

On behalf of Vision Expo, we sincerely thank you for being with us this year.

#### Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us as our Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.



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#### Experience EXPO With Us!

##### • Main Stage - Exhibit Hall - Booth F11084

Our Main Stage sessions feature free, promotional content for all attendees.

##### • Vision Series - Thursday 9/18, Friday 9/19 and Saturday 9/20

Grab a bite to eat and continue learning over Breakfast & 30-30min Lunch 12:30-1:00pm! Listen to industry leaders as they address the latest clinical innovations in a relaxed and collaborative environment.

\*Open to Optometrists only. Not for Credit. Meals offered on first come, first serve basis to pre-registered attendees.

##### • Exhibit Hall Hours

Thursday Sept 18 9:30am - 6:00pm

Friday Sept 19 9:30am - 6:00pm

Saturday Sept 20 9:30am - 3:00pm

##### Conference Cafe - Exhibit Hall - Booth P19087

##### Education Lounge - Level 1 - Conference Area

Conference Happy Hour Thur, Sept 18 4:30 - 5:30pm



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#### Faculty

##### Mark Bloomenshein, OD, FAOD

Program Chair  
Schwartz Laser Eye Center  
Phoenix, Arizona

##### Mike Brugé, OD, FAOD

Premier Vision Group  
Bowling Green, Ohio

##### Jesselin Quint, OD, MBA, FAOD

Smart Eye Care  
Augusta, Maine

##### Mark Schaeffer, OD, FAOD

MyEyeDr.  
Birmingham, Alabama

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#### Faculty Financial Relationship Disclosures

**Mark Bloomenshein, OD, FAOD**, has the following relevant financial relationships: Consulting Alcon, Alcon, Bausch & Lomb, Dompé, LENZ Therapeutics, CooperVision, Sight Sciences, Sun Pharma, Synchron, Thera, Thera, and Topcon; Speaker Alcon, Bausch & Lomb, Dompé, Harnov, LENZ Therapeutics, Sun Pharma, and Thera.

**Mike Brugé, OD, FAOD**, has the following relevant financial relationships through speaking, writing, participating in an advisory capacity, research or meeting support: Alcon, ABB Optical, Alcon, Art Optical, Apollé, Bausch & Lomb Health, Conforma, CooperVision, CCEye, Dompé, DompéVision, Glaukos, Ivoclar, Johnson & Johnson Vision Care, Lenheche, MEDRx, Notal Vision, Healds Pharma, Oculis, Rodas XR, RVL, Sun Pharma, Longlight Science, Tanus, Vialis, Vialis, Walman Optical, and Zeiss Vision.

**Jesselin Quint, OD, MBA, FAOD**, has the following relevant financial relationships: Consultant Alcon, Alcon, Bausch & Lomb, Dompé, LENZ Therapeutics, CooperVision, Oculis, Sun Pharma, Tanus, and Vialis; Speaker Alcon, Alcon, Bausch & Lomb, Dompé, LENZ Therapeutics, and Tanus.

**Mark Schaeffer, OD, FAOD**, has the following relevant financial relationships: Consulting Alcon, Allergan, Bausch & Lomb, Carl Zeiss Meditec, Dompé, Harnov, Johnson & Johnson Vision Care, LENZ Therapeutics, Optics Science Based Health, Sight Sciences, Tanus, Thera, and Temporal Therapeutics; Speaker Alcon, Allergan, Bausch & Lomb, Dompé, and Harnov.

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#### Staff Financial Relationship Disclosures

It is the policy of The Fundamentals Group (TFG) that faculty and other individuals who are in the position to control the content of this activity disclose any real or apparent financial relationships relating to the topics of this educational activity. All identified relevant financial relationships have been mitigated and the educational content thoroughly evaluated for fair, balanced, and safe, effective patient care.

Laura Shrub, TFG Staff, has the following relevant financial relationships: Consultant: LaunchLab Partners, Power and Company, M&M and Holiday Communications. The following financial relationships as a consultant have ended: Avid Technologies, Nova Eye, Rayner, Reddy, STARR Surgical, and Zeiss.

All other TFG staff, planners, reviewers, and writers have no financial relationships with ineligible companies.

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#### Grantor Statement

This activity is supported by unrestricted education grants from:

- Dompé
- Harnov
- Sight Sciences
- Sun
- Tanus
- Thera

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#### Learning Objectives

1. Accurately identify and stage patients with eyelid margin disease (meibomian gland dysfunction (MGD) and Demodex infestation (DE)), meibomian keratitis (MK), and tear deficiency and acute and chronic inflammation by incorporating consistent examination techniques, incorporating the pathognomonic signs, and performing eyelid surface management plans based on individual presentations.
2. Identify the advantages and limitations of traditional and emerging diagnostic methods, including tear osmolarity, meibography, meibography 2 (Meib 2), anterior segment optical coherence tomography (AS-OCT), meibography, patient experience, corneal topography, and ocular nerve sensitivity and incorporate validated symptom questionnaire and objective clinical data to improve the consistency and accuracy of OSD diagnosis and treatment evaluation.
3. Differentiate among various treatment options, identify the latest safety and efficacy data, and apply evidence-based selection criteria to customize management strategies for the latest OSD and its pharmacological, regenerative, anti-inflammatory (acute and chronic), and mechanical and pharmacological MGD treatments.

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#### Note About Obtaining Credit

- We are pleased to inform you that COPE credits will be provided by **Vision Expo** for your participation in this event.
- Be sure to keep track of your attendance to ensure you receive your credits.
- You must have remained at the in-person event until the end of the program.
- Please contact Vision Expo for further information on obtaining credit.
- Event will be recorded and published as an enduring CE activity at [TFG Learning Center.com](https://www.fundamentalsgroup.com)

Thank you for joining us!

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## Credit Designation Statement



This activity, COPE Activity Number 130623, is accredited by COPE for continuing education for optometrists.

**Synchronous Live**  
Course # 99433-10 1.0 hour  
Activity # 130623

COPE advises optometrists to contact the State or Provincial Board where they are licensed for verification of what is acceptable for license renewal.

## ARS - Interactive Program

1. Simply Press the button that corresponds with your answer choice.
2. Your selection will appear in the LCD display.
3. Please respond to **ALL** questions!



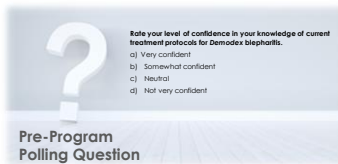
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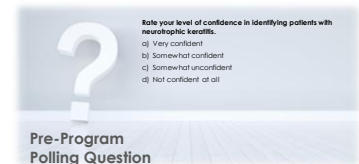
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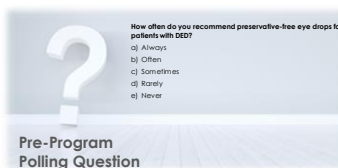
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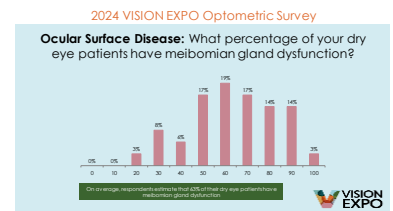
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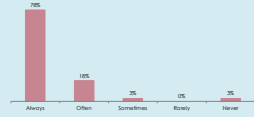
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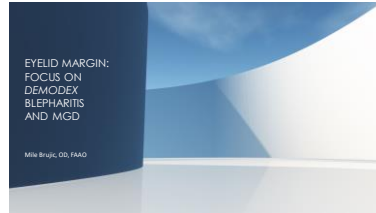
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## 2024 VISION EXPO Optometric Survey

**Demodex Blepharitis:** When you do an eyelid examination, do you have the patient look down or close their lids to evaluate for collarettes, or cylindrical dandruff, a pathognomonic sign of Demodex blepharitis?



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## Eyelid Health

- Critical for optimized vision
- Critical to support ocular comfort
- Critical for optimized ocular surface health

## Demodex and MGD Symptoms\*

- Inflammation
- Red, itchy, and irritated eyelids
- Ocular surface irritation
- Eyelash misdirection or loss
- Altered meibomian gland function
- Fluctuating vision

\*American Optometric Association (AOA) Survey of Ocular Health and Vision Care, 2019-2020. © 2021 American Optometric Association. All rights reserved.

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## Demodex Facts

- Common eyelid margin disease caused by an overgrowth of Demodex mites
- 84% of patients with cataracts have DB<sup>1</sup>
- 87% of patients with MGD have DB<sup>1</sup>
- 40% of patients treated for dry eye also have DB<sup>1</sup>
- 93% of patients with soft contact lens intolerance were found to have DB<sup>1</sup>
- 44% of blepharitis cases are associated with Demodex mites<sup>2</sup>
- **Risk Factors:**
  - Rosacea, diabetes, increasing age, stress, smoking, immunosuppression, higher alcohol intake, and greater sun exposure<sup>3,4</sup>



1. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
2. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
3. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
4. Taylor W et al. Ophthalmol. 2003;110:1112-1114.

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## MGD Risk Factors

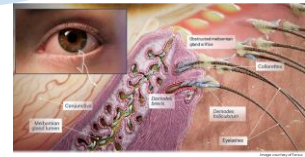
- Contact lens wear
- Chronic blepharitis
- Giant papillary conjunctivitis
- Demodex
- Aging
- Androgen deficiency
- Rosacea
- Sjögren syndrome
- Menopause

Factor	Relative Risk
Age	1.0
Gender	1.0
Smoking	1.0
Alcohol	1.0
Stress	1.0
Diabetes	1.0
Rosacea	1.0
Sjögren syndrome	1.0
Menopause	1.0
Androgen deficiency	1.0
Demodex	1.0
Giant papillary conjunctivitis	1.0
Chronic blepharitis	1.0
Contact lens wear	1.0

Downloaded from www.ophtholink.com on 09/17/2025

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## Demodex and MGD



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## Demodex Diagnosis

- Demodex associated with collarettes or cylindrical "sleeves"<sup>1,2,3</sup>
- Collarettes are waxy in texture and composed of accumulated undigested material, keratinized cells, dead or living mites, and mite eggs and egg casings.<sup>1,2,3</sup>
  - Corneal digestive enzymes, which cause irritation
- Why do patients have symptoms in the morning?
  - Demodex mites burrow back into lash follicle when light comes on. Males and females crawl out and mate on lashes all night. Females lay eggs inside follicles or sebaceous glands.<sup>4</sup>



1. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
2. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
3. Taylor W et al. Ophthalmol. 2003;110:1112-1114.  
4. Taylor W et al. Ophthalmol. 2003;110:1112-1114.

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## Look Down!



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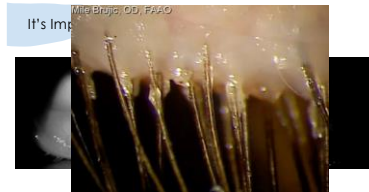
## Demodex Easy to Diagnose



Low Mag

High Mag

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### Assessment of the Meibomian Glands



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### Treatment Options

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### MGD: In-office Management

#### In-office Management Options

- Systems that warm the lids so unhealthy oils can be expressed: TeaCare (Light Sciences) and LipiFlow (Johnson & Johnson)
- Holland et al found that TeaCare provides significant OSD symptom relief at 1 month after a single treatment. TeaCare more effective than LipiFlow in improving quality of vision and overall OSD symptom frequency in subjects with more severe gland dysfunction<sup>1</sup>
- Manual gland expression
- Microblepharoelectrolysis cleans the eyelid margin<sup>2</sup>
- Intense pulsed light therapy involves the application of bright red light pulses to the eyelids<sup>3</sup>



1. Holland et al. A comparison of lipid-based and non-lipid-based therapies for the treatment of meibomian gland dysfunction. JAMA Ophthalmol. 2014;132(10):1401-1407. doi:10.1001/jamaophthalmol.132.10.1401. 2. Holland et al. A comparison of lipid-based and non-lipid-based therapies for the treatment of meibomian gland dysfunction. JAMA Ophthalmol. 2014;132(10):1401-1407. doi:10.1001/jamaophthalmol.132.10.1401. 3. Holland et al. A comparison of lipid-based and non-lipid-based therapies for the treatment of meibomian gland dysfunction. JAMA Ophthalmol. 2014;132(10):1401-1407. doi:10.1001/jamaophthalmol.132.10.1401.

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### MGD: Non-pharmaceutical Management

#### At-home Management Options

- Advise patients to avoid eye makeup
- Use warm compresses
- Commercially available microwaveable heat masks may be more effective
- Omega-3s:
  - Eating green, leafy vegetables and avoiding high fat foods can also be helpful.
- Lid cleaners and scrubs:
  - Available over the counter as a spray, foam or individually wrapped towelettes, often containing hypochlorous acid

1. Holland et al. A comparison of lipid-based and non-lipid-based therapies for the treatment of meibomian gland dysfunction. JAMA Ophthalmol. 2014;132(10):1401-1407. doi:10.1001/jamaophthalmol.132.10.1401.

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### MGD: Non-pharmaceutical Management

#### In-office Management Options

- Systems that warm the lids so unhealthy oils can be expressed
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1. Holland et al. A comparison of lipid-based and non-lipid-based therapies for the treatment of meibomian gland dysfunction. JAMA Ophthalmol. 2014;132(10):1401-1407. doi:10.1001/jamaophthalmol.132.10.1401.

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### Commonly Used Treatments for Demodex Blepharitis

#### At-Home

- Tea tree oil
- Lid wipes
- Topical ivermectin cream
- Cleaners containing hypochlorous acid
- Lid scrubs
- Antibiotics

#### In-Office

- Intense pulsed light therapy
- Microblepharoelectrolysis

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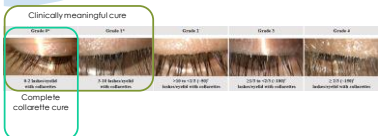
### Lotilaner

- Lipophilic agent in an aqueous drop that acts specifically via mite GABA-gated chloride channels to target, paralyze, and kill Demodex mites

1. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020. 2. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020. 3. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020.

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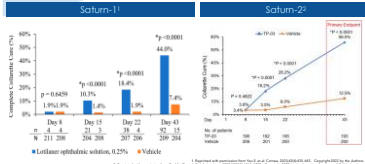
### SATURN-1 AND SATURN-2 Collarette Grading Scale



1. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020. 2. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020. 3. Lotilaner. Prescribing Information. Teva Pharmaceuticals Ltd. 2020.

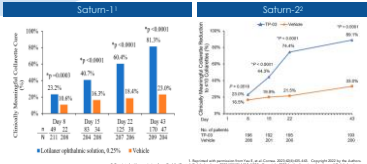
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## Complete Collarette Cure (&lt;3)



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## Clinically Meaningful Collarette Cure (&lt; 11)



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## AE Summary: Saturn-2

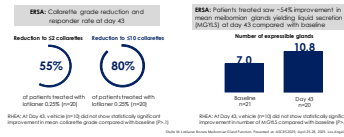
- Overall low rates of treatment-emergent ocular AEs
- All AEs were mild or moderate

	Treatment-Related Ocular AE Rates > 1%	
	Loflaser (n = 203)	Vehicle (n = 209)
Instillation site pain	16 (7.9%)	14 (6.7%)
VA reduced	1 (0.5%)	3 (1.4%)
Dry eye	3 (1.5%)	1 (0.5%)

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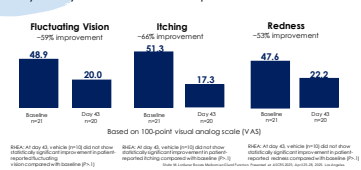
## Key Study Data – ERSA and RHEA

ERSA and RHEA were two separate, randomized pilot studies evaluating the safety and efficacy of Loflaser ophthalmic solution 0.25% and vehicle for the treatment of DB with MGD. Eligibility criteria and endpoints for the ERSA and RHEA studies were identical.



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## Key Study Data – Patient Reported Outcomes



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## Case Study: 62-year-old male

- Patient has hypertension and type 2 diabetes which is controlled with medical therapy
- Patient feels like his eyes are bothering him more
- He is currently using lid scrubs bid and artificial tears qm
- Has a history of internal hordeolum OU
- Patient wears progressive addition glasses to correct for hyperopia and presbyopia

**At today's visit:**

- Refraction
  - OD +1.00/20/20
  - OS +1.00/20/20
  - Add +2.50/20/20 OU
- Anterior segment
  - Lids / lashes – 3 collarettes; mild MGD
  - Conjunctiva – mild hyperemia
  - Tear film – 1-2 seconds break up time OU
  - Cornea – mild staining inferior OU
  - Anterior chamber – clear and quiet OU
  - Iris – healthy and flat OU
  - Lens – Mild nuclear sclerosis

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## Images at Initial Presentation



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## Patient Education and Follow Up

- Patient educated about findings
  - Prescribed Loflaser 1 gtt bid OU for 42 days
  - Patient to return in 2 months for follow up
- 2-month Follow up visit:**
- Patient reports vision seems better than at last visit
  - Not using any lid scrubs and patient feels like eyes are much more comfortable than 1st visit the need to use artificial tears for 2 weeks
  - Anterior segment
    - Lids / lashes – trace collarettes
    - Conjunctiva – mild hyperemia
    - Tear film – 7 seconds break up time OU
    - Cornea – clear OU
    - Anterior chamber – clear and quiet OU
    - Iris – healthy and flat OU
    - Lens – Mild nuclear sclerosis

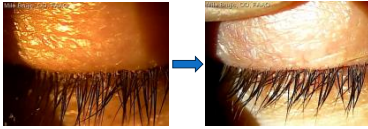
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## Images at 2-month Follow Up



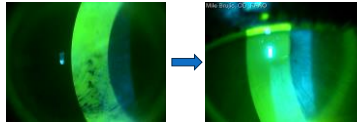
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## Collarettes: Before and After Treatment



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## Tear Break Up Time: Before and After



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The n = 1  
Paradox of  
Eye Care

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## Case Study: Initial Presentation

- 44-year-old Executive
- History of compliant, daily disposable contact lens wear
- Having some blurry vision, thinks it's time to update lenses
- Casual use of lubricating drops as needed
- "No changes in medications"

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## Case Study Findings

SPEED score 8

Rx	OD	VA	OS	VA
Spectacle Rx	-3.00-0.75x012	20/15	-4.00-1.00x018	20/15
Contact Rx	-3.00-0.75x010	20/15	-3.75-0.75x020	20/15
Comprehensive Exam findings				
Lids	2+ MGD, blocked glands, easily expressed, thick meibum upon expression 2+ collarettes			
Conjunctiva	1+ hyperemia			
Cornea	1+ inferior SPC thin tear prism 7 second Tear Break Up Time			
Other findings	(-) GPC OU			

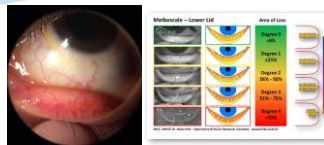
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## MGD/DED: Diagnostic Tools and Tests



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## What If I Don't Have Meibography?



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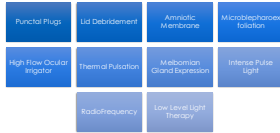
## Dispensed Product



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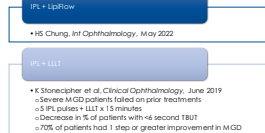


## Devices and Procedures



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## Stacking or Multiple Procedures



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## Landmark Study Proves Intelligent Heat Offers Superior Improvements Over Cyclosporine 0.05%

- Intelligent heat with manual expression is effective as a primary treatment option for MGD
- Patients gain additional long-lasting benefits by switching from cyclosporine 0.05% to intelligent heat and manual expression
- Compliance is not a factor with intelligent heat and manual expression

Amir RL and Chu Ophthalmol 2021;130:1582-1590  
Amir RL and Chu Ophthalmol 2021;130:1582-1590

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## Case Study: Treatment Regimen

- Nutraceutical supplement
- GLA based supplement
- RTC 1 month for dry eye workup

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## 1 Month Later

- Patient reports decrease in symptoms
- Tolerating oral supplement well

Exam Findings	
Lids	2nd MGD blocked gland, easily expressed, thick meibum upon expression
Conjunctiva	Tr hyperemia
Cornea	Tr inferior SPC thin tear prism 8 second Tear Break Up Time
Other Findings	(+) CPC OU
MMP-9	Tr positive OU
Osmolarity	OD 313 OS 306

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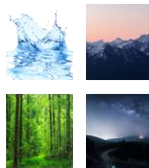
## Management

- Recommend Thermal pulsation
  - Done in office
- Rx therapy?
  - Anything you wouldn't prescribe here for chronic management?
    - Cyclosporine
      - 0.05%
      - 0.09%
      - 0.1%
    - Latisprost 0%
    - Perfluorooctylolane 100%
    - Acalthemon 0.003%
- RTC 3 months
  - Significantly improved on signs and symptoms
  - "Thank you so much for getting this under control"

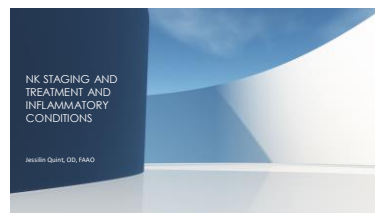
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## Summary

- Future of ocular surface disease treatment will be more targeted approach based on multifactorial nature of the disease
- Utilizing all the practice's current and future resources, there can be a higher level of success for the doctor and patient

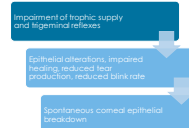


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## What Is Neurotrophic Keratitis (NK)?



Reich D and Neuhann J. Invest Ophthalmol Vis Sci 2001;42:1588-1594

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### Common Triggers of NK<sup>1</sup>

- Herpetic Keratitis
- Chemical Burns
- Corneal/Ocular Surgery
- Chronic Contact Lens Use
- Prolonged Use of Topical Medications
- Intracranial Anomalies
  - Conditions like acoustic neuroma, meningioma, and aneurysms
- Compression of the trigeminal nerve or ganglion affecting corneal sensitivity
- Diabetes

1. Kojouharova H, et al. Neuro-ophthalmology and Neuro-ophthalmology. 2019;39(1):1-10. doi:10.1080/01650676.2019.1611111

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### Case Study: Initial Presentation

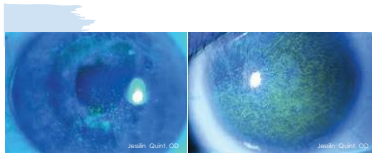
- 89-year-old female referred to Dry Eye Clinic
- Frustrated with her eyes, "has tried everything" and still has unstable vision & discomfort
- Hx: Irritation, blurry vision
- Denies watering, burning, redness
- SPEED: 4/28
- BCVA 20/40 OD, 20/80 OS
- Previous treatments: Microblepharoplasty, Zocular Eyelid System treatment (B), X 10, localized heat therapy with manual meibomian gland expression, cyclosporine 0.05%, Iflegast, various topical steroids, moist heat eye mask, various Artificial Tears, eye lid scrubs/wipes/foams, various eye ointments
- Doesn't wear makeup, uses mild face wash
- Denies h/x of injectables in face/eye

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### Case: Patient History

- History of HTN and depression
- History of cataract surgery
- Medication for HTN & depression
- No allergies
- Phx: unremarkable
- Exam :
  - PERRLA
  - EOM Smooth & Full, (+)pain, (-)diplopia
  - VF-FRC
  - Goldmann appplanation: 17 mm Hg OD, 17 mm HG OS

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What Would You Do?

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### Corneal Sensitivity

Reduced or Absent



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### NK Facts

- "Stain without Pain" → significant discrepancy between clinical findings and symptoms
- Degenerative corneal condition due to reduced neural innervation
- Risk Factors: infection, injury, or inflammation → trauma, tumors, inflammatory lesions, herpetic infections, chronic corneal exposure, surgical, damage to trigeminal nerve
- Disease progression often unnoticed by the patient

Reisman R, et al. Cornea. 2019;38(1):1-10. doi:10.1177/0885066618777777

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### NK Stages

- Mackie Classification System Stages I – III
- Stage 1: general epithelial alterations (A & B)
- Stage 2: persistent epithelial defects (C & D)
- Stage 3: corneal ulceration (E & F)
- Perforation (G & H)



Mackie R. Neuro-ophthalmology and Neuro-ophthalmology. 2019;39(1):1-10. doi:10.1080/01650676.2019.1611111

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### NK Treatment Options

- Amniotic Membranes
- Topical Insulin (1IU/ml)
- Cenergem-in-baby (0.02%)
- Matrix Therapy Agent
- Surgical Management

Reisman R, et al. Cornea. 2019;38(1):1-10. doi:10.1177/0885066618777777

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### Amniotic Membrane Types

#### Cryopreserved

- harvest: slow freezing at -80 C using DMSO/glycerol preservation media (slow-rate freezing without ice formation)
- FDA approved for wound healing, anti-inflammatory, protective barrier
- held in place with plastic ring
- store in freezer

#### Dehydrated

- Preserved using vacuum with low temperature heat to retain devitalized cellular components
- FDA approved for wound healing
- Stored at room temperature-must be rehydrated to use
- Uses soft contact lens to hold in place



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## Cenegermin-bkbj

- FDA approved in 2018
- Structurally identical to human nerve growth factor protein made in ocular tissue
- Recombinant nerve growth factor (protein)
  - this protein activates receptors that allow for differentiation and maintenance of neurons that support the innervation of the cornea



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## Cenegermin-bkbj

- Dosing: At day (2hr intervals) for 8 weeks
- Apply 1<sup>st</sup> if using ung/gel after
- Wait 15 minutes for CI insertion
- Can do another round if needed



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## Case Study

- Corneal Sensitivity: absent in every quadrant & centrally both eyes
- Treatment: Cenegermin-bkbj
- Overview of Office Process

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## Case Study Summary

- Before:
  - SPEED: 4/28
  - BCVA: 20/40 OD, 20/80 OS
- AFTER:
  - Speed: 0/28
  - BCVA: 20/25 OD & OS

**\*\*\*Discuss with Patients\*\*\***

Sometimes they can feel "worse" if treatment works

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## SUMMARY Q&A

Mari Bloomstein, OD, FAOD

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## Key Learning Points

- Assessing corneal sensitivity is critical for maintaining ocular surface viability.
- New formulations of immunomodulating anti-inflammatory drops have proven to improve efficacy and adherence to dry eye treatment.
- Utilizing in-office treatment will improve adherence and with insurance coverage more patients will be treated.
- Demodex and MGD share similar symptoms and when faced with both treating demodex can help manage MGD
- Preservatives do not improve the ocular surface. When given an option, choose preservative free.

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## Q&A

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- Based on what you've learned today, rate your level of confidence in your knowledge of current treatment protocols for Demodex blepharitis.
- Very confident
  - Somewhat confident
  - Neutral
  - Not very confident
  - Not at all confident

## Post-Program Polling Question

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- Based on what you've learned today, rate your level of confidence in identifying patients with neurotrophic keratitis.
- Very confident
  - Somewhat confident
  - Somewhat uncertain
  - Not confident at all

## Post-Program Polling Question

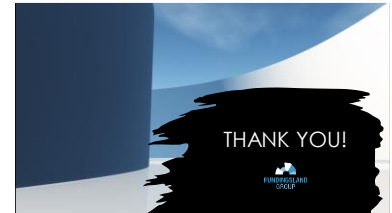
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