generation of Eye Health professionals. This was the perfect time to make the move and render a membership web portal that does more than simply post content pages.

The goal of this initiative is to provide a platform for authors and content managers to effectively transmit information to the target audience of the portal, and more importantly, to provide its readers with an easy and helpful experience which allows them to find relevant content in a flash. The portal will be instrumental in bringing you key industry information.

The environment is truly intelligent as is fully User aware; it will post all new updates from the

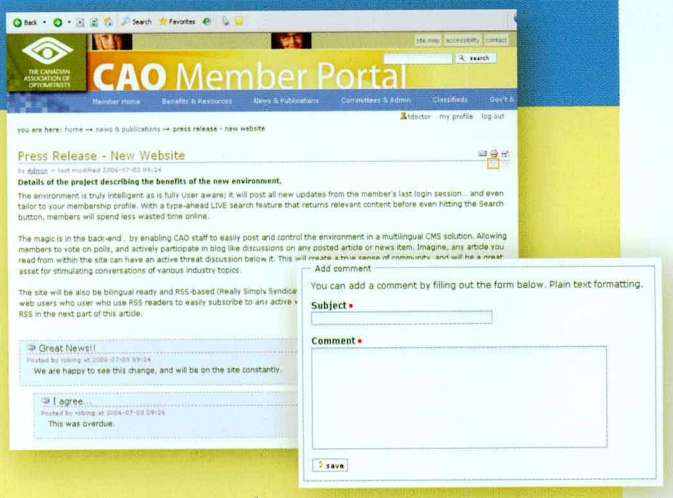
ASK FOR REFERRALS. It is a little awkward for some doctors to ask for referrals but patients take to this very well. They are pleased with your service and are more than happy to recommend you to their family and friends.

A simple phrase you can add to the end of your exam is: "We are now taking new patients so if a co-worker, a friend or someone in your family needs care, please ask them to contact us". This is a great opportunity to give your business card as well so they can take home or to their workplace.

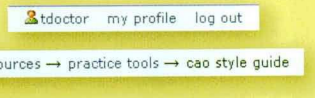
OFFICE ANNOUNCEMENTS. When you get new technology into your practice, send an announcement to your patients. Often companies will help you offset the cost of generating and mailing these. If you collect e-mail, you can use this as a quick and inexpensive way to get news out to your patients.

Using these techniques you should be able to add several new patients to your appointment schedule each week, providing a great return for the small investment you make.

REVITALIZATION



member's last login session... and even tailor to your membership profile.



With a type-ahead LIVE search feature that returns relevant content before even hitting the Search button, members will spend less wasted time online.

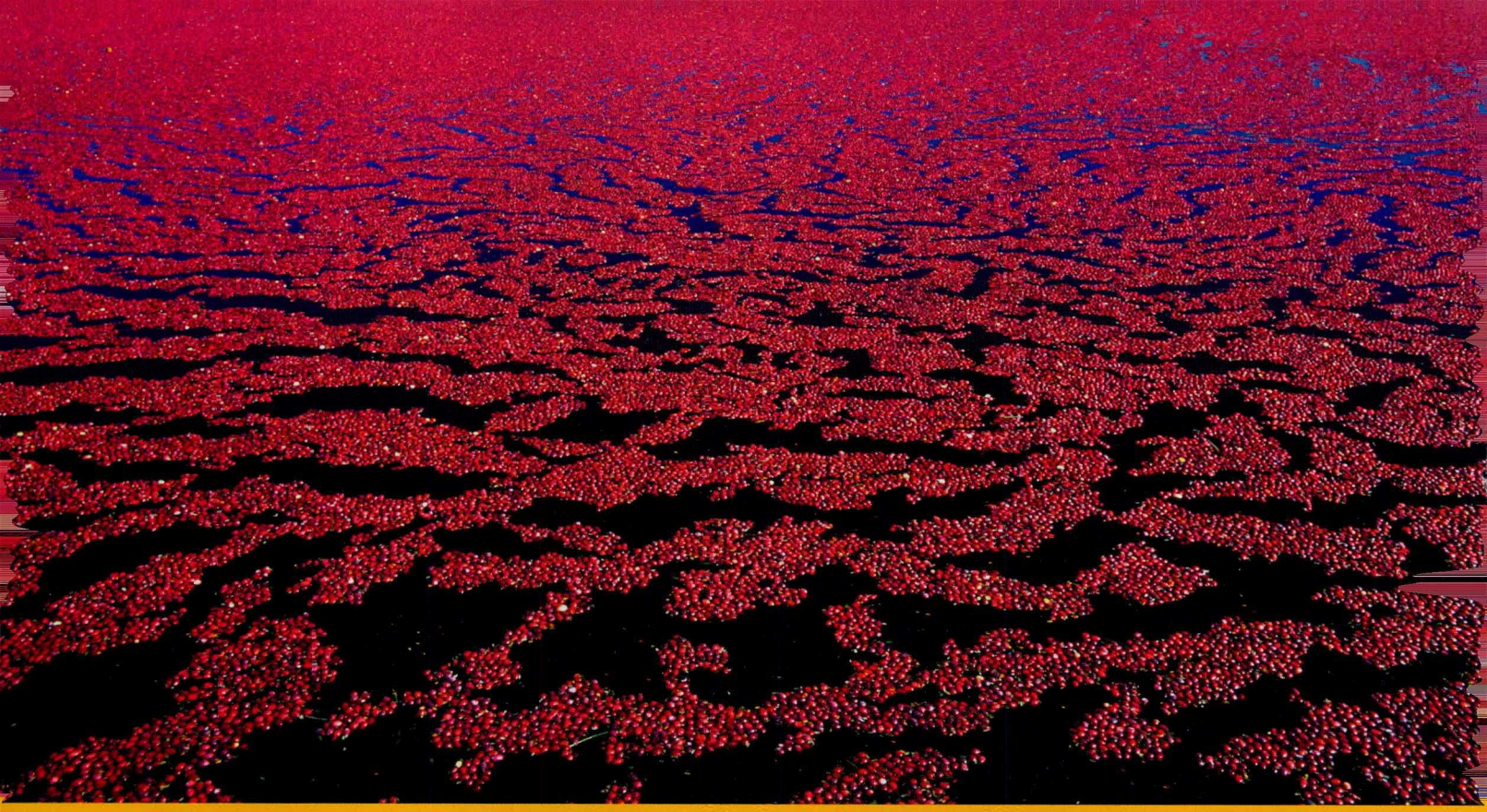
The magic is in the back-end... by enabling CAO staff to easily post and control the environment in a multilingual CMS solution. Allowing members to vote on polls, and actively participate in blog like discussions on any posted article or news item. Imagine, any article you read from within the site can have an active thread discussion below it. This will create a true sense of community, and will be a great asset for stimulating conversations of various industry topics.

The site will be also be bilingual ready and RSS-based (Really Simply Syndication), RSS is a broadcast technology standard which allows web users who user who use RSS readers to easily subscribe to any active web area of their choice. We will include more details on RSS in the next part of this article.

There will be a revamped "Classified Ads" area, which allows for members to manage their own posts, and all responses. Selling equipment or even a practice has never been easier. There will also be a "Careers section" by type and location.

CAO's *In Touch* Newsletter will also be revised and will be managed by this new platform. It will allow for easy access to searching new and old issues, and has a significant productivity gain for distributing the electronic version.

We are confident this new web CMS solution will significantly improve optometric communication regarding developments in the eye care community, and that it will be one of the most advanced Doctors' portals in the world.



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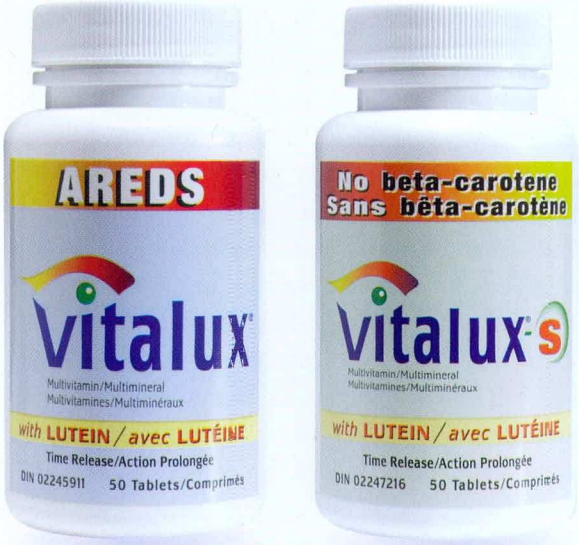

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Reference: 1. Environics Research Company, Survey of Optometrists and General Ophthalmologists, April 2004.

COETF REPORT
RAPPORT DU FFOCÉ

In an effort to highlight some of the projects and research by COETF award recipients, the COETF Trustees and Awards Committee have selected project reports to be published in the Canadian Journal of Optometry · Revue canadienne des optométristes. Recognizing that many recipients intend to publish their work in cited journals, the reports are not considered to be clinical articles. COETF funded research, when completed and peer reviewed, may be published in CJO·RCO and other journals. The COETF reports are intended to provide relevant information for the benefit of our readers and to showcase the high caliber of optometric research funded by COETF, Canadian optometry's national charity.

Biomechanical alteration of corneal morphology after Corneal Refractive Therapy

by Fenghe Lu, PhD student
Project supervisor, Dr Trefford Simpson

Summary: Moldability of the Ocular Surface in Response to Local Mechanical Stress

The purpose of this study is to determine the moldability of the ocular surface by examining the acute effects of local mechanical stress on optical performance, corneal shape and corneal/epithelial thickness after corneal refractive therapy for myopia and hyperopia (CRT® and CRT®H).

Twenty ametropes (spherical equivalent: -2.08 ± 2.31D) wore CRT® and CRT®H lenses in a random order on one eye (randomly selected). The lenses were worn for three separate time periods of 15 minutes, 30 minutes and one hour (randomly ordered, with each time period taking place on a separate day). Refractive errors, aberrations, corneal topography, and corneal/epithelial thickness (using OCT) were measured before and after the lens wear. The measurements were performed on the control eyes at the one hour visit only.

With both CRT® and CRT®H lens wear, significant changes occurred in many parameters from the 15 minute time point. Refractive error, total aberration and defocus decreased after CRT® lens wear (all $p<0.05$) and increased after CRT®H lens wear from baseline (all $p<0.05$). Astigmatism did not change (both $p>0.05$). Higher order aberration (HOA) including sperical aberration (SA) and coma, increased after CRT® and CRT®H lens wear (all $p<0.05$) from baseline, but the signed SA shift from positive to negative after CRT®H lens wear ($p<0.05$). The central cornea flattened and the mid-periphery steepened after CRT® lens wear, whereas the central cornea steepened and mid-periphery flattened after CRT®H lens wear ($p<0.05$). The central cornea swelled less than the mid-periphery after the CRT® lens wear ($p<0.05$), whereas the cornea swelled more than the mid-periphery after CRT®H lens wear ($p<0.05$). The central epithelium was thinner than the mid-periphery after CRT® lens wear ($p<0.05$) and thicker than the mid-periphery after CRT®H lens wear ($p<0.05$). Optical performance and corneal curvature did not change from baseline in the control eyes (all $p>0.05$).

In conclusion, CRT® lenses for myopia and hyperopia induce significant structural and optical changes in as little as 15 minutes. The cornea is highly moldable.

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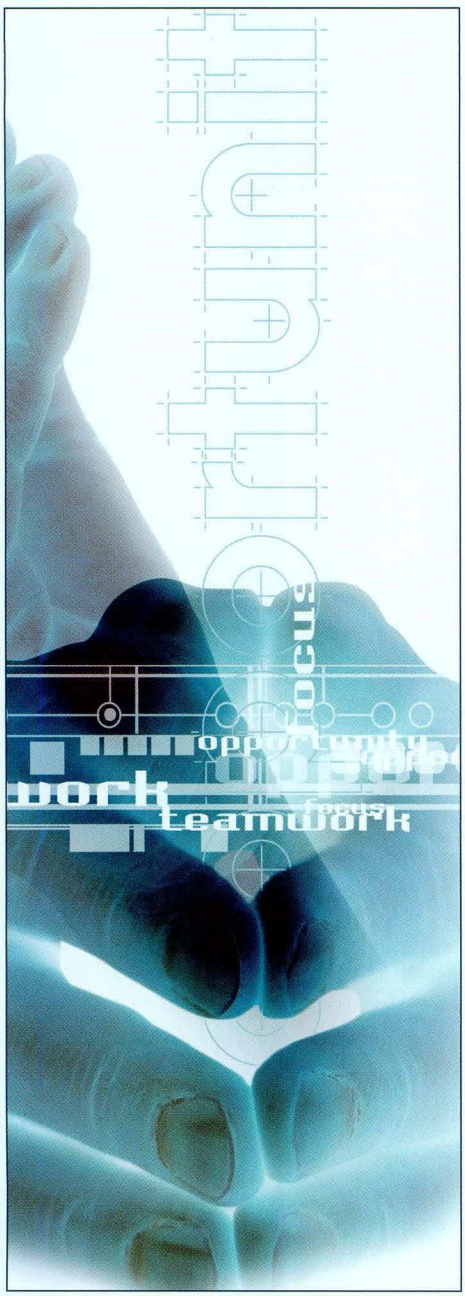
Working together nets a 52% return

La collaboration se traduit par un rendement net de 52 %



Canada's optometrists worked together again this spring to stage a cooperative television campaign. This cooperative effort resulted in a 52% return on investment. In other words, for every dollar contributed to the advertising fund by the provincial associations, the campaign delivered an average $1.52 worth of value.

This value is solely the result of *volume purchasing and access to national media.* Negotiations are not reflected in these calculations. Regionally purchased media has been valued at par as it is assumed that local buyers would be able to negotiate equally favourable rates. Hence, this is a purely objective calculation of value.

This continued cooperation benefits the provinces in three ways:

1. ECONOMIES OF SCALE: Pooling dollars into a national fund allows for one large television budget instead of ten smaller ones. Buying time on the entire CTV network is less expensive than buying that same time on each individual station in the network.

   Similarly, buying regional time from one supplier, Global Television for example, yields greater discounts as the network bases rates on the total package. However, as previously stated, *media purchased on local stations has been valued at par.*

2. ACCESS TO INTERSTITIAL TIME: CTV buys a significant amount of US programming wherein US networks are allowed to run two more commercial minutes per hour. Canadian networks must fill this extra time

Michael Walker
President, Walker Media Group

Key Note:
Numbers can often be impressive, but more important is understanding how this value is calculated. Depending on the approach, the value can invariably show higher or lower returns. Our media group provides dollar value on the basis that provinces benefit from negotiated rates that are achieved through the collective economies of scale. In the following article, Walker Media group provides the approach for this dollar value assessment.
Here you will also read about the added benefits regarding a united effort as it relates to the media buy.

— Dr Lillian Linton
Chair, National Public Education Committee.

For full article by Dr Linton, please see 'Knock, Knock, Eight Times' on page 125.

Province	Investment In National Television	Value Received by Network by Region CTV	CBC	Global	Total Value	Value per Dollar Invested
BC	98,472	113,705	4,565	41,520	159,790	$ 1.62
Alberta	90,576	102,316	4,725	33,186	140,227	$ 1.55
Saskatchewan	30,649	35,787	936	7,496	44,219	$ 1.44
Manitoba	25,199	28,049	1,521		29,570	$ 1.17
Ontario	253,570	371,618	19,963	10,040	401,621	$ 1.58
New Brunswick	22,768	23,575	660	5,426	29,661	$ 1.30
Nova Scotia	24,620	23,455	5,160		28,615	$ 1.16
PEI	3,536	3,984	256		4,240	$ 1.20
Nfld & Lab	10,230	1,647	625	12,760	15,033	$ 1.47
Total	559,620	704,137	38,411	12,760	852,976	$ 1.52

with non-commercial content, usually promotional time. In certain circumstances, where they can justify the need to the Canadian Radio and Television Commission (CRTC) they can sell sponsored information vignettes, known as 'interstitials', that provide a demonstrable benefit to the viewer. The CAO's message has been judged so vital that CTV has allowed us access to interstitial time. Interstitials are deeply discounted from the regular advertising rates and, with the exception of a few local programmes, are only sold on a national basis.

3. SPILL OVER: As television technology continues to explode, viewers are presented with ever-increasing options. One such option is time-shifting. Cable and satellite companies offer subscribers access to signals from stations in other regions. This can significantly increase the viewing audience of a program. For example, the spring 2006 Broadcast Bureau of Measurement (BBM) survey reported 163,400 women aged 25 to 54 watching Desperate Housewives on CIVT Vancouver on Sundays at 9 pm. Had BCAO bought their own advertising on this station, they would have reached these women but they would not have reached the 51,900 additional women who chose to watch that program on six other CTV stations from as near as Calgary and as far away as Saint John, New Brunswick. By contributing to the national campaign, BC reached all 215,300 for less than the cost for a local spot!

The value per province was determined by totalling the comparable cost of purchasing a like schedule on each individual station purchased. The calculation ignored the fact that interstitial time could not be bought on most of these programs nor could closed-captioning units so the figures on the accompanying chart are the minimum values enjoyed by each province.

The CAO has approved purchase of the fall 2006/spring 2007 campaign, which will be bought simultaneously for the first time. This strategy will give the CAO greater buying clout than ever before as well as the lowest rates on the broadest range of programs. The CAO spot will continue to be seen in such programs as *The Amazing Race*, *Desperate Housewives* and *Grey's Anatomy* at prices unavailable to the local buyer. When a dedicated group agree on direction, each individual will get where they're going much faster.

Les optométristes du Canada ont travaillé ensemble encore ce printemps pour mettre sur pied une campagne télévisuelle coopérative. Cet effort s'est traduit par un rendement de 52 %. Autrement dit, chaque dollar consacré par les associations provinciales au fonds publicitaire pendant la campagne a vu sa valeur passer à 1,52 $.

Cette collaboration représente un avantage pour les provinces de trois façons:

❶ ÉCONOMIES D'ÉCHELLE : Le regroupement des dollars dans un fonds national crée un gros budget de télévision plutôt que dix petits budgets. Il est moins coûteux d'acheter du temps d'antenne sur tout le réseau CTV qu'à chaque station qui en fait partie.

❷ ACCÈS À LA PUBLICITÉ INTERSTITIELLE : CTV achète un volume considérable de programmation aux États-Unis, où les réseaux ont droit à deux minutes de publicité à l'heure de plus qu'ici. Les réseaux canadiens doivent remplir ces blocs de contenu non commercial, généralement des messages promotionnels. Dans certains cas, s'ils peuvent en justifier le besoin au Conseil de la radiodiffusion et des télécommunications canadiennes (CRTC), ils peuvent vendre des capsules d'information commanditées, qu'on appelle de la « publicité interstitielle », qui démontrent un avantage pour le téléspectateur. Le message de l'ACO a été jugé si crucial que CTV nous a permis de faire de la publicité interstitielle. Ces blocs publicitaires sont beaucoup moins coûteux que les blocs publicitaires classiques et, sauf pour quelques émissions locales, ils sont uniquement vendus à l'échelle nationale.

❸ DÉBORDEMENT : Puisque la technologie télévisuelle poursuit son expansion, les téléspectateurs se voient offrir un nombre de plus en plus grand d'options, comme la programmation vidéo. Les fournisseurs de services par câble et par satellite offrent aux abonnés l'accès aux signaux des stations des autres régions. Ainsi, l'auditoire d'une émission s'accroît considérablement. Par exemple, le sondage BBM (Broadcast Bureau of Measurement) du printemps 2006 révèle que 163 400 femmes de 25 à 54 ans regardent Desperate Housewives à CIVT Vancouver le dimanche à 21 h. Si l'AOCB avait acheté elle-même sa publicité à cette station, elle aurait rejoint ces 163 400 femmes, mais pas les 51 900 autres femmes qui ont choisi de regarder l'émission à six autres stations de CTV, qu'elles soient proches (Calgary) ou loin (Saint-Jean, au Nouveau-Brunswick). En contribuant à la campagne nationale, la Colombie-Britannique a rejoint la totalité de ces 215 300 téléspectatrices en payant un montant inférieur au coût d'un message publicitaire local!

On a déterminé la valeur par province en faisant le total des coûts d'achat d'une programmation comparable à chacune des stations où l'on a acheté de la publicité. Ce calcul ne tient pas compte du fait qu'il était impossible d'acheter de la publicité interstitielle ou des sous-titres pour la plupart des émissions, si bien que les statistiques du diagramme ci-joint présentent les valeurs minimales dont bénéficie chaque province.

L'ACO a approuvé l'achat de publicité pour la campagne automne 2006 – printemps 2007, qui se fera simultanément pour la première fois. Cette stratégie donnera à l'ACO un plus grand pouvoir d'achat que jamais et lui garantira les tarifs les plus bas pour le plus vaste éventail d'émissions.

Le message de l'ACO continuera de passer pendant les émissions *The Amazing Race*, *Desperate Housewives* et *Grey's Anatomy* à des prix dont ne peuvent bénéficier les acheteurs locaux. Lorsqu'un groupe dévoué s'entend sur une orientation, chaque membre atteint ses objectifs beaucoup plus vite.

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*CIBA Vision data on file 2005

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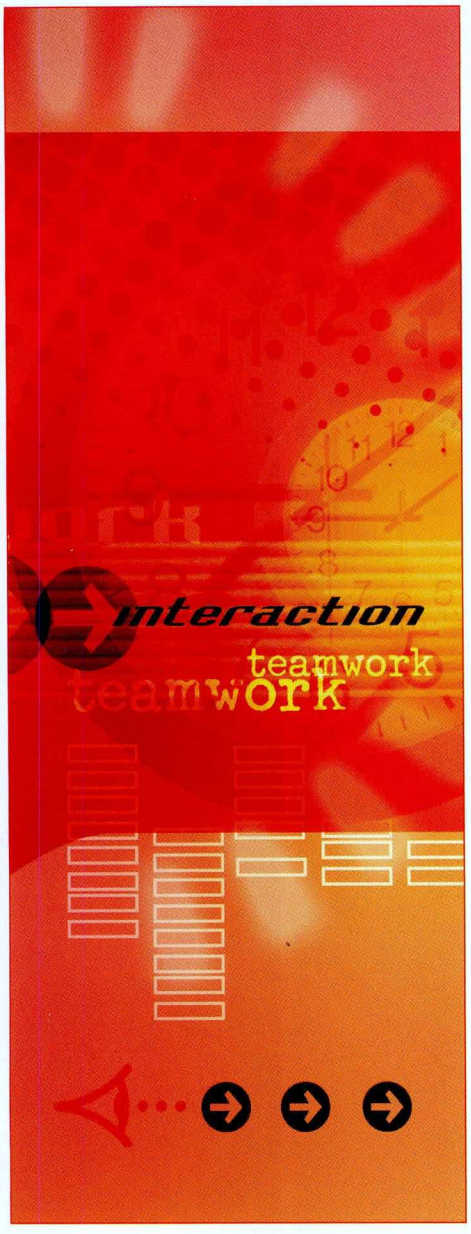
What's In the PR Pipeline?

Quoi de neuf dans les relations publiques?



October is Eye Health Month, a time when related organizations naturally develop campaigns to help educate the public about vision care and related issues. Many of these efforts take place around World Sight Day, which falls in 2006 on Thursday, October 12th.

It can be very difficult to break through to media buzz when there are other competing stories. To maximize the opportunity to successfully garner media coverage about preventive eye health examinations, it is essential to develop a strategic public relations campaign that is fully rounded – one that exposes the issues through statistics, facts, figures and expert opinion and offers ways to combat the issues or solutions. Ideally, the campaign will be based on a relevant topic that is timely and interesting to media and key targets.

Recognizing this, the Canadian Association of Optometrists (CAO) together with public relations firm Fleishman-Hillard is developing a campaign designed to educate consumers about the eye health knowledge and gaps in prevention. This campaign will be launched as the 2006 National Report Card on Eye Health awareness.

Canadians will be polled on eye health knowledge and practices, which will help identify areas of needs and gaps in care. Polling provides the opportunity to break down data and analyze it according to various demographics – gender, ethnicity, region, etc. All information will be

Teresa Pavlin
Account Director

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HILLARD

The Holmes Report "2005 International Agency of the Year"

KEY NOTE
Visit the CAO Member-only website for regular updates on Public Relations activities.

In mid-September, an Eye Health Month Media kit will be available for members to download. It will contain resources tying into the national PR effort, including News Releases, an Ipsos-Reid study and a special PowerPoint on the National Report Card on Eye Health Awareness.

Create a Buzz about eye health and don't forget to enter your local project to the CAO Eye Dare You challenge (*see page 130 for details*).

compiled into a report and launched simultaneously in key markets across the country on World Sight Day. The campaign will be supported by local spokespeople who will be media trained to adequately communicate CAO key messages. In a perfect world, media coverage will be garnered in print daily newspapers, community papers, on leading web sites, and talked about on radio and television.

The ultimate goal of this program is to put preventive eye health exams on the radar and raise CAO's overall profile especially during Eye Heath Month. Further, CAO is looking to build its overall credibility and reputation amongst Canadians, making it top of mind for media when an eye-related story breaks.

Resources such as a media kit including a press release and backgrounders plus statistics from the National Report Card will be made available electronically for use by Optometrists in their local markets. So while this

Integrated Communications

by Jim Ryan, Ryan Edwards Communications

Eye Heath Month provides another wonderful opportunity to raise the profile of the importance of regular optometric eye care. No matter the size of your community, the number of media outlets, the goal should be to make not only the public but as importantly, other health care stakeholders understand the importance and benefits of preventive eye health check-ups.

The mission of NPEC is to find the most powerful and engaging way to communicate the eye health message to the public. Public research of the communications strategy and the resulting television commercial and PSA clearly validate that the 'tougher', much more direct message stance is engaging, informative and persuasive.

While there are many parts to the NPEC program, none are developed or produced in isolation of the overall eye health communications strategy and message. All relate back to the core strategy and therefore, each aspect of the program, be it a television commercial, brochure, news release, direct mail postcard etc., supports and reinforces the central eye health care message platform.

When it comes to this year's Eye health Month program the core strategy provides us with the platform to develop a program that should again drive home the need and benefit of regular eye health check-ups. The focus of effort will highlight the gaps in eye health awareness, specifically highlighting and dispelling myths regarding 20/20 vision. This is 'dead-on' strategy and relates back to and integrates with the primary serious eye disease prevention message communicated through the national TV commercial and PSA messages.

In order to add depth and interest to this demographic phenomenon, NPEC has again committed to participate in an Ipsos-Reid Omnibus study. Similar to last year, the questions will be designed to form a compelling story for media to evaluate the importance/lack of importance versus other things in their lives.

The Eye Health Month program will then use the findings to develop and exploit the more newsworthy aspects from the study. The benefits of this integrated approach are many, but essentially, it will help ensure that the important eye health message is communicated in a consistent, effective and economical manner, so that when the public see or hear an eye health care message they are continually reminded that they have a choice:

Vision loss is often preventable.
See an optometrist for an eye health check up regularly.
Or skip it – and wish you hadn't!

The Canadian Association of Optometrists

SUPPORT OUR 2006 PARTNERS

Eye Health Council of Canada

The production, research and collateral materials of the national media are funded by the Eye Health Council of Canada, a dedicated group of ophthalmic suppliers who are committed to working closely with the Canadian Association of Optometrists to promote preventive eye health examinations to Canadians.

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national push to direct attention to the importance of preventive eye exams happens, local Optometrists can act to provide resources to their local community media outlets and participate in promoting awareness during October Eye Health Month in their own communities. The local angel is essential to the success of any awareness program, and provides increased relevancy and context to the issue of eye health.

Join us and stay tuned so that we can mobilize our efforts and ensure that preventive eye health examinations by optometrists is the buzz in Canada.

À l'occasion du Mois de la santé de l'œil, en octobre, les organismes spécialisés dans le domaine lancent naturellement des campagnes pour informer la population sur la santé oculo-visuelle préventive et d'autres enjeux du même ordre. Bon nombre de ces efforts se déroulent à l'occasion de la Journée mondiale de la vue, qui, en 2006, aura lieu le jeudi 12 octobre.

En général, les organisations et les associations canadiennes cherchent à se faire entendre à l'occasion de la Journée mondiale de la vue. Il peut être très difficile d'attirer l'attention des médias puisque d'autres nouvelles ont aussi leur place. Pour optimiser nos chances de faire l'objet d'une couverture médiatique satisfaisante, il est essentiel que nous mettions sur pied une campagne stratégique de relations publiques parfaitement équilibrée qui expose les enjeux en présentant des statistiques, des faits, des chiffres et des opinions d'experts et qui offre des solutions ou des façons de combattre les problèmes. Idéalement, cette campagne doit être axée sur un sujet pertinent, d'actualité et intéressant pour les médias et l'auditoire cible.

Consciente de cet enjeu, l'Association canadienne des optométristes (ACO), avec l'aide du cabinet de relations publiques Fleishman-Hillard, prépare une campagne visant à informer les consommateurs sur la santé oculo-visuelle et le manque de prévention. Cette campagne sera lancée dans le cadre du Bulletin national 2006 sur la sensibilisation à la santé oculo-visuelle.

On interrogera les Canadiens sur leurs connaissances et leurs pratiques en santé oculo-visuelle, ce qui nous permettra de faire la liste des besoins et des lacunes dans les soins. Nous pourrons ainsi répartir les données et les analyser conformément à de nombreux facteurs démographiques, comme le sexe, l'origine ethnique, la région, etc. Toutes les données seront compilées dans un rapport qui sera lancé simultanément dans les grands marchés du Canada lors de la Journée mondiale de la vue. Cette campagne sera soutenue dans chaque région par des porte-parole qui recevront une formation médiatique pour bien communiquer les messages clés de l'ACO. Dans un monde parfait, ces messages bénéficieraient d'une couverture médiatique dans les quotidiens, les journaux communautaires et les sites Web importants, et on en parlerait à la radio et à la télévision.

Ce programme a pour principaux objectifs de sensibiliser les gens à subir un examen de la vue préventif et de hausser le profil global de l'ACO, surtout pendant le Mois de la santé de l'œil. De plus, l'ACO cherche à établir sa crédibilité et sa réputation générales auprès des Canadiens, afin que les manchettes sur la santé oculo-visuelle attirent immédiatement l'attention des médias.

Les ressources, notamment une trousse médiatique comprenant un communiqué, des documents contextuels et des statistiques du Bulletin national, seront offertes aux optométristes sur support électronique, ce qui leur permettra de s'en servir dans leur région. Ainsi, s'il existe cette initiative nationale visant à diriger l'attention sur l'importance des examens de la vue préventifs, chaque optométriste pourra, dans sa région, prendre des mesures pour offrir des ressources aux médias de sa collectivité et participer à la promotion de la sensibilisation au cours du Mois de la santé de l'œil en octobre. La contribution locale est essentielle à la réussite de tout programme de sensibilisation et donne de la pertinence et du contexte à la question de la santé oculo-visuelle.

Visitez le site Web du membre de l'ACO pour les mises à jour régulières sur des activités des relations publiques.

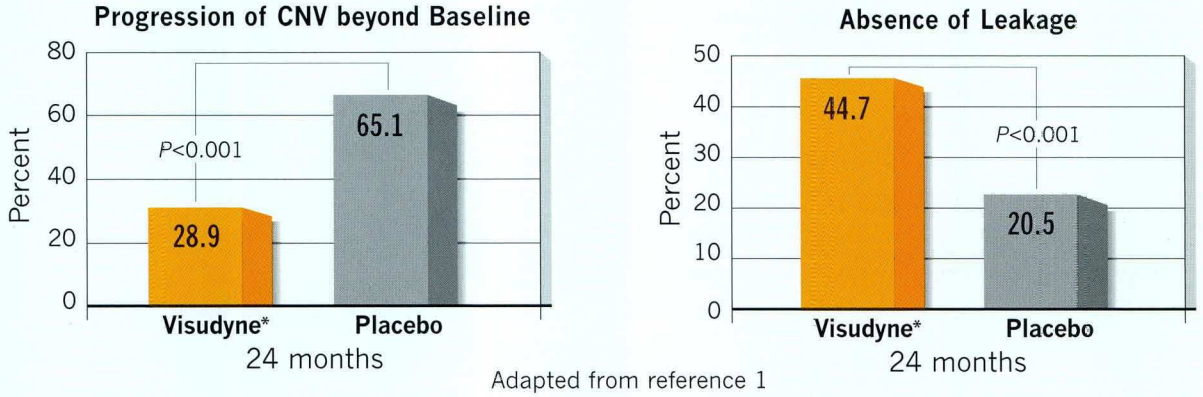
En Septembre, un kit de médias du mois de la santé de l'œil sera disponible pour le téléchargement. Il contiendra des communiqués, une étude d'Ipsos-Reid et une présentation électronique sur un « *Bulletin national sur la sensibilisation à la santé oculo-visuelle* ».

Créez un bourdonnement au sujet de la santé de l'œil et n'oubliez pas de présenter votre projet local pour le concours « Je vous mets au défi » (*voir la page 130*)!

THE WORLD IS BEAUTIFUL > TO LOOK AT

Pr Visudyne* helps restrict lesion growth[1†]

- Impact of Visudyne* (verteporfin for injection) on Predominantly Classic CNV:



Adapted from reference 1

- At 24 months, significantly fewer Visudyne* patients with predominantly classic CNV had progression of classic CNV compared to placebo[1]

Visudyne* Therapy is indicated for the treatment of age-related macular degeneration, pathologic myopia and presumed ocular histoplasmosis in patients with predominantly classic subfoveal choroidal neovascularization.

VISUDYNE* is a drug to be used in Visudyne* Therapy. Visudyne* Therapy is a two-stage process requiring administration of both verteporfin for injection and non-thermal red light.

CAUTION: Visudyne* Therapy should only be used by physicians trained in the treatment of age-related macular degeneration and pathologic myopia using photodynamic therapy with verteporfin for injection and specified lasers. Following VISUDYNE* injection, residual photosensitivity for 48 hours or more may result in erythema and blistering of the skin when exposed to sunlight or brightly focused indoor light.

VISUDYNE* is contraindicated for patients with porphyria or a known hypersensitivity to any component of this preparation, and in patients with severe hepatic impairment.

Severe vision decrease, equivalent of 4 lines or more, within 7 days has been reported in 1 – 4% of patients. At least partial recovery, defined as more than one line improvement of vision following the event, occurred in most patients (approximately 75% of patients). Safety and efficacy beyond 2 years have not been established.

† Treatment of AMD with PDT. n=609. Combined results from two multicentre, randomized, parallel group, Phase III studies of subfoveal choroidal neovascularization secondary to age-related macular degeneration using photodynamic therapy with verteporfin compared to placebo. Avg. number of treatments: Year 1=3.4, Year 2=2.1 Safety and efficacy beyond 2 years have not been established.

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Visudyne verteporfin for injection

VIS-051114E

Pr Visudyne*
verteporfin for injection

PRESCRIBING INFORMATION (September 2004)

PrVisudyne* Verteporfin for Injection for Intravenous Use

PHOTOSENSITIZING AGENT FOR AGE-RELATED MACULAR DEGENERATION, PATHOLOGIC MYOPIA AND PRESUMED OCULAR HISTOPLASMOSIS

VISUDYNE* (verteporfin) is a drug to be used in Visudyne* Therapy. Visudyne* Therapy is a two-stage process requiring administration of both verteporfin for injection and nonthermal red light.

CAUTION: Visudyne* Therapy should only be used by physicians trained in the treatment of age-related macular degeneration and pathologic myopia using photodynamic therapy with verteporfin for injection and specified lasers. Following VISUDYNE* injection, residual photosensitivity for 48 hours or more may result in erythema and blistering of the skin when exposed to sunlight or brightly focused indoor light.

INDICATIONS AND CLINICAL USE Visudyne* Therapy is indicated for the treatment of aga-related macular degeneration, pathologic myopia and presumed ocular histoplasmosis in patients with predominantly classic subfoveal choroidal neovascularization.

CONTRAINDICATIONS VISUDYNE* (verteporfin) is contraindicated for patients with porphyria or a known hypersensitivity to any component of this preparation, and in patients with severe hepatic impairment.

WARNINGS Following injection with VISUDYNE* (verteporfin), care should be taken to avoid exposure of skin or eyes to direct sunlight or bright indoor light for 2 days. In the event of extravasation during infusion, the extravasation area must be thoroughly protected from direct light until the swelling and discoloration have faded in order to prevent the occurrence of a local burn which could be severe. If emergency surgery is necessary within 48 hours after treatment, as much of the internal tissue as possible should be protected from intense light. Patients who experience severe decrease of vision of 4 lines or more within 1 week after treatment should not be retreated, at least until their vision completely recovers to pretreatment levels and the potential benefits and risks of subsequent treatment are carefully considered by the treating physician.

Caution should be exercised when Visudyne* Treatment under general anesthesia is considered (See PRECAUTIONS).

Use of incompatible lasers that do not provide the required characteristics of light for the photoactivation of VISUDYNE* could result in incomplete treatment due to partial photoactivation of VISUDYNE*, overtreatment due to overactivation of VISUDYNE*, or damage to surrounding normal tissue.

Pregnancy TERATOGENIC EFFECTS There are no adequate and well-controlled studies in pregnant women. VISUDYNE* should be used during pregnancy only if the benefit justifies the potential risk to the fetus. Rat fetuses of dams administered verteporfin for injection intravenously at ≥10 mg/kg/day during organogenesis (approximately 40-fold the human exposure at 6 mg/m^2 based on AUC_{inf} in female rats) exhibit an increase in the incidence of anophthalmia/microphthalmia. Rat fetuses of dams administered 25 mg/kg/day (approximately 125-fold the human exposure at 6 mg/m^2 based on AUC_{inf} in female rats) had an increased incidence of wavy ribs and fetal alterations. In pregnant rabbits, a decrease in body weight gain and food consumption was observed in animals that received verteporfin for injection intravenously at 10 mg/kg/day during organogenesis. The no observed adverse effect level (NOAEL) for maternal toxicity was 3 mg/kg/day (approximately 7-fold the human exposure at 6 g/m^2 based on body surface area). There were no teratogenic effects observed in rabbits at doses up to 10 mg/kg/day.

Nursing Mothers Verteporfin and its diacid metabolite have been found in the breast milk of one woman after a 6 mg/m^2 infusion. The verteporfin breast milk levels were up to 66% of the corresponding plasma levels. Verteporfin was undetectable after 12 hours. The diacid metabolite had lower peak concentrations but persisted up to at least 48 hours. Because the effects of verteporfin and its metabolite on neonates are unknown, either nursing should be interrupted or treatment postponed, taking into account the risks of delayed treatment to the mother. Women should not nurse for 96 hours after Visudyne* Therapy.

Pediatric Use Safety and effectiveness in pediatric patients have not been established.

PRECAUTIONS

General Extravasation of VISUDYNE*, especially if the affected area is exposed to light, can cause severe pain, inflammation, swelling or discoloration at the injection site. The relief of pain may require analgesic treatment.

Standard precautions should be taken during infusion of VISUDYNE* (verteporfin) to avoid extravasation. Examples of standard precautions include, but are not limited to:

- A free-flowing intravenous (IV) line should be established before starting VISUDYNE* infusion and the line should be carefully monitored.
- Due to the possible fragility of vein walls of some elderly patients, it is strongly recommended that the largest arm vein possible, preferably antecubital, be used for injection.
- Small veins in the back of the hand should be avoided.

If extravasation does occur, the infusion should be stopped immediately. The extravasation area must be thoroughly protected from direct light until the swelling and discoloration have faded in order to prevent the occurrence of a local burn which could be severe. Cold compresses should be applied to the injection site (see Warnings).

Visudyne* Therapy should be considered carefully in patients with moderate hepatic impairment or biliary obstruction since there is no clinical experience with verteporfin in such patients.

Chest pain, vaso-vagal reactions and hypersensitivity reactions, which on rare occasion can be severe, have been reported. Both vaso-vagal and hypersensitivity reactions are associated with general symptoms such as syncope, sweating, dizziness, rash, dyspnea, flushing, and changes in blood pressure and heart rate.

There is no clinical data related to the use of VISUDYNE* in anesthetized patients. At a >10-fold higher dose given by bolus injection to sedated or anesthetized pigs, verteporfin caused severe hemodynamic effects, including death, probably as a result of complement activation. These effects were diminished or abolished by pretreatment with antihistamine and they were not seen in conscious non-sedated pigs or in any other species, whether conscious or under general anesthesia. Caution should be exercised when Visudyne* Treatment under general anesthesia is considered (see WARNINGS).

VISUDYNE* at >5 times the expected maximum plasma concentration in treated patients caused a low level of complement activation in human blood in vitro. VISUDYNE* resulted in a concentration-dependent increase in complement activation in human blood in vitro. At 10 µg/ml (approximately 5 times the expected plasma concentration in human patients), there was mild to moderate complement activation. At ≥ 100 µg/mL, there was significant complement activation. Signs (chest pain, syncope, dyspnea, and flushing) consistent with complement activation have been observed in < 1% of patients administered VISUDYNE*. Patients should be supervised during VISUDYNE* infusion.

Photosensitivity Patients who receive VISUDYNE will become temporarily photosensitive for 2 days after the infusion. During that period, patients should avoid exposure of unprotected skin, eyes or other body organs to direct sunlight or bright indoor light. This includes, but is not limited to, tanning salons, bright halogen lighting and high power lighting used in surgical operating rooms or dental offices (see Warnings). Prolonged exposure to light from light emitting medical devices such as pulse oximeters should also be avoided for 48 hours following VISUDYNE* administration. If treated patients must go outdoors in daylight during the first 2 days after treatment, they should protect all parts of their skin and their eyes by wearing protective clothing and dark sunglasses. UV sunscreens are not effective in protecting against photosensitivity reactions because photoactivation of the residual drug in the skin can be caused by visible light. Patients should not stay in the dark and should be encouraged to expose their skin to ambient indoor light, as it will help inactivate the drug in the skin through a process called photobleaching.

Drug Interactions Drug interaction studies in humans have not been conducted with VISUDYNE*. Verteporfin is rapidly eliminated by the liver, mainly as unchanged drug. Metabolism is limited and occurs by liver and plasma esterases. Microsomal cytochrome P450 does not appear to play a role in verteporfin metabolism. Based on the mechanism of action of verteporfin, many drugs used concomitantly could influence the effect of Visudyne Therapy. Possible examples include the following. Calcium channel blockers, polymyxin B or radiation therapy could enhance the rate of VISUDYNE* uptake by the vascular endothelium. Other photosensitizing agents (e.g., tetracyclines, sulfonamides, phenothiazines, sulfonylurea hypoglycemic agents, thiazide diuretics and griseofulvin) could increase the potential for skin photosensitivity reactions. Compounds that quench active oxygen species or scavenge radicals, such as dimethyl sulfoxide, b-carotene, ethanol, formate and mannitol, would be expected to decrease VISUDYNE* activity. Drugs that decrease clotting, vasoconstriction or platelet aggregation, e.g., thromboxane A_2 inhibitors, could also decrease the efficacy of Visudyne Therapy.

Carcinogenesis, Mutagenesis, Impairment of Fertility No studies have been conducted to evaluate the carcinogenic potential of verteporfin. Verteporfin was not mutagenic, in the absence or presence of light, when studied in microbial mutagenicity, unscheduled DNA synthesis, mammalian point mutation, chromosome aberration, and mouse micronucleus assays.

Photodynamic therapy (PDT) as a class has been reported to result in DNA damage including DNA strand breaks, alkali-labile sites, DNA degradation, and DNA-protein cross links which may result in chromosomal aberrations, sister chromatid exchanges (SCE), and mutations. In addition, other photodynamic therapeutic agents have been shown to increase the incidence of SCE in Chinese hamster ovary (CHO) cells irradiated with visible light and in Chinese hamster lung fibroblasts irradiated with near UV light, increase mutations and DNA-protein cross-linking in mouse L5178 cells, and increase DNA-strand breaks in malignant human cervical carcinoma cells, but not in normal cells. Verteporfin was not evaluated in these latter systems. It is not known how the potential for DNA damage with PDT agents translates into human risk.

No effect on male or female reproduction has been observed in rats following intravenous administration of verteporfin for injection up to 10 mg/kg/day (approximately 60- and 40-fold human exposure at 6 mg/m^2 based on AUC_{inf} in male and female rats, respectively). Males were dosed 28 days prior to and during mating until necropsy (approximately 60 days). Females were dosed for 14 days prior to and during mating until Gestation Day 7.

Geriatric Use Approximately 90% of the patients treated with VISUDYNE* in the clinical efficacy trials were over the age of 65. A reduced treatment effect was seen with increasing age.

Fluorescein Angiography Standard precautions for fluorescein angiography should be observed. Certain medical conditions (such as pregnancy or allergy to fluorescein) may make the injection of fluorescein dye for a particular patient inadvisable in the opinion of the ophthalmologist. Approximately 1/225,000 patients may experience a severe reaction resulting in a heart attack, stroke, or death. Most reactions are mild, such as temporary nausea or vomiting in a few patients and a rash, hives, or wheezing in about 1%.

Effects on ability to drive and use machines Following Visudyne* Therapy, patients may develop transient visual disturbances such as abnormal vision, vision decrease, or visual field defects that may interfere with their ability to drive or use machines. Patients should be advised to not drive or use machines as long as these symptoms persist.

ADVERSE REACTIONS In randomized clinical trials in choroidal neovascularization, mainly in patients with age-related macular degeneration (AMD), the most frequently reported adverse events to VISUDYNE* (verteporfin) are injection site reactions (including pain, edema, inflammation, extravasation, rashes, and less commonly, hemorrhage and discoloration) and visual disturbances (including blurred vision, flashes of light, decreased visual acuity and visual field defects such as grey or dark haloes, scotoma and black spots). These events occurred in approximately 10-30% of patients. The following events, listed by Body System, occurred in 1-10% of patients:

Ocular Treatment Site: Blepharitis, cataracts, conjunctivitis/conjunctival injection, dry eyes, ocular itching, severe vision decrease with or without subretinal or vitreous hemorrhage

Body as a Whole:	Asthenia, infusion related pain primarily presenting as back pain, fever, flu syndrome, photosensitivity reactions.
Cardiovascular:	Atrial fibrillation, hypertension, peripheral vascular disorder, varicose veins
Dermatologic:	Eczema
Digestive:	Constipation, nausea
Hemic and Lymphatic:	Anemia, white blood cell count decreased, white blood cell count increased
Hepatic:	Elevated liver function tests
Metabolic/Nutritional:	Albuminuria, creatinine increased
Musculoskeletal:	Arthralgia, arthrosis, myasthenia
Nervous System:	Hypesthesia, sleep disorder, vertigo
Respiratory:	Cough, pharyngitis, pneumonia
Special Senses:	Cataracts, decreased hearing, diplopia, lacrimation disorder
Urogenital:	Prostatic disorder

Severe vision decrease, equivalent of 4 lines or more, within 7 days has been reported in 1-4% of patients. At least partial recovery of vision, defined as more than one line improvement of vision following the event, occurred in most patients (approximately 75% of patients).

Photosensitivity reactions usually occurred in the form of skin sunburn following exposure to sunlight during the first 2 days after treatment usually within 24 hours of VISUDYNE* infusion. The higher incidence of back pain in the VISUDYNE* group occurred primarily during infusion and was not associated with any evidence of hemolysis or allergic reaction and usually resolved by the end of the infusion.

The following adverse events have occurred either at low incidence (<1%) during clinical trials or have been reported during the use of VISUDYNE* in clinical practice where these events were reported voluntarily from a population of unknown size and hence the frequency of occurrence cannot be determined precisely. They have been chosen for inclusion based on factors such as seriousness, frequency of reporting, possible causal connection to VISUDYNE*, or a combination of these factors:

Ocular Treatment Site: Retinal detachment (nonrhegmatogenous), retinal or choroidal vessel nonperfusion, severe vision decrease with retinal hemorrhage.

Nonocular Events: Chest and back pain (which may radiate to other areas including but not limited to pelvis, shoulder, girdle or rib cage) and other musculoskeletal pain during infusion.

Vaso-vagal and hypersensitivity reactions can occur, which on rare occasions can be severe. General symptoms can include headache, malaise, syncope, sweating, dizziness, rash, urticaria, pruritus, dyspnea, flushing and changes in blood pressure or heart rate.

Adverse reactions reported in treated eyes in patients with pathologic myopia or presumed ocular histoplasmosis were similar to those reported in AMD patients.

SYMPTOMS AND TREATMENT OF OVERDOSAGE Overdose of drug and/or light in the treated eye may result in nonperfusion of normal retinal vessels with the possibility of severe decrease in vision that could be permanent. An overdose of drug will also result in the prolongation of the period during which the patient remains photosensitive to bright light. In such cases, it is recommended to extend the photosensitivity precautions for a time proportional to the overdose.

DOSAGE AND ADMINISTRATION A course of Visudyne* Therapy is a two-step process requiring administration of both drug and light. The first step is the intravenous infusion of VISUDYNE* (verteporfin). The second step is the activation of VISUDYNE* with light from a nonthermal diode laser. The physician should re-evaluate the patient every 3 months and if choroidal neovascular leakage is detected on fluorescein angiography, therapy should be repeated.

Lesion Size Determination The greatest linear dimension (GLD) of the lesion is estimated by fluorescein angiography and color fundus photography. All classic and occult CNV, blood and/or blocked fluorescence, and any serous detachments of the retinal pigment epithelium should be included for this measurement. Fundus cameras with magnification within the range of 2.4-2.6X are recommended. The GLD of the lesion on the fluorescein angiogram must be corrected for the magnification of the fundus camera to obtain the GLD of the lesion on the retina.

Spot Size Determination The treatment spot size should be 1000 microns larger than the GLD of the lesion on the retina to allow a 500 micron border, ensuring full coverage of the lesion. The maximum spot size used in the clinical trials was 6400 microns. The nasal edge of the treatment spot must be positioned at least 200 microns from the temporal edge of the optic disc, even if this will result in lack of photoactivation of CNV within 200 microns of the optic nerve. For treatment of lesions that are larger than the maximum treatment spot size, apply the light to the greatest possible area of active lesion.

VISUDYNE* Administration VISUDYNE* should be reconstituted according to the directions given under PHARMACEUTICAL INFORMATION, Reconstitution. The volume of reconstituted VISUDYNE* required to achieve the desired dose of 6 mg/m^2 body surface area is withdrawn from the vial and diluted with 5% Dextrose for Injection to a total infusion volume of 30 mL. The full infusion volume is administered intravenously over 10 minutes at a rate of 3 mL/minute, using an appropriate syringe pump and in-line filter. The clinical studies were conducted using a standard infusion line filter of 1.2 microns. Precautions should be taken to prevent extravasation at the injection site. If extravasation occurs, protect the site from light (see Precautions).

Light Administration Initiate 689 nm wavelength laser light delivery to the patient 15 minutes after the start of the 10-minute infusion with VISUDYNE*. Photoactivation of VISUDYNE* is controlled by the total light dose delivered. In the treatment of choroidal neovascularization, the recommended light dose is 50 J/cm^2 of neovascular lesion administered at an intensity of 600 mW/cm^2 . This dose is administered over 83 seconds. Light dose, light intensity, ophthalmic lens magnification factor and zoom lens setting are important parameters for the appropriate delivery of light to the predetermined treatment spot. Follow the laser system manuals for procedure set up and operation. The laser system must be acceptable for the delivery of a stable power output at a wavelength of 689±3 nm. Light is delivered to the retina as a single circular spot via a fiber optic and a slit lamp, using a suitable ophthalmic magnification lens. The following laser systems have been tested for compatibility with VISUDYNE* and are acceptable for the delivery of a stable power output at a wavelength of 689±3 nm:

Lumenis Opal Photoactivator laser console and modified LaserLink adapter, Manufactured by Lumenis, Inc., Santa Clara, CA

Zeiss VISULAS 690s laser and VISULINK PDT adapter, Manufactured by Carl Zeiss, Inc., Thornwood, NY.

Concurrent Bilateral Treatment The controlled trials only allowed treatment of one eye per patient. In patients who present with eligible lesions in both eyes, physicians should evaluate the potential benefits and risks of treating both eyes concurrently. If the patient has already received previous Visudyne* Therapy in one eye with an acceptable safety profile, both eyes can be treated concurrently after a single administration of VISUDYNE*. The more aggressive lesion should be treated first, at 15 minutes after the start of infusion. Immediately at the end of light application to the first eye, the laser settings should be adjusted to introduce the treatment parameters for the second eye, with the same light dose and intensity as for the first eye, starting no later than 20 minutes from the start of infusion. In patients who present for the first time with eligible lesions in both eyes without prior Visudyne* Therapy, it is prudent to treat only one eye (the most aggressive lesion) at the first course. One week after the first course, if no significant safety issues were identified, the second eye can be treated using the same treatment regimen after a second VISUDYNE* infusion. Approximately 3 months later, both eyes can be evaluated and concurrent treatment following a new VISUDYNE* infusion can be started if both lesions still show evidence of leakage.

AVAILABILITY OF DOSAGE FORMS VISUDYNE* (verteporfin) is supplied in a single-use glass vial with a gray bromobutyl stopper and aluminium flip-off cap. It contains a lyophilized cake with 15 mg verteporfin. The product is intended for intravenous injection only.

Product monograph available upon request. September 2004.

QLT Inc. Vancouver Canada V5T 4T5

Co-developed and distributed by:

NOVARTIS OPHTHALMICS

Novartis Ophthalmics, Novartis Pharmaceuticals Canada Inc. Mississauga, ON L5N 2X7

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WS-051114

Lyme Disease – Atypical Presentation

from page 140

Examination findings indicate accommodative and convergence dysfunction, associated with uncorrected hyperopia. Prismatic spectacle correction was prescribed, to provide immediate relief from nearpoint symptoms: OD +1.50, 2 BI OS +1.00, 2 BI.

The clinical findings are suggestive of phoria decompensation associated with latent hyperopia and pre-presbyopia. However the sudden onset of symptoms and the associated systemic symptoms warrant neurological investigations. Consequently, the patient's neurologist conducted work-ups for several conditions, including Multiple Sclerosis, Meningitis and Neoplasms. All neurological investigations were negative.

Symptoms continued over the next 8-9 months, with varying intensity. Clinical ocular findings were similar at follow-up visits during this time.

After continued, extensive medical investigations, a definitive diagnosis of Lyme Disease was made, through blood tests (ELISA, IFA and Western blot tests). Antibiotic treatment was initiated.

Lyme Disease is an infection caused by the spirochaete Borrelia burgdorferi, acquired through the bite of the deer tick Ixodes scapularis. Early and late manifestations of the infection develop in many organ systems. Lyme Disease is well documented in the northeastern and Great Lakes regions of the United States, but cases also have been reported across Canada, including parts of southern Ontario, parts of southern British Columbia and Lunenburg County, Nova Scotia.

In Stage 1 of Lyme Disease, 80% of cases show an expanding rash radiating from site of the tick bite, appearing 1-3 weeks after the bite and lasting 3-5 weeks. Swelling of lymph glands near the site of the tick bite and flu-like symptoms also develop. Ocular signs may include conjunctivitis and periorbital edema in 10% of cases. Treatment is with oral antibiotics – tetracycline, doxycline, penicillin, erythromycin or ceftriaxone. In this case, there was no history of classic Stage 1 presentation.

Stage 2 occurs within days to months of infection. In Stage 2, there is dissemination of the spirochaete into many organs, including the skin, heart, joints and central nervous system. Clinical presentation may include fever, fatigue, rash, tingling/numbness in extremities, pain in joints and facial nerve palsy. Ocular signs may include granulomatous iridocyclitis, uveitis, retinal vasculitis and third or sixth cranial nerve palsies. This patient became symptomatic during Stage 2 of the Disease, however ocular symptoms were atypical. Convergence dysfunction has been reported in Lyme Disease, but is not common.

Stage 3 often follows a disease-free period and is characterized by intermittent problems continuing for years. The main feature (in 60%) is chronic or recurrent arthritis similar to rheumatoid arthritis. Concentration, memory and cognitive impairments also may occur. Ocular involvement may include episcleritis, stromal keratitis, orbital myositis, ischemic optic neuropathy, retrobulbar neuritis or optic papillitis. Treatment is with intravenous penicillin or ceftriaxone. This patient has not developed arthritis over time, but continues to experience intermittent visual and systemic symptoms.

Summary:

This patient demonstrated an atypical presentation and course of Lyme Disease. Lyme Disease was not considered in the initial differential diagnosis due to its uncommon occurrence in metropolitan areas. This delayed the definitive diagnosis and treatment.

(References on page 160)

La maladie de Lyme – aspect atypique

de la page 141

L'examen révèle une dysfonction accommodative et de convergence, liée à une hypermétropie non corrigée. Une correction par lentilles prismatiques a été prescrite de façon à soulager immédiatement les symptômes de près: OD + 1,50, 2 BI OS + 1,00, 2 BI.

Les constatations cliniques semblent indiquer une décompensation des phories liée à une hypermétropie latente et à une pré-presbytie. Cependant, l'apparition soudaine de symptômes de même que les symptômes systémiques associés justifient un examen neurologique. Par conséquent, le neurologue de la patiente a investigué

la possibilité d'atteintes associées à la sclérose en plaques, la méningite et la présence d'un néoplasme. Tous les tests se sont révélés négatifs.

Les symptômes dont l'intensité était variable se sont poursuivis au cours des huit à neuf mois suivants. Les constatations oculaires cliniques se sont révélées semblables au cours des visites de suivi pendant ce temps.

Suite à des examens médicaux poussés, la maladie de Lyme était diagnostiquée au moyen de tests sanguins (par des techniques ELISA, d'immunofluorescence et d'immunobuvardage de type Western). Un traitement antibiotique était alors amorcé.

La maladie de Lyme est une infection causée par le spirochète Borrelia burgdorferi et acquise par la morsure de la tique Ixodes scapularis. Les manifestations précoces et latentes de l'infection apparaissent dans de nombreux organes. Cette maladie est bien connue aux États-Unis, dans les régions du nord-est et des Grands Lacs. Cependant, des cas ont été rapportés au Canada, notamment dans les régions du sud de l'Ontario, du sud de la Colombie-Britannique et du comté de Lunenburg (Nouvelle-Écosse).

À l'étape 1 de la maladie de Lyme, dans 80 % des cas, il y a éruption cutanée croissante à partir de la morsure de la tique. Cette éruption apparaît de une à trois semaines après la morsure pour durer de trois à cinq semaines. Une enflure des glandes lymphatiques à proximité de la morsure de la tique de même que des symptômes grippaux apparaissent. Parmi les signes oculaires qui risquent de survenir dans 10 % des cas, il y a la conjonctivite et l'œdème périorbitaire. Le traitement se fait au moyen d'antibiotiques pris par voie orale – la tétracycline; la doxycycline; la pénicilline; l'érythromycine; et la ceftriaxone. Dans ce cas ci, il n'y avait pas d'antécédents de l'aspect coutumier de l'étape 1.

L'étape 2 a lieu dans les jours et les mois suivant l'infection. À cette étape ci, le spirochète se propage à de nombreux organes, notamment la peau, le cœur, les jointures et le système nerveux central. L'aspect clinique que cette étape ci présente risque de causer de la fièvre, de la fatigue, une éruption cutanée, le picotement ou l'engourdissement des extrémités, de la douleur aux jointures ou la paralysie du nerf facial. Parmi les signes oculaires qui risquent de survenir, il y a l'irido-cyclite granulomateuse, l'uvéite, la vascularite rétininienne et les paralysies du nerf moteur oculaire commun ou externe. C'est à cette étape ci de la maladie que les symptômes se sont manifestés chez cette patiente, quoique les symptômes oculaires aient été atypiques. La dysfonction de la convergence a été observée dans la maladie de Lyme, mais n'est pas fréquente.

L'étape 3, souvent consécutive à une période exempte de symptômes, se caractérise par des troubles intermittents qui sévissent pendant des années. La principale composante (à 60 %) est l'arthrite chronique ou récurrente, laquelle s'apparente à l'arthrite rhumatoïde. Il y a également risque de pertes de concentration, de mémoire ou de nature cognitive. D'autres affections oculaires risquent de se produire : épisclérite, kératite du stroma, myosite orbitaire, neuropathie optique ischémique, névrite rétrobulbaire et papillite optique. Le traitement consiste à administrer de la pénicilline ou de la ceftriaxone par voie intraveineuse. Si la patiente n'a pas souffert d'arthrite au fil du temps, elle continue néanmoins d'éprouver des symptômes visuels et systémiques intermittents.

Résumé

Chez cette patiente, l'aspect et l'évolution de la maladie de Lyme se révèlent atypiques. Au départ, le diagnostic différentiel n'a pas permis de déceler la maladie de Lyme à cause de sa manifestation inhabituelle en région métropolitaine, ce qui a retardé le diagnostic définitif et le traitement.

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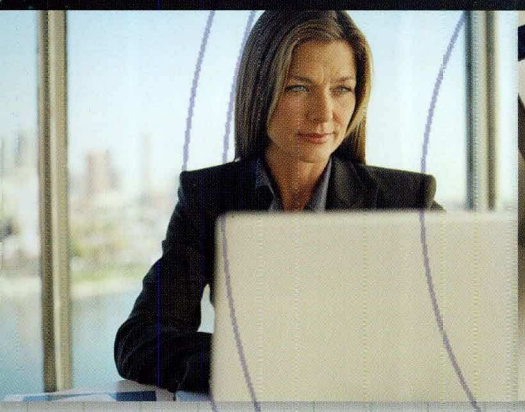

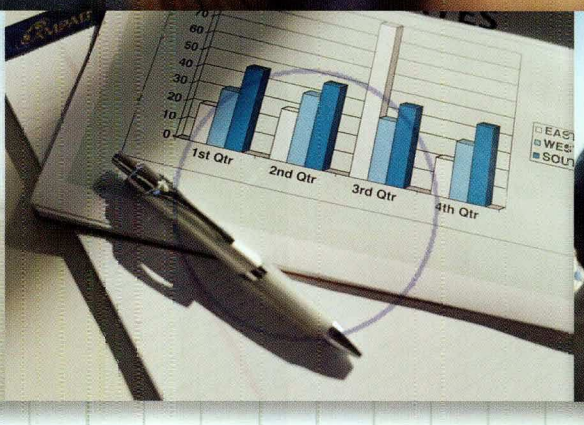

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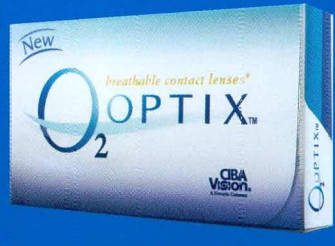

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