

EXHIBIT 12

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

NEW WORLD MEDICAL, INC.,
Petitioner,

v.

MICROSURGICAL TECHNOLOGY, INC.,
Patent Owner.

Case IPR2021-00017

U.S. Patent No. 9,820,885

Filed: July 9, 2021

**DECLARATION OF GARRY P. CONDON, M.D.
IN SUPPORT OF PATENT OWNER'S RESPONSE**

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| EXHIBIT | 12 |
| WIT: | G. CONDON |
| DATE: | 8/17/2021 |
| Reporter: | S. Wasilewski |

TABLE OF CONTENTS

| | | |
|------|---|----|
| I. | Introduction | 1 |
| II. | Qualifications..... | 1 |
| III. | Materials Considered..... | 1 |
| IV. | Legal Standards | 2 |
| A. | Written Description | 2 |
| B. | Definiteness | 3 |
| C. | Enablement | 3 |
| D. | Priority | 4 |
| E. | Anticipation and Obviousness..... | 4 |
| F. | Claim Construction..... | 5 |
| G. | Person of Ordinary Skill of the Art | 6 |
| V. | Summary of my opinions | 7 |
| VI. | Details of my opinions..... | 8 |
| A. | Prior Art | 8 |
| i. | Quintana | 9 |
| ii. | Johnstone | 23 |
| iii. | Lee | 24 |
| iv. | Jacobi and Jacobi 2000..... | 28 |
| B. | The Netland Declaration..... | 36 |
| C. | Application of the Prior Art to the '885 Patent Claims..... | 44 |

| | |
|---|----|
| i. Petition Ground 1 (Claims 1-3, 6 and 9-10 are not anticipated by Quintana)..... | 45 |
| ii. Petition Ground 2 (Claims 4-5, 7-8 and 11 are not obvious over Quintana in view of the knowledge in the art)..... | 55 |
| iii. Petition Ground 3 (Claims 1-11 are not obvious over Jacobi in view of the knowledge in the art) | 61 |
| D. Conclusion | 80 |

EXHIBIT LIST

| Exhibit | Description |
|---------|---|
| 2020 | Sworn Affidavit of Manuel Quintana, M.D. |
| 2023 | DORLAND'S MEDICAL DICTIONARY SHORTER EDITION abridged from 25th ed. (1980) excerpt at 605 (definition of "section") |
| 2024 | BLACKS MEDICAL DICTIONARY 47th ed. (1992) excerpt at 519 (definition of "section") |
| 2025 | DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 29th ed. (2000) excerpt at 1400 (definition of "platform") |

IPR2021-00017
Condon Declaration

I, Garry P. Condon, M.D., hereby declare as follows:

I. INTRODUCTION

1. I have been retained by Wiley Rein LLP as an expert witness on behalf of MicroSurgical Technology, Inc. (“MST”) in support of Patent Owner’s Response in this Inter Partes Review (“IPR”) of U.S. Patent No. 9,820,885 (Ex. 1001) (“the ’885 Patent”). I am being compensated for my time in connection with this IPR at a consulting rate of \$575 (USD) per hour. My compensation is in no way dependent on the outcome of this matter.

II. QUALIFICATIONS

2. Attached to this Declaration as Appendix A is my curriculum vitae, which provides a more detailed description of my education, training, and experience in the relevant technology.

III. MATERIALS CONSIDERED

3. I provide opinions in this declaration based on my education, training, background, and experience, as well as the documents I have reviewed to date, including the ’885 Patent and the Petition including the following documents: Declaration of Dr. Peter Netland (Ex. 1003) (“the Netland Declaration”); Manuel Quintana, *Gonioscopic Trabeculotomy. First Results*, in 43 SECOND EUROPEAN GLAUCOMA SYMPOSIUM, DOCUMENTA OPHTHALMOLOGICA PROCEEDINGS SERIES 265 (E.L. Greve, W. Leydhecker, & C. Raitta ed., 1985) (Ex. 1004) (“Quintana”);

IPR2021-00017
Condon Declaration
Page 2

M. Johnstone *et al.*, “Microsurgery of Schlemm’s Canal and the Human Aqueous Outflow System,” *Am. J. Ophthalmology* 76(6):906-917 (1973) (Ex. 1005) (“Johnstone”); U.S. Patent No. 4,900,300 (Ex. 1006) (“Lee”); Philipp C. Jacobi *et al.*, “Technique of goniosurgery: a potential treatment for advanced chronic open angle glaucoma,” 81 *British J. Ophthalmology* 302-07 (1997) (Ex. 1007) (“Jacobi”); Philipp C. Jacobi *et al.*, “Perspectives in trabecular surgery,” *Eye* 2000;14(Pt 3B)(3b):519-30 (2000) (Ex. 1013) (“Jacobi 2000”); and Sworn Affidavit of Manuel Quintana, M.D. (Ex. 2020). Those documents, and the other materials cited in this declaration, are listed in Appendix B. I have either read the materials listed in Appendix B or reviewed summarized data provided by counsel.

IV. LEGAL STANDARDS

4. I am not a lawyer, nor do I have any legal training. In preparing this declaration, I have relied upon the explanation by counsel of certain patent law concepts, including the legal standard for interpreting claims, as well as those for assessing written description, definiteness, enablement, entitlement of priority, anticipation, and obviousness.

A. Written Description

5. I have been informed by counsel that a claim in a granted patent must be sufficiently supported by the disclosure in the patent’s specification, read in the

IPR2021-00017
Condon Declaration
Page 3

context of what a person of ordinary skill in the art would have known at the time of the claimed invention. I understand that the basic inquiry for written description is whether the specification provides sufficient information for the person or ordinary skill to recognize that the named inventors possessed the full scope of the claimed invention.

B. Definiteness

6. I have been informed by counsel that, in addition to written description, a patent specification must also describe the claimed invention so as to inform a person of ordinary skill in the art of the scope of the claimed invention with reasonable certainty. A claim may also be indefinite when it contains words or phrases whose meaning is unclear. Conflicting information between the patent claims and the rest of the patent application, including the figures, may affect that certainty and/or clarity.

C. Enablement

7. I have been informed by counsel that, in addition to written description, a patent specification must also enable a person of ordinary skill in the art to make and use the full scope of the claimed invention without undue experimentation as of its effective filing date. I understand that multiple factors should be considered when making this determination. These factors include

IPR2021-00017
Condon Declaration
Page 4

(1) the quantity of experimentation necessary, (2) the amount of direction or guidance presented, (3) the presence or absence of working examples, (4) the nature of the invention, (5) the state of the prior art, (6) the relative skill of those in the art, (7) the predictability or unpredictability of the art, and (8) the breadth of the claims.

D. Priority

8. I have been informed by counsel that, for the claims of an application to be entitled to an earlier application's filing date, the earlier application must provide written description and enablement of the claims, as of the earlier application's filing date. I have been informed by counsel that the undisputed and applicable priority date in this IPR is June 10, 2003.

E. Anticipation and Obviousness

9. I have been informed by counsel that a claim is anticipated when a single prior art reference discloses, either expressly or inherently, each and every claim element arranged in the order specified by the claim. I also understand that whether a document qualifies as prior art against a claim depends on the effective filing date to which the claim is entitled. I have been informed that even if a claim is not anticipated, it may be invalid for obviousness where a person having ordinary skill in the relevant art at the time the alleged invention was made would

IPR2021-00017
Condon Declaration
Page 5

have considered the claimed invention as a whole to have been obvious given the prior art. I understand that a claim may be obvious in light of one or more prior art references.

F. Claim Construction

10. I have been informed by counsel that the Patent Trial and Appeal Board (“PTAB”) applies the same claim construction standard used in district courts, where the claims are given their ordinary meaning as understood by one skilled in the art at the time of the invention, informed by the claim language itself, the specification, and the prosecution history. I also understand that “extrinsic evidence”—*i.e.*, evidence other than the patent and prosecution history, such as dictionaries and treatises—can be relevant in determining how a skilled artisan would understand terms of art used in the claims. I have been informed, however, that extrinsic evidence may not be used to contradict the meaning of the claims as described in the intrinsic evidence—*i.e.*, evidence in the claim language itself, the specification, and the prosecution history.

11. I have been informed by counsel that the PTAB, at least as of its April 21, 2021 institution of this IPR, assigned the claim language its ordinary meaning as it would have been understood by a person of ordinary skill in the art (“POSA”). Accordingly, in making the findings and reaching the conclusions in this

IPR2021-00017
Condon Declaration
Page 6

declaration, I too have applied the ordinary meanings of the claim terms as they would have been understood by a POSA. To the extent that the PTAB adopts specific claim constructions regarding the '885 Patent claims, I reserve the right to amend my findings and conclusions accordingly.

G. Person of Ordinary Skill of the Art

12. In my opinion, a POSA as of the date of invention would have been at least (1) a medical degree and at least two years' experience with treating glaucoma and performing glaucoma surgery; or (2) an undergraduate or graduate degree in biomedical or mechanical engineering and at least five years of work experience in the area of ophthalmology, including familiarity with ophthalmic anatomy and glaucoma surgery. For purposes of my Declaration, I do not disagree with the characterization of a POSA proposed by Petitioner. *See* Ex. 1003 ¶24.

IPR2021-00017
Condon Declaration
Page 7

V. SUMMARY OF MY OPINIONS

13. In my opinion, a POSA would have understood that Quintana does not disclose each and every element of the '885 Patent claims, at least because Quintana does not mention or suggest any of the following: (1) the removal of trabecular meshwork ("TM") tissue; (2) the use of a dual blade device; (3) the cutting of the TM by first and second spaced-apart cutting edges to create a strip of TM; or (4) a platform. Furthermore, in my opinion, a POSA reading Quintana would not necessarily have found it to disclose one or both of: (1) a tip that extends laterally from the end of the probe at an angle of between approximately 30 degrees and approximately 90 degrees relative to the longitudinal axis of the probe; and (2) an *ab interno* method for forming an opening in the TM of a patient's eye.

14. I find numerous statements in the Netland Declaration, Ex. 1003, about the prior art identified in the Petition to be erroneous, and I find many of Dr. Netland's conclusions to be based solely on his own speculation, conjecture, and hindsight. I address each of these erroneous statements and unfounded conclusions below.

15. In my opinion, not only would a POSA have found Quintana lacking with respect to elements of the '885 Patent claims, but a POSA would not have read Lee, Johnstone and/or Jacobi, or applied the general knowledge in the art, to

IPR2021-00017
Condon Declaration
Page 8

make up for Quintana's shortfalls in this regard. Similarly, not only would a POSA have found Jacobi lacking with respect to elements of the '885 Patent claims, but a POSA would not have read Quintana, Johnstone and/or Lee, or applied the general knowledge in the art, to make up for Jacobi's shortfalls in this regard. Therefore, I conclude that a POSA would not have found that any of the prior art identified in the Petition, alone or in combination, anticipated and/or rendered obvious the '885 Patent claims, according to the applicable legal standards as I understand them.

16. For purposes of this declaration, I do not disagree with the background of the technology as set forth generally in Sections VII.A.-VII.D.2. of the Netland Declaration. *See* Ex. 1003 ¶¶32-53.

VI. DETAILS OF MY OPINIONS

A. Prior Art

17. I have been asked to review the '885 Patent (Ex. 1001) and its prosecution history (Ex. 1002), the Netland Declaration (Ex. 1003), the prior art identified in the Petition (including Exs. 1004-1007, 1013), and the Sworn Affidavit of Manuel Quintana, M.D. (Ex. 2020). Among other things, I have been asked to provide my opinion about what a POSA would have known from the prior art available on or before the priority date of June 10, 2003, including the general

knowledge in the art; to comment on my agreement or disagreement with various statements in the Netland Declaration; and to compare the prior art to the '885 Patent claims, according to the applicable legal standards as I understand them.

i. Quintana

18. I have reviewed the publication known as Quintana (Ex. 1004). Quintana is a seven-page journal article containing one of each of a drawing (labeled as Figure 1), a photograph (labeled as Figure 2), a table (labeled as Table 1), and a graph (labeled as Figure 3). Quintana states that it was published in 1985. Ex. 1004 at 2.

19. In my opinion, the most natural reading of Quintana to a POSA would have been the reporting of a new way to move the TM in a patient's eye away from the lumen of Schlemm's Canal by following a tangential approach to the TM with a standard hypodermic needle, the tip of which is bent and angled toward the anterior chamber of the eye, so as to avoid injuring the external wall of Schlemm's Canal. A POSA would have understood that a key concern of Quintana was minimizing the risk of damaging the external wall of Schlemm's Canal during this procedure. A POSA would have recognized that Quintana did not describe a

IPR2021-00017
Condon Declaration
Page 10

method or device for removing TM for any reason, including tissue biopsy, patient diagnosis or therapy.

20. Quintana teaches a POSA how to make a trabeculotome by bending the tip of a standard hypodermic needle (“a 0.4 x 15 mm needle, or an insuline-type needle; we bend the tip 20-30° with a needle-holder; a factory-made needle (Morie, France) is even better.”). Ex. 1004 at 3. Quintana does not specify exactly what is meant by the needle tip, or where at the needle tip, or along what axis of the needle shaft, the bend is made.

21. Quintana teaches a POSA that the working end of its trabeculotome is the “tip of the needle.” In this regard, Quintana reads:

“The TM is incised with the tip of the needle. From now on, and with the concavity of the tip *towards* the surgeon, the trabeculotome is progressively introduced in the angle. Only the tip of the instrument is introduced into Schlemm’s canal, and the TM is stripped slowly, gently and easily from the canal’s lumen towards the anterior chamber as the needle progresses in the angle (Fig. 2). Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber.”

Ex. 1004 at 4 (emphasis in original).

In its Figure 2 legend, Quintana also reads: “Goniophotography at operation. The tip of the needle stripping the trabecular meshwork.” Ex. 1004 at 5.

22. In my opinion, a POSA would have understood the Quintana trabeculotome, other than its needle tip bend, to be the same as an unbent standard hypodermic needle, the tip of which has a single bevel with a sharp point and sides. A POSA would have understood that the intended use of a standard hypodermic needle is to penetrate tissue through an incision created by the sharp point at the distal end of the single beveled tip. The drawing labeled as Quintana Figure 1 shows a needle tip consistent with this understanding. Ex. 1004 at 4.

23. In my opinion, a POSA would have determined that the beveled sides of the Quintana trabeculotome, like those of a standard hypodermic needle, may act alongside the sharp point as part of a single blade to allow the needle to create a slit-like incision in the TM. A POSA reading Quintana would not have found the beveled sides of the Quintana trabeculotome to be otherwise sharp or intended to cut tissue. A POSA would have read nothing in Quintana to lend support to Dr. Netland’s statement that the beveled sides of the Quintana trabeculotome tip are distinct cutting edges, much less the “first and second spaced-apart cutting edges” described in the ’885 Patent. *See* Ex. 1003 ¶107.

IPR2021-00017
Condon Declaration
Page 12

24. Dr. Netland's re-drawing of Quintana Figure 1 to depict the beveled sides of the needle tip of the Quintana trabeculotome as cutting edges has no basis in Quintana. *See* Ex. 1003 ¶107. A POSA reading Quintana would not have seen any reference to the beveled sides of the Quintana trabeculotome tip as sharp or any definition of what sharpness might mean in that context. In my opinion, Dr. Netland's assertion that Quintana Figure 1 shows cutting edges is wrong and is based solely on his own speculation, conjecture, and hindsight.

25. I note that, unlike in his declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, Dr. Netland offers no basis in this case to support his conclusion that the beveled sides of the Quintana trabeculotome tip must be the "first and second spaced-apart cutting edges" described in the '885 Patent. In the related IPRs, Dr. Netland had asserted erroneously that each respective patent "does not specify how sharp the cutting edges must be"; that "the edges must simply be capable of cutting a strip of tissue"; and that "the patent merely requires that the cutting edges are capable of cutting tissue, regardless of how 'sharp' the cutting edges actually are," and therefore, mistakenly concluded based on his misreading of these patents that anything sharp and intended to cut tissue may constitute a cutting edge.

26. In any event, the '885 Patent reads:

IPR2021-00017
Condon Declaration
Page 13

“[i]n the particular example shown in the drawings, the first and second cutting edges 20, 22 are located on opposite lateral sides of the distal end of the cutting tube 14 and a blunt, protruding tip 24 is located on the bottom of the distal end of the cutting tube. Also, a blunt edge 26 is located at the top of the distal end of the cutting tube 14. Thus, only the lateral cutting edges 20, 22 are sharp and intended to cut tissue.”

Ex. 1001 at 8 (3:15-22) (emphasis added).

In my opinion, a POSA would have understood the '885 Patent to say that only the lateral cutting edges 20, 22 of the disclosed device are sharp (as opposed to, for example, the protruding tip 24 or the top edge 26), and not to say that anything sharp may constitute a cutting edge, as Dr. Netland wrongly asserted elsewhere. Accordingly, I disagree with Dr. Netland that the beveled sides of the Quintana trabeculotome tip must be the “first and second spaced-apart cutting edges” described in the '885 Patent.

27. Furthermore, the properly quoted '885 Patent disclosure precludes viewing the Quintana trabeculotome as a dual blade device. If the beveled sides of the Quintana trabeculotome tip were deemed to be “sharp and intended to cut tissue” in the manner described in the '885 Patent, which they are not, then the

IPR2021-00017
Condon Declaration
Page 14

entire surface of the single bevel (including the sharp point and sides) must also be deemed a *single* cutting edge. This further militates against Dr. Netland's characterizations of the beveled sides of the Quintana trabeculotome tip to be two cutting edges or the Quintana trabeculotome to be a dual blade device, as described in the '885 Patent.

28. Quintana never describes its trabeculotome as a device having cutting edges, much less as a dual blade device. The assertions in the Netland Declaration to the contrary are inconsistent with the plain statements in Quintana, the most natural reading of which to a POSA, in my opinion, would have been simply disclosing a way to move the TM in a patient's eye away from the lumen of Schlemm's Canal by following a tangential approach to the TM using a standard hypodermic needle, the tip of which is bent and angled toward the anterior chamber of the eye, so as to avoid injuring the external wall of Schlemm's Canal. A POSA would not have understood Quintana to disclose a dual blade device having two spaced-apart cutting edges that concurrently cut the TM to create and/or remove a strip of TM of defined width equal to the distance between the cutting edges.

IPR2021-00017
Condon Declaration
Page 15

29. Quintana never describes its procedure as involving the removal of TM as set forth in the '885 Patent. Nor does Quintana even suggest that its trabeculotome would be capable of being used in any way to remove TM.

30. The Netland Declaration seizes on the words “section” and “stripping” used in Quintana in an attempt to rationalize that TM must have been removed even though Quintana never actually says so. *See, e.g.*, Ex. 1003 ¶57. I disagree that a POSA would have understood Quintana to refer in any way to the removal of TM.

31. In its Abstract, Quintana describes “a surgical method of goniotrabeculotomy which achieves a *section* of the trabecular meshwork without damage to the external wall of Schlemm’s canal.” Ex. 1004 at 3 (emphasis added). In my opinion, a POSA would have understood Quintana’s reference to “section” in this sentence to mean incising or opening the TM, as opposed to creating or removing a strip of TM.

32. Medical dictionaries around the time of Quintana typically referred to alternative meanings for “section.” *See, e.g.*, Ex. 2023 at 605 (defining “section” to mean “1. an act of cutting. 2. a cut surface. 3. a segment or subdivision of an organ.”); Ex. 2024 at 519 (“(1) A thin slice of a tissue specimen taken for examination under a microscope. (2) The act of cutting in surgery; for example, an

IPR2021-00017
Condon Declaration
Page 16

abdominal section is done to explore the abdomen.”). Although listed as an alternative definition in these dictionaries, the meaning of “section” as “cutting” is most consistent with other statements in Quintana.

33. Quintana only ever refers to “incising” or “opening” the TM. Ex. 1004 at 3 (“Thus, the rational treatment of the trabecular glaucomas should consist in *opening* the trabecular meshwork (TM).”) (emphasis added); *id.* at 4 (“The TM is *incised* with the tip of the needle.”) (emphasis added).

34. Quintana never mentions creating or removing a strip of TM, much less the study of any TM samples by microscopic examination. In addition, the last sentence in Quintana reads: “Further studies are necessary to disclose the ‘in vivo’ behaviour of the sectioned trabecular meshwork.” I note that Dr. Netland does not explain why or how an “in vivo” observation would be relevant if “strips of tissue” from the TM must have been removed in the Quintana procedure, as he asserts. *See* Ex. 1003 ¶83. In my opinion, if that were true, a POSA would have expected Quintana’s reference to an *in vitro*, not *in vivo*, study – for example, to examine a removed TM “section” under a microscope. Because Quintana instead refers specifically to the study of the *in vivo* behaviour, the most natural read to a POSA would have been to interpret “sectioned trabecular meshwork” to refer merely to

IPR2021-00017
Condon Declaration
Page 17

TM that had been incised or opened, not TM from which a strip(s) of tissue had been created or removed.

35. Dr. Netland ignores the exclusive and consistent use in Quintana of the terms “goniotrabeculotomy,” “trabeculotomy,” and “goniotomy,” referring to incising, cutting, sectioning, opening, or stripping tissue – all fundamentally different procedures than excising or removing tissue that a POSA would equate instead with “goniotrabeculectomy,” “trabeculectomy,” and “goniectomy,” which are familiar terms of art Quintana apparently chose not to use to describe its procedure. Without any support, Dr. Netland offers only a conclusory statement that “[i]t is my expert opinion that despite using different terminology for the procedure, Quintana discloses a goniectomy procedure for excising and removing trabecular meshwork tissue from the eye.” Ex. 1003 ¶57. In my opinion, Dr. Netland disregards what Quintana actually says and is substituting his own words, and therefore, I disagree with his unsupported statement.

36. Dr. Netland refers to bent *ab interno* needle goniectomy (“BANG”) procedures purportedly published almost 15 years after the priority date of the ’885 Patent. *See* Ex. 1003 ¶¶84-86. I have been informed by counsel that the PTAB may ultimately deem this information irrelevant and/or inadmissible. But to me, this shows Dr. Netland’s own admission that a POSA describing the removal of

IPR2021-00017
Condon Declaration
Page 18

TM would have used the terms “excise” or “excising” (as did the authors of the BANG videos), rather than “section” or “stripping.” *See* Ex. 1003 ¶¶84-86.

37. Quintana describes a procedure where “[o]nly the tip of the instrument is introduced into Schlemm’s canal, and the TM is *stripped* slowly, gently and easily *from the canal’s lumen* towards the anterior chamber as the needle progresses in the angle (Fig. 2).” Quintana’s Figure 2 legend additionally reads: “Goniophotography at operation. The tip of the needle *stripping* the trabecular meshwork.” In my opinion, a POSA would have understood Quintana’s reference to “stripped” and “stripping” in these sentences to mean simply cutting or tearing the TM to move it away from the lumen of Schlemm’s Canal while avoiding injuring the external wall of Schlemm’s Canal, which was Quintana’s key concern, *see* Ex. 1004 at 4 (“This is why we bend the tip and we point it towards the anterior chamber.”), and not to mean creating or removing segments or strips of TM, as Dr. Netland asserts, *see, e.g.*, Ex. 1003 ¶57.

38. The demonstrative diagrams shown at Paragraph 81 or the purported cartoon rendering of Quintana’s Figure 2 photograph shown at Paragraph 82 of the Netland Declaration do not change the fact that Quintana never mentions or suggests creating or removing a strip(s) of TM. In my opinion, Dr. Netland’s

IPR2021-00017
Condon Declaration
Page 19

conclusions are wrong and are based solely on his own speculation, conjecture and hindsight.

39. While my conclusion that Quintana does not describe creating or removing a strip of TM set forth in the '885 Patent is based on my own perspective of what a POSA would have understood from a plain reading of Quintana, I note additionally that the author, Dr. Manuel Quintana, has confirmed that neither his work, nor his article reporting that work, ever involved the removal of TM for any reason. *See* Ex. 2020 ¶¶3-7. Moreover, Dr. Quintana's sworn statements directly and completely refute Dr. Netland's assertions about Quintana in this regard. To me, Dr. Quintana's explanation increases my confidence that Quintana does not describe the removal of TM as set forth in the '885 Patent.

40. Although it is my opinion that a POSA would have understood Quintana not to disclose a dual blade device having spaced-apart first and second spaced-apart cutting edges concurrently cutting the TM to create or remove a strip of TM of defined width equal to the distance between the cutting edges, I will address below several additional points of disagreement with the Netland Declaration.

41. In at least Paragraph 107 of his declaration, Dr. Netland asserts that not only must a strip of TM have been created by the Quintana trabeculotome, but

IPR2021-00017
Condon Declaration
Page 20

that this strip of tissue must have been of a defined width and have resulted from the concurrent cutting of TM by the beveled sides of the Quintana trabeculotome tip that Dr. Netland characterizes as first and second spaced-apart cutting edges. To me, Dr. Netland is engaging in unsubstantiated, circular reasoning that Quintana's description of "[t]he tip of the needle stripping the trabecular meshwork" must mean that Quintana obtained a strip of TM of certain width necessarily from the concurrent cutting of TM by the beveled sides (and not, for example, the sharp point) of the Quintana trabeculotome tip, that according to Dr. Netland must have been sharp enough to constitute first and second spaced-apart cutting edges merely because there would be no other way to obtain this hypothetical strip of TM of defined width, which Quintana never actually describes.

42. Quintana never mentions or suggests removing TM or that its disclosed trabeculotome would be capable of being used in any way to create and remove a strip of TM, much less to create and remove a strip of TM of defined width. Even assuming that the beveled sides of the Quintana trabeculotome tip could be deemed to be "sharp and intended to cut tissue," which they are not, Quintana never mentions or suggests that the beveled sides (as opposed, for example, to the sharp point) of the Quintana trabeculotome tip can create or remove a strip of TM. Furthermore, nothing in Quintana would teach a POSA that

IPR2021-00017
Condon Declaration
Page 21

the beveled sides of the Quintana trabeculotome contact the TM, much less concurrently cut the TM to create a strip of TM of defined width. For example, even if the Quintana trabeculotome could somehow be manipulated in a way to possibly obtain a strip of TM, such a strip of TM would not be of a defined width as described in the '885 Patent, unless it was actually cut from the TM *concurrently* by the two beveled sides. In other words, cutting or tearing the TM using only the sharp point, or one or the other of the beveled sides, of the Quintana trabeculotome tip (even if possible, which it would not be), would not have resulted in a strip of TM of defined width equal to the distance between the beveled sides (the measurement of which is also unclear).

43. Quintana describes the use of a specific trabeculotome formed by bending a standard hypodermic needle tip 20-30° with a needle-holder. Quintana does not describe or depict precisely where at the needle tip, or along what axis of the needle, the bend is made. A POSA would also have understood that this bend is most likely done by the surgeon by hand for each patient procedure (as opposed to being machined precisely and consistently). In my opinion, Quintana does not necessarily disclose a bend or curve having an angle of at least 30° as described in the '885 Patent.

IPR2021-00017
Condon Declaration
Page 22

44. Dr. Netland states that that “[t]he term ‘ab interno’ and the related term ‘ab externo’ had common well-understood meanings to persons of ordinary skill in the art at the time of filing of the ‘885 patent. Persons of ordinary skill in the art would have understood the term ‘ab interno’ to generally mean *from the inside* and would have understood the term ‘ab externo’ to generally mean *from the outside*.” Ex. 1003 ¶47 (emphasis added). I agree with these statements.

45. I note that, unlike in his declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, Dr. Netland does not propose a specialized definition in this case of an *ab interno* procedure to mean “entering the eye through the anterior chamber and approaching the trabecular meshwork from within the anterior chamber.” To the extent, however, that Dr. Netland asserts in this case nonetheless that Quintana describes an *ab interno* procedure, *see* Ex. 1003 ¶77, and I disagree with any such assertion.

46. In my opinion, a POSA would not have known definitively whether or not Quintana described an *ab interno* procedure. Quintana never states that its method is *ab interno*. Because nothing in the Quintana text or figures provides a clear indication whether or not the Quintana trabeculotome enters the TM only after first entering Schlemm’s Canal, a POSA would be unable to conclude with certainty that Quintana’s surgical procedure must be *ab interno*.

47. While my conclusion that Quintana does not conclusively show an *ab interno* procedure is based on my own perspective of what a POSA would have understood from a plain reading of Quintana, I note additionally that the author, Dr. Manuel Quintana, has stated that his article describes “a surgical approach where the needle tip enters and follows Schlemm’s Canal before tearing the TM.” Ex. 2020 ¶6. To the extent that this was the case, such a procedure would not have been *ab interno* by definition.

ii. Johnstone

48. I have reviewed the publication known as Johnstone (Ex. 1005).

49. Unlike Quintana, Lee, Jacobi and Jacobi 2000, Johnstone does not report work done with patients. Instead, Johnstone discloses the quantitative aqueous perfusion and light and scanning electron microscopy of postmortem enucleated human eyes to compare the flow rates achieved by known clinical *ab externo* probe and suture trabeculotomy procedures versus a known diathermy trabeculotomy technique. Ex. 1005 at 12.

50. Johnstone reads: “The present study was carried out to compare in postmortem enucleated human eyes the changes induced in the structure and function of the trabecular meshwork and Schlemm’s canal aqueous outflow system by internal cystotome trabeculotomy, by *ab externo* probing of Schlemm’s canal

IPR2021-00017
Condon Declaration
Page 24

with nylon and metal probes, and by causing the probes to rupture from the canal into the anterior chamber as in current clinical practice.” Ex. 1005 at 1. Johnstone also reads: “Internal cystotome trabeculotomy was performed in 180 degrees of the circumference in the same manner as by Grant and by Ellingsen and Grant. This was done through the 5-mm corneal trephine opening under direct visualization with an operating microscope at 25 to 40× magnification, employing a cystotome with the point oriented at right angles to the shaft. We inserted the point from within the anterior chamber through the trabecular meshwork to Schlemm’s canal, and passed it along in the canal circumferentially, with the blunt surface of the cystotome facing the external wall of Schlemm’s canal. In this position, it presented a triangular shape with its base facing the external wall of Schlemm’s canal, and a sharp slanting edge engaging the trabecular meshwork. This was intended to cut the inner wall of the canal and the trabecular sheets from within the canal while limiting damage to the external wall of the canal. Usually the cystotome pushed a strip of meshwork ahead of itself in the manner of a plow.” Ex. 1005 at 2 (internal citations omitted).

iii. Lee

51. I have reviewed the publication known as Lee (Ex. 1006).

IPR2021-00017
Condon Declaration
Page 25

52. I have read the prosecution history of the '885 Patent (Ex. 1002). In particular, I am aware that in the patent examiner's statement of reasons for allowance, the patent examiner stated the following about Lee:

“The closest prior art includes Lee USP 4,900,300 which teaches a method of excising a piece of tissue from the anterior chamber angle (trabecular meshwork and the inner wall of Schlemm's Canal) utilizing a device with a U-shaped cutting edge (14) which has dual blades corresponding to the U-shape. However, Lee fails to teach a device comprising a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees. It would not have been obvious to one having ordinary skill in the art at the time the invention was made to modify the method of Lee to include using a device with a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees.”

Ex. 1002 at 320-321.

I agree with the patent examiner that Lee does not teach a device comprising a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees. Based on my understanding

IPR2021-00017
Condon Declaration
Page 26

of the applicable patent law standards, I also agree with the patent examiner that it would not have been obvious to one having ordinary skill in the art at the time the invention was made to modify the method of Lee to include using a device with a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees.

53. I disagree, however, with the patent examiner's statement that Lee teaches a method of excising a piece of tissue from the anterior chamber angle (trabecular meshwork and the inner wall of Schlemm's Canal) utilizing a device with a U-shaped cutting edge (14) which has *dual blades* corresponding to the U-shape. I disagree with the patent examiner to the extent her statement was characterizing the Lee device as a dual blade device. Lee itself clearly reads otherwise.

54. First, Lee reads unambiguously:

"The forward end of shaft 10 comprises a parabolic, bowl-like cavity 12 having a sharpened rim which creates a *single, more or less U-shaped cutting edge* 14 integral with the sides of shaft 10. The cutting edge is approximately 2.0 mm. in length and about 0.3 to 0.4 mm. in width. The distal end 15 of cutting edge 14 protrudes a distance of about 0.5 to 1.0 mm. for ease of tissue penetration and cutting. The cutting edge is softly rounded

IPR2021-00017
Condon Declaration
Page 27

at its distal end and is generally parabolic in shape in order to avoid damage to the outer wall of Schlemm's Canal.”

Ex. 1006 at 4 (4:38-48).

Second, Lee is consistent in describing its cutting blade as a singular element. *See, e.g.*, Ex. 1006 at 1 (Abstract) (“The surgical instrument of this invention comprises in combination; a hollow tapered shaft having a cutting edge at one end as an integral part thereof; a retractable stylet contained within the hollow interior of the tapered shaft; and an irrigation port running along the outside of the tapered shaft.”) (emphasis added); *id.* at 5 (6:28-30) (“The cutting edge 14 is used to excise the angle tissue 40 for approximately one-third of the angle circumference.”) (emphasis added).

55. In my opinion, a POSA would have understood Lee to disclose a device having a *single* cutting blade. Although this U-shaped cutting blade is shown to have a sharpened rim with side edges and a distal tip, Lee never describes or depicts its cutting blade as anything other than an unitary element, which differs from the “first and second spaced-apart cutting edges being separated by a distance D” of the dual blade device described in the '885 Patent.

56. I similarly disagree with Dr. Netland's repeated statements asserting that Lee disclosed a dual blade device. *See, e.g.*, Ex. 1003 ¶¶88, 160.

IPR2021-00017
Condon Declaration
Page 28

57. Because the Lee device comprises “a parabolic, bowl like cavity 12 having a sharpened rim which creates a single, more or less U-shaped cutting edge 14 integral with the sides of shaft 10,” in my opinion, a POSA would have understood that trying to remove TM using the Lee device would not have necessarily created a strip of tissue of *defined width* due solely to the *concurrent* cutting of the TM by the side edges of the single, U-shaped cutting blade. Therefore, neither Quintana or Lee alone, nor in combination with each other, would have taught or motivated a POSA to make a device for removing TM in the manner described in the '885 Patent with any reasonable expectation of success, according to the applicable legal standards as I understand them.

iv. Jacobi and Jacobi 2000

58. I have reviewed the publications known as Jacobi (Ex. 1007) and Jacobi 2000 (Ex. 1013).

59. I have read the PTAB's discussion of Jacobi at Section III.F.1. of the April 21, 2021 Institution Decision in this IPR. Paper 11 at 21-22. I agree generally with the PTAB's statements about Jacobi.

60. I have read the prosecution history of the '885 Patent (Ex. 1002). In particular, I am aware that Jacobi was known to the patent examiner through at least the identification of Jacobi in a March 9, 2015 Information Disclosure

IPR2021-00017
Condon Declaration
Page 29

Statement. Ex. 1002 at 54. Jacobi 2000 appears to be a review article that addresses information similar to that disclosed in Jacobi with different figures.

61. I disagree with Dr. Netland's repeated statements asserting that Jacobi disclosed a dual blade device. *See, e.g.*, Ex. 1003 ¶160. Jacobi never mentions or suggests a device designed to cut the TM, much less a device with dual cutting blades.

62. First, Jacobi reads:

“The present study was carried out to introduce a new approach in glaucoma surgery aiming to *scrape* pathologically altered trabecular meshwork off the scleral sulcus in six patients suffering from uncontrolled IOP due to glaucoma absolutum. The aim of the surgical procedure was to *abrade rather than incise* uveal meshwork; this novel method, therefore, is termed gonioscurettage.”

Ex. 1007 at 2 (emphasis added).

In my opinion, a POSA would have understood Jacobi to promote a method using a device to scrape or abrade the TM to obtain ragged strings of TM instead of cutting the TM to create a strip of TM of defined width. Indeed, this reading most naturally aligns with Jacobi's further description that “[i]n order to *peel off* trabecular meshwork the ‘scraper’ was lightly passed over 2–3 clock hours to

IPR2021-00017
Condon Declaration
Page 30

either side at the nasal circumference of the anterior chamber angle in sweeping movements (Fig 2). . . . Gonioscopically, *strings* of trabecular tissue could be observed intraoperatively to be removed by gonioscurettage, leaving a ‘denuded’ grey-white scleral sulcus.” Ex. 1007 at 2 (emphasis added). Jacobi essentially disclaims excising TM using a cutting instrument in favor of removing TM using a scraping tool. Based on my understanding of the applicable patent law standards, Jacobi encourages a POSA to use its described gonioscraper, *i.e.*, teaches away from a cutting implement, including the dual blade device described in the ’885 Patent.

63. Second, Jacobi reads:

“The ‘gonioscraper’ consists of a small handle and a slightly convex-shaped arm for intraocular use and very much resembles a cyclodialysis spatula. However, the tip of the instrument is shaped as a tiny bowl with 300 μ m diameter and with its edges sharpened (Fig 1). In order to abrade clockwise and anticlockwise the scoop is angulated vertically at 90 degrees to the left and right, respectively.”

Ex. 1007 at 2.

This description contradicts Dr. Netland’s characterization of the Jacobi gonioscraper as a device having, among other things, (1) first and second

IPR2021-00017
Condon Declaration
Page 31

spaced-apart cutting edges separated by a distance D; and (2) a bend or curve having an angle of at least 30 degrees at the distal end of the shaft, that is capable of being used to create a strip of tissue of defined width from the concurrent cutting of the TM by first and second spaced-apart cutting edges.

64. In my opinion, a POSA would not have considered the sharpened edges of the bowl of the Jacobi gonioscraper to be a cutting blade. But even if that were the case, a POSA would have understood this to be a *single* cutting blade. Although the bowl of the Jacobi device is shown to have sharpened edges, Jacobi never describes or depicts the edges of this bowl as anything other than an unitary element, which differs from the “first and second spaced-apart cutting edges being separated by a distance D” of the dual blade device described in the ’885 Patent.

65. Dr. Netland’s re-drawing of Jacobi Figure 1 to depict first and second spaced-apart cutting edges has no support in Jacobi and, in my opinion, is wrong and is based solely on his own speculation, conjecture, and hindsight. *See* Ex. 1003 ¶160.

66. The actual sentence in the ’885 Patent to which Dr. Netland cites as the sole basis for his erroneous proposition, however, does not say what Dr. Netland says it does. Dr. Netland appears to have cropped and misquoted this

IPR2021-00017
Condon Declaration
Page 32

sentence out of context. Dr. Netland wrongly disregarded and contravened the actual '885 Patent disclosure, which reads:

“[i]n the particular example shown in the drawings, the first and second cutting edges 20, 22 are located on opposite lateral sides of the distal end of the cutting tube 14 and a blunt, protruding tip 24 is located on the bottom of the distal end of the cutting tube. Also, a blunt edge 26 is located at the top of the distal end of the cutting tube 14. Thus, ***only** the lateral cutting edges 20, 22 are sharp and intended to cut tissue.*”

Ex. 1001 at 8 (3:15-22) (emphasis added).

In my opinion, a POSA would have understood the '885 Patent to say that only the lateral cutting edges 20, 22 of the disclosed device are sharp (as opposed to, for example, the distal protruding tip), and not to say that anything sharp may constitute a cutting edge, as Dr. Netland wrongly asserts. Accordingly, I disagree with Dr. Netland that the Jacobi gonioscraper must have the “first and second spaced-apart cutting edges” described in the '885 Patent.

67. Jacobi does not describe or depict a device having a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe. *See*

IPR2021-00017
Condon Declaration
Page 33

Ex. 1001 at 10 (8:18-21). I disagree with Dr. Netland's assertion that "the gonioscraper device has several bends or curves in the shaft." Ex. 1003 ¶192; *see also id.* ¶147. Jacobi expressly describes its gonioscraper as a device that includes "a slightly convex-shaped arm for intraocular use and very much resembles a cyclodialysis spatula." Ex. 1007 at 2. Jacobi never describes or depicts a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe. Dr. Netland re-draws Jacobi Figure 2 to depict a hypothetical bend or curve in the otherwise blurry image. Ex. 1003 ¶195. In so doing, Dr. Netland seems to acknowledge that a POSA would not have recognized a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe, but instead (at most) would have seen a device that very much resembles a cyclodialysis spatula, just as Jacobi described. In my opinion, a POSA would not have understood Jacobi to describe a device with a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe, as described in the '885 Patent.

IPR2021-00017
Condon Declaration
Page 34

68. Dr. Netland next asserts, without any support, that a later Jacobi article, Phillip C. Jacobi *et al.*, “Perspectives in trabecular surgery,” *Eye* 2000; 14(Pt 3B)(3b): 519-30 (2000) (“Jacobi 2000”) (Ex. 1013), describes the same device from the earlier Jacobi article. *See* Ex. 1003 ¶196. Without more information, I am unable to agree with Dr. Netland’s assertion in this regard. What I do read, however, is that Jacobi 2000 similarly describes its gonioscraper as closely resembling a cyclodialysis spatula. Ex. 1013 at 2.

69. The Netland Declaration re-drawing of Jacobi 2000 Figure 1(b) to depict three, separate bends or curves in the Jacobi 2000 device is baseless. *See* Ex. 1003 ¶196. Dr. Netland also asserts:

“Based on this image, persons of ordinary skill in the art would appreciate that the device has ‘bends or curves’ as claimed. In my opinion, bend or curve (3) must be included in the device due to the generally downwardly sloping plane of the portion of the convex-shaped arm near the bowl-shaped tip. This allows the tip to be oriented properly to allow the dual cutting edges of the bowl to contact and cut TM during performance of Jacobi’s method.”

Id.

IPR2021-00017
Condon Declaration
Page 35

I disagree with each of these assertions. First, even if a POSA would have recognized three bends or curves in Jacobi Figure 1(b) as Dr. Netland asserts, which I dispute, a POSA would not have understood this figure to show a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees. Indeed, only Dr. Netland's "bend or curve (1)" might possibly exhibit an angle of at least 30 degrees, and in the Jacobi 2000 device, this bend or curve does not relate to a distal protruding tip (even according to Dr. Netland). Second, there is nothing in Jacobi 2000, including Figure 1(b), to support the existence of Dr. Netland's hypothetical "bend or curve (3)," much less a bend or curve having an angle of at least 30 degrees. In my opinion, Dr. Netland's assertion that Jacobi 2000 Figure 1(b) shows a device with a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees is wrong and is based solely on his own speculation, conjecture and hindsight.

70. Because the Jacobi gonioscraper comprises a device having a "tip . . . shaped as a tiny bowl with 300 μ m diameter and with its edges sharpened," in my opinion, a POSA would have understood that trying to remove TM using the Jacobi device would not have necessarily created a strip of TM of *defined width* due solely to the *concurrent* cutting of the TM, if any, by the single sharpened

edge of the bowl. Therefore, neither Quintana or Jacobi alone, nor in combination with each other, would have taught or motivated a POSA to build a device for creating a strip of TM in the manner described in the '885 Patent with any reasonable expectation of success, according to the applicable legal standards as I understand them.

B. The Netland Declaration

71. In addition to the statements in the Netland Declaration addressed above regarding the prior art identified in the Petition, I have the following comments regarding other statements about which I have concerns and/or disagree.

72. In at least Paragraphs 54-55 of his declaration, Dr. Netland coins the term “excisional goniotomy” and applies this perspective in at least Paragraphs 58-61 to his review of Quintana, Lee and Jacobi. I note that Dr. Netland never cites any reference, prior art or otherwise, where “excisional goniotomy” is defined or adopted. In my opinion, a POSA would not have known or used the term “excisional goniotomy” on or before the June 10, 2003 priority date. A POSA would not have applied this terminology in reading the prior art identified in the Petition.

73. In at least Paragraph 61 of his declaration, Dr. Netland states that “the inventors of the '885 patent claim invention of a device that is, in effect, a needle

IPR2021-00017
Condon Declaration
Page 37

having a tip bent at an angle.” I disagree with this statement. Nowhere in the ’885 Patent or its prosecution history have I found any mention or suggestion that the claimed dual blade device may be achieved by simply bending a hypodermic needle. Indeed, in at least Paragraph 63, Dr. Netland acknowledges, as he must, that the ’885 Patent clearly teaches that the claimed dual blade device is made from “standard tubing (e.g., stainless steel hypodermic tubing) . . . cut to form the lateral cutting edges 20, 22, the protruding tip 24 and the blunt top edge 26.” Ex. 1001 at 8 (4:67)-9 (5:3). These specific structures cannot be obtained by simply bending a hypodermic needle. In my opinion, a POSA would not have read the hypodermic tubing described in the ’885 Patent to refer to, or to suggest using, a hypodermic needle instead.

74. I note that, unlike in his declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, Dr. Netland does not assert in this case a bend or curve can be made in the tube 14 simply bending the tube. To the extent, however, that Dr. Netland is trying to make a similar assertion here, *see* Ex. 1003 ¶63, I disagree with any such assertion. In my opinion “simply bending the tube” is inconsistent with the clear teaching of the ’885 Patent, which reads that while “the tube 14 may be directly bent to form said curves or bends without the use of angular cut outs(s) 30 the use of angular cut-out(s) 30 allow a tube 10

IPR2021-00017
Condon Declaration
Page 38

of a given diameter to incorporate a curve or angle in a more compact form than is possible by bending tubing 10 of a given diameter to said curve or angle without kinking or damaging tube 10.” *Id.* at 9 (5:12-18). A POSA, therefore, would understand the ’885 Patent to recommend an angular cut-out(s) especially where the desired angle of bend or curve might kink or damage the tube, such as with an angle of between approximately 30 degrees and approximately 90 degrees relative to the longitudinal axis of the probe.

75. In at least Paragraphs 148 and 198 of his declaration, Dr. Netland asserts that a POSA would have been motivated to vary the angle of a purported bend or curve in the Quintana and Jacobi devices to arrive at a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe (as ’885 Patent Claim 10). I disagree with each of these assertions.

76. With respect to Quintana, the specific trabeculotome is described only as being formed by bending a standard hypodermic needle tip 20-30° with a needle-holder. Quintana does not describe or depict precisely where at the needle tip, or along what axis of the needle, the bend is made. A POSA would also have understood that this bend is most likely done by the surgeon by hand for each patient procedure (as opposed to being machined precisely and consistently). In my

IPR2021-00017
Condon Declaration
Page 39

opinion, Quintana does not necessarily disclose a bend or curve having an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe as described in the '885 Patent. In any event, the sole purpose of this bend according to Quintana is to avoid damaging the external wall of Schlemm's Canal. Ex. 1004 at 4 ("Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber."). Based on this statement in Quintana, a POSA would have been advised against changing the angle of the needle tip bend for fear that using any such altered device to perform Quintana's procedure might reduce the effectiveness of the Quintana trabeculotome, including its ability to move along the lumen of Schlemm's Canal in a tangential approach, and/or heighten the risk of undesirable injury to the external wall of Schlemm's Canal. For these same reasons, a POSA would be advised against increasing the angle of the needle tip bend, especially approaching 90 degrees because the device would no longer be usable in the specific surgical approach described in Quintana. None of the prior art cited in the Petition supports Dr. Netland's contrary assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

IPR2021-00017
Condon Declaration
Page 40

77. In particular, Dr. Netland's assertion that a POSA reading Quintana would have bent the needle tip of the Quintana trabeculotome at "varying locations, angles and radii," including at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe, is baseless. *See* Ex. 1003 ¶148. For example, Johnstone's acknowledgement that its internal cystotome trabeculotomy damaged the external wall of Schlemm's Canal runs directly counter to Quintana's sole objective in describing a surgical approach to the TM with a tool that minimized the risk of injury to the external wall of Schlemm's Canal. *Compare* Ex. 1005 at 11 ("the microscopic studies showed that this procedure not only opened the canal to the anterior chamber but it also affected the external wall and the internal structures of the canal, tending to tear and fray them") with Ex. 1004 at 4 ("Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber."). A POSA reading Quintana therefore would have been advised against bending the needle tip of the Quintana trabeculotome at a greater angle, and instead, would have been motivated to keep the Quintana trabeculotome as-is in this respect. Dr. Netland's attempts to justify his hindsight reconstruction of an altered Quintana trabeculotome are contrary to what Quintana actually tells a POSA. For example, as Dr. Netland did in his

IPR2021-00017
Condon Declaration
Page 41

declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, by asserting that a hypothetical Quintana trabeculotome with a needle tip bent at approximately 90 degrees might still work if used (1) in a perpendicular approach or (2) in a tangential approach so long as the syringe portion of the device is repositioned outside the patient's eye, Dr. Netland ignores Quintana's choice of a tangential versus perpendicular approach and makes up using the hypothetical altered device in a way that Quintana never mentions or suggests. None of the prior art cited in the Petition supports Dr. Netland's assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

78. With respect to Jacobi and Jacobi 2000, the specific gonioscraper is described only as very much or closely resembling a cyclodialysis spatula. *See* Ex. 1007 at 2; Ex. 1013 at 2. Neither Jacobi nor Jacobi 2000 describe or depict a tip that extends laterally from the end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe (as '885 Patent Claim 10). Furthermore, I disagree with Dr. Netland that Quintana and Johnstone would have motivated a POSA to alter the gonioscraper of either Jacobi or Jacobi 2000 to form such a bend or curve. *See* Ex. 1003 ¶¶197-198.

IPR2021-00017
Condon Declaration
Page 42

79. In my opinion, a POSA would have understood that Jacobi and Jacobi 2000 both acknowledged that the use of their gonioscrapers injured the external wall of Schlemm's Canal, and that both were otherwise unconcerned with this result. *See* Ex. 1007 at 3 ("From light microscopy of histological sections (Fig 3A and B) it was evident that in addition to peeling and disruption of the trabecular meshwork the gonioscraper caused damage to septa and endothelium of the external wall of Schlemm's canal, and disruption along the posterior wall of the canal."); Ex. 1013 at 2 ("From light microscopy of histological sections it is evident that, in addition to the peeling of the trabecular meshwork, gonioscurettage also causes damage to intracanalicular septa and the endothelium of the external wall of Schlemm's canal, and in some instances a disruption along the posterior wall of Schlemm's canal."). Similarly, a POSA would have understood that Johnstone acknowledged that its internal cystotome trabeculotomy damaged the external wall of Schlemm's Canal. *See* Ex. 1005 at 11 ("the microscopic studies showed that this procedure not only opened the canal to the anterior chamber but it also affected the external wall and the internal structures of the canal, tending to tear and fray them . . ."). In my opinion, a POSA, reading Jacobi, Jacobi 2000, and Johnstone together with Quintana, would not have been motivated to alter the gonioscraper of either Jacobi or Jacobi 2000 to form any bend or a curve, much

IPR2021-00017
Condon Declaration
Page 43

less a bend or curve having an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe (as '885 Patent Claim 10).

80. In my opinion, because a POSA would have understood Quintana to be keenly concerned with describing a surgical approach to the TM with a tool that minimized the risk of injury to the external wall of Schlemm's Canal, Ex. 1004 at 4 ("Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber."), a POSA would have understood the Quintana trabeculotome to be a different device designed for a different purpose than the Jacobi and Jacobi 2000 gonioscrapers. A POSA, therefore, would have understood, reading Jacobi, Jacobi 2000, Johnstone, and Quintana together, that there was no need to alter the Jacobi or Jacobi 2000 gonioscraper to form any bend or curve, much less a bend or curve having an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe (as '885 Patent Claim 10). None of the prior art cited in the Petition supports Dr. Netland's contrary assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

IPR2021-00017
Condon Declaration
Page 44

81. Lee, Jacobi, and the other prior art cited in the Petition, never mention or suggest the use of a hypodermic needle or similar device to create or remove a strip of TM. I have read nothing in these references that, alone or in combination, would have motivated a POSA to alter a standard hypodermic needle by sharpening the beveled sides of the needle tip to try to create cutting edges to create or remove a strip of TM. I disagree with any assertion, as Dr. Netland did in his declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, that a POSA would have been motivated by Lee, Jacobi, or any of the other prior art cited in the Petition, to sharpen the beveled sides of the needle tip of the Quintana trabeculotome to try to create cutting edges to remove a strip of TM. A POSA would have been wary of modifying the Quintana trabeculotome for fear that using any such altered device used to perform Quintana's procedure would heighten the risk of undesirable injury to the external wall of Schlemm's Canal. None of the prior art cited in the Petition supports Dr. Netland's assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

C. Application of the Prior Art to the '885 Patent Claims

82. For ease of reference, and for purposes of the following statements of my declaration only, I refer to the '885 Patent claims according to the format used

by the Netland Declaration (for example, parsing Claim 1 into claim elements 1a-i).

i. Petition Ground 1 (Claims 1-3, 6 and 9-10 are not anticipated by Quintana)

83. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element a as referenced in the Netland Declaration): "A method for cutting a strip of trabecular meshwork tissue within an eye of a subject, said eye having an anterior chamber, trabecular meshwork tissue and a Schlemm's canal, said method comprising." I have been informed by counsel that this portion of the claim is called the preamble and may or may not be an actual limitation to the claim.

84. At Paragraphs 96-98, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

85. In my opinion, a POSA would have understood Quintana to describe using the sharp point of the needle tip of the Quintana trabeculotome to incise or tear the TM away from the lumen of Schlemm's Canal in a tangential approach where the convex side of the bent needle tip faces the exterior wall of Schlemm's Canal to avoid injuring this structure. Quintana never mentions or suggests removing TM. Nor does Quintana describe the beveled sides of the standard

IPR2021-00017
Condon Declaration
Page 46

hypodermic needle tip of the Quintana trabeculotome as sharp, capable of cutting tissue, or to be first and second spaced-apart cutting edges.

86. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element d as referenced in the Netland Declaration): “said tip comprising a platform which has a top surface, a bottom surface, a right side edge, a left side edge and a terminal end, the terminal end being configured to penetrate through trabecular meshwork tissue.”

87. At Paragraphs 103-105, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

88. I disagree with Dr. Netland's assertion that the platform according to the '885 Patent “must necessarily cover needles and needle-like devices because the only embodiment disclosed by the patent is a needle having a bent tip.” Ex. 1003 ¶104. This claim interpretation is inconsistent with the ordinary and customary meaning of “platform.” *See* Ex. 2025 (defining platform as “a flat horizontal surface higher than the level of the areas around it.”). In my opinion, a POSA would have understood Quintana to describe a trabeculotome to have the same tip as a standard hypodermic needle, which does not have a platform.

IPR2021-00017
Condon Declaration
Page 47

89. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element e as referenced in the Netland Declaration): “the tip having a transverse width from the right side edge to the left side edge, said transverse width being narrowest at the terminal end.”

90. At Paragraph 106, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

91. I disagree with Dr. Netland that any such tip has a transverse width being narrowest at the terminal end. *See* Ex. 1003 ¶106. Dr. Netland never explains why or how a POSA would necessarily measure the transverse width of the Quintana trabeculotome tip only in the way Dr. Netland proposes. For example, one could reasonably view the transverse width as narrowest at the proximal portion of the single bevel of the Quintana trabeculotome. In my opinion, nothing in Quintana supports Dr. Netland's assertion in this regard, which is wrong and is based solely on his own speculation, conjecture and hindsight.

92. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element f as referenced in the Netland Declaration): “first and second spaced-apart cutting edges positioned on the device so as to cut tissue that passes along the top surface of the tip and into contact with the cutting edges.”

IPR2021-00017
Condon Declaration
Page 48

93. At Paragraphs 107-110, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

94. In my opinion, a POSA would have understood Quintana to describe using the sharp point of the needle tip of the Quintana trabeculotome to incise or tear the TM away from the lumen of Schlemm's Canal in a tangential approach where the convex side of the bent needle tip faces the exterior wall of Schlemm's Canal to avoid injuring this structure. A POSA would have understood that Quintana never describes the beveled sides of the standard hypodermic needle tip of the Quintana trabeculotome as sharp, capable of cutting tissue, or to be cutting edges, and never describes the Quintana trabeculotome as a dual blade device.

95. To the extent a POSA would have understood that Quintana does not disclose cutting edges, a POSA would also have understood that Quintana cannot disclose first and second spaced-apart cutting edges. However, even if one were to assume Dr. Netland's erroneous premise that the beveled sides of the needle tip of the Quintana trabeculotome are cutting edges, which they are not, then by Dr. Netland's definition, the entire surface of the needle bevel (including the sharp point) then would be a *single* cutting edge. In that case, a POSA would have understood that Quintana does not disclose "first and second spaced-apart cutting

IPR2021-00017
Condon Declaration
Page 49

edges positioned on the device so as to cut tissue that passes along the top surface of the tip and into contact with the cutting edges.”

96. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element i as referenced in the Netland Declaration): “d) moving the probe to cause the tip to advance through the Schlemm’s Canal such that trabecular meshwork tissue moves along the top surface of the tip and into contact with the first and second spaced-apart cutting edges, thereby cutting a strip of the trabecular meshwork tissue.”

97. At Paragraphs 113-115, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

98. In addition, even if one were to assume Dr. Netland’s erroneous premise that the beveled sides of the needle tip of the Quintana trabeculotome are first and second spaced-apart cutting edges, which they are not, then a POSA would have understood that Quintana does not disclose that the purported first and second spaced-apart cutting edges are contacting the TM. Quintana never describes or depicts contacting the TM with the beveled sides of the needle tip of the Quintana trabeculotome. I disagree with Dr. Netland’s assertion that Quintana

IPR2021-00017
Condon Declaration
Page 50

Figure 2 shows this. *See* Ex. 1003 ¶114. In my opinion, a POSA reading Quintana would not have been reasonably certain that this was the case.

99. Claim 2 of the '885 Patent reads: "A method according to claim 1 further comprising the step of keeping the anterior chamber filled."

100. At Paragraphs 116-118, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

101. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 2 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 2.

102. Claim 3 of the '885 Patent reads: "A method according to claim 1 wherein the device further comprises an infusion lumen and wherein fluid is infused through the infusion lumen to keep the anterior chamber filled."

103. At Paragraphs 119-120, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

IPR2021-00017
Condon Declaration
Page 51

104. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 3 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 3.

105. Claim 6 of the '885 Patent reads: "A method according to claim 1 wherein the strip of trabecular meshwork tissue cut in step d has a length of about 2 to 10 millimeters."

106. At Paragraphs 121-124, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

107. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 4 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 4.

108. In addition, Quintana never describes its procedure as involving cutting the TM to form a strip of tissue, much less a strip of tissue of defined width. I disagree with Dr. Netland's assertion that Quintana's disclosure of a

IPR2021-00017
Condon Declaration
Page 52

100-120° trabeculotomy in any way describes cutting the TM to form a strip of tissue, much less that it must equate to a tissue strip length of about 2 to 10 millimeters. *See* Ex. 1003 ¶123. In my opinion, nothing in Quintana supports Dr. Netland's assertion in this regard, which, in my opinion, is wrong and is based solely on his own speculation, conjecture and hindsight.

109. Claim 9 of the '885 Patent reads: "A method according to claim 1 wherein the method is performed under direct visualization through a lens device positioned on an anterior aspect of the eye."

110. At Paragraphs 125-126, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

111. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 9 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 9.

112. Claim 10 of the '885 Patent reads: "A method according to claim 1 wherein the tip extends laterally from said end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of

IPR2021-00017
Condon Declaration
Page 53

the probe and wherein step d comprises moving the distal end of the probe laterally such that the tip advances through Schlemm's Canal.”

113. At Paragraphs 127-130, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79 above.

114. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 10 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 10.

115. In addition, for at least the reasons set forth in ¶¶75-79 above, a POSA would not have been motivated by any of the cited prior art in the Petition or the general knowledge in the art to modify the Quintana trabeculotome by bending the needle tip at an angle greater than what Quintana disclosed, and certainly not to approximately 30 to approximately 90 degrees relative to the longitudinal axis of the probe, as Dr. Netland asserts. *See* Ex. 1003 ¶148. I note that Dr. Netland does not rely on any reference for this argument, and in my opinion, a POSA would have come to an understanding exactly opposite from Dr. Netland's.

IPR2021-00017
Condon Declaration
Page 54

116. First, a POSA would have understood that Quintana's sole reason for bending the needle tip of its trabeculotome is to avoid damaging the external wall of Schlemm's Canal. *See* Ex. 1004 at 4 ("Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber."). Second, a POSA would have been taught away from modifying the angle of the Quintana trabeculotome tip bend. For example, Johnstone acknowledges that its internal cystotome trabeculotomy damaged the external wall of Schlemm's Canal, but that Johnstone is otherwise unconcerned with this result. *See* Ex. 1005 at 11 ("the microscopic studies showed that this procedure not only opened the canal to the anterior chamber but it also affected the external wall and the internal structures of the canal, tending to tear and fray them . . ."). Given these inconsistent teachings in Quintana and Johnstone, a POSA would have been wary of modifying the angle of the needle tip bend in the Quintana trabeculotome for fear that using any such altered device used to perform Quintana's procedure would heighten the risk of undesirable injury to the external wall of Schlemm's Canal. Moreover, a POSA would have been advised especially against modifying the angle of the needle tip bend in the Quintana trabeculotome, as Dr. Netland asserts, to be approximately 90

degrees based on Johnstone, which specifically described damaging the external wall of Schlemm's Canal with its internal cystotome trabeculotomy.

117. Dr. Netland's attempts to justify his hindsight reconstruction of an altered Quintana trabeculotome are contrary to what Quintana actually tells a POSA. For example, by asserting, as he did in his declarations in related IPR2020-01573, IPR2020-01711, IPR2021-00065, and IPR2021-00066, that a POSA would have been motivated by that a hypothetical Quintana trabeculotome with a needle tip bent at approximately 90 degrees might still work if used (1) in a perpendicular approach or (2) in a tangential approach so long as the syringe portion of the device is repositioned outside the patient's eye, Dr. Netland ignores Quintana's choice of a tangential versus perpendicular approach and makes up using the hypothetical altered device in a way that Quintana never mentions or suggests. None of the prior art cited in the Petition supports Dr. Netland's assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

ii. Petition Ground 2 (Claims 4-5, 7-8 and 11 are not obvious over Quintana in view of the knowledge in the art)

118. Claim 4 of the '885 Patent reads: "A method according to claim 3 wherein step a comprises: forming an incision in the eye; causing fluid to flow out of the infusion lumen and into the incision, thereby spreading or opening the

IPR2021-00017
Condon Declaration
Page 56

incision; and thereafter inserting the probe through the incision and into the anterior chamber of the eye.”

119. At Paragraphs 132-136, the Netland Declaration asserts that Quintana in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79, 83-117 above.

120. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 4 incorporates each and every element of Claims 1-3. For the same reasons that I disagree with Dr. Netland’s assertions regarding Claims 1-3, I disagree with Dr. Netland’s assertions regarding Claim 4.

121. Claim 5 of the ’885 Patent reads: “A method according to claim 3 wherein the device further comprises an aspiration lumen and the method further comprises aspirating fluid through the aspiration lumen.”

122. At Paragraphs 137-138, the Netland Declaration asserts that Quintana in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79, 83-117 above.

IPR2021-00017
Condon Declaration
Page 57

123. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 5 incorporates each and every element of Claims 1-3. For the same reasons that I disagree with Dr. Netland's assertions regarding Claims 1-3, I disagree with Dr. Netland's assertions regarding Claim 5.

124. In particular, because Quintana never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Quintana trabeculotome to include an aspiration lumen. In this regard, Dr. Netland's assertions about Jacobi and the general knowledge in the art are irrelevant. *See* Ex. 1003 ¶138. In my opinion, nothing in Quintana, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Quintana trabeculotome to include an aspiration lumen, according to the applicable legal standards as I understand them.

125. Claim 7 of the '885 Patent reads: "A method according to claim 1 wherein, after cutting of the strip of trabecular meshwork tissue in step d, the strip of trabecular meshwork tissue remains connected to the eye and wherein the

IPR2021-00017
Condon Declaration
Page 58

method further comprises the step of disconnecting the strip of strip of trabecular meshwork tissue from the eye.”

126. At Paragraphs 139-140, the Netland Declaration asserts that Quintana in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79, 83-117 above.

127. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 7 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland’s assertions regarding Claim 1, I disagree with Dr. Netland’s assertions regarding Claim 7.

128. In particular, because Quintana never describes its procedure as involving creating a strip of TM, a POSA would not have even considered disconnecting a strip of TM such that it may be removed from the eye. In this regard, Dr. Netland’s assertions about Johnstone and Jacobi are irrelevant. *See* Ex. 1003 ¶140. In my opinion, nothing in Quintana, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland’s assertion that it would have been obvious to somehow modify the Quintana trabeculotome method to include the step of disconnecting the

IPR2021-00017
Condon Declaration
Page 59

strip of strip of trabecular meshwork tissue from the eye, after cutting of the strip of trabecular meshwork tissue in step d where the strip of trabecular meshwork tissue remains connected to the eye, according to the applicable legal standards as I understand them.

129. Claim 8 of the '885 Patent reads: "A method according to claim 7 wherein the step of disconnecting the strip of trabecular meshwork tissue from the eye comprises using a tissue disconnecting apparatus to disconnect the strip of trabecular meshwork tissue from the eye."

130. At Paragraphs 142-144, the Netland Declaration asserts that Quintana in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79, 83-117 above.

131. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 8 incorporates each and every element of Claims 1 and 7. For the same reasons that I disagree with Dr. Netland's assertions regarding Claims 1 and 7, I disagree with Dr. Netland's assertions regarding Claim 8.

132. In particular, because Quintana never describes its procedure as involving creating a strip of TM, a POSA would not have even considered

IPR2021-00017
Condon Declaration
Page 60

disconnecting a strip of TM such that it may be removed from the eye. In this regard, Dr. Netland's assertions about Jacobi or Ferrari are irrelevant. *See* Ex. 1003 ¶143. In my opinion, nothing in Quintana, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Quintana trabeculotome method to include the step of disconnecting the strip of trabecular meshwork tissue from the eye using a tissue disconnecting apparatus to disconnect the strip of trabecular meshwork tissue from the eye, according to the applicable legal standards as I understand them.

133. Claim 11 of the '885 Patent reads: "A method according to claim 1 wherein a curve is formed in the elongate probe proximal to the end of the probe from which the tip laterally extends."

134. At Paragraphs 145-148, the Netland Declaration asserts that Quintana in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶19-47, 73-79, 83-117 above.

135. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 11 incorporates each and every element of Claim 1. For the

same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 11.

iii. Petition Ground 3 (Claims 1-11 are not obvious over Jacobi in view of the knowledge in the art)

136. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element a as referenced in the Netland Declaration): "A method for cutting a strip of trabecular meshwork tissue within an eye of a subject, said eye having an anterior chamber, trabecular meshwork tissue and a Schlemm's canal said method comprising." I have been informed by counsel that this portion of the claim is called the preamble and may or may not be an actual limitation to the claim.

137. At Paragraphs 150-152, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

138. In my opinion, a POSA would have understood Jacobi to describe a method using a device to scrape or abrade the TM instead of cutting defined strips of TM. A POSA would have understood that Jacobi never describes its gonioscraper as a cutting device. Even if that the tiny bowl with sharpened edges of the gonioscraper tip were deemed to have a cutting edge, which it does not, there would be only a single cutting edge. A POSA would not have understood

IPR2021-00017
Condon Declaration
Page 62

Jacobi to describe a device with two cutting edges. I note that Dr. Netland never addresses if or why a POSA would have attempted to modify the Jacobi gonioscraper to add this missing element.

139. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element d as referenced in the Netland Declaration): "said tip comprising a platform which has a top surface, a bottom surface, a right side edge, a left side edge and a terminal end, the terminal end being configured to penetrate through trabecular meshwork tissue."

140. At Paragraphs 155-157, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

141. I disagree with Dr. Netland's assertion that the Jacobi gonioscraper tip, which Dr. Netland admits looks and works like an ice cream scoop, has a platform according to the '885 Patent. *See* Ex. 1003 ¶156. To be sure, Jacobi never mentions or depicts a platform as part of its gonioscraper, and in my opinion, nor would a POSA have understood Jacobi to disclose a platform as part of its gonioscraper. Dr. Netland's arbitrary labeling of the recited elements of the claimed platform in his re-drawing of Jacobi Figure 1 (making the purported

IPR2021-00017
Condon Declaration
Page 63

platform the same as, and indistinguishable from, the tip) is without any basis in Jacobi, is wrong, and is based solely on his own speculation, conjecture and hindsight. I note that Dr. Netland does not explain why or how a POSA would have viewed a platform to be an improvement with respect to Jacobi. To the contrary, in my opinion, a POSA would have been wary of modifying the Jacobi gonioscraper to include a platform for fear that using any such altered device to perform Jacobi's goniocurrentage procedure would further increase the undesirable damage to the external wall of Schlemm's Canal already seen in Jacobi, and moreover, possibly render the Jacobi gonioscraper unusable for its intended purpose.

142. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element e as referenced in the Netland Declaration): "the tip having a transverse width from the right side edge to the left side edge, said transverse width being narrowest at the terminal end."

143. At Paragraph 158, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

IPR2021-00017
Condon Declaration
Page 64

144. Jacobi does not disclose a distinct protruding tip, but rather a tiny bowl that looks and works like an ice cream scoop as Dr. Netland admits. Furthermore, even if the Jacobi gonioscraper had a distinct protruding tip, which it does not, I disagree with Dr. Netland that any such tip has a transverse width being narrowest at the terminal end. *See* Ex. 1003 ¶158. Dr. Netland never explains why or how a POSA would necessarily measure the transverse width of the tiny bowl of the Jacobi gonioscraper tip only in the way Dr. Netland proposes. For example, one could reasonably view the transverse width as narrowest at the proximal portion of the tiny bowl of the Jacobi gonioscraper tip. In my opinion, nothing in Jacobi supports Dr. Netland's assertion in this regard, which is wrong and is based solely on his own speculation, conjecture and hindsight. In addition, I note that Dr. Netland offers no explanation or basis for how the knowledge in the art might make up for this lack in Jacobi.

145. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element f as referenced in the Netland Declaration): "first and second spaced-apart cutting edges positioned on the device so as to cut tissue that passes along the top surface of the tip and into contact with the cutting edges."

146. At Paragraphs 159-163, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this

IPR2021-00017
Condon Declaration
Page 65

claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

147. In my opinion, a POSA would have understood Jacobi to describe a method using a device to scrape or abrade the TM instead of cutting defined strips of TM. A POSA would have understood that Jacobi never describes its gonioscraper as a dual blade device with distinct cutting edges. Indeed, even if the tiny bowl with sharpened edges of the gonioscraper tip were deemed to have a cutting edge, which it does not, there would be only a single cutting edge. In that case, a POSA would have understood that Jacobi does not disclose “first and second spaced-apart cutting edges positioned on the device so as to cut tissue that passes along the top surface of the tip and into contact with the cutting edges.” Nor would a POSA have understood the Jacobi gonioscraper, which looks and works like an ice cream scoop as Dr. Netland admits, to be configured such that TM would pass along the top surface before contacting the purported cutting edge.

148. Claim 1 of the '885 Patent reads (in pertinent part corresponding to element i as referenced in the Netland Declaration): “d) moving the probe to cause the tip to advance through the Schlemm’s Canal such that trabecular meshwork tissue moves along the top surface of the tip and into contact with the first and

IPR2021-00017
Condon Declaration
Page 66

second spaced-apart cutting edges, thereby cutting a strip of the trabecular meshwork tissue.”

149. At Paragraphs 167-169, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

150. In my opinion, a POSA would have understood Jacobi to describe a method using a device to scrape or abrade the TM instead of cutting defined strips of TM. A POSA would have understood that Jacobi never describes its gonioscraper as a dual blade device with distinct cutting edges. Indeed, even if the tiny bowl with sharpened edges of the gonioscraper tip were deemed to have a cutting edge, which it does not, there would be only a single cutting edge. In that case, a POSA would have understood that Jacobi does not disclose “first and second spaced-apart cutting edges positioned on the device so as to cut tissue that passes along the top surface of the tip and into contact with the cutting edges.” Nor would a POSA have understood the Jacobi gonioscraper, which looks and works like an ice cream scoop as Dr. Netland admits, to be configured such that TM would pass along the top surface before contacting the purported cutting edge.

IPR2021-00017
Condon Declaration
Page 67

151. Claim 2 of the '885 Patent reads: "A method according to claim 1 further comprising the step of keeping the anterior chamber filled."

152. At Paragraphs 170-172, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

153. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 2 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 2.

154. Claim 3 of the '885 Patent reads: "A method according to claim 2 wherein the device further comprises an infusion lumen and wherein fluid is infused through the infusion lumen to keep the anterior chamber filled."

155. At Paragraphs 173-176, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

IPR2021-00017
Condon Declaration
Page 68

156. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 3 incorporates each and every element of Claim 1 and 2. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1 and 2, I disagree with Dr. Netland's assertions regarding Claim 3.

157. Dr. Netland admits that Jacobi does not disclose an infusion lumen as part of its gonioscraper. *See* Ex. 1003 ¶174. In particular, because Jacobi already discloses removing ragged strings of tissue by scraping and/or abrading the TM, a POSA would have understood that Jacobi did not consider an infusion lumen to be necessary for the Jacobi method and gonioscraper to work for their intended purposes. In this regard, Dr. Netland's assertions about Lee and the general knowledge in the art regarding the need for maintaining fluid levels in the anterior chamber are moot. *See* Ex. 1003 ¶¶174-176. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion based solely on his own speculation, conjecture and hindsight that it would have been obvious to somehow modify the Jacobi gonioscraper to include an infusion lumen, according to the applicable legal standards as I understand them.

IPR2021-00017
Condon Declaration
Page 69

158. Claim 4 of the '885 Patent reads: "A method according to claim 3 wherein step a comprises: forming an incision in the eye; causing fluid to flow out of the infusion lumen and into the incision, thereby spreading or opening the incision; and thereafter inserting the probe through the incision and into the anterior chamber of the eye."

159. At Paragraphs 177-180, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

160. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 4 incorporates each and every element of Claims 1-3. For the same reasons that I disagree with Dr. Netland's assertions regarding Claims 1-3, I disagree with Dr. Netland's assertions regarding Claim 4.

161. Dr. Netland admits that Jacobi does not disclose an infusion lumen as part of its gonioscraper. *See* Ex. 1003 ¶179. In particular, because Jacobi already discloses removing ragged strings of tissue by scraping and/or abrading the TM, a POSA would have understood that Jacobi did not consider an infusion lumen to be necessary for the Jacobi method and gonioscraper to work for their intended

IPR2021-00017
Condon Declaration
Page 70

purposes. In this regard, Dr. Netland's assertions about the general knowledge in the art regarding the need for spreading or opening the incision are moot. *See* Ex. 1003 ¶¶179-180. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion based solely on his own speculation, conjecture and hindsight that it would have been obvious to somehow modify the Jacobi gonioscraper to include an infusion lumen, according to the applicable legal standards as I understand them.

162. Claim 5 of the '885 Patent reads: "A method according to claim 3 wherein the device further comprises an aspiration lumen and the method further comprises aspirating fluid through the aspiration lumen."

163. At Paragraphs 181-182, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

164. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 5 incorporates each and every element of Claims 1-3. For

IPR2021-00017
Condon Declaration
Page 71

the same reasons that I disagree with Dr. Netland's assertions regarding Claims 1-3, I disagree with Dr. Netland's assertions regarding Claim 5.

165. Dr. Netland admits that Jacobi does not disclose an aspiration lumen as part of its gonioscraper. *See* Ex. 1003 ¶182. In particular, because Jacobi already discloses removing ragged strings of tissue by scraping and/or abrading the TM, a POSA would have understood that Jacobi did not consider an aspiration lumen to be necessary for the Jacobi method and gonioscraper to work for their intended purposes. In this regard, Dr. Netland's assertions about the general knowledge in the art regarding the need for tissue debris removal are moot. *See* Ex. 1003 ¶182. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion based solely on his own speculation, conjecture and hindsight that it would have been obvious to somehow modify the Jacobi gonioscraper to include an aspiration lumen, according to the applicable legal standards as I understand them.

166. Claim 6 of the '885 Patent reads: "A method according to claim 1 wherein the strip of trabecular meshwork tissue cut in step d has a length of about 2 to 10 millimeters."

IPR2021-00017
Condon Declaration
Page 72

167. At Paragraphs 183-186, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

168. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 6 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 6.

169. In addition, Jacobi never describes its procedure as involving cutting the TM to form a strip of tissue, much less a strip of tissue of defined length. I disagree with Dr. Netland's assertion that Jacobi's disclosure of a 90-120° goniocurettage in any way describes cutting the TM to form a strip of tissue, much less that it must equate to a tissue strip length of about 2 to 10 millimeters. *See* Ex. 1003 ¶186. In my opinion, nothing in Jacobi supports Dr. Netland's assertion in this regard, which, in my opinion, is wrong and is based solely on his own speculation, conjecture and hindsight.

170. Claim 7 of the '885 Patent reads: "A method according to claim 1 wherein, after cutting of the strip of trabecular meshwork tissue in step d, the strip

IPR2021-00017
Condon Declaration
Page 73

of trabecular meshwork tissue remains connected to the eye and wherein the method further comprises the step of disconnecting the strip of strip of trabecular meshwork tissue from the eye.”

171. At Paragraphs 187-189, the Netland Declaration asserts that Jacobi in view of the knowledge in the art, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

172. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 7 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland’s assertions regarding Claim 1, I disagree with Dr. Netland’s assertions regarding Claim 7.

173. Dr. Netland admits that Jacobi does not disclose this recited step as part of its gonioscurettage method. *See* Ex. 1003 ¶188. In particular, because Jacobi already discloses removing ragged strings of tissue by scraping and/or abrading the TM, a POSA would have understood that Jacobi did not consider a distinct step of disconnecting the strip of strip of trabecular meshwork tissue from the eye after cutting of the strip of trabecular meshwork tissue in step d where the strip of trabecular meshwork tissue remains connected to the eye to be necessary for the Jacobi method and gonioscraper to work for their intended purposes. In this regard,

IPR2021-00017
Condon Declaration
Page 74

Dr. Netland's assertions about Johnstone and the general knowledge in the art regarding the need for tissue debris removal are moot. *See* Ex. 1003 ¶¶188-189. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion based solely on his own speculation, conjecture and hindsight that it would have been obvious to somehow modify the Jacobi goniosurrectomy to include the step of disconnecting the strip of strip of trabecular meshwork tissue from the eye after cutting of the strip of trabecular meshwork tissue in step d where the strip of trabecular meshwork tissue remains connected to the eye, according to the applicable legal standards as I understand them.

174. Claim 8 of the '885 Patent reads: "A method according to claim 7 wherein the step of disconnecting the strip of trabecular meshwork tissue from the eye comprises using a tissue disconnecting apparatus to disconnect the strip of trabecular meshwork tissue from the eye."

175. At Paragraphs 190-191, the Netland Declaration asserts that Jacobi in view the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

IPR2021-00017
Condon Declaration
Page 75

176. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 8 incorporates each and every element of Claims 1 and 7. For the same reasons that I disagree with Dr. Netland's assertions regarding Claims 1 and 7, I disagree with Dr. Netland's assertions regarding Claim 8.

177. Dr. Netland admits that Jacobi does not disclose this recited step as part of its gonioscurettage method. *See* Ex. 1003 ¶191. In particular, because Jacobi already discloses removing ragged strings of tissue by scraping and/or abrading the TM, a POSA would have understood that Jacobi did not consider a distinct step of disconnecting the strip of trabecular meshwork tissue from the eye using a tissue disconnecting apparatus to disconnect the strip of trabecular meshwork tissue from the eye to be necessary for the Jacobi method and gonioscraper to work for their intended purposes. In this regard, Dr. Netland's assertions about Ferrari and the general knowledge in the art regarding the need for tissue debris removal are moot. *See* Ex. 1003 ¶191. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion based solely on his own speculation, conjecture and hindsight that it would have been obvious to somehow modify the Jacobi gonioscurettage to include the step of disconnecting the strip of trabecular

IPR2021-00017
Condon Declaration
Page 76

meshwork tissue from the eye using a tissue disconnecting apparatus to disconnect the strip of trabecular meshwork tissue from the eye, according to the applicable legal standards as I understand them.

178. Claim 9 of the '885 Patent reads: "A method according to claim 1 wherein the method is performed under direct visualization through a lens device positioned on an anterior aspect of the eye."

179. At Paragraphs 192-193, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

180. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 9 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 9.

181. In addition, I note that Dr. Netland never addresses if or why a POSA would attempt to modify the Jacobi gonioscraper in this regard.

182. Claim 10 of the '885 Patent reads: "A method according to claim 1 wherein the tip extends laterally from said end of the probe at an angle of between

IPR2021-00017
Condon Declaration
Page 77

approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe and wherein step d comprises moving the distal end of the probe laterally such that the tip advances through Schlemm's Canal.”

183. At Paragraphs 194-200, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

184. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 10 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 10.

185. At least for the reasons set forth in ¶71 above, Jacobi does not describe a device having a tip that extends laterally from said end of the probe at an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe. In particular, Dr. Netland's re-drawing of Jacobi 2000 Figure 1(b) to show a hypothetical “bend or curve (3),” Ex. 1003 ¶196, is wrong and is based solely on his own speculation, conjecture, and hindsight. No such bend or curve is actually shown in either Jacobi or Jacobi 2000.

IPR2021-00017
Condon Declaration
Page 78

Therefore, a POSA would not have been motivated by Jacobi to arrive at a method using a device with a blunt protruding tip that extends from a distal end of the shaft to form a bend or curve, much less one having an angle of between approximately 30 and approximately 90 degrees relative to the longitudinal axis of the probe. The knowledge in the art does not make up for this lack in Jacobi.

186. In my opinion, Dr. Netland's conclusion that: "Persons of ordinary skill in the art also would have found it obvious to try variations to Jacobi's device, such as by modifying the bend or curve of the device to use different angles," Ex. 1003 ¶199, is unsupported and erroneous. Jacobi, Quintana, and Johnstone involve very different devices used for different intended purposes. *See, e.g.*, Ex. 1005 at 1 (Johnstone reporting internal cystotome trabeculotomy by *ab externo* probing of Schlemm's Canal in postmortem enucleated human eyes); Ex. 1004 at 3 (Quintana reporting the use of a hypodermic needle tip bent 20-30° to avoid injuring the external wall of Schlemm's Canal). None alone or together would have suggested to a POSA to modify the Jacobi gonioscraper to form a bend or curve at the distal end of the shaft.

187. Claim 11 of the '885 Patent reads: "A method according to claim 1 wherein a curve is formed in the elongate probe proximal to the end of the probe from which the tip laterally extends."

IPR2021-00017
Condon Declaration
Page 79

188. At Paragraphs 201-203, the Netland Declaration asserts that Jacobi in view of the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-72, 80-83 above.

189. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 11 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 11.

190. At least for the reasons set forth in ¶¶75-76 above, Jacobi does not describe a device having a curve formed in the elongate probe proximal to the end of the probe from which the tip laterally extends. In particular, Dr. Netland's re-drawing of Jacobi 2000 Figure 1(b) to show a hypothetical "bend or curve (3)," Ex. 1003 ¶196, is wrong and is based solely on his own speculation, conjecture, and hindsight. No such bend or curve is actually shown in either Jacobi or Jacobi 2000. Therefore, a POSA would not have been motivated by Jacobi to arrive at a method using a device with a curve formed in the elongate probe proximal to the end of the probe from which the tip laterally extends. The

IPR2021-00017
Condon Declaration
Page 80

knowledge in the art does not make up for this lack in Jacobi, and Dr. Netland makes no assertion otherwise.

D. CONCLUSION

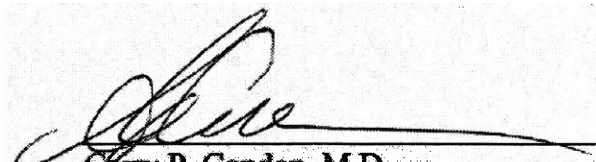
191. In my opinion, according to the applicable legal standards as I understand them, a POSA reading the cited prior art in the Petition along with the general knowledge in the art would have concluded with a reasonable scientific certainty that Claims 1-11 of the '885 patent are not invalid, and specifically would have found that: (I) Claims 1-3, 6 and 9-10 are not anticipated under 35 U.S.C. § 102 by Quintana (Ex. 1004); (II) Claims 4-5, 7-8 and 11 are not rendered obvious under 35 U.S.C. § 103 by Quintana (Ex. 1004) in view of the knowledge of a person of ordinary skill in the art; and (III) Claims 1-11 are not rendered obvious under 35 U.S.C. § 103 by Jacobi (Ex. 1007) in view of the knowledge of a person of ordinary skill in the art.

IPR2021-00017
Condon Declaration
Page 81

192. I declare under penalty of perjury that the foregoing is true and correct. I declare that all statements made herein of my knowledge are true, and that all statements made on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

Dated: July 7, 2021

Respectfully submitted,



Garry P. Condon, M.D.

Appendix A

CURRICULUM VITAE

Name: **GARRY PASCAL CONDON, M.D.**

Address: Coastal Eye Institute
217 Manatee Avenue E.
Bradenton, FL 34208

Date of Birth: May 17, 1958

Place of Birth: Winnipeg, Manitoba, Canada

Citizenship: U.S.
Canadian

Education:

1979 B. Med. Sc. Memorial University of Newfoundland
St. John's, Newfoundland, Canada

1981 M.D. Memorial University of Newfoundland
St. John's, Newfoundland, Canada

Internship and Residency:

1981-82 Intern (Straight Internal Medicine)
Memorial University of Newfoundland,
St. John's, Newfoundland, Canada

1983-86 Resident in Ophthalmology, University of Western Ontario,
London, Ontario, Canada

Garry Pascal Condon, M.D.
Page 2

Fellowships:

- 1982-83 Fellow in Ophthalmic Pathology, McGill Pathology Institute
(Dr. Seymour Brownstein), Montreal, Quebec, P.Q., Canada
- 1986-88 Fellow, New England Glaucoma Research Foundation
(Dr. Richard J. Simmons), Boston, MA

Licensure and Certification:

- 1983 Licentiate of the College of Physicians and Surgeons of
Ontario, Canada
- 1983 Licentiate of the State of New York in Medicine and Surgery
- 1984 Licentiate of the Medical Council of Canada
- 1986 Licentiate of the Commonwealth of Massachusetts
Board of Registration in Medicine
- 1986 Fellow of the Royal College of Surgeons (Canada) - Ophthalmology
- 1987 Diplomate - American Board of Ophthalmology
- 1987 Licentiate of the Commonwealth of Pennsylvania State Board of
Medicine

Current Medical Licensure:

State of Florida Medical License
ME 121450

Initial License Date: 08/29/2014
Expiration Date: 01/31/2023

Speciality Certification:

American Board of Ophthalmology
(No certification #)

Issue Date: 10/27/1987
(No expiration date)

Professional Memberships:

- 1988 - 2019 Fellow of The American Academy of Ophthalmology

Garry Pascal Condon, M.D.
Page 3

| | |
|----------------|---|
| 1988 - 2018 | Member of the Pittsburgh Ophthalmology Society |
| 1988 - Present | Member Chandler-Grant Glaucoma Society |
| 1989 - 2018 | Member of the Allegheny County Medical Society |
| 1989 - 2018 | Member of the Pennsylvania Medical Society |
| 1989 - Present | Member of the American Medical Association |
| 1992 - 2018 | Member of the Pennsylvania Academy of Ophthalmology |
| 2000 - Present | Member of the American Society of Cataract and Refractive Surgery |
| 2004 - Present | Member of the American Glaucoma Society |
| 2005 - Present | Member of the International Intra-Ocular Implant Club |
| 2015 - Present | Member of the Florida Medical Association |
| 2019 - Present | Life Member of The American Academy of Ophthalmology |

Appointments:

| | |
|----------------|---|
| 1987 - 1988 | Clinical Instructor in Ophthalmology Harvard Medical School, Boston |
| 1988 - 1996 | Assistant Professor of Surgery (Ophthalmology) Medical College of Pennsylvania, Pittsburgh, PA |
| 1990 - 2018 | Director, Division of Glaucoma, Department of Ophthalmology Allegheny General Hospital, Pittsburgh, PA |
| 1991 - 2003 | Adjunct Clinical Instructor in Ophthalmology University of Pittsburgh, Pittsburgh, PA |
| 1996 - 2000 | Assistant Professor of Ophthalmology in the Department of Ophthalmology, MCP Hahnemann School of Medicine, Allegheny General Hospital Campus, Pittsburgh, PA |
| 2000 - 2014 | Associate Professor of Ophthalmology in the Department of Ophthalmology, Drexel University College of Medicine, Allegheny General Hospital Campus, Pittsburgh, PA |
| 2002 - 2007 | Vice Chairman, Department of Ophthalmology, Allegheny General Hospital, Pittsburgh, PA |
| 2004 - Present | Clinical Assistant Professor in the Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA |

Appointments:-cont'd

Garry Pascal Condon, M.D.
Page 4

| | |
|----------------|---|
| 2007 – 2018 | Chairman in the Department of Ophthalmology, Allegheny General Hospital, Pittsburgh, PA |
| 2015 – Present | Professor in the Department of Ophthalmology, Drexel University College of Medicine, Philadelphia, PA |

Societies / Committees Positions:

| | |
|----------------|---|
| 1990 - 1994 | Continuing Medical Education Committee Allegheny General Hospital |
| 1991 - 1993 | Executive Committee, Pittsburgh Ophthalmology Society |
| 1992 - 1995 | Operating Room Adhoc Committee for Minimally Invasive Surgery |
| 2001 - 2003 | Secretary-Treasurer, Chandler – Grant Glaucoma Society |
| 2001 - 2004 | Operating Room Committee |
| 2002 - 2018 | Program Committee, Pittsburgh Ophthalmology Society |
| 2005 - Present | Member ASCRS Glaucoma Clinical Committee |
| 2007 – Present | Member of the Special Projects Committee, American Academy of Ophthalmology |

Awards:

| | |
|----------------|--|
| 1984 | Percy Hermant Fellowship in Ophthalmology, University of Western Ontario, London, Ontario, Canada |
| 2001 | Achievement Award, American Academy of Ophthalmology |
| 2005 – Present | The Best Doctors in America |
| 2008 | “Doctor’s Choice Award”, XXII Annual American College of Eye Surgeons Meeting. San Juan, Puerto Rico |

Awards:-cont’d

Garry Pascal Condon, M.D.
Page 5

- 2008 "America's Top Ophthalmologists", Cataract/Glaucoma Surgery, Consumers' Research Council of America
- 2008 Contributions in the Advancement of Surgical Treatment for Glaucoma, Optonol, Inc., American Society of Cataract and Refractive Surgeons Meeting, Chicago, IL
- 2010 Senior Achievement Award, American Academy of Ophthalmology
- 2011 "America's Top Ophthalmologists", Cataract/Glaucoma Surgery, Consumers' Research Council of America
- 2012 Best Physicians As Chosen By Their Peers, Pittsburgh Magazine
- 2017 - 2020 Castle - Connelly Top Doctor
- 2018 - 2020 'Top Doctor' Sarasota Magazine

Abstracts:

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Lehrer RA, Condon GP, Baker KS, Spanich CG: "Combined Phacoemulsification and Trabeculectomy with Adjusted Mitomycin Exposure", American Academy of Ophthalmology Meeting, Chicago, IL: November 14-18, 1993. (poster)

Lehrer RA, Condon GP, Baker KS, Spanich CG: "Adjusted Mitomycin Exposure Time in Poor Prognosis Trabeculectomy Surgery", American Academy of Ophthalmology Meeting, Chicago, IL: November 14-18, 1993. (poster)

Garry Pascal Condon, M.D.
Page 6

Abstracts:-cont'd

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Bindlish R, Condon GP, Lehrer RA et al. Efficacy and safety of mitomycin-c in primary trabeculectomy – five year follow up. Meeting of the American Academy of Ophthalmology, Dallas TX, November 2000

Bindlish R, Condon GP, Lauer KB et al. Scleral reinforcement surgery for late hypotony after trabeculectomy with mitomycin-c. Meeting of the American Academy of Ophthalmology, Dallas TX, November 2000 (poster)

Condon GP. Biomechanical attributes of a single-piece acrylic intraocular lens in glaucomatous eyes. Annual Meeting of American Society of Cataract and Refractive Surgery, San Diego CA, April 2001

Condon GP. Secondary small incision iris fixation of an acrylic intraocular lens in the absence of capsular support. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA, June 2002

Lauer KB, Herzig D, Condon GP. Trabeculectomy with mitomycin-c in neovascular glaucoma: long-term efficacy and complications. Annual Meeting of the American Academy of Ophthalmology, Orlando FL 2002 (poster)

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Abstracts:-cont'd

Garry Pascal Condon, M.D.
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Garry Pascal Condon, M.D.
Page 9

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Garry Pascal Condon, M.D.
Page 10

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Garry Pascal Condon, M.D.
Page 12

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Condon GP, Crandall AS, MacDonald SM, McCabe CM, Arbisser LB. Progressive Cataract Elevated IOP and Flat Anterior Chamber after PPV and Trabeculectomy. *Cataract & Refractive Surgery Today* July 2014

Condon GP, Moster MR. Minimizing the Invasiveness of Traditional Trabeculectomy Surgery. *J Cataract Refract Surg* 2014; 40:1307-1312

Condon GP. Response to Consultation Question (Cataract Surgical Problem) Posed by Dr. Samuel Masket. *J Cataract Refract Surg* 2014; 40:1394-1395

Condon GP, Masket S, Consultants. Placement of Endocapsular IOL's in Eyes with Zonular Compromise. *Focal Points AAO*. Vol XXXII, Number 7, Sept 2014

Condon GP. When Should I Perform Lens Extraction Alone for the Primary Angle – Closure Suspect? Comment PACS ‘The Undisputed Mainstay of Treatment.’ *Glaucoma Today* March/April 2015

Condon GP, Crandall AS, Masket S. Decentration After IOL Exchange for UGH Syndrome. *Cataract & Refractive Surgery Today* June 2015

Grove K, Condon GP, Emy B, Chang DF, Kim T. Complication from Combined Use of Capsule Retractors and Capsular Tension Rings in Zonular Dehiscence. *J Cataract Refract Surg* 2015; 41:2576-2579

Siegel M, Condon GP. Single Suture Iris-to-Capsulorhexis Fixation for In-the-Bag Intraocular Lens Subluxation. *J Cataract Refract Surg* 2015; 41:2347-2352

Book Chapters:

Condon GP, Lu LW. Phacoemulsification in the Previously Filtered Eye. In: Mehta KR, Alpar JJ (Ed): *The Art of Phacoemulsification*, Jaypee Brothers: New Delhi, 2001; chap 31

Critchton AC, Condon GP, Trope GE. Management of the Leaking Bleb. In: Trope GE (Ed): *Glaucoma Surgery*, Taylor & Francis: New York, 2005; chap 23

Garry Pascal Condon, M.D.
Page 13

Book Chapters:-cont'd

Alunni MA, Condon GP. Treatment of Occludable Angles and Angle Closure with Cataract Extraction. In: Kahook MY, Schuman JS, eds. Chandler and Grant's Glaucoma. 5th ed. Thorofare, NJ: SLACK Incorporated; 2013

Condon GP. Curbside Consultation in Cataract Surgery 49 Clinical Questions, 2nd Updated Edition) Question 48: "Following a Posterior Capsular Rent, the Sulcus Fixated Intraocular Lens has become Decentered. How Should Proceed?" Slack Incorporated, 2013

Condon GP, Chan CK, Agarwal A. Posterior Capsular Rupture. A Practical Guide to Prevention and Management. -15- "Management of Dislocated Intraocular Lenses." Slack Incorporated, 2014

Kirk TQ, Condon GP, Siegel MJ. Fixation for Delayed Bag-IOL Dislocation. In: Chang DF, Lee BS, Agarwal A, eds. Advanced IOL Fixation Techniques. Slack Inc. Thorofare NJ, 2019

Condon GP. Peripheral Iris IOL Fixation. . In: Chang DF, Lee BS, Agarwal A, eds. Advanced IOL Fixation Techniques. Slack Inc. Thorofare NJ, 2019

Named Lectures:

2009 The GV Simpson Lectureship in Ophthalmology. Western University. London Canada

2009 Joseph H. Bowlds, M.D. Lecture. Lahey Clinic Eye Institute. Late IOL Dislocation: The Real Deal. Burlington MA

2010 The Ruthanne and Richard Simmons Lecture. Glaucoma Challenges. New England Ophthalmology Society. Boston MA

2011 David Kozart Annual Lectureship. Pseudoexfoliation: Zonule Compromise & Counter Measures. Scheie Eye Institute, University of Pennsylvania. Philadelphia PA

2011 William Evans Bruner, M.D. Lecture. Trabeculectomy 2011: Is There Still a Role? Case Western Reserve University. Cleveland OH

2012 20th Annual Arthur Light, M.D. Memorial Lectureship in Ophthalmology. 5th Annual Glaucoma / Cataract Symposium. Innovations in Cataract Surgery

Garry Pascal Condon, M.D.
Page 14

and Glaucoma Management. Loyola Medicine Chicago IL

- 2013 The 2013 Stephen A. Obstbaum, MD, Honored Lecture, "Pseudoexfoliation: My Life as a "Zonulist." What we Know, Don't Know, and Shouldn't Know." ASCRS Glaucoma Day, San Francisco CA
- 2015 The Gettes Lecture. 67th Annual Wills Eye Hospital Conference. Philadelphia PA
- 2018 The 2018 Annual Alan Crandall Lecture. 'Pseudoexfoliation' ASCRS annual Surgical Summit, Deer Valley, Utah.

AUDIO DIGEST LECTURES

- 2013 Zonular Compromise, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)
- 2013 Cataract Surgery and Glaucoma, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)
- 2013 Acute Angle Closure Glaucoma, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)

Participation in Symposia:

- 1989 "Argon Laser Suture Lysis Following Trabeculectomy", Glaucoma-Into the 1990's Symposium, co-chairman. Pittsburgh, PA
- 1994 "Target IOP and Mitomycin", Nantucket Glaucoma Meeting, Joel Schumann Chairman. Nantucket, MA
- 1997 "Coexistent Glaucoma and Cataract," 48th Annual Post-graduate Review Course: Ophthalmology, SUNY Health Science Center, Syracuse, New York
- 1999 "Co-existent Glaucoma and Cataract", Capital Glaucoma Meeting: The Executive Summary, Alan Robin MD, Chairman. Washington, D.C.
- 1999 "Phacoemulsification in the Previously Filtered Eye", Capitol Glaucoma

Garry Pascal Condon, M.D.
Page 15

Meeting: The Executive Summary. Alan Robin MD, Chairman. Washington, D.C.

2002 Session Panelist: IOL power calculation after refractive surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA

Participation in Symposia:-cont'd

2002 Selected case presentation at the 'Challenging Cataract Case Symposium'. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA

2003 Session Panelist: New IOL designs. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco, CA

2003 Phacoemulsification in the previously filtered eye. Glaucoma Management Trends. Alan Robin MD, Vitale Costa MD co-chairs. San Juan PR

2003 Non-penetrating glaucoma surgery: Indications and techniques. The Glaucoma Summit. David Dueker MD, Edward Rockwood MD co-chairs. Cole Eye Institute, Cleveland Clinic, Cleveland OH, Jan 31- Feb 1, 2003

2003 Simplified Peripheral Iris Fixation of an Acrylic IOL. Advances in Glaucoma. Fabian Lerner, Chairman. Buenos Aires, Argentina.

2003 Discussant for Paper: Late dislocation of in-bag IOLS associated with pseudoexfoliation. American Academy of Ophthalmology Annual Meeting 2003, Anaheim, CA

2004 Blebitis: The Growing Dilemma-The Persistent Challenge. Advances in Glaucoma Management. Eye World Educational Symposium, San Diego CA

2004 Peripheral Iris Fixation of PC IOLs. American College of Eye Surgeons Quality Surgery IVIII. Marco Island FL

2004 Endocyclophotocoagulation: Point/Counterpoint. American College of Eye Surgeons Quality Surgery XVIII. Marco Island FL

2004 Eyepass: Ready for Prime Time? New Surgical Interventions in Glaucoma Symposium. Sponsored by ASCRS Glaucoma Clinical Committee, San Diego CA

Garry Pascal Condon, M.D.
Page 16

- 2004 Session Panelist: Cataract/IOL. Annual meeting of the ASCRS, San Diego CA
- 2004 Phacoemulsification in Angle Closure Glaucoma. Asia-Far East Glaucoma Symposium. Ivan Goldberg MD moderator. Male Maldives

Participation in Symposia:-cont'd

- 2004 Peripheral Iris Fixation of PC IOLs in the Absence of Capsule Support. Ophthalmic Symposium. Douglas Koch MD moderator. San Antonio TX
- 2004 Hydrodissection. Ophthalmic Symposium. Douglas Koch moderator. San Antonio TX
- 2004 Combined Cataract and Glaucoma Surgery. Ophthalmic Symposium. Douglas Koch MD moderator. San Antonio TX
- 2005 Innovations in Glaucoma Surgery. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Iris Fixated versus Scleral Fixated IOLs. Point-counterpoint. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Management of dislocated IOLs. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Presidential Forum on Phaco: Zonular weakness. Challenge Cup Session. Manus Kraff MD moderator. Annual Meeting of the ASCRS, Washington DC
- 2005 Innovations in Glaucoma Surgery. Annual Wills Eye Hospital Glaucoma Symposium. St. John, Virgin Islands
- 2005 Pearls for a successful filter in combined cataract and glaucoma surgery. Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2005 Phaco techniques. Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2005 Subluxed crystalline lens – Iris sutured IOL. Advances in Anterior Segment and Refractive Surgery. San Antonio TX

Garry Pascal Condon, M.D.
Page 17

2005 Complex cataract – IOL cases. Advances in Anterior Segment and Refractive Surgery. San Antonio TX

Garry Pascal Condon, M.D.
Page 18

Participation in Symposia:-cont'd

- 2006 Iris sutured PC IOLs – Where are they now? UBM and Late term results. Phaco Foldables and Refractive Results. Park City Utah
- 2006 New Instrumentation in anterior segment surgery. Phaco Foldables and Refractive Results. Park City Utah
- 2006 Capsular Tension Segments for compromised zonules. Phaco Foldables and Refractive Results. Park City Utah
- 2006 IOL Malposition puzzlers. Phaco Foldables and Refractive Results. Park City Utah
- 2006 Iris sutured PC IOLs in the Absence of Capsule support. World Ophthalmology Congress. Sao Paulo Brazil
- 2006 Trabeculectomy Pearls: How I Do It. Annual Meeting of the American Glaucoma Society. Charleston SC
- 2006 Phaco / IOL in the Management of Acute Angle-Closure Glaucoma. 'Glaucoma Day' preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Peripheral Iris Fixation of Late In-the-bag IOLs. 'Glaucoma Day' preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 New Operating Issues. Hot Topics Symposium. ASCRS Glaucoma Clinical Committee. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Conjunctival Closure Techniques. Symposium: Innovations and Expertise in Practical Glaucoma Surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Session Moderator: Glaucoma Techniques and Technology. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Glaucoma Surgery Update: Are Blebs Obsolete? 28th Annual Dallas Spring Ophthalmology Symposium, Dallas TX

Garry Pascal Condon, M.D.
Page 19

Participation in Symposia:-cont'd

- 2006 Complicated Anterior Segment Surgical Problems: Dislocated IOL, Iris-Sutured IOL, Loose Zonles – A Video Potpourri. 28th Annual Dallas Spring Ophthalmology Symposium. Dallas TX
- 2006 Surgical Management of Uncontrolled Angle Closure Glaucoma. 28th Annual Dallas Spring Ophthalmology Symposium. Dallas TX
- 2006 Phacoemulsification in the Management of Acute Angle Closure Glaucoma. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Iris Fixation of Foldable IOL's: Technique & Results. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Complications & Innovations in Challenging Cataract and IOL Cases: A Video Potpourri. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Late Lens Subluxation: Diagnosis and Management. Glaucoma 2006: Secrets of the Glaucoma Surgeon. New York, NY
- 2006 Nonpenetrating Trabeculectomy. Glaucoma 2006: Secrets of the Glaucoma Surgeon. New York, NY
- 2006 Iris Repair – Surgical Techniques. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 Iris Sutured IOLS – Surgical Technique. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 Iris Sutured IOLS – Results and Complications Update. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 A Perspective on Antimetabolites in Glaucoma Surgery. 29th Annual Midwest Glaucoma Symposium. Pittsburgh PA
- 2006 Surgical Complications in Glaucoma Surgery. Moderator. 29th Annual Midwest Glaucoma Symposium. Pittsburgh PA
- 2006 Conjunctival Closure Technique for Trabeculectomy. Annual Meeting of the American Glaucoma Society, Charleston SC

Garry Pascal Condon, M.D.
Page 20

Participation in Symposia:-cont'd

- 2006 Innovations in Glaucoma Surgery – What’s Hot? The Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2006 Zonular Compromise – Support Options. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2006 Late IOL / Bag Dislocation. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2006 New Instrumentation in Anterior Segment Surgery. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2007 “Newer Surgical Approaches to Zonular Weakness”, Invited Guest Speaker, American College of Eye Surgeons/Society for Excellence in Eyecare. SEE Island/Quality Surgery XXI Seminar. Atlantis, Paradise Island, Bahamas.
- 2007 Cataract Surgery and Zonular Weakness in Pseudoexfoliation. Annual Meeting of the American Glaucoma Society, San Francisco CA
- 2007 Trabeculectomy – My Preferred Technique. “Glaucoma Day” preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 New Operating Issues. Hot Topics Symposium. ASCRS Glaucoma Clinical Committee. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 Zonular Problems in Glaucoma Patients. Symposium: Innovations and Expertise in Practical Glaucoma Surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 Modifying Cionni’s Modified Capsular Tension Ring. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Innovations in Glaucoma Surgery. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Breaking Capsules Without Breaking Hearts. Phaco Foldables and Refractive Results. Park City Utah

Garry Pascal Condon, M.D.
Page 21

Participation in Symposia:-cont'd

- 2007 Pearls for Managing the White Cataract. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Avoiding and Managing Complications with Cataract Surgery in Pseudoexfoliation. Exfoliation Syndrome: Expanding Horizons. The 2007 Lindberg Symposium SOE, Vienna Austria, June 9-12, 2007. Joint Congress of SOE/AAO 2007 Vienna Austria
- 2007 Trabeculectomy: Avoiding Complications Glaucoma Subspecialty Day, November 10, 2007. New Orleans LA
- 2007 A Case for Individualized Patient Care – A Lesson from RJS. The Chandler Grant Glaucoma Society Annual Meeting. June 2007. Boston, MA
- 2007 Difficult Anterior Segment Surgery Cases. 35th Annual Alumni Meeting Ophthalmology 2007. SUNY Downstate Medical Center, Brooklyn NY
- 2008 “Phaco in the Management of Acute Angle Glaucoma” American College of Eye Surgeons / Society for Excellence in Ophthalmology Annual Meeting SEE Island / Quality Surgery XXII Seminar, San Juan Puerto Rico
- 2008 A Safer Trabeculectomy? – Beautifying a Dinosaur. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 Cataract in Pseudoexfoliation – Early and Late Surgical Pearls. New Techniques and Controversies in Cataract and Refractive Surgery, Park City Utah
- 2008 The White Cataract – Keeping It Simple. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 IOL Exchange – Making it Right. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 “Contrary to Ordinary” Life Styles Symposium. Royal Hawaiian Eye Meeting, Kona Hawaii
- 2008 Conjunctiva Closure in Trabeculectomy, Glaucoma Video Symposium. Royal Hawaiian Eye Meeting, Kona Hawaii

Participation in Symposia:-cont'd

Garry Pascal Condon, M.D.
Page 22

- 2008 New Aqueous Drainage Devices – Any Ready for Prime Time. Symposium on Glaucoma Drainage Devices. Moderators Jonathan Myers and David Greenfield. Annual Meeting American Glaucoma Society, Washington DC.
- 2008 Beautifying the Dinosaur: Improving on Trabeculectomy. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Making it Right: Pearls for IOL Exchange. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Moderator: Complications. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Pseudoexfoliation – My Favorite Mistake. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Tube Pearls. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Laser Trabeculoplasty. Which Laser? Which Glaucoma Types? When to Perform? Subspecialty Day – Glaucoma. World Ophthalmology Congress 2008. Hong Kong China
- 2008 Sutured Intraocular Lenses in Glaucomatous Eyes. Glaucoma and Cataract Management. World Ophthalmology Congress 2008. Hong Kong China
- 2008 ESCRS Live Surgery, Toric Implant, Berlin Germany
- 2008 Angle Closure Glaucoma: Better Surgical Management, Phillips Eye Institute, 2008 Ophthalmology Nightmares Conference, Minneapolis MN
- 2008 Glaucoma Surgery: Early & Late Complications & Pearls, Phillips Eye Institute, 2008 Ophthalmology Nightmares Conference, Minneapolis MN
- 2008 Trabeculectomy – My Approach. Glaucoma Subspecialty Day. AAO, Atlanta GA

Garry Pascal Condon, M.D.
Page 23

Participation in Symposia:-cont'd

- 2008 Spotlight on Glaucoma: The Medical and Surgical Care of the Glaucoma Patient – Practical and Proven Approaches. Moderator. AAO, Atlanta GA
- 2008 Spotlight on Glaucoma: Presenter: Late IOL Dislocation-The Real Deal. AAO, Atlanta GA
- 2008 Academy Café: Glaucoma. Moderator. AAO, Atlanta GA
- 2008 Spotlight on Cataract Surgery: Cataract Complications – Video Case Studies: Why? What Now? How? IOL in Absence of Capsule Support – Posterior Chamber Technique. AAO, Atlanta GA
- 2008 Up Close and Personal: Hobbies of Leading Ophthalmologists (formerly Lifestyles Symposium). AAO, Atlanta GA
- 2009 Glaucoma Mid-Winter Symposium 2009, Miami Meltdown: The Glaucoma International Hockey Cup. 1st Period: Decision Making in Glaucoma; 2nd Period: Glaucoma Treatment; 3rd Period: Pearls and the Future of Glaucoma. Miami FL
- 2009 Glaucoma Surgery 2009: New Twists Techniques and Results. Park City UT
- 2009 “Alley Oop” for a Dislocated IOL. Park City UT
- 2009 Late IOL Dislocation: The Real Deal. Park City UT
- 2009 An Ugly Case Scenario. Park City UT
- 2009 Late IOL Dislocation-The Real Deal. Caribbean Eye 2009. ACES/SEE Jamaica
- 2009 Phaco and Acute Angle Closure Glaucoma. Caribbean Eye 2009. ACES/SEE Jamaica
- 2009 Complications Avoidance & Management: Video Case Presentations, Moderator. ASCRS Glaucoma Day, San Francisco CA

Participation in Symposia:-cont'd

Garry Pascal Condon, M.D.
Page 24

- 2009 Tube Malpositioned in Visual Axis. ASCRS Glaucoma Day, San Francisco CA
- 2009 Acute Angle Closure – Better Surgical Management. Speaker, Cape Cod MA
- 2009 Late IOL Dislocation – The Real Deal. Speaker, Cape Cod MA
- 2009 Exfoliation Syndrome and Exfoliative Glaucoma (Presenter), “Cataract Surgery in Exfoliation Syndrome”. World Glaucoma Congress, Boston MA
- 2009 Video Session Glaucoma Surgery (Presenter), “Trabectome”. World Glaucoma Congress, Boston MA
- 2009 WGA-ASCRS Video Session Glaucoma & Cataract (Presenter), “Late IOL Dislocation: The Real Deal”. World Glaucoma Congress, Boston MA
- 2009 Angle Closure Glaucoma – A New Era of Effective Surgical Therapy. Western University, London Canada
- 2009 Cataract Surgical Challenges in Pseudoexfoliation Syndrome. OSN New York Symposium
- 2009 “Trabs and Tubes – Let’s Raise the Bar?” Surgical Glaucoma. OSN New York Symposium
- 2009 Glaucoma: New Surgical Options in Glaucoma. Chicago Ophthalmic Symposium: Prepare for 2010
- 2009 Complications and Challenging Cases, New Tricks and New Instrumentation: Video Presentations: IOL ExChange and Dislocated IOL – Fix It to the Iris. Chicago Ophthalmic Symposium: Prepare for 2010
- 2010 What’s New in Glaucoma Surgery? From Trabs to tubes to Canaloplasty and More. Park City UT
- 2010 IOL Exchange – Things You Should Know. Park City UT
- 2010 Traumatic Cataract. Park City UT
- 2010 Posterior Polar Cataract. Park City UT
- 2010 Things to Put in the Bag: IOL’s, Ring, and Segments. Faculty. Stephen S. Lane, MD Moderator. ASCRS Winter Update, Cancun Mexico

Garry Pascal Condon, M.D.
Page 25

Participation in Symposia:-cont'd

- 2010 Surviving Disaster: Practical Approaches to Deal with Anterior Segment Complications and Challenges. Faculty. Stephen S. Lane, MD Moderator. ASCRS Winter Update, Cancun Mexico
- 2010 Surgical Management of Angle-Closure Glaucoma. Garry P. Condon MD and Robert D. Fechter MD Moderators. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Is Gonioscopy Enough? Point-Counter-Point. Surgical Management of Angle-Closure Glaucoma. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Techniques for Cataract Surgery in the Angle Closure Eye with a Shallow Chamber. Surgical Management of Angle-Closure Glaucoma. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Peer to Peer Discussion on the ExPRESS Mini Shunt. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Eye World Education, Surgical Innovations to Optimize Glaucoma Treatment, Program Chair, "2010 Trab: Re-call or Tune-up?" ASCRS, Boston MA
- 2010 "Where Are We with Laser Trabeculoplasty in 2010?" ASCRS Glaucoma Day. Annual Meeting of the ASCRS. Boston MA
- 2010 "Complications Avoidance & Management," Video Case Presentation. ASCRS Glaucoma Day. Annual Meeting of the ASCRS. Boston MA
- 2010 "Techniques for Cataract Surgery in the Eye with a Shallow Chamber." Annual Meeting of the ASCRS. Boston MA
- 2010 Glaucoma Cataract Conference Main Speaker. University of Louisville KY
- 2010 Phaco to Better Manage Acute Angle Closure. Atlantic Eye Symposium. Halifax Nova Scotia

Garry Pascal Condon, M.D.
Page 26

Participation in Symposia:-cont'd

- 2010 Pseudoexfoliation – Zonule Compromise and Counter Measures. Atlantic Eye Symposium. Halifax Nova Scotia
- 2010 Alcon's Live Surgery, Panelist. AAO. Chicago IL
- 2010 "Managing Complications of the Ex-PRESS." Subspecialty Day / Glaucoma 2010. AAO. Chicago IL
- 2010 Panel Discussion. AAO Cataract Spotlight Symposium AAO. Chicago IL
- 2010 Late Breakers Symposium. Chair AAO. Chicago IL
- 2010 Glaucoma Management: Current and Future Treatment Options / Alcon. Miami Ophthalmic Symposium – Nurse & Technician Sessions. Miami FL
- 2010 Zonular Compromise / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Q&A Panel / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Video Symposium of IOL Malposition – Etiology & Treatment with Panel / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 IOL Repositioning / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Glaucoma Surgery Update / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2011 UGH! Single-Piece IOL Malposition. Getting the Red Out. Park City UT
- 2011 Update on Iris Fixation Technique, Video. Problem: Too Much Light. Park City UT
- 2011 "Post Traumatic Anterior Segment Reconstruct." Park City UT
- 2011 Trabeculectomy 2011 – Is There Still a Role? Park City UT
- 2011 Master the Shallow AC...In a Single Stroke, 3 Videos. Pressure Rising...Losing Support. Park City UT
- 2011 Challenging IOL Dislocation Dilemmas. Park City UT
- 2011 Toric IOLs in Glaucoma Patients. Park City UT

Garry Pascal Condon, M.D.
Page 27

Participation in Symposia:-cont'd

- 2011 Zonule Compromise: New "Stuff" to Put in the Bag. Snowmass Ophthalmology Conference. Snowmass UT
- 2011 Breakfast with the Experts – Conjunctival Closure. American Glaucoma Society 21st Annual Meeting. Dana Point CA
- 2011 National Master Club: "Don't Ice the Trab." / Alcon Canada. Scottsdale AZ
- 2011 Case Presentations & Panel Discussion. Using Imaging Technology in the Real World. ASCRS. San Diego CA
- 2011 Into the Abyss and Back: Video Complications – Steps to Return from the Unknown. ASCRS. San Diego CA
- 2011 Ex-PRESS Glaucoma Filtration Device: Techniques and Pearls from the Experts. ASCRS. San Diego CA
- 2011 Acute Angle Closure Glaucoma: Better Surgical Management. 29th Annual Meeting-Update for the Comprehensive Ophthalmologist. Case Western Reserve University. Cleveland OH
- 2011 UGH? A Problematic Single-Piece IOL Syndrome. Kiawah 2011 Eye. Kiawah Island SC
- 2011 ExPRESS Glaucoma Filtration Device: Techniques and Pearls from the Experts / AAO Dinner Symposium. "Is Traditional Trabeculectomy Still Our Best Surgical Option?" AAO, Orlando FL
- 2011 Annual Meeting: Panelist. AAO, Orlando FL
- 2011 Spotlight on Cataract Complications: M&M Rounds – Learning From My Mistakes / AAO, Orlando FL
- 2011 Dealing With the Traumatic Cataract – It Hurts Just to Think of It. Chicago Ophthalmic Symposium, Chicago IL
- 2011 Why Am I Still Doing Trabs? All the New Hardware in Glaucoma Surgery. Chicago Ophthalmic Symposium, Chicago IL
- 2011 UGH! Chicago Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 28

Participation in Symposia:-cont'd

- 2011 Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite Case of the Year. Video Presentation. Chicago Ophthalmic Symposium, Chicago IL
- 2011 Update on Glaucoma. ASORN Ophthalmic Symposium: Prepare for 2012, Chicago IL
- 2012 Traumatic Cataracts-New Technology for Better Results. Park City Utah
- 2012 A Positive Spin on the Negative and Other Dark Shadows. Evening Video Session. Park City Utah
- 2012 Complex Cataract Case Video. Park City Utah
- 2012 Can't Take the Pressure, Make My IOL Work, Moderator – Glaucoma Surgery 2012. Park City Utah
- 2012 Negative Spin on the Positive Shadow of Doubt & Positive Gain. Park City Utah
- 2012 Complex Glaucoma Case Video. Park City Utah
- 2012 New Variations for Late IOL Dislocation. Park City Utah
- 2012 Glaucoma Grand Rounds: FACE OFF! Faculty. ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Traditional Trabeculectomy: Still the Gold Standard?" Breakfast Symposium / Alcon, ASCRS Chicago IL
- 2012 Glaucoma Surgery: Advances You and Your Patients Will Appreciate, Moderator. Alcon ASCRS, Chicago IL
- 2012 Surgical Glaucoma Spotlight. Novel and Traditional, Co-Moderator. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Meanwhile, Refining the Time Tested...Doing What We Really Do...Better. Introduction ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Eye World Corporate Mornings Program / MST. ASCRS 2012. Chicago IL

Garry Pascal Condon, M.D.
Page 29

Participation in Symposia:-cont'd

- 2012 Iris Suture Repair and IOL Fixation. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Pseudoexfoliation from A-Z. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Saving the Day: Falling One-Piece and 3-Piece IOLs. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 ASCRS Town Hall: Glaucoma, Moderator. ASCRS, Chicago IL
- 2012 Intraocular Lens Exchange and Repositioning Techniques. ASCRS, Chicago IL
- 2012 Surgical Glaucoma, Faculty. Kiawah Eye 2012, Charleston SC
- 2012 Glaucoma Management: The New Era. Program Moderator / Alcon. Chicago IL
- 2012 Trabeculectomy 2012: Is There Still a Role? Loyola 5th Annual glaucoma Cataract Symposium, Chicago IL
- 2012 Acute Angle Closure Glaucoma: Better Surgical Management? Loyola 5th Annual Glaucoma Cataract Symposium, Chicago IL
- 2012 Glaucoma Case Presentations with Panel Discussion. Loyola 5th Annual Glaucoma Cataract Symposium, Chicago IL
- 2012 ExPRESS Glaucoma Management: The New Era. Alcon, Washington DC
- 2012 Surgical Approaches for Coexisting Cataract and Glaucoma. Vindico, Faculty Member CME Symposium, AAO, Chicago IL
- 2012 OSN New York 2012, Participation as a Faculty Member. Slack Incorporated, New York City NY
- 2012 Challenging Glaucoma Treatment Dilemmas, Chicago Ophthalmic Symposium, Chicago IL
- 2012 Glaucoma Surgical Update, Chicago Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 30

Participation In Symposia:-cont'd

- 2012 Simplifying In-Bag IOL Dislocation and CTR/Management of Malpositioned IOLs, Chicago Ophthalmic Symposium, Chicago IL
- 2012 Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite case of the Year. Video Presentations. Jobson, Chicago Ophthalmic Symposium, Chicago IL
- 2013 "Glaucoma Dilemmas I." Cornea/Glaucoma. Park City Utah
- 2013 "Pseudoexfoliation Caveats and Controversies." Cataract Techniques. Park City Utah
- 2013 "What Not to Do, What Not to Do Next, and Then What Not to Do After That." Video Session. Park City Utah
- 2013 "Glaucoma Dilemmas II." Glaucoma/Complex Cases. Park City Utah
- 2013 "Cataract "Plus" for the Glaucoma Patient: Who's on Board?" Glaucoma/Complex Cases. Park City Utah
- 2013 "IOL Exchange...and Exchange." Video Session. Park City Utah
- 2013 "Subluxed IOL: Tweaking Your Technique." Video Session. Park City Utah
- 2013 "Zonule Compromise and Counter Measures." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "The Cataract Surgeon's Options to Help Control Glaucoma." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "Acute Angle Closure – Better Surgical Management." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "The Cataract Surgeon's Options to Help Control Glaucoma." Glaucoma and Cataract Visiting Professor Dinner. University of Manitoba, Winnipeg Canada

Garry Pascal Condon, M.D.
Page 31

Participation in Symposia:-cont'd

- 2013 "Glaucoma Case Dilemmas – What Can We Learn?" Glaucoma and Cataract Visiting Professor Morning. University of Manitoba, Winnipeg Canada
- 2013 "Acute Angle Closure – Better Surgical Management." Glaucoma and Cataract Visiting Professor Morning. University of Manitoba, Winnipeg Canada
- 2013 Cataract Surgery: Techniques and Technology Updates – Phaco the Rock: My Take. National Master Club. San Diego CA
- 2013 Cataract Surgery: Challenging Cases – What not to do, and what not to do next.....National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – Cataracts and Glaucoma. National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – Pseudoexfoliation Surgical Issues. National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – ACG Case. National Master Club. San Diego CA
- 2013 Surgical Glaucoma Spotlight: Part III – Back to Basics. "Fornix-based Closure." ASCRS Glaucoma Day. San Francisco CA
- 2013 Angle Closure Symposium: A to Z – Co-Moderator, ASCRS Glaucoma Clinical Committee. San Francisco CA
- 2013 Angle Closure Symposium: A to Z – Speaker, "Aqueous Misdirection or Malignant Glaucoma and other Challenges." ASCRS Glaucoma Clinical Committee. San Francisco CA
- 2013 From Good to Great: Surgical Pearls – Faculty, Panelist (Video-Based Section), Kiawah 2013 Eye. Kiawah Island SC
- 2013 Glaucoma – Panelist, Kiawah 2013 Eye. Kiawah Island SC

Garry Pascal Condon, M.D.
Page 32

Participation in Symposia:-cont'd

- 2013 "Out of MIND, Out of SIGHT: Avoiding the Dire Consequences of Non-adherence to Glaucoma Therapy" – VINDICO Medical Education. Faculty Member for a CME Symposium, Kiawah 2013 Eye. Kiawah Island SC
- 2013 "Advancing Filtration Surgery: Surgical Pearls and Clinical Benefits" – Program Moderator / Alcon. Boston MA
- 2013 "Managing Compromised Zonules" – OSN New York, Waldorf Astoria. New York NY
- 2013 "Does This Patient Need Glaucoma Surgery?" – OSN New York, Waldorf Astoria. New York NY
- 2013 Case Conference, Panelist – OSN New York, Waldorf Astoria. New York NY
- 2013 Hot Topics in Glaucoma, Panelist – OSN New York, Waldorf Astoria. New York NY
- 2013 Glaucoma 2013: "The Future is Now" – Panelist. AAO New Orleans LA
- 2013 Cataract Poster Tour Leader. Symposia Chair. AAO New Orleans LA
- 2014 "Refining Late In-the-bag IOL Positioning." Reaching New Peaks 2014. Park City Utah
- 2014 "MITS" (Minimally Invasive Trabeculectomy Surgery). Reaching New Peaks 2014. Park City Utah
- 2014 "Stress Free Phaco In Pseudoexfoliation." Reaching New Peaks 2014. Park City Utah
- 2014 "The Girl, the Ring, Everything." Video. Reaching New Peaks 2014. Park City Utah
- 2014 "Video Symposium of Challenging Cases and Complications Management During Cataract Surgery." Faculty, Case Presentation. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico
- 2014 "What's New in Technology." Faculty, Case Presentation. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico

Garry Pascal Condon, M.D.
Page 33

Participation in Symposia:-cont'd

- 2014 "Rapid F-Eye-R: You Make the Call." Faculty. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico
- 2014 "Café Style Discussion: 10 Years Down the Road – What's Still on the "To-do" List." Moderator. ASCRS Glaucoma Day 2014. Boston MA
- 2014 "Dislocated IOL in Glaucoma Patient." Glaucoma Lead. ASCRS Glaucoma/Retina Joint Symposium. Boston MA
- 2014 Paper Session – Title: 3-K Glaucoma. Moderator. ASCRS ASOA. Boston MA
- 2014 "Cataract Surgery in Pseudoexfoliation Syndrome." Symposium, Managing Refractive Issues in Glaucoma Patients. ASCRS ASOA. Boston MA
- 2014 "Express Glaucoma Surgery." Kiawah 2014 Eye. Kiawah Island SC
- 2014 "Small Pupil Surgery." Kiawah 2014 Eye. Kiawah Island SC
- 2014 "The Dislocated IOL: New Frontiers." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "MIGS: Update for Cataract Surgeons." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Pseudoexfoliation: Something for Everyone." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Traumatic Cataract: Stay in Control." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Glaucoma Dilemmas." (interactive). 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "MITS: Minimizing the Invasiveness of Transscleral Glaucoma Surgery." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Refined Approaches to IOL Dislocation." Cataracts / New Technology. Winter Ophthalmic Symposium. New York City NY

Garry Pascal Condon, M.D.
Page 34

Participation in Symposia:-cont'd

- 2014 "Surviving Pseudoexfoliation." Glaucoma. Winter Ophthalmic Symposium
New York City NY
- 2014 "MIGS – Are We There Yet?" Glaucoma. Winter Ophthalmic Symposium
New York City NY
- 2014 "You Make the Call" (Intraoperative Management Challenges). Video
Presentations: Complications // Challenging Cases // Pearls. Winter
Ophthalmic Symposium. New York City NY
- 2014 Cataracts / New Technology. Faculty. Winter Ophthalmic Symposium.
New York City NY
- 2014 Choices of IOLs in Current Cataract Surgery – How I do It..... Faculty.
Winter Ophthalmic Symposium. New York City NY
- 2015 "MIGS": Are We There Yet? It's Time to Wake UP...and Bring the
Pressure Down. 2015 Innovative Techniques & Controversies in
Ophthalmology. Park City Utah
- 2015 "You Make the Call." Glaucoma Panel. It's Time to Wake Up...and Bring
the Pressure Down. 2015 Innovative Techniques & Controversies in
Ophthalmology. Park City Utah
- 2015 "Posterior Polar – a Backward View." Moderator Video Session. 2015
Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "Surviving Pseudoexfoliation." Fun with Femto and Phaco. 2015 Innovative
Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "You Make the Call." Video Session. 2015 Innovative Techniques &
Controversies in Ophthalmology. Park City Utah
- 2015 "Refined Approaches to IOL Dislocation." ...And It's Just That Easy. 2015
Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "The Surgical Management of Primary and Secondary Pigment Dispersion
Glaucoma." (Similarities and Differences from Poag) Video Case Studies.
ASCRS Glaucoma Day 2015. San Diego CA

Garry Pascal Condon, M.D.
Page 35

Participation in Symposia:-cont'd

- 2015 Café Style Discussion: Medical Management of Glaucoma-Best Practices When the Real World Gets in the Way. Moderator. ASCRS Glaucoma Day 2015. San Diego CA
- 2015 "Complications and a "Reay of Hope." Video Case. Moderator. ASCRS Glaucoma Day 2015. San Diego CA
- 2015 "Glaucoma Dilemmas." Faculty. Kiawah Eye 2015. Charleston SC
- 2015 "Posterior Polar Cataract – Do's and Don'ts." Challenges in Cataract Surgery. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "IOL Dislocation." Postoperative Care and Complications. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "MIGS." Glaucoma and Other Challenges. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "The Broken Pupil." Glaucoma and Other Challenges. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "Tougher Than the Rest – Ultimate IOL Repositioning." Video Presentation 2015 Winter Ophthalmic Symposium. New York City NY
- 2016 "MIGS": 101 – More on Getting It Right. When You Just Can't Take the Pressure. 2016 Innovative Techniques & Controversies in Ophthalmology Park City UT
- 2016 "You Make the Call." Glaucoma Panel. When You Just Can't Take the Pressure. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City UT
- 2016 Video Session. Moderator. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City UT
- 2016 "IOL Dislocation – Newer Tricks." Making Lemonade from Lemons - Challenging Cases and Help from New Technology. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2016 "Tougher than the Rest." Video Session. All Things IOL's – "Let Me Count the Ways." 2016 Innovative Techniques & Controversies in Ophthalmology Park City Utah

Garry Pascal Condon, M.D.
Page 36

Participation in Symposia:-cont'd

- 2016 "My Leak-Proof Closure #1." Surgical Faceoff: Let Me Show You How to Do It Better. Surgery Day. American Glaucoma Society 2016 Annual Meeting. Fort Lauderdale FL
- 2016 Café Style Discussion: EHR Moderator. Glaucoma Day. ASCRS ASOA New Orleans LA
- 2016 Complications and a "Reay of Hope," Moderator, Video Case. Glaucoma Day. ASCRS ASOA. New Orleans LA
- 2016 Glaucoma: MIGS. ASCRS Paper Session. Moderator. ASCRS ASOA New Orleans LA
- 2016 Intraluminal Nd: YAG Treatment of Patients with an IOP Rise After Glaucoma Device Implantation. Paper Sessions. ASCRS ASOA New Orleans LA
- 2016 MIGS: How to Incorporate Safer Surgery–Technique, Patient Selection and Enhanced Patient Outcomes. Panelist. ASCRS ASOA. New Orleans LA
- 2016 Stepping Up Your Game: Going from Good to Great: Pearls to Use in Your Practice. Dislocated IOL? New Strings Attached. Kiawah Eye 2016. Kiawah Island SC
- 2016 Glaucoma, Moderator. Kiawah Eye 2016. Kiawah Island SC
- 2016 Newer Tricks for Intraocular Lens Dislocation in Exfoliation. Kiawah Eye 2016. Kiawah Island SC
- 2016 Glaucoma, Video Case Presentation. Kiawah Eye 2016. Kiawah Island SC
- 2017 "Glaucoma Meds – New Targets and Modes." 2017 Surgical Summit. Park City Utah
- 2017 "How and When to Use a Trabecular Meshwork Stent." 2017 Surgical Summit. Park City Utah
- 2017 "New MIGS Options." 2017 Surgical Summit. Park City Utah

Garry Pascal Condon, M.D.
Page 37

Participation in Symposia:-cont'd

- 2017 Roundtable: "Glaucoma Surgery: Sorting Out Options for the Comprehensive Ophthalmologist." Moderator. 2017 Surgical Summit. Park City Utah
- 2017 General Session: Video Triumphs and Tragedies I. "Fixation Frustration." 2017 Surgical Summit. Park City Utah
- 2017 General Session: IOLs: New Advances, Same Old Problems. "Dislocated IOLs – Hoops and Loops." 2017 Surgical Summit. Park City Utah
- 2017 General Session: Video Triumphs and Tragedies II. "Surprise Package." 2017 Surgical Summit. Park City Utah
- CA 2017 Café Style Discussion. Moderator. ASCRS Glaucoma Day. Los Angeles
- 2017 Video Case Presentations: Complications and a "Ray of Hope." Panelist. ASCRS Glaucoma Day. Los Angeles CA
- 2017 Suture Fixation: Is There Something Better. Kiawah Eye 2017. Kiawah Island SC
- 2017 Glaucoma iStent For Me: When and How. Kiawah Eye 2017. Kiawah Island SC
- 2017 Glaucoma Pseudoexfoliation IOL Dislocation: Evolving Fixation Surgery. Kiawah Eye 2017. Kiawah Island SC
- 2017 Fixation Frustration. Kiawah Eye 2017. Kiawah Island SC
- 2017 Hot Topics in Glaucoma Case Presentation. Kiawah Eye 2017. Kiawah Island SC
- 2017 "Posterior Polar: Do's & Don'ts." 16 Annual Downeast Ophthalmology Symposium – Practical Solutions in Ophthalmology. Bar Harbor ME
- 2017 "Late IOL Dislocation: Evolving Fixation Surgery." 16th Annual Downeast Ophthalmology Symposium – Practical Solutions in Ophthalmology. Bar Harbor ME

Garry Pascal Condon, M.D.
Page 38

Participation in Symposia:-cont'd

- 2017 "Surgical Triumphs and Tragedies: A Video Potpourri." (with Dr. Ayres)
16th Annual Downeast Ophthalmology Symposium – Practical Solutions
in Ophthalmology. Bar Harbor ME

Advisory Boards:

- 2010 Allergan Surgical Innovations Advisory Board Meeting. Phoenix AZ
- 2010 Glaucoma Management: The Next Era. Glaucoma Advisory Board Meeting
/ Incision. Chicago IL
- 2010 New Techniques in Outflow Surgery: Overview and Current Limitations.
New Directions in the Surgical Management of Glaucoma / Allergan. San
Francisco CA
- 2010 Internal (Canal) Shunts. New Directions in the Surgical Management of
Glaucoma / Allergan. San Francisco CA
- 2010 Closure Technique / Alcon. Glaucoma Management: The Next Era. Dallas
TX
- 2010 Glaucoma and the Toric IOL / Alcon. Glaucoma Management: The Next
Era. Dallas TX
- 2010 Panel Discussion / Alcon. Glaucoma Management: The Next Era. Dallas
TX
- 2011 Glaucoma Management: The New Era Educational Program / Alcon. Fort
Lauderdale FL
- 2011 Glaucoma and the Toric IOL. Glaucoma Management: The New Era /
Alcon. Toronto Canada
- 2011 Panel Discussion. Glaucoma Management: The New Era / Alcon. Toronto
Canada
- 2011 Roundtable Breakout Discussions: Ex-PRESS Glaucoma Filtration Device.
Yellow Group. Glaucoma Management: The New Era / Alcon. Toronto
Canada

Advisory Boards:-cont'd

Garry Pascal Condon, M.D.
Page 39

- 2011 Glaucoma Surgery Advisory Board. Alcon. AAO, Orlando FL
- 2011 Improving Predictability in Filtration Surgery – ExPRESS Glaucoma Filtration Device Breakfast. Speakers Lecture – ExPRESS Latin American Ad Board with Vital Costa. AAO, Orlando FL
- 2011 Allergan Glaucoma Vision for the Future Advisory Board Meeting. New York City NY
- 2012 Advanced Glaucoma Surgery Advisory Council. Alcon, Philadelphia PA
- 2012 Glaucoma Today Editorial Advisory Board. AAO, Chicago IL
- 2012 Rescula Regional Advisory Board, SUCAMPO Pharma Americas, LLC. Philadelphia PA
- 2013 Participation at Alcon’s Glaucoma Speaker Training. Dallas TX
- 2015 Participation at Alcon’s Glaucoma Speaker Training. Coral Gable FL
- 2015 Alcon Glaucoma Advisory Summit. Boston MA
- 2015 Roundtable Advisory Session and NIBR Tour. Novartis Institute of Bio/Medical Research
- 2016 Allergan Round Table Discussion. ASCRS ASOA. New Orleans LA
- 2016 Allergan XEN 45 Advisory Board Meeting. ASCRS ASOA. New Orleans LA
- 2016 Alcon Advisory Meeting – Engage to Further Alcon’s Mission: New Ways to Enhance Sight and Improve People’s Lives. Fort Worth TX
- 2017 Hydrus Advisory Panel Meeting. Ivantis Inc. ASCRS. Los Angeles CA
- 2017 Alcon Surgical Glaucoma Team, Express Advisory Board. ASCRS ASOA Los Angeles CA
- 2017 Georgia Ophthalmology Society Annual Meeting. Keynote speaker, Pseudoexfoliation, Complex Cataract Surgery. Amelia Island, FL
- 2019 North Carolina Eye Society Annual Meeting. Keynote speaker, Pseudoexfoliation, Complex Cataract Surgery, Malignant Glaucoma. Asheville, NC

Garry Pascal Condon, M.D.
Page 40

Instruction Courses:

- 1987 "Contemporary Glaucoma", Course director Richard J. Simmons.
American Academy of Ophthalmology Annual Meeting, Dallas, TX
- 1987 "Practical Aspects of Photocoagulation", Course Instructor, Massachusetts
Eye and Ear Infirmary, Boston, MA
- 1988 "Solving Glaucoma Problems", Course Instructor, Massachusetts Eye and
Ear Infirmary, Boston, MA
- 1992 "Filtering Surgery in Conjunction with Cataract Surgery, Use of Mitomycin",
Advanced Phacoemulsification Course (Alcon Surgical), Chicago, IL
- 1993 "Co-existent Cataract and Glaucoma - Options and Incisions", Advanced
Phacoemulsification Course, (Alcon Surgical), Philadelphia, PA
- 1993 "Special Considerations in Combined Surgery - Antimetabolites",
Advanced Phacoemulsification Course, (Alcon Surgical), Philadelphia, PA
- 1994 "Options, Incisions and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, San Francisco, CA
- 1995 "Options, Incisions, and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, Atlanta, GA
- 1996 "Options, Incisions and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, Chicago, IL
- 1996 "Advanced Phacoemulsification and PhacoRefractive Results", Faculty,
Sponsored by Alcon Surgical, Rochester, NY
- 1997 "Advanced Concepts in Phacoemulsification", Faculty, Alcon Surgical
Ophthalmic Symposium, Baltimore, MD
- 1997 Glaucoma Surgical Skills Transfer Course. Course director George Cioffi.
American Academy of Ophthalmology Annual Meeting, San Francisco CA
- 1998 "Advanced Concepts in Phacoemulsification", Faculty, Alcon Surgical
Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 41

Instruction Courses:-cont'd

- 1999 Phacoemulsification in the Previously Filtered Eye, Sponsored by Alcon Surgical, San Antonio, TX
- 1999 Glaucoma Surgery – New Trends & New Complications, Sponsored by Alcon Surgical, San Antonio, TX
- 2001 Diagnosis and management of non-infectious epiphora. Course director Kim Cockerham. Annual Meeting of the American Academy of Ophthalmology, New Orleans LA
- 2002 Advanced Concepts in Anterior Segment Surgeries. Course director Stephen Lane. San Antonio TX
- 2002 Hypotony got you down? Effective surgical management of late bleb-related hypotony. Course director. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2002 Diagnosis and management of non-infectious epiphora. Course director Kim Cockerham. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2002 Managing the patient with both cataract and glaucoma. Course directors Sam Masket and Alan Crandall. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2003 Phaco Foldables and Refractive Results. Course director Alan Crandall. Park City UT
- 2003 The McCannel Suture revisited – Applications in managing IOL complications and aphakia. Course director. Annual meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2003 UPMC Annual Resident Phacoemulsification Course – Faculty
- 2003 Hypotony got you down? Effective surgical management of late bleb-related hypotony. Course director. Annual Meeting of the American Academy of Ophthalmology, Anaheim CA
- 2003 Managing the patient with both cataract and glaucoma. Course directors Sam Masket and Alan Crandall. Annual Meeting of the American Academy of Ophthalmology, Anaheim CA

Garry Pascal Condon, M.D.
Page 42

Instruction Courses:-cont'd

- 2004 Phaco Foldables and Refractive Results. Course director Alan Crandall. Park City UT
- 2004 Postoperative IOL dislocation and decentration management. Ike Ahmed MD Course director. Annual Meeting of the ASCRS, San Diego CA
- 2004 McCannel's Suture and Iris Support: Solving Aphakia and IOL Dislocation. Course director. Annual Meeting of the ASCRS. San Diego CA
- 2004 Managing the Patient with Both Cataract and Glaucoma. Sam Masket MD and Alan Crandall MD course directors. Annual meeting of the AAO, New Orleans LA
- 2004 Hypotony Got You Down? Effective Surgical Therapy for Late Post Filtration Hypotony. Course director. Annual Meeting of the AAO, New Orleans LA
- 2005 Innovations in Iris Fixation: Solving Aphakia and IOL Dislocation. Course director. Annual Meeting of the ASCRS, Washington DC
- 2005 Postoperative IOL dislocation and Decentration. Ike Ahmed MD, Course director. Annual Meeting of the ASCRS, Washington DC
- 2005 Effective Surgical Therapy for Late Post-Filtration Hypotony. Annual Meeting of the AAO, Chicago IL
- 2005 Combined Phaco and Glaucoma Surgery. Annual Meeting of the AAO, Chicago IL
- 2005 Glaucoma filtration surgery for residents. (skills transfer) Annual meeting of the AAO, Chicago IL
- 2006 Innovations in Iris Fixation: Solving Aphakia and IOL dislocation. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Postoperative IOL Dislocation and Decentration Management. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA

Garry Pascal Condon, M.D.
Page 43

Instruction Courses:-cont'd

- 2006 Capsular Tension Rings. (skills transfer) Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Iris Abnormalities: Techniques and Devices for Surgical Reconstruction. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Glaucoma Filtration Surgery for Residents. (Skills Transfer) Annual Meeting of the AAO, Las Vegas NV
- 2006 Combined Phaco and Glaucoma Surgery. Annual Meeting of the AAO, Las Vegas NV
- 2006 The Ultimate Guide to Capsular Tension Ring Use. Annual Meeting of the AAO, Las Vegas NV
- 2007 Capsular Tension Rings and Techniques for Capsular-Zonular Stabilization. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 Postoperative IOL Dislocation and Decentration Management. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 Innovations in Iris Fixation: Solving Aphakia and IOL Dislocation. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego, CA
- 2007 Capsular Tension Rings. Laboratory Skills Transfer Course. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 "IOL Fixation in the Absence of Capsule Support". Advanced Phacoemulsification. Course Director William Fishkind. AAO, New Orleans LA
- 2007 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support. AAO, New Orleans LA

Garry Pascal Condon, M.D.
Page 44

Instruction Courses:-cont'd

- 2007 Combined Phaco and Glaucoma Surgery. Course Directors Sam Masket and Alan Cradall. AAO, New Orleans LA
- 2007 Advanced Phacoemulsification (Wet Lab). AAO, New Orleans LA
- 2007 Combined Phaco and Glaucoma Surgery (Wet Lab). AAO, New Orleans LA
- 2007 Glaucoma Filtration Surgery (Wet Lab) for Ophthalmology Residents. AAO, New Orleans LA
- 2008 Management of Malpositioned IOL's. Course Director Alan Crandall. Annual Meeting of the American Society of Cataract and Refractive Surgery.
- 2008 Advanced Phacoemulsification – Iris Suture IOL. AAO, Atlanta GA
- 2008 Advanced Phacoemulsification (Lab). AAO, Atlanta GA
- 2008 Glaucoma Filtration Surgery Lab for Ophthalmology Residents. AAO, Atlanta GA
- 2008 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support. Co-Instructor. AAO, Atlanta GA
- 2008 Combined Phaco and Glaucoma Surgery – Phaco for Acute Angle Closure. AAO, Atlanta GA
- 2008 Combined Phaco and Glaucoma Surgery (Lab). AAO, Atlanta GA
- 2009 Phaco for Acute Angle-Closure Glaucoma. Annual Course - Current Concepts in Ophthalmology, Vail CO
- 2009 Zonule Complexities and Counter Measures. Annual Course – Current Concepts in Ophthalmology, Vail CO
- 2009 IOL Exchange – Things You Should Know. Annual Course – Current Concepts in Ophthalmology, Vail CO
- 2009 Advanced Phacoemulsification, Instructor. AAO, San Francisco CA
- 2009 Anterior Segment Surgical Challenges, Panelist. AAO, San Francisco CA

Garry Pascal Condon, M.D.
Page 45

Instruction Courses:-cont'd

- 2009 Combined Phaco and Glaucoma Surgery. Phaco for Managing Angle Closure Glaucoma, Instructor. AAO, San Francisco CA
- 2009 Academy Café: Glaucoma Chair. AAO, San Francisco CA
- 2009 Glaucoma Filtration Surgery Lab for Ophthalmology Residents, Instructor. AAO, San Francisco CA
- 2009 Spotlight on Pseudoexfoliation: New Pearls from Glaucoma and Cataract Experts, Presenter. Advances in Glaucoma Surgery: Any Help in Pseudoexfoliation? AAO, San Francisco CA
- 2009 Innovative Approach to Iris Fixation of an IOL Without Capsular Support, Instructor. AAO, San Francisco CA
- 2010 Intraocular Lens Exchange and Repositioning Techniques, ASCRS Course Faculty. Annual Meeting of the American Society of Cataract and Refractive Surgery. Boston MA
- 2010 Glaucoma Management: ExPRESS Glaucoma Mini-Shunt Training / Incision. Chicago IL
- 2010 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction Skills Transfer Course. Suture Fixation of IOLS. AAO, Chicago IL
- 2010 Advanced Phacoemulsification LAB162C, Instructor. AAO, Chicago IL
- 2010 An Innovative Approach to Iris Fixation of an IOL Capsular Support. Hands On and Practical, Instructor. AAO, Chicago IL
- 2011 Hanging It on the Iris: Suture Solutions to Anterior Segment Enigmas. ASCRS-ASOA. San Diego CA
- 2011 Intraocular Lens Exchange and Repositioning Techniques. ASCRS. San Diego CA
- 2011 Iris Repair Technique (Siepser). ASCRS. San Diego
- 2011 Dislocated IOL's. ASCRS. San Diego

Garry Pascal Condon, M.D.
Page 46

Instruction Courses:-cont'd

- 2011 ExPRESS Training Meeting / Alcon. New York City NY
- 2011 Alcon Live Surgery Broadcast / Faculty Panel. AAO, Philadelphia PA (Orlando FL)
- 2011 Managing Angle-Closure Glaucoma With Crystalline Lens Removal and Adjunctive Procedures. Instructor AAO, Orlando FL
- 2011 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor AAO, Orlando FL
- 2011 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support: Hands On and Practical. Instructor AAO, Orlando FL
- 2011 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Lab Instructor AAO, Orlando FL
- 2011 Glaucoma Filtration Surgery Lab for Ophthalmology Residents. Lab Instructor AAO, Orlando FL
- 2012 Challenging Cases for the Comprehensive Clinician: A Multi-Disciplinary Approach to Management of Complex Cases. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Glaucoma Management Pearls: From Every Day Decisions to Advancing Surgery. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Glaucoma Hardware 2012: So Why As I Still Doing Trabs?? Optometry CE Course. Cranberry PA
- 2012 Skills Transfer Lab STS3: Iris Suture. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Iris Repair Technique (Siepser). ASCRS. Chicago IL.
- 2012 Dislocated IOL's. ASCRS. Chicago IL
- 2012 Video Grand Rounds: Management of Cataract and Refractive Surgery – What I Would Have Done Differently. Panelist Kiawah Eye 2012. Charleston SC

Garry Pascal Condon, M.D.
Page 47

Instruction Courses:-cont'd

- 2012 Dinner Program / Faculty, Glaucoma Surgery: Filtering Out the Variables. AAO. Chicago IL
- 2012 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor. AAO. Chicago IL
- 2012 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support: Hands-On and Practical. Instructor. AAO. Chicago IL
- 2012 Glaucoma Surgical Lab for Ophthalmology Residents. Instructor. AAO Chicago IL
- 2012 Managing Angle – Closure Glaucoma with Crystalline Lens Removal and Adjunctive Procedures. Instructor. AAO. Chicago IL
- 2013 Iris Repair Technique. ASCRS. San Francisco CA
- 2013 Dislocated IOL's. ASCRS. San Francisco CA
- 2013 Iris Suture Skills. Co-Instructor ASCRS. San Francisco CA
- 2013 Transfer Session Lab / Steven Siepser. ASCRS. San Francisco CA
- 2013 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor AAO. New Orleans LA
- 2013 Managing Angle-Closure Glaucoma With Crystalline Lens Removal and Adjunctive Procedures. Instructor AAO. New Orleans LA
- 2013 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor LAB AAO. New Orleans LA
- 2013 Iris Suture Fixation of IOLs. AAO. New Orleans LA
- 2013 Glaucoma Surgical Lab for Ophthalmology Residents. Instructor AAO. New Orleans LA
- 2014 Management of Complex Cataract. Instructor. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 Lecture Grand Rounds. Faculty Storm Eye Institute MUSC. Charleston Ophthalmology Society. Charleston SC

Garry Pascal Condon, M.D.
Page 48

Instruction Courses:-cont'd

- 2014 Iris Suture Repair and IOL Fixation. Faculty. Didactic Course, Dr. Steven Siepsen. ASCRS ASOA. Boston MA
- 2014 Iris Suture Skills Transfer Session Lab (Dr. Steven Siepsen). Co-Instructor. ASCRS ASOA. Boston MA
- 2014 Intraocular Lens Exchange and Repositioning Techniques. ASCRS Course ASCRS ASOA. Boston MA
- 2015 Iris Suturing Techniques. Faculty. ASCRS Clinical Course. ASCRS ASOA. San Diego CA
- 2015 Iris Suture. Skills Lab. Co-Instructor. ASCRS ASOA. San Diego CA
- 2015 Intraocular Lens Exchange and Repositioning Techniques. Faculty. ASCRS Clinical Course. ASCRS ASOA. San Diego CA
- 2016 Iris Suturing Techniques. Faculty. ASCRS ASOA. New Orleans LA
- 2016 STS-6 Iris Suture, Skills Transfer Lab. Co-Instructor. ASCRS ASOA New Orleans LA
- 2016 Training Mission. Teaching and training the KATH Glaucoma surgeons at Komfo Anoyoke Teaching Hospital. Kumasi, Ghana
- 2017 "Iris-Suturing Techniques." Co-Instructor. ASCRS ASOA. Los Angeles CA
- 2017 "Iris Suture" Skills Transfer Labs. Co-Instructor. ASCRS ASOA. Los Angeles CA

Presentations:

- 1987 "Current Adjuncts in The Management of the Filtration Bleb", Department of Ophthalmology, University of Western Ontario, London, Ontario
- 1988 "Post-Operative Adjuncts in Filtration Surgery", Department of Ophthalmology, Memorial University of Newfoundland, St. John's, Newfoundland, Canada
- 1988 "Glaucoma", Guest Lecturer for Lions Club, Pittsburgh, PA

Garry Pascal Condon, M.D.
Page 49

Presentations:-cont'd

- 1988 "Argon Laser Suture Lysis Following Trabeculectomy", Alumnus, Annual Resident's Day, Department of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1988 "Post-Operative Adjuncts in Filtration Surgery", Department of Ophthalmology, St Francis Medical Center, Pittsburgh, PA
- 1990 "An Approach to the Glaucoma Patient", Beaver Valley Optometric Society
- 1991 "Associated Ocular Trauma", Participant, Contemporary management of Facial Trauma and Concomitant Injuries, Allegheny General Hospital, Pittsburgh, PA
- 1991 "Glaucoma", Lecture to the Pittsburgh Ophthalmology Society for Ophthalmic Medical and Office Personnel
- 1992 "Glaucoma Applanation and Indentation Tonometry", Guest Speaker, Pittsburgh Ophthalmology Society Annual Meeting for Ophthalmic Medical and Office personnel, Pittsburgh, PA
- 1992 "Particulate Glaucoma", Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA
- 1992 "Management of Glaucoma in Anterior Segment Disease", Participant, Cornea/Anterior Segment Update, Quarterly Visiting Professor Series, Allegheny General Hospital, Pittsburgh, PA
- 1992 "A General Approach to the Glaucoma Patient", Pennsylvania Optometric Association, Annual Congress Meeting, Champion, PA
- 1992 "Anterior Segment Evaluation in the Open Angle Glaucoma Patient", Pennsylvania Optometric Association, Annual Congress Meeting
- 1992 "Pitfalls in Automated Perimetry", Pennsylvania Optometric Association, Annual Congress Meeting
- 1993 "Glaucoma", Presentation at Ophthalmic Grand Rounds for Ophthalmic Medical and Office Personnel, Pittsburgh Ophthalmology Society
- 1993 "Exfoliation Syndrome", Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA

Garry Pascal Condon, M.D.
Page 50

Presentations:-cont'd

- 1993 "Mitomycin in Combined Surgery", Nantucket Glaucoma Annual Meeting, Nantucket, MA
- 1993 "Filtering Surgery with Mitomycin: A Case Presentation", Guest Speaker, Association of Technical Personnel in Ophthalmology, Chicago, IL
- 1995 "Co-Existent Cataract and Glaucoma: Options, Incisions and Pearls", Ivey Institute of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1995 "Mitomycin in Combined Cataract and Glaucoma Surgery", Ivey Institute of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1996 "Coexistent Glaucoma and Cataract -- Options, Incisions and Pearls", West Virginia Ophthalmology Society for Otsuka America Pharmaceutical, Inc., Charleston, WV
- 1996 "Glaucoma Surgery - New Trends and New Complications", Current Trends in Optometry Conference, Robert Morris College, Pittsburgh, PA
- 1996 Pennsylvania Assoc. for the Blind, Guest speaker, Sharon PA
- 1997 "Glaucoma: New Trends – New Complications", Pennsylvania Association for the Blind 1997 Conference, Sharon, PA
- 1998 Canton Ophthalmology Society, "Glaucoma: New Trends-New Complications", Canton OH
- 1998 New Strategies in Glaucoma Management, "Adjunctive Therapy 1998: Let's be Rational", Atlantic City, NJ
- 1999 Allergan Glaucoma Symposium, "Initial Therapy", Washington, D.C.
- 1999 Buffalo Eye Club, Guest speaker, Buffalo NY "Coexistent Glaucoma and Cataract"
- 1999 "Co-existent Glaucoma & Cataract", University of Alberta, Edmonton, Canada
- 1999 "Glaucoma Surgery – New Trends & New Complications", University of Alberta, Edmonton, Canada

Garry Pascal Condon, M.D.
Page 51

Presentations:-cont'd

- 1999 "Co-existent Glaucoma & Cataract", University of Saskatchewan, Saskatchewan, Canada
- 1999 "Glaucoma Surgery – New Trends & New Complications", University of Saskatchewan, Saskatchewan, Canada
- 1999 "Initial Therapy: Let's Be Rational", Open Angle Glaucoma: A Focus on Current Management, New York, NY
- 2000 "Initial Therapy 2000", Reading PA
- 2000 "Initial Glaucoma Therapy", Sponsored by Allergan. Toronto, Canada
- 2000 "Initial Glaucoma Therapy", Sponsored by Allergan. London, Canada
- 2000 "Surgical Management of Glaucoma", Visiting Professor, Dalhousie University, Halifax, Canada
- 2000 Initial Glaucoma Therapy. Sponsored by Allergan, St. John's, Canada
- 2000 Initial Glaucoma Therapy. Sponsored by Allergan, New York NY
- 2001 Trends and Complications in Glaucoma Surgery. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Revising the Failing Filter. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Handle That Leaking Bleb. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Optics, Haptics and Acrylics. Sponsored by Alcon, Baltimore MD
- 2001 Glaucoma Therapy – What is Success? Erie Ophthalmology Society meeting, Erie PA
- 2001 Glaucoma Therapy – What is Success? Sponsored by Alcon, Pittsburgh PA
- 2001 Optics, Haptics and Acrylics. Atlantic Canada Master's Club meeting, sponsored by Alcon, St. John's, Canada

Garry Pascal Condon, M.D.
Page 52

Presentations:-cont'd

- 2002 Glaucoma Therapy – What is Success? Sponsored by Alcon, Charlotte NC
- 2002 Optics, Haptics and Acrylics. Annual Canadian Master's Club meeting, sponsored by Alcon, Bal Harbour FL
- 2002 Glaucoma Therapy – What is Success? Cincinnati Eye Institute, Cincinnati OH
- 2002 Glaucoma Therapy – What is Success? Sponsored by Alcon, Youngstown OH
- 2002 Simplified peripheral iris fixation of an acrylic IOL in the absence of capsular support. Meeting of the Atlantic Master's Club, sponsored by Alcon, St. Andrew's NB, Canada
- 2002 Prostaglandins – A View from the Trenches. Sponsored by Alcon, Greenville SC
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Englewood NJ
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Dayton OH
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Columbus OH
- 2003 Advances in Glaucoma Therapy. Wheeling WV
- 2003 Advances in Glaucoma Therapy. Holidaysburg PA
- 2003 Glaucoma Therapy – What is Success? Glaucoma Speaker Training Meeting sponsored by Alcon Labs. Phoenix AZ
- 2004 Blebitis: The New Challenge. Pittsburgh PA
- 2004 Advances in Glaucoma Therapy: A Forward and Backward View. New Orleans LA
- 2004 Non-penetrating Glaucoma Surgery. Annual meeting of the Virginia Society of Ophthalmology. Chantilly VA
- 2004 Bleb Revision for Late Complications. Annual meeting of the Virginia Society of Ophthalmology. Chantilly VA
- 2004 Surgical Management of Late Bleb Problems. Annual Walter Reed Alumni Meeting. Washington DC

Garry Pascal Condon, M.D.
Page 53

Presentations:-cont'd

- 2004 Iris Fixation of Acrylic PC IOLs: Results and Complications. Annual Walter Reed Alumni Meeting. Washington DC
- 2005 Impact of Central Corneal Thickness on the Management of Primary Open Angle Glaucoma. Pittsburgh PA
- 2005 Challenges, Complications and Innovations in Cataract Surgery. Pittsburgh PA
- 2005 Advances in Glaucoma Therapy: A Forward and Backward View. Annual Meeting of the Pittsburgh Ophthalmology Society. Pittsburgh PA
- 2007 Challenging Cataract & IOL Cases – A Video Potpourri. Visiting Professor, William Beaumont Hospital, Royal Oak, MI
- 2007 Iris Sutured IOLS – Where Are They Now? Visiting Professor. William Beaumont Hospital, Royal Oak, MI
- 2007 “Acute Angle Closure – Better Surgical Therapy” CME Dinner. Pittsburgh PA
June 28, 2007
- 2007 Phacoemulsification in Acute Angle Closure Glaucoma Resident Lecture Series. University of Pittsburgh Medical Center, Department of Ophthalmology
- 2009 Don't Ice the Trab. Bascom Palmer Eye Institute. University of Miami. Annual Glaucoma Meeting
- 2009 Angle Closure Glaucoma – A New Era of Effective Surgical Therapy. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 IOL Malposition – Then, Now and the Future. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 G.V.Simpson Lecture 2009. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 Acute Angle Closure – Better Surgical Management. Bowlds Lecture Lahey Clinic, Boston MA
- 2009 Late IOL Dislocation – The Real Deal. Bowlds Lecture Lahey Clinic, Boston MA

Garry Pascal Condon, M.D.
Page 54

Presentations:-cont'd

- 2009 Acute Angle Closure: Better Surgical Therapy. Utah Ophthalmology Society Dinner Meeting
- 2009 Late IOL Dislocation: the Future is Now. University of Utah Health Care Clinical Faculty Day
- 2009 Decision Making in Early POAG. Glaucoma Roundtable. Allergan, Pittsburgh PA
- 2010 Zonule Problems in Pseudoexfoliation, Glaucoma Challenges / Simmons Lecture. Guest Speaker. NEOS, Boston MA
- 2010 Is There Still a Role for Trabeculectomy? Simmons Lecture. Guest Speaker. NEOS, Boston MA
- 2010 Panel Discussion, Faculty. Glaucoma Challenges / Simmons Lecture. NEOS, Boston MA
- 2010 Glaucoma Management – Sponsored by Allergan, Pittsburgh PA
- 2010 Glaucoma Roundtable / Alcon. Atlanta GA
- 2010 Glaucoma CORE Program / Allergan. Carnegie House, State College PA
- 2010 ExPRESS Dinner Meeting / Alcon. Baltimore MD
- 2010 Speaker, Glaucoma CORE Program / Allergan. Norfolk VA
- 2011 Speaker / Alcon. Greenville SC
- 2011 Surgical Management of Glaucoma, Visiting Consultant / Allergan. Irvine CA
- 2011 Understanding the Approach to Complex Cases. Alcon Speaker's Forum. ASCRS-ASOA. San Diego CA
- 2011 Speaker, Lumigan 0.01% CORE Program / Allergan. Newport News VA
- 2011 Glaucoma Therapy, Allergan Dinner Program. Erie PA
- 2011 Glaucoma Management: A Novel Approach to Trabeculectomies / Alcon. Coral Gables FL

Garry Pascal Condon, M.D.
Page 55

Presentations:-cont'd

- 2011 Toric Roundtable / Alcon. Pittsburgh PA
- 2011 Cincinnati Eye Institute Glaucoma Dinner / Alcon. Cincinnati OH
- 2011 Lumigan 0.01% CORE Program / Allergan. Altoona PA
- 2011 Dinner Meeting / Speakers Alliance Alcon. New York City
- 2011 Toric Roundtable / Alcon. DuBois PA
- 2011 Discussion of ExPRESS Surgical Glaucoma Device and Advanced Technology IOLs . Alcon Speaker. Granger IN
- 2011 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Speaker. Charlotte NC
- 2012 ExPRESS Dinner Lecture. Alcon Speaker. Milwaukee WI
- 2012 Video Presentations: Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite Case of the Year. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Allergan Glaucoma Program Speaker. Kansas City MO
- 2012 Alcon ExPRESS Glaucoma Filtration Speaker. San Diego CA
- 2012 Roundtable Discussions – Premium IOL Use. American Glaucoma Society 2012 Annual Meeting. New York City NY
- 2012 Alcon ExPRESS Glaucoma Filtration Speaker. New York City NY
- 2012 Alcon Booth Talk. American Society of Cataract and Refractive Surgery. Chicago IL
- 2012 Speaker's Forum, Alcon Presenter. McCormick Place West, Eye World Theater. Chicago IL
- 2012 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Dinner Meeting. Chicago IL

Garry Pascal Condon, M.D.
Page 56

Presentations:-cont'd

- 2012 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Atlanta GA
- 2012 Alcon ExPRESS Speaker. Washington DC
- 2012 Allergan Speaker. Johnstown PA
- 2012 Tools and Techniques With OVD's for Maximizing Outcomes. Speakers Forum AAO. Chicago IL
- 2013 Controversies in Medicine, Midwestern Conference. Los Angeles CA
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques, Alcon Speaker, Chicago Glaucoma Society Meeting. Chicago IL.
- 2013 FORGE III: Detecting and Managing Glaucoma Progression, CORE Speaker Program, Allergan. State College PA
- 2013 Express Dinner Meeting, Alcon. Chicago IL
- 2013 Trabeculectomy, Still Our Best Option? Alcon. Annapolis MD
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques. Alcon Speakers Alliance. Morgantown WV
- 2013 Express Dinner Meeting, Alcon. Scottsdale AZ
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques, Alcon Speakers Alliance Event. Valley View OH
- 2013 Pseudo ex: Something for Everyone. Pittsburgh Ophthalmology Society Quarterly Meeting. Pittsburgh PA
- 2014 "Challenging Cases in Anterior Segment Surgery." Video Case Presentation. Faculty. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 "Updating Your Glaucoma Treatment Armamentarium." Faculty. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 Pseudoexfoliation from Stem to Stem. 98th Annual Clinical Assembly of the AOCOO-HNS Foundation. Scottsdale AZ

Garry Pascal Condon, M.D.
Page 57

Presentations:-cont'd

- 2014 Glaucoma Speaker Training. Alcon. Miami FL
- 2014 Trabeculectomy 2014 – Is There Still a Role? 98th Annual Clinical Assembly of the AOCOO-HNS Foundation. Scottsdale AZ
- 2014 Pseudoexfoliation from Stem to Stem. 98th Annual Clinical Assembly of the AOCOO-HNS Foundation. Scottsdale AZ
- 2015 “MIGS” 2015: Are We There Yet? Visiting Professor Grand Rounds. Ottawa Canada
- 2015 “Pseudoexfoliation: Something for Everyone.” Key Note Speaker (Annual Ophthalmology and Optometry Dinner) Ottawa Canada
- 2017 “New Meds / MIGS Options: Can We Do Better.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL
- 2017 “Posterior Polar Cataract: Do’s and Don’ts.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL
- 2017 “Surgical Triumphs and Tragedies: A Video Potpourri.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL

Research Grants:

- 1990 Glaucoma Software Development Program, Pennsylvania Lions Club/Allegheny Singer Research Institute, \$90,000.
- 1996 Postoperative Complications Following Mitomycin-C Assisted Trabeculectomy: Mechanisms and Control by FGF-2, Allegheny Singer Research Institute, \$10,000.
- 1996 Immunologic Reactivity to Human Optic Nerve Tissue of Serum From Patients with Low-Tension Glaucoma, Open-Angle Glaucoma and No Ocular Disease, Allegheny Singer Research Institute, \$10,000

Garry Pascal Condon, M.D.
Page 58

Clinical Trials Participation:

- 1989 Betaxalol vs Betaxalol-S, Clinical Investigator. Sponsored by Alcon Pharmaceuticals
- 1995 Latanoprost. Clinical Investigator, Phase III study site. Sponsored by Pharmacia-Upjohn
- 2003-2006 Bidirectional Glaucoma Shunt (Eyepass) Phase III Study – Principal Investigator-Sponsored by GMP/Vision Solutions Inc.
- 2005-Present iScience Schlemm's Canal Dilation / Imaging Phase III Study
- 2008 Trabeculectomy vs Express Shunt. Randomized Multi Center Clinical Trial

Fellows Trained:

- 1991 - 1992 Karen B. Lauer, M.D.
420 East North Avenue
Suite 116
Pittsburgh, PA 15212
- 1992 – 1993 Richard A. Lehrer, M.D.
Alliance Eye
285 Sawburg
Alliance, OH 44601
- 1993 - 1994 Christopher G. Spanich, M.D.
13602 N 46th Street
Tampa, FL 33613
- 1994 - 1995 Ghada Orkubi, M.D.
P.O. Box 8447
Jeddah, Saudi Arabia 21482
- 1995 - 1996 Griffith Steiner, M.D.
Physicians Medical Office Building
3340 Providence Drive, Suite 565
Anchorage, AK 99508

Garry Pascal Condon, M.D.
Page 59

Fellows Trained:-cont'd

| | |
|-------------|---|
| 1996 - 1997 | David A. DeRose, M.D. 118 West Lakeshore Drive Rockaway, NJ 07866 |
| 1997 - 1998 | Bret C. Crumpton, M.D. W. Georgia Eye Care Center 2616 Warm Springs Road Columbus, Georgia 31904 |
| 1998 - 1999 | Matthew Bilder, M.D. 1945 Queenswood Drive York, PA 17406 |
| 1999 - 2000 | Rajiv Bindlish, M.D. 1939 Carscadden Chase Mississauga, Ontario L4W3R8 |
| 2003 - 2004 | Rupal N. Chiniwalla, M.D. 104 Seavey Highlands Drive Pittsburgh, PA 15223 |
| 2007 - 2008 | Michael Dorey, M.D. School House Apartments, Apt. 215 500 Tripoli Street Pittsburgh, PA 15212 |
| 2009 - 2010 | Michael A. Alunni, M.D. 248 South St. Clair Street, Apt. 3 Pittsburgh, PA 15206 |
| 2011 - 2012 | Tyler Q. Kirk, M.D. 7427 Lake Street River Forest, IL 60305 |
| 2014 - 2015 | Michael J. Siegel, M.D. 411 Martell Drive Bloomfield Hills, MI 48304 |

Appendix B

List of Materials Considered

| Exhibit Number | Description |
|-----------------------|--|
| 1001 | U.S. Patent No. 9,820,885 |
| 1002 | U.S. Patent No. 9,820,885 Prosecution History |
| 1003 | The Netland Declaration |
| 1004 | Manuel Quintana, <i>Gonioscopic Trabeculotomy. First Results</i> , in 43 SECOND EUROPEAN GLAUCOMA SYMPOSIUM, DOCUMENTA OPHTHALMOLOGICA PROCEEDINGS SERIES 265 (E.L. Greve, W. Leydhecker, & C. Raitta ed., 1985) |
| 1005 | M. Johnstone <i>et al.</i> , "Microsurgery of Schlemm's Canal and the Human Aqueous Outflow System," <i>Am. J. Ophthalmology</i> 76(6):906-917 (1973) |
| 1006 | U.S. Patent No. 4,900,300 to Lee |
| 1007 | Philipp C. Jacobi <i>et al.</i> , "Technique of gonioscurettage: a potential treatment for advance chronic open angle glaucoma," 81 <i>British J. Ophthalmology</i> 302-07 (1997) |
| 1008 | Richard S. Snell <i>et al.</i> , <i>Clinical Anatomy of the Eye</i> , Malden, Massachusetts: Blackwell Science, Inc. (2 nd ed., 1998) |
| 1009 | Am. Acad. Of Ophthalmology, <i>Section 8 External Disease and Cornea</i> , in BASIC AND CLINICAL SCIENCE COURSE 2001-2002 (2001) |
| 1010 | Michael John Hogan, <i>History of the Human Eye: An Atlas and Textbook</i> . Philadelphia, Pennsylvania: W. B. Saunders Company (1971) |
| 1011 | M. Bruce Shields, <i>Textbook of Glaucoma, Fourth Edition</i> . Baltimore, Maryland: Williams & Wilkins (1998) |
| 1012 | Am. Acad. Of Ophthalmology, <i>Section 10 Glaucoma</i> , in BASIC AND CLINICAL SCIENCE COURSE 2000-2001 (2000) |
| 1013 | Philipp C. Jacobi <i>et al.</i> , "Perspectives in trabecular surgery," <i>Eye</i> 2000;14(Pt 3B)(3b):519-30 (2000) |
| 1014 | F. Skjaerpe, "Selective Trabeculectomy. A Report of a New Surgical Method for Open Angle Glaucoma," <i>Acta Ophthalmologica</i> 61:714-727 (1983) |
| 1015 | U.S. Patent Application Publication 2002/0111608 to Baerveldt |
| 1016 | U.S. Patent 4,501,274 to Skjaerpe |
| 1018 | E. Ferrari <i>et al.</i> , "Ab-interno trabeculo-canalectomy: surgical approach and histological examination," <i>European J. Ophthalmology</i> 12(5):401-05 (2002) |

| | |
|-------------|--|
| 1019 | U.S. Patent App. 13/159,356 File History |
| 1020 | T. Shute, "A Novel Technique for Ab Interno Trabeculectomy: Description of Procedure and Preliminary Results," <i>Am. Glaucoma Society 29th Annual Meeting Poster Abstracts</i> 34-35 (2019), https://ags.planion.com/Web.User/AbstractDet?ACCOUNT=AGS&CONF=AM19&ABSID=12309) |
| 1021 | Arsham Sheybani, <i>Bent Ab-interno Needle Goniectomy (BANG)</i> , YouTube (Aug. 24, 2017), https://youtu.be/b5QxWts-Pxs |
| 1022 | U.S. Patent 9,107,729 File History |
| 1023 | U.S. Patent 9,358,155 File History |
| 1024 | U.S. Patent Application Publication No. 2006/0241580 to Mittelstein |
| 1025 | U.S. Patent RE38,018 to Anctil |
| 2020 | Sworn Affidavit of Manuel Quintana, M.D. |
| 2023 | DORLAND'S MEDICAL DICTIONARY SHORTER EDITION abridged from 25 th ed. (1980) excerpt at 605 (definition of "section") |
| 2024 | BLACKS MEDICAL DICTIONARY 47 th ed. (1992) excerpt at 519 (definition of "section") |
| 2025 | DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 29 th ed. (2000) excerpt at 1400 (definition of "platform") |

EXHIBIT 13

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

NEW WORLD MEDICAL, INC.,
Petitioner,

v.

MICROSURGICAL TECHNOLOGY, INC.,
Patent Owner.

Case IPR2021-00065

U.S. Patent No. 10,123,905

Filed: June 8, 2021

**DECLARATION OF GARRY P. CONDON, M.D.
IN SUPPORT OF PATENT OWNER'S RESPONSE**

| | |
|-----------|---------------|
| EXHIBIT | 13 |
| WIT: | G. CONDON |
| DATE: | 8/17/2021 |
| Reporter: | S. Wasilewski |

TABLE OF CONTENTS

| | | |
|------|--|----|
| I. | Introduction | 1 |
| II. | Qualifications..... | 1 |
| III. | Materials Considered..... | 1 |
| IV. | Legal Standards | 2 |
| A. | Written Description | 2 |
| B. | Definiteness | 3 |
| C. | Enablement | 3 |
| D. | Priority | 4 |
| E. | Anticipation and Obviousness..... | 4 |
| F. | Claim Construction..... | 5 |
| G. | Person of Ordinary Skill of the Art | 6 |
| V. | Summary of my opinions | 7 |
| VI. | Details of my opinions..... | 8 |
| A. | Prior Art | 8 |
| i. | Quintana | 8 |
| ii. | Lee | 20 |
| iii. | Jacobi and Jacobi 2000..... | 24 |
| B. | The Netland Declaration..... | 29 |
| C. | Application of the Prior Art to the '905 Patent Claims..... | 29 |
| i. | Petition Ground 1 (Claims 1, 3 and 6-7 are not anticipated by Quintana)..... | 30 |

| | |
|---|----|
| ii. Petition Ground 2 (Claims 2 and 4-5 are not obvious over Quintana in view of the knowledge in the art) | 38 |
| iii. Petition Ground 3 (Claims 1-7 are not obvious over Jacobi in view of the knowledge in the art) | 42 |
| D. Conclusion | 53 |

EXHIBIT LIST

| Exhibit | Description |
|----------------|---|
| 2020 | Sworn Affidavit of Manuel Quintana, M.D. |
| 2023 | DORLAND'S MEDICAL DICTIONARY SHORTER EDITION abridged from 25th ed. (1980) excerpt at 605 (definition of "section") |
| 2024 | BLACKS MEDICAL DICTIONARY 47th ed. (1992) excerpt at 519 (definition of "section") |

IPR2020-00065
Condon Declaration

I, Garry P. Condon, M.D., hereby declare as follows:

I. INTRODUCTION

1. I have been retained by Wiley Rein LLP as an expert witness on behalf of MicroSurgical Technology, Inc. (“MST”) in support of Patent Owner’s Response in this Inter Partes Review (“IPR”) of U.S. Patent No. 10,123,905 (Ex. 1001) (“the ’905 Patent”). I am being compensated for my time in connection with this IPR at a consulting rate of \$575 (USD) per hour. My compensation is in no way dependent on the outcome of this matter.

II. QUALIFICATIONS

2. Attached to this Declaration as Appendix A is my curriculum vitae, which provides a more detailed description of my education, training, and experience in the relevant technology.

III. MATERIALS CONSIDERED

3. I provide opinions in this declaration based on my education, training, background, and experience, as well as the documents I have reviewed to date, including the ’905 Patent and the Petition (including the following documents: Declaration of Dr. Peter Netland (Ex. 1003) (“the Netland Declaration”); Manuel Quintana, *Gonioscopic Trabeculotomy. First Results*, in 43 SECOND EUROPEAN GLAUCOMA SYMPOSIUM, DOCUMENTA OPHTHALMOLOGICA PROCEEDINGS SERIES 265 (E.L. Greve, W. Leydhecker, & C. Raitta ed., 1985) (Ex. 1004) (“Quintana”);

IPR2021-00065
Condon Declaration
Page 2

M. Johnstone *et al.*, “Microsurgery of Schlemm’s Canal and the Human Aqueous Outflow System,” *Am. J. Ophthalmology* 76(6):906-917 (1973) (Ex. 1005) (“Johnstone”); U.S. Patent No. 4,900,300 (Ex. 1006) (“Lee”); Philipp C. Jacobi *et al.*, “Technique of gonioscurettage: a potential treatment for advance chronic open angle glaucoma,” 81 *British J. Ophthalmology* 302-307 (1997) (Ex. 1007) (“Jacobi”); Phillip C. Jacobi *et al.*, “Perspectives in trabecular surgery,” *Eye* 2000;14(Pt 3B)(3b):519-530 (2000) (Ex. 1013) (“Jacobi 2000”); and Sworn Affidavit of Manuel Quintana, M.D. (Ex. 2020)). Those documents, and the other materials cited in this declaration, are listed in Appendix B. I have either read the materials listed in Appendix B or reviewed summarized data provided by counsel.

IV. LEGAL STANDARDS

4. I am not a lawyer, nor do I have any legal training. In preparing this declaration, I have relied upon the explanation by MST’s counsel of certain patent law concepts, including the legal standard for interpreting claims, as well as those for assessing written description, definiteness, enablement, entitlement of priority, anticipation, and obviousness.

A. Written Description

5. I have been informed by counsel that a claim in a granted patent must be sufficiently supported by the disclosure in the patent’s specification, read in the

IPR2021-00065
Condon Declaration
Page 3

context of what a person of ordinary skill in the art would have known at the time of the claimed invention. I understand that the basic inquiry for written description is whether the specification provides sufficient information for the person or ordinary skill to recognize that the named inventors possessed the full scope of the claimed invention.

B. Definiteness

6. I have been informed by counsel that, in addition to written description, a patent specification must also describe the claimed invention so as to inform a person of ordinary skill in the art of the scope of the claimed invention with reasonable certainty. A claim may also be indefinite when it contains words or phrases whose meaning is unclear. Conflicting information between the patent claims and the rest of the patent application, including the figures, may affect that certainty and/or clarity.

C. Enablement

7. I have been informed by counsel that, in addition to written description, a patent specification must also enable a person of ordinary skill in the art to make and use the full scope of the claimed invention without undue experimentation as of its effective filing date. I understand that multiple factors should be considered when making this determination. These factors include (1)

IPR2021-00065
Condon Declaration
Page 4

the quantity of experimentation necessary, (2) the amount of direction or guidance presented, (3) the presence or absence of working examples, (4) the nature of the invention, (5) the state of the prior art, (6) the relative skill of those in the art, (7) the predictability or unpredictability of the art, and (8) the breadth of the claims.

D. Priority

8. I have been informed by counsel that, for the claims of an application to be entitled to an earlier application's filing date, the earlier application must provide written description and enablement of the claims, as of the earlier application's filing date. I have been informed by counsel that the undisputed and applicable priority date in this IPR is June 10, 2003.

E. Anticipation and Obviousness

9. I have been informed by counsel that a claim is anticipated when a single prior art reference discloses, either expressly or inherently, each and every claim element arranged in the order specified by the claim. I also understand that whether a document qualifies as prior art against a claim depends on the effective filing date to which the claim is entitled. I have been informed that even if a claim is not anticipated, it may be invalid for obviousness where a person having ordinary skill in the relevant art at the time the alleged invention was made would have considered the claimed invention as a whole to have been obvious given the

IPR2021-00065
Condon Declaration
Page 5

prior art. I understand that a claim may be obvious in light of one or more prior art references.

F. Claim Construction

10. I have been informed by counsel that the Patent Trial and Appeal Board (“PTAB”) applies the same claim construction standard used in district courts, where the claims are given their ordinary meaning as understood by one skilled in the art at the time of the invention, informed by the claim language itself, the specification, and the prosecution history. I also understand that “extrinsic evidence”—*i.e.*, evidence other than the patent and prosecution history, such as dictionaries and treatises—can be relevant in determining how a skilled artisan would understand terms of art used in the claims. I have been informed, however, that extrinsic evidence may not be used to contradict the meaning of the claims as described in the intrinsic evidence—*i.e.*, evidence in the claim language itself, the specification, and the prosecution history.

11. I have been informed by counsel that the PTAB, at least as of its March 16, 2021 institution of this IPR, has declined to expressly adopt any proposed construction of the claim language set forth in the Petition, but instead, assigned the claim language its ordinary meaning as it would have been understood by a person of ordinary skill in the art (“POSA”). Accordingly, in making the

IPR2021-00065
Condon Declaration
Page 6

findings and reaching the conclusions in this declaration, I too have applied the ordinary meanings of the claim terms as they would have been understood by a POSA. To the extent that the PTAB adopts specific claim constructions regarding the '905 Patent claims, I reserve the right to amend my findings and conclusions accordingly.

G. Person of Ordinary Skill of the Art

12. In my opinion, a POSA as of the date of invention would have been at least (1) a medical degree and at least two years' experience with treating glaucoma and performing glaucoma surgery; or (2) an undergraduate or graduate degree in biomedical or mechanical engineering and at least five years of work experience in the area of ophthalmology, including familiarity with ophthalmic anatomy and glaucoma surgery. For purposes of my Declaration, I do not disagree with the characterization of a POSA proposed by Petitioner. *See* Ex. 1003 ¶24.

V. SUMMARY OF MY OPINIONS

13. In my opinion, a POSA would have understood that neither Quintana nor Jacobi discloses each and every element of the '905 Patent claims, at least because neither Quintana nor Jacobi mentions or suggests any of the following: (1) a protector member with a first side having an incline that slopes upwardly from the tip; (2) a plurality of knife blades; and (3) a strip of trabecular meshwork ("TM") tissue cut by knife blades that has a defined width equal to the distance between the knife blades.

14. I find numerous statements in the Netland Declaration, Ex. 1003, about the prior art identified in the Petition to be erroneous, and I find many of Dr. Netland's conclusions to be based solely on his own speculation, conjecture, and hindsight. I address each of these erroneous statements and unfounded conclusions below.

15. In my opinion, not only would a POSA have found Quintana and Jacobi lacking with respect to elements of the '905 Patent claims, but a POSA would not have applied the general knowledge in the art to make up for their respective shortfalls in this regard. Therefore, I conclude that a POSA would not have found that any of the prior art identified in the Petition, alone or in

combination, anticipated and/or rendered obvious the '905 Patent claims according to the applicable legal standards as I understand them.

16. For purposes of this declaration, I do not disagree with the background of the technology as set forth generally in Sections VII.A.-VII.D.2. of the Netland Declaration. *See* Ex. 1003 ¶¶32-53.

VI. DETAILS OF MY OPINIONS

A. Prior Art

17. I have been asked to review the '905 Patent (Ex. 1001) and its prosecution history (Ex. 1002), the Netland Declaration (Ex. 1003), the prior art identified in the Petition (including Exs. 1004-1007, 1013), and the Sworn Affidavit of Manuel Quintana, M.D. (Ex. 2020). Among other things, I have been asked to provide my opinion about what a POSA would have known from the prior art available on or before the priority date of June 10, 2003, including the general knowledge in the art; to comment on my agreement or disagreement with various statements in the Netland Declaration; and to compare the prior art to the '905 Patent claims according to the applicable legal standards as I understand them.

i. Quintana

18. I have reviewed the publication known as Quintana (Ex. 1004).

IPR2021-00065
Condon Declaration
Page 9

Quintana is a 7-page journal article containing one of each of a drawing (labeled as Figure 1), a photograph (labeled as Figure 2), a table (labeled as Table 1), and a graph (labeled as Figure 3). Quintana states that it was published in 1985. Ex. 1004 at 3.

19. In my opinion, the most natural reading of Quintana to a POSA would have been the reporting of a new way to move the TM in a patient's eye away from the lumen of Schlemm's Canal by following a tangential approach to the TM with a standard hypodermic needle, the tip of which is bent and angled toward the anterior chamber of the eye, so as to avoid injuring the external wall of Schlemm's Canal. A POSA would have understood that a key concern of Quintana was minimizing the risk of damaging the external wall of Schlemm's Canal during this procedure. A POSA would have recognized that Quintana did not describe a method or device for removing TM for any reason, including tissue biopsy or patient diagnosis or therapy.

20. Quintana teaches a POSA how to make a trabeculotome by bending the tip of a standard hypodermic needle ("a 0.4 x 15 mm needle, or an insuline-type needle; we bend the tip 20-30° with a needle-holder; a factory-made needle (Morie, France) is even better."). Ex. 1004 at 3. Quintana does not specify

exactly what is meant by the needle tip, or where at the needle tip, or along what axis of the needle shaft, the bend is made.

21. Quintana teaches a POSA that the working end of its trabeculotome is the “tip of the needle.” In this regard, Quintana reads:

“The TM is incised with the tip of the needle. From now on, and with the concavity of the tip *towards* the surgeon, the trabeculotome is progressively introduced in the angle. Only the tip of the instrument is introduced into Schlemm’s canal, and the TM is stripped slowly, gently and easily from the canal’s lumen towards the anterior chamber as the needle progresses in the angle (Fig. 2). Since the convexity of the tip is facing the external wall of the canal, this structure is not damaged. This is why we bend the tip and we point it towards the anterior chamber.” Ex. 1004 at 4 (emphasis in original).

In its Figure 2 legend, Quintana also reads: “Goniophotography at operation. The tip of the needle stripping the trabecular meshwork.” Ex. 1004 at 5.

22. In my opinion, a POSA would have understood the Quintana trabeculotome, other than its needle tip bend, to be the same as an unbent standard hypodermic needle, the tip of which has a single bevel with a sharp point and sides. A POSA would have understood that the intended use of a standard hypodermic

IPR2021-00065
Condon Declaration
Page 11

needle is to penetrate tissue through an incision created by the sharp point at the distal end of the single beveled tip. The drawing labeled as Quintana Figure 1 shows a needle tip consistent with this understanding. Ex. 1004 at 4.

23. In my opinion, a POSA would not have found anything in Quintana to indicate or suggest that any portion of the Quintana trabeculotome tip as depicted in Figure 1, including the single bevel or the inner lumen of the needle tip, represents the first side of a protector member having an incline that slopes upwardly from the tip according to the '905 Patent claims. *See* Ex. 1003 ¶105. Even assuming that the protector member need not be a distinct attachment to the probe of the '905 Patent (which at least Figures 5A and 5B of the '905 Patent appear to show), there is no basis in the '905 Patent for Dr. Netland's assertion that "an 'incline' appears simply to be a portion of the protector member which slopes upwardly from the tip." Ex. 1003 ¶107.

24. Dr. Netland's re-drawing of Figure 1 of Quintana to depict a "first side" of the protector member and an "incline" cannot be reconciled with Quintana or the '905 Patent. For example, if the inner lumen of the Quintana trabeculotome tip must be the "first side" of the protector member of the '905 Patent as Dr. Netland depicts, *see* Ex. 1003 ¶105, then the single bevel of the Quintana trabeculotome tip is not part of the "first side", and thus, cannot be the "incline."

IPR2021-00065
Condon Declaration
Page 12

Conversely, if the single bevel of the Quintana trabeculotome tip must be considered part of “first side” of the protector member of the ’905 Patent, and thus constitutes the “incline” as Dr. Netland depicts, *see* Ex. 1003 ¶105, then the Quintana trabeculotome in this hypothetical configuration lacks the separate “tip” element required by the ’905 Patent claims. In my opinion, a POSA would not have viewed the Quintana trabeculotome as including a protector member with a first side having an incline that slopes upwardly from the tip.

25. In my opinion, a POSA would not have found anything in Quintana to indicate or suggest that the beveled sides of the needle tip as depicted in Figure 1 are sharp and intended to cut tissue. In particular, nothing supports Dr. Netland’s characterization of the Quintana trabeculotome tip as having the “knife blades” according to the ’905 Patent claims. *See* Ex. 1003 ¶110.

26. The Netland Declaration re-drawing of Quintana Figure 1 to depict the beveled sides of the Quintana trabeculotome tip as knife blades has no basis in Quintana. *See* Ex. 1003 ¶111. A POSA reading Quintana would not have seen any reference to the beveled sides of the Quintana trabeculotome tip as sharp or any definition of what sharpness might mean in that context. In my opinion, Dr. Netland’s assertion that Quintana Figure 1 shows knife blades is wrong and is based solely on his own speculation, conjecture and hindsight.

IPR2021-00065
Condon Declaration
Page 13

27. In my opinion, the '905 Patent disclosure precludes viewing the Quintana trabeculotome as having a plurality of knife blades. If the beveled sides of the Quintana trabeculotome tip were deemed to be "sharp and intended to cut tissue," which they are not, then the entire surface of the single bevel (including the sharp point) must also be deemed a *single* cutting edge, which cannot be a plurality of knife blades. This further militates against Dr. Netland's characterization of the beveled sides of the Quintana trabeculotome tip to be two "knife blades" according to the '905 Patent claims.

28. Quintana never describes its trabeculotome as a device having knife blades, much less as a device having a plurality of knife blades. The assertions in the Netland Declaration to the contrary are inconsistent with the plain statements in Quintana, the most natural reading of which to a POSA, in my opinion, would have been simply disclosing a way to move the TM in a patient's eye away from the lumen of Schlemm's Canal by following a tangential approach to the TM using a standard hypodermic needle, the tip of which is bent and angled toward the anterior chamber of the eye, so as to avoid injuring the external wall of Schlemm's Canal. A POSA would not have understood Quintana to disclose a device having a plurality of knife blades that cut the TM to create a strip of TM of defined width equal to the distance between the knife blades.

IPR2021-00065
Condon Declaration
Page 14

29. Quintana never describes its procedure as involving cutting the TM with a plurality of knife blades to create a strip of TM of defined width equal to the distance between the knife blades as required by the '905 Patent claims. Nor does Quintana even suggest that its trabeculotome would be capable of being used in any way to create such a strip of TM.

30. The Netland Declaration seizes on the words “section” and “stripping” used in Quintana in an attempt to rationalize that TM must have been removed even though Quintana never actually says so. *See, e.g.*, Ex. 1003 ¶¶101, 112. I disagree that a POSA would have understood Quintana to refer in any way to the removal of TM.

31. In its Abstract, Quintana describes “a surgical method of goniotrabeculotomy which achieves a *section* of the trabecular meshwork without damage to the external wall of Schlemm’s canal.” Ex. 1004 at 3 (emphasis added). In my opinion, a POSA would have understood Quintana’s reference to “section” in this sentence to mean incising or opening the TM, as opposed to creating or removing a strip of TM.

32. Medical dictionaries around the time of Quintana typically referred to alternative meanings for “section.” *See, e.g.*, Ex. 2023 at 605 (defining “section” to mean “1. an act of cutting. 2. a cut surface. 3. a segment or subdivision of an

IPR2021-00065
Condon Declaration
Page 15

organ.”); Ex. 2024 at 519 (“(1) A thin slice of a tissue specimen taken for examination under a microscope. (2) The act of cutting in surgery; for example, an abdominal section is done to explore the abdomen.”). Although listed as an alternative definition in these dictionaries, the meaning of “section” as “cutting” is most consistent with other statements in Quintana.

33. Quintana only ever refers to “incising” or “opening” the TM. Ex. 1004 at 3 (“Thus, the rational treatment of the trabecular glaucomas should consist in *opening* the trabecular meshwork (TM).”) (emphasis added); *id.* at 4 (“The TM is *incised* with the tip of the needle.”) (emphasis added).

34. Quintana never mentions creating or removing a strip of TM, much less the study of any TM samples by microscopic examination. In addition, the last sentence in Quintana reads: “Further studies are necessary to disclose the ‘in vivo’ behaviour of the sectioned trabecular meshwork.” I note that Dr. Netland does not explain why or how an “in vivo” observation would be relevant if “strips of tissue” from the TM must have been removed in the Quintana procedure, as he asserts. *See* Ex. 1003 ¶¶87-88. In my opinion, if that were true, a POSA would have expected Quintana’s reference to an *in vitro*, not *in vivo*, study – for example, to examine a removed TM “section” under a microscope. Because Quintana instead refers specifically to the study of the *in vivo* behaviour, the most natural read to a POSA

IPR2021-00065
Condon Declaration
Page 16

would have been to interpret “sectioned trabecular meshwork” to refer merely to TM that had been incised or opened, not TM from which a strip(s) of tissue had been created or removed.

35. Dr. Netland ignores the exclusive and consistent use in Quintana of the terms “goniotrabeculotomy,” “trabeculotomy,” and “goniotomy,” referring to incising, cutting, sectioning, opening, or stripping tissue – all fundamentally different procedures than excising or removing tissue that a POSA would equate instead with “goniotrabeculectomy,” “trabeculectomy,” and “goniectomy,” which are familiar terms of art Quintana apparently chose not to use to describe its procedure. Without any support, Dr. Netland offers only a conclusory statement that “[i]t is my expert opinion that despite using different terminology for the procedure, Quintana discloses a goniectomy procedure for excising and removing trabecular meshwork tissue from the eye.” Ex. 1003 ¶57. In my opinion, Dr. Netland disregards what Quintana actually says and is substituting his own words, and therefore, I disagree with his unsupported statement.

36. Dr. Netland refers to bent *ab interno* needle goniectomy (“BANG”) procedures purportedly published almost 15 years after the priority date of the ’905 Patent. *See* Ex. 1003 ¶¶88-90. I have been informed by counsel that the PTAB may ultimately deem this information irrelevant and/or inadmissible. But to me,

IPR2021-00065
Condon Declaration
Page 17

this shows Dr. Netland's own admission that a POSA describing the removal of TM would have used the terms "excise" or "excising" (as did the authors of the BANG videos), rather than "section" or "stripping." See Ex. 1003 ¶¶88-90.

37. Quintana describes a procedure where "[o]nly the tip of the instrument is introduced into Schlemm's canal, and the TM is *stripped* slowly, gently and easily *from the canal's lumen* towards the anterior chamber as the needle progresses in the angle (Fig. 2)." Quintana's Figure 2 legend additionally reads: "Goniophotography at operation. The tip of the needle *stripping* the trabecular meshwork." In my opinion, a POSA would have understood Quintana's reference to "stripped" and "stripping" in these sentences to mean simply cutting or tearing the TM to move it away from the lumen of Schlemm's Canal while avoiding injuring the external wall of Schlemm's Canal, which was Quintana's key concern, see Ex. 1004 at 4 ("This is why we bend the tip and we point it towards the anterior chamber."), and not to mean creating and/or removing segments or strips of TM, as Dr. Netland asserts, see, e.g., Ex. 1003 ¶86.

38. The demonstrative diagrams shown at Paragraph 85 or the purported cartoon rendering of Quintana's Figure 2 photograph shown at Paragraph 86 of the Netland Declaration do not change the fact that Quintana never mentions or suggests creating or removing a strip of TM. In my opinion, Dr. Netland's

IPR2021-00065
Condon Declaration
Page 18

conclusions are wrong and are based solely on his own speculation, conjecture and hindsight.

39. While my conclusion that Quintana does not describe creating or removing a strip of TM set forth in the '905 Patent is based on my own perspective of what a POSA would have understood from a plain reading of Quintana, I note additionally that the author, Dr. Manuel Quintana, has confirmed that neither his work, nor his article reporting that work, ever involved the removal of TM for any reason. *See* Ex. 2020 ¶¶3-7. Moreover, Dr. Quintana's sworn statements directly and completely refute Dr. Netland's assertions about Quintana in this regard. To me, Dr. Quintana's explanation increases my confidence that Quintana does not describe the removal of TM as set forth in the '905 Patent.

40. Although it is my opinion that a POSA would have understood Quintana not to disclose a device having a protector member with a first side having an incline that slopes upwardly from the tip and a plurality of knife blades that cut a strip of TM of defined width equal to the distance between the knife blades, I will address below several additional points of disagreement with the Netland Declaration.

41. In at least Paragraph 123 of his declaration, Dr. Netland asserts that not only must a strip of TM have been created by the Quintana trabeculotome, but

IPR2021-00065
Condon Declaration
Page 19

that this strip of tissue must have been of a defined width equal to the distance between the beveled sides of the Quintana trabeculotome tip that Dr. Netland characterizes as knife blades. To me, Dr. Netland is engaging in unsubstantiated, circular reasoning that Quintana's description of "[t]he tip of the needle stripping the trabecular meshwork" must mean that Quintana obtained a strip of TM of certain width necessarily from the cutting of TM by the beveled sides (and not, for example, the sharp point) of the Quintana trabeculotome tip, that according to Dr. Netland must have been sharp enough to constitute knife blades merely because there would be no other way to obtain this hypothetical strip of TM of defined width, which Quintana never actually describes.

42. Quintana never mentions or suggests removing TM or that its disclosed trabeculotome would be capable of being used in any way to create and remove a strip of TM, much less to create and remove a strip of TM of defined width. Even assuming that the beveled sides of the Quintana trabeculotome tip could be deemed to be "sharp and intended to cut tissue," which they are not, Quintana never mentions or suggests that the beveled sides (as opposed, for example, to the sharp point) of the Quintana trabeculotome tip can create and/or remove a strip of TM. Furthermore, nothing in Quintana would teach a POSA that the beveled sides of the Quintana trabeculotome contact the TM, much less cut the

TM to create a strip of TM of defined width. For example, even if the Quintana trabeculotome could somehow be manipulated in a way to possibly obtain a strip of TM, such TM would not be of a defined width as described in the '905 Patent unless it was actually cut from the TM by the two beveled sides. In other words, cutting or tearing the TM by excision using only the sharp point, or one or the other of the beveled sides, of the Quintana trabeculotome tip (even if possible, which it would not be), would not have resulted in a strip of TM of defined width equal to the distance between the beveled sides (the measurement of which is also unclear).

ii. Lee

43. I have reviewed the publication known as Lee (Ex. 1006).

44. I have read the PTAB's discussion of Lee at Section 2.a. of the March 16, 2021 Institution Decision in this IPR. Paper 11 at 22-23.

45. I have read the prosecution history of U.S. Patent No. 9,107,729 ("the '729 Patent"), IPR2020-01573 Ex. 1002. In particular, I am aware that in the patent examiner's statement of reasons for allowance, the patent examiner stated the following about Lee:

"The closest prior art includes Lee USP 4,900,300 which teaches a method of excising a piece of tissue from the anterior chamber angle

IPR2021-00065
Condon Declaration
Page 21

(trabecular meshwork and the inner wall of Schlemm's Canal)
utilizing a device with a U-shaped cutting edge (14) which has dual blades corresponding to the U-shape. However, Lee fails to teach a device comprising a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees. It would not have been obvious to one having ordinary skill in the art at the time the invention was made to modify the method of Lee to include using a device with a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees.”

Ex. 1002 at 320-321.

I agree with the patent examiner that Lee does not teach a device comprising a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees. Based on my understanding of the applicable patent law standards, I also agree with the patent examiner that it would not have been obvious to one having ordinary skill in the art at the time the invention was made to modify the method of Lee to include using a device with a shaft and a distal protruding tip that extends from a distal end of the shaft to form a bend or curve having an angle of at least 30 degrees.

IPR2021-00065
Condon Declaration
Page 22

46. I disagree, however, with the patent examiner's statement that Lee teaches a method of excising a piece of tissue from the anterior chamber angle (trabecular meshwork and the inner wall of Schlemm's Canal) utilizing a device with a U-shaped cutting edge (14) which has *dual blades* corresponding to the U-shape. I disagree with the patent examiner to the extent her statement was characterizing the Lee device as a dual blade device. Lee itself clearly reads otherwise.

47. First, Lee reads unambiguously:

“The forward end of shaft 10 comprises a parabolic, bowl-like cavity 12 having a sharpened rim which creates a *single, more or less U-shaped cutting edge* 14 integral with the sides of shaft 10. The cutting edge is approximately 2.0 mm. in length and about 0.3 to 0.4 mm. in width. The distal end 15 of cutting edge 14 protrudes a distance of about 0.5 to 1.0 mm. for ease of tissue penetration and cutting. The cutting edge is softly rounded at its distal end and is generally parabolic in shape in order to avoid damage to the outer wall of Schlemm's Canal.”

Ex. 1006 at 4 (4:38-48).

Second, Lee is consistent in describing its cutting blade as a singular element. *See, e.g.,* Ex. 1006 at 1 (Abstract) (“The surgical instrument of this invention comprises

IPR2021-00065
Condon Declaration
Page 23

in combination; a hollow tapered shaft having a cutting edge at one end as an integral part thereof; a retractable stylet contained within the hollow interior of the tapered shaft; and an irrigation port running along the outside of the tapered shaft.”) (emphasis added); *id.* at 5 (6:28-30) (“The cutting edge 14 is used to excise the angle tissue 40 for approximately one-third of the angle circumference.”) (emphasis added).

48. In my opinion, a POSA would have understood Lee to disclose a device having a *single* cutting blade. Although this U-shaped cutting blade is shown to have a sharpened rim with side edges and a distal tip, Lee never describes or depicts its cutting blade as anything other than an unitary element, which differs from the “plurality of knife blades” of the device described in the ’905 Patent.

49. I similarly disagree with Dr. Netland’s statement asserting that Lee disclosed a dual blade device. *See* Ex. 1003 ¶92.

50. Because the Lee device comprises “a parabolic, bowl like cavity 12 having a sharpened rim which creates a single, more or less U-shaped cutting edge 14 integral with the sides of shaft 10,” in my opinion, a POSA would have understood that trying to remove TM using the Lee device would not have necessarily created a strip of tissue of *defined width* due solely to the cutting of the TM by the side edges of the single, U-shaped cutting blade. Therefore, neither

Quintana or Lee alone, or in combination with each other, would have taught or motivated a POSA to make a device for removing TM in the manner described in the '905 Patent with any reasonable expectation of success, according to the applicable legal standards as I understand them.

iii. Jacobi and Jacobi 2000

51. I have reviewed the publications known as Jacobi (Ex. 1007) and Jacobi 2000 (Ex. 1013).

52. I have read the PTAB's discussion of Jacobi at Section 1.F. of the March 16, 2021 Institution Decision in this IPR. Paper 11 at 12-13. I agree generally with the PTAB's statements about Jacobi.

53. I have read the prosecution history of the '905 Patent (Ex. 1002). In particular, I am aware that Jacobi was known to the patent examiner through at least the identification of Jacobi in a March 2, 2017 Information Disclosure Statement. Ex. 1002 at 78. Jacobi 2000 appears to be a review article that addresses information similar to that disclosed in Jacobi with different figures.

54. I disagree with Dr. Netland's repeated statements asserting that Jacobi disclosed a device having knife blades, much less a plurality of knife blades. *See, e.g.*, Ex. 1003 ¶¶145-150. Jacobi never mentions or suggests a device designed to cut the TM, much less a device having knife blades.

55. First, Jacobi reads:

“The present study was carried out to introduce a new approach in glaucoma surgery aiming to *scrape* pathologically altered trabecular meshwork off the scleral sulcus in six patients suffering from uncontrolled IOP due to glaucoma absolutum. The aim of the surgical procedure was to *abrade rather than incise* uveal meshwork; this novel method, therefore, is termed gonioscurettage.”

Ex. 1007 at 2 (emphasis added).

In my opinion, a POSA would have understood Jacobi to promote a method using a device to scrape or abrade the TM instead of cutting defined strips of TM.

Indeed, this reading most naturally aligns with Jacobi’s further description that “[i]n order to *peel off* trabecular meshwork the ‘scraper’ was lightly passed over 2-3 clock hours to either side at the nasal circumference of the anterior chamber angle in sweeping movements (Fig 2). . . . Gonioscopically, *strings* of trabecular tissue could be observed intraoperatively to be removed by gonioscurettage, leaving a ‘denuded’ grey-white scleral sulcus.” Ex. 1007 at 2 (emphasis added). Jacobi essentially disclaims excising TM using a cutting instrument in favor of removing TM using a scraping tool. Based on my understanding of the applicable patent law standards, Jacobi encourages a POSA to use its described gonioscraper, *i.e.*,

teaches away from a cutting implement, including a device having knife blades as described in the '905 Patent.

56. Second, Jacobi reads:

“The ‘gonioscraper’ consists of a small handle and a slightly convex-shaped arm for intraocular use and very much resembles a cyclodialysis spatula. However, the tip of the instrument is shaped as a tiny bowl with 300 μm diameter and with its edges sharpened (Fig 1). In order to abrade clockwise and anticlockwise the scoop is angulated vertically at 90 degrees to the left and right, respectively.”

Ex. 1007 at 2.

This description contradicts Dr. Netland’s characterization of the Jacobi gonioscraper as a device having, among other things, knife blades that cut TM to create a strip of tissue of defined width equal to the distance between the knife blades.

57. In my opinion, a POSA would not have considered the sharpened edges of the bowl of the Jacobi gonioscraper to be a cutting blade. But even if that were the case, a POSA would have understood this to be a *single* cutting blade. Although the bowl of the Jacobi device is shown to have sharpened edges, Jacobi never describes or depicts the edges of this bowl as anything other than an unitary

IPR2021-00065
Condon Declaration
Page 27

element, which differs from the “knife blades” of the device described in the '905 Patent.

58. Dr. Netland’s re-drawing of Jacobi Figure 1 to depict knife blades has no support in Jacobi and, in my opinion, is wrong and is based solely on his own speculation, conjecture and hindsight. *See* Ex. 1003 ¶¶147-148.

59. In my opinion, a POSA would not have found anything in Jacobi to indicate or suggest that any portion of the Jacobi gonioscraper as depicted in Figure 1, including the sharpened edge or inner surface of the tiny bowl at the gonioscraper tip, represents the first side of a protector member having an incline that slopes upwardly from the tip. *See* Ex. 1003 ¶141. Even assuming that the protector member need not be a distinct attachment to the probe of the '905 Patent (which at least Figures 5A and 5B of the '905 Patent appear to show), there is no basis in the '905 Patent for Dr. Netland’s assertion that “an ‘incline’ appears simply to be a portion of the protector member which slopes upwardly from the tip.” Ex. 1003 ¶143.

60. Dr. Netland’s re-drawing of Figure 1 of Jacobi to depict a “first side” of the protector member and an “incline” cannot be reconciled with Jacobi or the '905 Patent. For example, if the inner surface of the Jacobi gonioscraper tip must be the “first side” of the protector member of the '905 Patent as Dr. Netland

IPR2021-00065
Condon Declaration
Page 28

depicts, *see* Ex. 1003 ¶141, then the single sharpened edge of the tiny bowl of the Jacobi gonioscraper tip is not part of the “first side”, and thus, cannot be the “incline.” Conversely, if the single sharpened edge of the tiny bowl of the Jacobi gonioscraper tip must be considered part of “first side” of the protector member of the '905 Patent, and thus constitutes the “incline” as Dr. Netland depicts, *see* Ex. 1003 ¶141, then the Jacobi gonioscraper in this hypothetical configuration lacks the separate “tip” element required by the '905 Patent claims. In any event, the tiny bowl of the Jacobi gonioscraper tip, which Dr. Netland admits looks and works much like an ice cream scoop, *see* Ex. 1003 ¶142, has an inner surface that slopes downwardly into the scoop, and thus, cannot be the “incline” of the '905 Patent claims. In my opinion, a POSA would not have viewed the Jacobi gonioscraper as including a protector member with a first side having an incline that slopes upwardly from the tip.

61. Because the Jacobi gonioscraper comprises a device having a “tip . . . shaped as a tiny bowl with 300 μm diameter and with its edges sharpened,” Ex. 1007 at 2, in my opinion, a POSA would have understood that trying to remove TM using the Jacobi gonioscraper would not have necessarily created a strip of TM of *defined width* due solely to the cutting of the TM, if any, by the single sharpened edge of the bowl. Therefore, neither Quintana or Jacobi alone, or

in combination with each other, would have taught or motivated a POSA to build a device for creating a strip of TM in the manner described in the '905 Patent with any reasonable expectation of success, according to the applicable legal standards as I understand them.

B. The Netland Declaration

62. In addition to the statements in the Netland Declaration addressed above regarding the prior art identified in the Petition, I have the following comments regarding other statements about which I have concerns and/or disagree.

63. In at least Paragraphs 54-55 of his declaration, Dr. Netland coins the term “excisional goniectomy” and applies this perspective in at least Paragraphs 56-59 to his review of Quintana, Lee and Jacobi. I note that Dr. Netland never cites any reference, prior art or otherwise, where “excisional goniectomy” is defined or adopted. In my opinion, a POSA would not have known or used the term “excisional goniectomy” on or before the June 10, 2003 priority date. A POSA would not have applied this terminology in reading the prior art identified in the Petition.

C. Application of the Prior Art to the '905 Patent Claims

64. For ease of reference, and for purposes of the following statements of my declaration only, I refer to the '905 Patent claims according to the format used

by the Netland Declaration (for example, parsing Claim 1 into claim elements 1a-e).

i. Petition Ground 1 (Claims 1, 3 and 6-7 are not anticipated by Quintana)

65. Claim 1 of the '905 Patent reads (in pertinent part corresponding to element c as referenced in the Netland Declaration): “a protector member on a distal end of the distal portion of the probe, said protector member being oriented in a lateral direction relative to said longitudinal axis and having a first side, a second side and a tip, wherein the first side of the protector member comprises an incline which slopes upwardly from the tip and wherein the protector member has a width which tapers to its narrowest point at the tip; and”

66. At Paragraphs 104-109, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶ 23-24 above.

67. In my opinion, a POSA would not have found anything in Quintana to indicate or suggest that any portion of the Quintana trabeculotome tip as depicted in Figure 1, including the single bevel or the inner lumen of the needle tip, represents the first side of a protector member having an incline that slopes upwardly from the tip according to the '905 Patent claims. All of the figures of the

IPR2021-00065
Condon Declaration
Page 31

'905 Patent depict protector member 24 and 52 as a distinct attachment to the probe. There is no basis in the '905 Patent for Dr. Netland's assertion that "an 'incline' appears simply to be a portion of the protector member which slopes upwardly from the tip." Ex. 1003 ¶107.

68. Dr. Netland's re-drawing of Figure 1 of Quintana to depict a "first side" of the protector member and an "incline" cannot be reconciled with Quintana or the '905 Patent. *See* Ex. 1003 ¶105. For example, if the inner lumen of the Quintana trabeculotome tip must be the "first side" of the protector member of the '905 Patent as Dr. Netland depicts, *see* Ex. 1003 ¶105, then the single bevel of the Quintana trabeculotome tip is not part of the "first side", and thus, cannot be the "incline." Conversely, if the single bevel of the Quintana trabeculotome tip must be considered part of "first side" of the protector member of the '905 Patent, and thus constitutes the "incline" as Dr. Netland depicts, *see* Ex. 1003 ¶105, then the Quintana trabeculotome in this hypothetical configuration lacks the separate "tip" element required by the '905 Patent claims. In my opinion, a POSA would not have viewed the Quintana trabeculotome as including a protector member with a first side having an incline that slopes upwardly from the tip.

IPR2021-00065
Condon Declaration
Page 32

69. Claim 1 of the '905 Patent reads (in pertinent part corresponding to element d as referenced in the Netland Declaration): “a plurality of knife blades positioned to cut tissue that passes over the first side of the protector member.”

70. At Paragraphs 110-113, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶25-28 above.

71. In my opinion, a POSA would not have found anything in Quintana to indicate or suggest that the beveled sides of the needle tip as depicted in Figure 1 are sharp and intended to cut tissue. In particular, nothing supports Dr. Netland's characterization of the Quintana trabeculotome tip as having the “knife blades” according to the '905 Patent claims. *See* Ex. 1003 ¶110.

72. The Netland Declaration re-drawing of Quintana Figure 1 to depict the beveled sides of the Quintana trabeculotome tip as knife blades is baseless. *See* Ex. 1003 ¶111. Nothing in Quintana supports the assertion that the beveled sides of the Quintana trabeculotome tip are sharp and intended to cut tissue. In my opinion, Dr. Netland's assertion that Quintana Figure 1 shows knife blades is wrong and is based solely on his own speculation, conjecture and hindsight.

73. In my opinion, the '905 Patent disclosure belies any characterization of the Quintana trabeculotome as having a plurality of knife blades. If the beveled

IPR2021-00065
Condon Declaration
Page 33

sides of the Quintana trabeculotome tip were deemed to be “sharp and intended to cut tissue,” which they are not, then the entire surface of the single bevel (including the sharp point) must also be deemed a *single* cutting edge, which cannot be a plurality of knife blades. This absurd result, therefore, further militates against Dr. Netland’s characterization of the beveled sides of the Quintana trabeculotome tip as the “knife blades” according to the ’905 Patent claims.

74. Quintana never describes its trabeculotome as a device having knife blades, much less as a device having a plurality of knife blades. The assertions in the Netland Declaration to the contrary are inconsistent with the plain statements in Quintana, the most natural reading of which to a POSA, in my opinion, would have described using the sharp point of a bent, standard hypodermic needle tip to create a separation between the TM and the lumen of Schlemm’s Canal by stripping the TM away from Schlemm’s Canal without damaging the external wall. A POSA would not have understood Quintana to disclose a device having a plurality of knife blades.

75. Claim 1 of the ’905 Patent reads (in pertinent part corresponding to element e as referenced in the Netland Declaration): “wherein the protector member is configured such that, after an insertion of the distal portion of the elongate probe into an anterior chamber of an eye, the protector member is

IPR2021-00065
Condon Declaration
Page 34

insertable, tip first, through the trabecular meshwork and into Schlemm's Canal, the distal end of the probe being thereafter moveable in the lateral direction thereby causing the protector member to advance through Schlemm's Canal such that trabecular meshwork tissue passes over the incline and a strip of trabecular meshwork tissue becomes cut by said knife blades."

76. At Paragraphs 99, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶29 above.

77. Quintana never describes its procedure as involving cutting the TM with a plurality of knife blades, much less to create a strip of TM of defined width equal to the distance between the knife blades as required by the '905 Patent claims. There is no mention in Quintana that the beveled sides of the Quintana trabeculotome contact the TM, much less are capable cutting the TM to create such a strip of TM. In my opinion, Dr. Netland's assertion that Quintana Figure 1 shows knife blades that cut the TM to create a strip of TM is wrong and is based solely on his own speculation, conjecture and hindsight.

78. Claim 3 of the '905 Patent reads: "A device according to claim 1 further comprising an irrigation lumen."

IPR2021-00065
Condon Declaration
Page 35

79. At Paragraphs 117-118, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶65-77 above.

80. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 3 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 3.

81. Claim 6 of the '905 Patent reads: "A device according to claim 1 wherein the second side of the protector member is configured so as not to damage tissues adjacent thereto as the protector member is advanced through Schlerm's [sic] Canal."

82. At Paragraphs 119-120, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶65-77 above.

83. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 6 incorporates each and every element of Claim 1. For the

IPR2021-00065
Condon Declaration
Page 36

same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 6.

84. Claim 7 of the '905 Patent reads: "A device according to claim 1 wherein said knife blades are located a spaced distance apart to cut a strip of tissue the width of which is substantially equal to the distance between the first and second knife blades."

85. At Paragraphs 121-123, the Netland Declaration asserts that Quintana discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶41-42 and 67-77 above.

86. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 7 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 7.

87. In at least Paragraphs 121-123 of his declaration, Dr. Netland asserts that not only must a strip of TM have been created by the Quintana trabeculotome, but that this strip of tissue must have been of a defined width equal to the distance between the beveled sides of the Quintana trabeculotome tip that Dr. Netland characterizes as knife blades. To me, Dr. Netland is engaging in unsubstantiated,

IPR2021-00065
Condon Declaration
Page 37

circular reasoning that Quintana's description of "[t]he tip of the needle stripping the trabecular meshwork" must mean that Quintana obtained a strip of TM of certain width necessarily from the cutting of TM by the beveled sides (and not, for example, the sharp point) of the Quintana trabeculotome tip, that according to Dr. Netland must have been sharp enough to constitute knife blades merely because there would be no other way to obtain this hypothetical strip of TM of defined width, which Quintana never actually describes.

88. Quintana never mentions or suggests removing TM or that its disclosed trabeculotome would be capable of being used in any way to create and remove a strip of TM, much less to create and remove a strip of TM of defined width. Even assuming that the beveled sides of the Quintana trabeculotome tip could be deemed to be "sharp and intended to cut tissue," which they are not, Quintana never mentions or suggests that the beveled sides (as opposed, for example, to the sharp point) of the Quintana trabeculotome tip can create and/or remove a strip of TM. Furthermore, nothing in Quintana would teach a POSA that the beveled sides of the Quintana trabeculotome contact the TM, much less cut the TM to create a strip of TM of defined width. For example, even if the Quintana trabectome could somehow be manipulated in a way to possibly obtain a strip of TM, such TM would not be of a defined width according to the '905 Patent claims

IPR2021-00065
Condon Declaration
Page 38

unless it was actually cut from the TM by the two beveled sides. In other words, cutting or tearing the TM by excision using only the sharp point, or one or the other of the beveled sides, of the Quintana trabeculotome tip (even if possible, which it would not be), would not have resulted in a strip of TM of defined width equal to the distance between the beveled sides (the measurement of which is also unclear).

ii. Petition Ground 2 (Claims 2 and 4-5 are not obvious over Quintana in view of the knowledge in the art)

89. Claim 2 of the '905 Patent reads: "A device according to claim 1 wherein the knife blades are operative to cut a strip of tissue having a width from 50 μm to 200 μm , from the trabecular meshwork."

90. At Paragraphs 125-129, the Netland Declaration asserts that Quintana in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶41-42, 67-77 and 87-88 above.

91. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 2 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 2.

IPR2021-00065
Condon Declaration
Page 39

92. In my opinion, because Quintana never describes a device having a plurality of knife blades that cut the TM to create a strip of TM, a POSA would not have even considered modifying the Quintana trabeculotome, for example, by substituting a narrower standard hypodermic needle as Dr. Netland asserts. *See* Ex. 1003 ¶¶127-129. A POSA would have been discouraged from modifying the Quintana device by bending a narrower standard hypodermic needle for fear of reducing the effectiveness of the device in working for its intended purpose in the tangential approach of the described surgical procedure, including increasing the risk of undesirable injury to the external wall of Schlemm's Canal. A POSA would not have been motivated to somehow modify the Quintana trabeculotome and use it to obtain a strip of TM having a width from 50 μm to 200 μm with any reasonable expectation of success, according to the applicable legal standards as I understand them.

93. Claim 4 of the '905 Patent reads: "A device according to claim 1 further comprising an aspiration lumen."

94. At Paragraphs 130-131, the Netland Declaration asserts that Quintana in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶65-77 above.

IPR2021-00065
Condon Declaration
Page 40

95. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 4 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 4.

96. In particular, because Quintana never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Quintana trabeculotome to include an aspiration lumen. In this regard, Dr. Netland's assertions about Jacobi and the general knowledge in the art are irrelevant. *See* Ex. 1003 ¶131. In my opinion, nothing in Quintana, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Quintana trabeculotome to include an aspiration lumen, according to the applicable legal standards as I understand them.

97. Claim 5 of the '905 Patent reads: "A device according to claim 1 further comprising an irrigation lumen and an aspiration lumen."

98. At Paragraphs 133-134, the Netland Declaration asserts that Quintana in combination with the knowledge in the art discloses, among other things,

IPR2021-00065
Condon Declaration
Page 41

everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶65-77 above.

99. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 5 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claims 5.

100. In particular, because Quintana never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Quintana trabeculotome to include an irrigation lumen and an aspiration lumen. In this regard, Dr. Netland's assertions about the general knowledge in the art are irrelevant. *See* Ex. 1003 ¶¶133-134. A POSA would have been discouraged from modifying the Quintana device by adding an irrigation lumen, an aspiration lumen, or both, for fear of reducing the effectiveness of the device in working for its intended purpose in the tangential approach of the described surgical procedure, including increasing the risk of undesirable injury to the external wall of Schlemm's Canal. In my opinion, nothing in Quintana, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that

it would have been obvious to somehow modify the Quintana trabeculotome to include an irrigation lumen and an aspiration lumen, according to the applicable legal standards as I understand them.

iii. Petition Ground 3 (Claims 1-7 are not obvious over Jacobi in view of the knowledge in the art)

101. Claim 1 of the '905 Patent reads (in pertinent part corresponding to element c as referenced in the Netland Declaration): “a protector member on a distal end of the distal portion of the probe, said protector member being oriented in a lateral direction relative to said longitudinal axis and having a first side, a second side and a tip, wherein the first side of the protector member comprises an incline which slopes upwardly from the tip and wherein the protector member has a width which tapers to its narrowest point at the tip; and”

102. At Paragraph 135, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶59-60 above.

103. In my opinion, a POSA would not have found anything in Jacobi to indicate or suggest that any portion of the Jacobi gonioscraper as depicted in Figure 1, including the sharpened edge or inner surface of the tiny bowl at the gonioscraper tip, represents the first side of a protector member having an incline

IPR2021-00065
Condon Declaration
Page 43

that slopes upwardly from the tip according to the '905 Patent claims. All of the figures of the '905 Patent depict protector member 24 and 52 as a distinct attachment to the probe. There is no basis in the '905 Patent for Dr. Netland's assertion that "an 'incline' appears simply to be a portion of the protector member which slopes upwardly from the tip." Ex. 1003 ¶143.

104. Dr. Netland's re-drawing of Figure 1 of Jacobi to depict a "first side" of the protector member and an "incline" cannot be reconciled with Jacobi or the '905 Patent. For example, if the inner surface of the Jacobi gonioscraper tip must be the "first side" of the protector member of the '905 Patent as Dr. Netland depicts, *see* Ex. 1003 ¶141, then the single sharpened edge of the tiny bowl of the Jacobi gonioscraper tip is not part of the "first side", and thus, cannot be the "incline." Conversely, if the single sharpened edge of the tiny bowl of the Jacobi gonioscraper tip must be considered part of "first side" of the protector member of the '905 Patent, and thus constitutes the "incline" as Dr. Netland depicts, *see* Ex. 1003 ¶141, then the Jacobi gonioscraper in this hypothetical configuration lacks the separate "tip" element required by the '905 Patent claims. In any event, the tiny bowl of the Jacobi gonioscraper tip, which Dr. Netland admits looks and works much like an ice cream scoop, *see* Ex. 1003 ¶142, has an inner surface that slopes downwardly into the scoop, and thus, cannot be the "incline" of the

IPR2021-00065
Condon Declaration
Page 44

'905 Patent claims. I note that Dr. Netland never addresses if or why a POSA would attempt to modify the Jacobi gonioscraper to overcome this missing element. In my opinion, a POSA would not have viewed the Jacobi gonioscraper as including a protector member with a first side having an incline that slopes upwardly from the tip.

105. Claim 1 of the '905 Patent reads (in pertinent part corresponding to element d as referenced in the Netland Declaration): "a plurality of knife blades positioned to cut tissue that passes over the first side of the protector member."

106. At Paragraphs 145-149, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-58 above.

107. In my opinion, a POSA would have understood Jacobi to describe a method using a device to scrape or abrade the TM instead of cutting defined strips of TM. A POSA would have understood that Jacobi never describes its gonioscraper as having a plurality of knife blades. Indeed, even if the tiny bowl with sharpened edges of the gonioscraper tip were deemed to have a cutting edge, which it does not, there would be only a single cutting edge. I disagree with Dr. Netland's assertion that a POSA would have combined Lee and the general

IPR2021-00065
Condon Declaration
Page 45

knowledge in the art to try to modify the Jacobi gonioscraper by adding the protruding terminal end from Lee so that, in the modified device, TM would pass over the protruding terminal end before contacting the single edge of the Jacobi gonioscraper. *See* Ex. 1003 ¶149. But Jacobi, Lee and the general knowledge in the art, alone or in combination, provide no reason whatsoever to do so. For example, Dr. Netland's assertion that modifying the Jacobi gonioscraper to include the Lee protruding terminal end would ease tissue penetration is baseless. *See* Ex. 1003 ¶150. Nowhere in Jacobi, Lee or the general knowledge in the art is there any indication that the Jacobi gonioscraper needed improved tissue penetration or that the Lee protruding terminal end could solve that purported need. In my opinion, a POSA would not have been motivated to modify the Jacobi gonioscraper in the manner Dr. Netland proposes, which is wrong and is based solely on his own speculation, conjecture and hindsight.

108. Claim 1 of the '905 Patent reads (in pertinent part corresponding to element e as referenced in the Netland Declaration): "wherein the protector member is configured such that, after an insertion of the distal portion of the elongate probe into an anterior chamber of an eye, the protector member is insertable, tip first, through the trabecular meshwork and into Schlemm's Canal, the distal end of the probe being thereafter moveable in the lateral direction thereby

causing the protector member to advance through Schlemm's Canal such that trabecular meshwork tissue passes over the incline and a strip of trabecular meshwork tissue becomes cut by said knife blades.”

109. At Paragraphs 151-153, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-58 and 102-108 above.

110. Because the Jacobi gonioscraper comprises a device having a “tip . . . shaped as a tiny bowl with 300 μm diameter and with its edges sharpened,” in my opinion, a POSA would have understood that trying to remove TM using the Jacobi gonioscraper would not have necessarily created a strip of TM of defined width due to the scraping of the TM by the single sharpened edge of the bowl. Therefore, Jacobi in combination with the general knowledge in the art, would not have taught or motivated a POSA to build a device for cutting a strip of TM using knife blades in the manner required by the '905 Patent claims with any reasonable expectation of success, according to the applicable legal standards as I understand them.

IPR2021-00065
Condon Declaration
Page 47

111. Claim 2 of the '905 Patent reads: "A device according to claim 1 wherein the knife blades are operative to cut a strip of tissue having a width from 50 μm to 200 μm , from the trabecular meshwork."

112. At Paragraphs 154-158, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

113. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 2 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 2.

114. In my opinion, because Jacobi never describes a device having a plurality of knife blades that cut the TM to create a strip of TM, a POSA would not have even considered modifying the Jacobi gonioscraper, for example, by substituting a narrower tiny bowl as Dr. Netland asserts. *See* Ex. 1003 ¶156. None of the prior art cited in the Petition supports Dr. Netland's assertions in this regard, which, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight. A POSA would not have been motivated to somehow

IPR2021-00065
Condon Declaration
Page 48

modify the Jacobi gonioscraper and use it to obtain a strip of TM having a width from 50 μm to 200 μm with any reasonable expectation of success, according to the applicable legal standards as I understand them.

115. Claim 3 of the '905 Patent reads: "A device according to claim 1 further comprising an irrigation lumen."

116. At Paragraphs 160-162, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

117. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 3 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 3.

118. In particular, because Jacobi never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Jacobi gonioscraper to include an irrigation lumen. In this regard, Dr. Netland's assertions about Lee and the general knowledge in the art are irrelevant. *See* Ex. 1003 ¶162. In my opinion, nothing in

IPR2021-00065
Condon Declaration
Page 49

Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Jacobi gonioscraper to include an irrigation lumen, according to the applicable legal standards as I understand them.

119. Claim 4 of the '905 Patent reads: "A device according to claim 1 further comprising an aspiration lumen."

120. At Paragraphs 163-164, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

121. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 4 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 4.

122. In particular, because Jacobi never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Jacobi gonioscraper to include an aspiration lumen. In this regard, Dr. Netland's assertions about Lee and the general

IPR2021-00065
Condon Declaration
Page 50

knowledge in the art are irrelevant. *See* Ex. 1003 ¶164. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Jacobi gonioscraper to include an aspiration lumen, according to the applicable legal standards as I understand them.

123. Claim 5 of the '905 Patent reads: "A device according to claim 1 further comprising an irrigation lumen and an aspiration lumen."

124. At Paragraph 166, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

125. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 5 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claims 5.

126. In particular, because Jacobi never describes its procedure as involving creating and/or removing a strip of TM, a POSA would not have even considered somehow modifying the Jacobi gonioscraper to include an irrigation

IPR2021-00065
Condon Declaration
Page 51

lumen and an aspiration lumen. In this regard, Dr. Netland's assertions about Lee and the general knowledge in the art are irrelevant. *See* Ex. 1003 ¶166. In my opinion, nothing in Jacobi, alone or in combination with any of the other cited prior art in the Petition, or the general knowledge in the art, supports Dr. Netland's assertion that it would have been obvious to somehow modify the Jacobi gonioscraper to include an irrigation lumen and an aspiration lumen, according to the applicable legal standards as I understand them.

127. Claim 6 of the '905 Patent reads: "A device according to claim 1 wherein the second side of the protector member is configured so as not to damage tissues adjacent thereto as the protector member is advanced through Schlerm's [sic] Canal."

128. At Paragraph 168, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

129. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 6 incorporates each and every element of Claim 1. For the

IPR2021-00065
Condon Declaration
Page 52

same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 6.

130. In addition, I note that Dr. Netland never addresses if or why a POSA would attempt to modify the Jacobi gonioscraper in this regard.

131. Claim 7 of the '905 Patent reads: "A device according to claim 1 wherein said knife blades are located a spaced distance apart to cut a strip of tissue the width of which is substantially equal to the distance between the first and second knife blades."

132. At Paragraphs 170-171, the Netland Declaration asserts that Jacobi in combination with the knowledge in the art discloses, among other things, everything in this claim or claim element. I disagree, for at least the reasons set forth in ¶¶54-62 and 102-111 above.

133. I have been informed by counsel that a dependent claim incorporates each and every element of the claim from which it depends. In this regard, I understand that Claim 7 incorporates each and every element of Claim 1. For the same reasons that I disagree with Dr. Netland's assertions regarding Claim 1, I disagree with Dr. Netland's assertions regarding Claim 7.

134. For at least the reasons set forth in Paragraphs 57-58 above, the Jacobi gonioscraper lacks a plurality of knife blades according to the '905 Patent claims.

IPR2021-00065
Condon Declaration
Page 53

In addition, because the Jacobi gonioscraper comprises a device having a “tip . . . shaped as a tiny bowl with 300 μm diameter and with its edges sharpened,” in my opinion, a POSA would have understood that trying to remove TM using the Jacobi gonioscraper would not have necessarily created a strip of tissue of defined width due to the scraping of the TM by the sharpened edges of bowl. Therefore, Jacobi, alone or in combination with the general knowledge in the art, would not have taught or motivated a POSA to build a device for creating a strip of TM in the manner required by the '905 Patent claims with any reasonable expectation of success, according to the applicable legal standards as I understand them. Dr. Netland's assertions to the contrary in this regard, in my opinion, are wrong and are based solely on his own speculation, conjecture and hindsight.

D. CONCLUSION

135. In my opinion, according to the applicable legal standards as I understand them, a POSA reading the cited prior art in the Petition along with the general knowledge in the art would have concluded with a reasonable scientific certainty that Claims 1-7 of the '905 patent are not invalid, and specifically would have found that: (I) Claims 1, 3 and 6-7 are not anticipated under 35 U.S.C. § 102 by Quintana (Ex. 1004); (II) Claims 2 and 4-5 are not rendered obvious under 35 U.S.C. § 103 by Quintana (Ex. 1004) in view of the knowledge of a person of

IPR2021-00065
Condon Declaration
Page 54

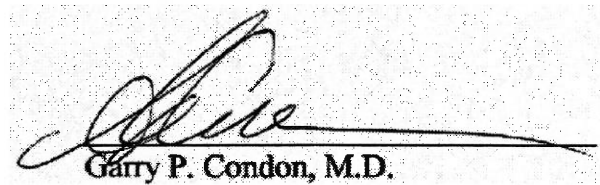
ordinary skill in the art; (III) Claims 1-7 are not rendered obvious under 35 U.S.C. § 103 by Jacobi (Ex. 1007) in view of the knowledge of a person of ordinary skill in the art.

IPR2021-00065
Condon Declaration
Page 55

136. I declare under penalty of perjury that the foregoing is true and correct. I declare that all statements made herein of my knowledge are true, and that all statements made on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

Dated: June 4, 2021

Respectfully submitted,



Garry P. Condon, M.D.

Appendix A

CURRICULUM VITAE

Name: **GARRY PASCAL CONDON, M.D.**

Address: Coastal Eye Institute
217 Manatee Avenue E.
Bradenton, FL 34208

Date of Birth: May 17, 1958

Place of Birth: Winnipeg, Manitoba, Canada

Citizenship: U.S.
Canadian

Education:

1979 B. Med. Sc. Memorial University of Newfoundland
St. John's, Newfoundland, Canada

1981 M.D. Memorial University of Newfoundland
St. John's, Newfoundland, Canada

Internship and Residency:

1981-82 Intern (Straight Internal Medicine)
Memorial University of Newfoundland,
St. John's, Newfoundland, Canada

1983-86 Resident in Ophthalmology, University of Western Ontario,
London, Ontario, Canada

Garry Pascal Condon, M.D.
Page 2

Fellowships:

- 1982-83 Fellow in Ophthalmic Pathology, McGill Pathology Institute
(Dr. Seymour Brownstein), Montreal, Quebec, P.Q., Canada
- 1986-88 Fellow, New England Glaucoma Research Foundation
(Dr. Richard J. Simmons), Boston, MA

Licensure and Certification:

- 1983 Licentiate of the College of Physicians and Surgeons of
Ontario, Canada
- 1983 Licentiate of the State of New York in Medicine and Surgery
- 1984 Licentiate of the Medical Council of Canada
- 1986 Licentiate of the Commonwealth of Massachusetts
Board of Registration in Medicine
- 1986 Fellow of the Royal College of Surgeons (Canada) - Ophthalmology
- 1987 Diplomate - American Board of Ophthalmology
- 1987 Licentiate of the Commonwealth of Pennsylvania State Board of
Medicine

Current Medical Licensure:

| | | |
|----------------------------------|-----------------------|------------|
| State of Florida Medical License | Initial License Date: | 08/29/2014 |
| ME 121450 | Expiration Date: | 01/31/2023 |

Speciality Certification:

| | | |
|---|----------------------|------------|
| American Board of Ophthalmology (No certification #) | Issue Date: | 10/27/1987 |
| | (No expiration date) | |

Professional Memberships:

- 1988 - 2019 Fellow of The American Academy of Ophthalmology

Garry Pascal Condon, M.D.
Page 3

| | |
|----------------|---|
| 1988 - 2018 | Member of the Pittsburgh Ophthalmology Society |
| 1988 - Present | Member Chandler-Grant Glaucoma Society |
| 1989 - 2018 | Member of the Allegheny County Medical Society |
| 1989 - 2018 | Member of the Pennsylvania Medical Society |
| 1989 - Present | Member of the American Medical Association |
| 1992 - 2018 | Member of the Pennsylvania Academy of Ophthalmology |
| 2000 - Present | Member of the American Society of Cataract and Refractive Surgery |
| 2004 - Present | Member of the American Glaucoma Society |
| 2005 - Present | Member of the International Intra-Ocular Implant Club |
| 2015 - Present | Member of the Florida Medical Association |
| 2019 - Present | Life Member of The American Academy of Ophthalmology |

Appointments:

| | |
|----------------|---|
| 1987 - 1988 | Clinical Instructor in Ophthalmology Harvard Medical School, Boston |
| 1988 - 1996 | Assistant Professor of Surgery (Ophthalmology) Medical College of Pennsylvania, Pittsburgh, PA |
| 1990 - 2018 | Director, Division of Glaucoma, Department of Ophthalmology Allegheny General Hospital, Pittsburgh, PA |
| 1991 - 2003 | Adjunct Clinical Instructor in Ophthalmology University of Pittsburgh, Pittsburgh, PA |
| 1996 - 2000 | Assistant Professor of Ophthalmology in the Department of Ophthalmology, MCP Hahnemann School of Medicine, Allegheny General Hospital Campus, Pittsburgh, PA |
| 2000 - 2014 | Associate Professor of Ophthalmology in the Department of Ophthalmology, Drexel University College of Medicine, Allegheny General Hospital Campus, Pittsburgh, PA |
| 2002 - 2007 | Vice Chairman, Department of Ophthalmology, Allegheny General Hospital, Pittsburgh, PA |
| 2004 - Present | Clinical Assistant Professor in the Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA |

Appointments:-cont'd

Garry Pascal Condon, M.D.
Page 4

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|----------------|---|
| 2007 – 2018 | Chairman in the Department of Ophthalmology, Allegheny General Hospital, Pittsburgh, PA |
| 2015 – Present | Professor in the Department of Ophthalmology, Drexel University College of Medicine, Philadelphia, PA |

Societies / Committees Positions:

- | | |
|----------------|---|
| 1990 - 1994 | Continuing Medical Education Committee Allegheny General Hospital |
| 1991 - 1993 | Executive Committee, Pittsburgh Ophthalmology Society |
| 1992 - 1995 | Operating Room Adhoc Committee for Minimally Invasive Surgery |
| 2001 - 2003 | Secretary-Treasurer, Chandler – Grant Glaucoma Society |
| 2001 - 2004 | Operating Room Committee |
| 2002 - 2018 | Program Committee, Pittsburgh Ophthalmology Society |
| 2005 - Present | Member ASCRS Glaucoma Clinical Committee |
| 2007 – Present | Member of the Special Projects Committee, American Academy of Ophthalmology |

Awards:

- | | |
|----------------|--|
| 1984 | Percy Hermant Fellowship in Ophthalmology, University of Western Ontario, London, Ontario, Canada |
| 2001 | Achievement Award, American Academy of Ophthalmology |
| 2005 – Present | The Best Doctors in America |
| 2008 | “Doctor’s Choice Award”, XXII Annual American College of Eye Surgeons Meeting. San Juan, Puerto Rico |

Awards:-cont’d

Garry Pascal Condon, M.D.
Page 5

- 2008 "America's Top Ophthalmologists", Cataract/Glaucoma Surgery, Consumers' Research Council of America
- 2008 Contributions in the Advancement of Surgical Treatment for Glaucoma, Optonol, Inc., American Society of Cataract and Refractive Surgeons Meeting, Chicago, IL
- 2010 Senior Achievement Award, American Academy of Ophthalmology
- 2011 "America's Top Ophthalmologists", Cataract/Glaucoma Surgery, Consumers' Research Council of America
- 2012 Best Physicians As Chosen By Their Peers, Pittsburgh Magazine
- 2017 - 2020 Castle - Connelly Top Doctor
- 2018 - 2020 'Top Doctor' Sarasota Magazine

Abstracts:

Savage JA, Condon GP, Lytle RA, Simmons RJ: A Hybrid Glaucoma Filtration Operation: Controlled Post-Operative Argon Laser Suture Lysis with Small Flap Trabeculectomy. Annual meeting of the American Academy of Ophthalmology, Dallas TX, October 1987

Lytle RA, Reed JA, Condon GP, Maestre F, Simmons RJ: "Internal Revision in Glaucoma Filtration Surgery", American Academy of Ophthalmology Meeting, Las Vegas, NV: October 8-12, 1988. (poster)

Lehrer RA, Condon GP, Baker KS, Spanich CG: "Primary Trabeculectomy with Adjusted Mitomycin Exposure Time", American Academy of Ophthalmology Meeting, Chicago, IL: November 14-18, 1993. (poster)

Lehrer RA, Condon GP, Baker KS, Spanich CG: "Combined Phacoemulsification and Trabeculectomy with Adjusted Mitomycin Exposure", American Academy of Ophthalmology Meeting, Chicago, IL: November 14-18, 1993. (poster)

Lehrer RA, Condon GP, Baker KS, Spanich CG: "Adjusted Mitomycin Exposure Time in Poor Prognosis Trabeculectomy Surgery", American Academy of Ophthalmology Meeting, Chicago, IL: November 14-18, 1993. (poster)

Garry Pascal Condon, M.D.
Page 6

Abstracts:-cont'd

Baker KS, Condon GP, Lehrer RA: "Occurrence of Branch Retinal Vein and Central Retinal Vein Occlusion Following Trabeculectomy Surgery", ARVO Annual Meeting, Ft. Lauderdale, FL: April 21-26, 1996. (poster)

Suh SH, Baker KS, Condon GP, Lehrer RA: "Outcomes and Complications Following Combined Cataract and Trabeculectomy Surgery Using Mitomycin C", ARVO Annual Meeting, Ft. Lauderdale, FL: May 11-16, 1997. (poster)

Condon GP. Application of a Single-Piece Acrylic Lens in Glaucomatous Eyes, Annual Meeting of American Society of Cataract and Refractive Surgery, Boston, MA, May 2000

Bindlish R, Condon GP, Lehrer RA et al. Efficacy and safety of mitomycin-c in primary trabeculectomy – five year follow up. Meeting of the American Academy of Ophthalmology, Dallas TX, November 2000

Bindlish R, Condon GP, Lauer KB et al. Scleral reinforcement surgery for late hypotony after trabeculectomy with mitomycin-c. Meeting of the American Academy of Ophthalmology, Dallas TX, November 2000 (poster)

Condon GP. Biomechanical attributes of a single-piece acrylic intraocular lens in glaucomatous eyes. Annual Meeting of American Society of Cataract and Refractive Surgery, San Diego CA, April 2001

Condon GP. Secondary small incision iris fixation of an acrylic intraocular lens in the absence of capsular support. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA, June 2002

Lauer KB, Herzig D, Condon GP. Trabeculectomy with mitomycin-c in neovascular glaucoma: long-term efficacy and complications. Annual Meeting of the American Academy of Ophthalmology, Orlando FL 2002 (poster)

Monsul NT, Cockerham KP, Condon GP. Retinal topography in unilateral optic neuropathy. Annual Meeting of the American Academy of Ophthalmology, Orlando FL 2002 (poster)

Abstracts:-cont'd

Garry Pascal Condon, M.D.
Page 7

Condon GP, Ahmed IK, Masket S et al. Iris fixation of foldable PC IOL with modified McCannel slip-knot. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco, April 2003

Condon GP, Ahmed I, Masket S, Kranemann C, Crandall AS. Peripheral Iris Fixation of Foldable Acrylic Posterior Chamber IOLs: Efficacy and Complications. Annual meeting of the AAO New Orleans LA 2004 (poster)

Chiniwalla RN, Condon GP. Long-term Results of Conjunctivoplasty for Bleb Related Complications. Annual meeting of the AAO New Orleans LA 2004 (poster)

Mura J, Ahmed I, Kranemann C, Pavlin C, Condon GP, Ishikawa H. Ultrasound Biomicroscopy Analysis of Iris-Fixated Posterior Chamber IOLs. Annual Meeting of the ASCRS Washington DC, 2005.

Teichman JC, Vold S, Masket S, Crandall AS, Condon GP, Ahmed IK. Comparison of Outcomes Between IOL Exchange and IOL Suture Repositioning for IOL Dislocation. Annual meeting AAO Atlanta GA. 2008

Teichman JC, Vold S, Masket S, Crandall AS, Condon GP, Ahmed IK. Comparison of Scleral-Sutured and Iris-Sutured Repositioning for IOL Dislocation. Annual meeting AAO Atlanta GA. 2008

Condon GP, Update on Trabectome for Open-Angle Glaucoma, Co-Author (Poster). AAO, Chicago IL

Condon GP, Trabectome Combined with Phacoemulsification Versus Phacoemulsification Alone: Prospective Nonrandomized Controlled Comparative Trial. Glaucoma Paper Session. ASCRS-ASOA. San Diego CA 2011

Condon GP, Comparison of ExPRESS Miniature Glaucoma Device Implanted Under Scleral Flap with Trabeculectomy, Co-Author (Paper) PA093 AAO Chicago IL 2012

Netland PA, Sarkisian SR, Moster MR, Ahmed IK, Condon GP, Salim S, Sherwood MB, Siegfried CJ. Randomized, Prospective, Comparative Trial of EX-PRESS Glaucoma Filtration Device Versus Trabeculectomy (XVT Study) 2013

Publications:

Garry Pascal Condon, M.D.
Page 8

McFarlane DC, Condon GP: Surgical Management Considerations for the Younger Adult Cataract Patient. *Current Can. Ophthalmic Practice* 1984; 2:15.

Brownstein S, Barsoum-Homsy M, Conway VH, Sales C, Condon GP: Nonteratoid Medulloepithelioma of the Ciliary Body. *Ophthalmology* 1984; 91:1118-1122.

Brownstein S, Belin MW, Krohel GB, Smith RS, Condon GP, Codere F: Orbital Dacryops. *Ophthalmology* 1984; 91:1424-1428.

Condon GP, Brownstein S, Codere F: Sebaceous Carcinoma of the Eyelid Masquerading as a Superior Limbic Keratoconjunctivitis. *Arch Ophthalmol* 1985; 103:1525-1529.

Condon GP, Brownstein S, Wang NS, Kearns JAF, Ewing CC: Hereditary (X-Linked Juvenile) Retinoschisis: Clinical Histopathologic and Ultrastructural Findings. *Arch Ophthalmol* 1986; 104:576-583.

Savage JA, Condon GP, Lytle RA, Simmons RJ: A Hybrid Glaucoma Filtration Operation: Controlled Post-Operative Argon Laser Suture Lysis with Small Flap Trabeculectomy. *Ophthalmology* 1988; 95:1631-1636.

Condon GP. Response to consultation section. *J Cataract Refract Surg* 2001; 27:502-3

Bindlish R, Condon GP, Lehrer RA, Lauer KB, Schlosser MS, d'Antonio JD. Efficacy and safety of mitomycin-c in primary trabeculectomy—Five year followup. *Ophthalmology* 2002; 109: 1336-1341

Condon GP. Response to consultation section. *J Cataract Refract Surg* 2002; 28: 214-216

Condon GP. Simplified small incision peripheral iris fixation of an Acrysof intraocular lens in the absence of capsular support. *J Cataract Refract Surg* 2003; 29: 1663-1667

Condon GP. Flap technique addresses bleb-related hypotony. Review of *Ophthalmology*, Jobson Publishing, New York, 2003; 10: 52-55

Condon GP. Response to consultation section. *J Cataract Refract Surg* 2003; 29: 636-37

Garry Pascal Condon, M.D.
Page 9

Publications:-cont'd

Condon GP. Substitution monotherapy. In *Glaucoma Management News*. Slack Inc. May 2003

Condon GP. Flap technique addresses bleb-related hypotony. *Vision Times* (from *Review of Ophthalmology*) 2003; Vol 10 (Introduced in Japanese)

Condon GP. Peripheral Iris Fixation of a Foldable Acrylic Posterior Chamber Intraocular Lens in the Absence of Capsule Support. *Techniques Ophthalmol.* 2004; 2:104.

Gimbel HV, Halkiadakis I, **Condon GP**, Kohnen T, Olson RJ. Late "in-the-bag" intraocular lens dislocation. Incidence, prevention and management. *J Cataract Refract Surg.* 2005; 31:2193-2204

Condon GP. Iris Sutured IOLs. In *Review of Refractive Surgery*. Jobson Publishing, Newtown Square PA, April 2004

Condon GP. Iris Sutured IOLs. In *Cataract and Refractive Surgery Today*. Bryn Mawr Communications LLC, Wayne PA. May 2004

Condon GP. Response to consultation section. Sam Masket MD ed. *J Cataract Refract Surg* 2004; 30: 2037

Condon GP. Challenging Cataract Cases Video Presentation. Special Video Supplement. Bryn Mawr Communications LLC, Wayne PA, 2005

Condon GP. Viscoelastic Strategies to Save the Capsule. In *Cataract and Refractive Surgery Today* (supp). Bryn Mawr Communications LLC, Wayne PA. April 2005

Condon GP. Response to Cataract Complications Management. Section editors Robert Cionni MD, Michael Snyder MD and Robert Osher MD. In *Cataract and Refractive Surgery Today*. Bryn Mawr Communications LLC, Wayne PA. May 2005

Condon GP, Iris-Fixated Posterior Chamber Intraocular Lenses. (letter) *J Cataract Refract Surg* 2006; 32:1409

Condon GP. Consultant, Sutured Posterior Chamber Intraocular Lenses Focal Points: Clinical Modules for Ophthalmologists. Published by AAO, September 2006

Condon GP. A Perspective on Antimetabolites in Glaucoma Surgery. *Audio-Digest Ophthalmology*, Vol 44 Issue 24, December 2006

Garry Pascal Condon, M.D.
Page 10

Publications:-cont'd

Condon GP, Ahmed I, Masket S, Kranemann C, Crandall AS. Peripheral Iris Fixation of Foldable Acrylic Posterior Chamber IOLs: Efficacy and Complications. *Ophthalmology* 2007; 114:1311-1318

Condon GP. Response to Consultation Section. Sam Masket MD ed. *General Cataract and Refractive Surg* 2007; 33:948

Chang DF, Curbside Consultation in Cataract Surgery. **Condon GP** Question 47: "Following a Posterior Capsular Rent, the Sulcus-Fixated Intraocular Lens Has Become Decentered. How Should I Proceed?" Slack Incorporated 2007

Condon GP. Making the Most of an Imperfect Solution. *Review of Ophthalmology*, Jobson Publishing, New York. December 2007

Condon GP. Response to Consultation Section. Sam Masket MD ed. *General Cataract and Refractive Surgery*. February 2008

Mura J, Ahmed I, Kranemann C, Pavlin C, **Condon GP**, Ishikawa H. Ultrasound Biomicroscopy Analysis of Iris-Fixated Posterior Chamber IOLs. *Ophthalmology* (in press)

Dorey MD, **Condon GP.** Management of Dislocated Intraocular Lenses. *Focal Points: Clinical Modules for Ophthalmologists*. Published by AAO, (in press)

Condon GP. A Limbus- or Fornix-Based Flap? *Glaucoma Today*. March/April 2008 – Vol 6, No. 2

Condon GP, Davis EA, MacDonald SM. Tips for Easier, Safer Phacoemulsification: Part 2. *Cataract & Refractive Surgery Today*. July 2008

Condon GP, A "Cornea Conscious" Approach to Dense Nuclei. *OVD Strategies for Complex Cases*. Supplement to *Cataract & Refractive Surgery Today*. August 2008

Devgan U., **Condon GP,** Drandall AS. Subluxated Lenses in a Pediatric Patient. *Cataract & Refractive Surgery Today*. May 2009

Condon GP, Closing the Fornix-Based Flap. *Glaucoma Today*. October 2009 – Vol 7, No. 7

Condon GP, Closing the Fornix-Based Flap. *EyeTube.Net* 2009

Garry Pascal Condon, M.D.
Page 11

Publications:-cont'd

Condon GP, Traumatic Cataract with Vitreous in Anterior Chamber for "OVD's in Challenging Cases". Video Supplement

Mura JJ, Pavlin CJ, **Condon GP**, Belovay GW, Kranemann CF, Ishikawa H, Ahmed II, Ultrasound Biomicroscopic Analysis of Iris-Sutured Foldable Posterior Chamber Intraocular Lenses. *American Journal of Ophthalmology*, 2010 Feb; 149(2):245-252

Condon GP, Laser Treatment, PNT versus ALT. *International Glaucoma Review*, Editor's Selection. Volume 12-1, 2010

Condon GP, Vitreous in the Anterior Chamber: Maintaining Control During Surgery

Condon GP, Single-Piece Syndrome. The Newest Form of IOL-Induced Glaucoma. *Glaucoma Today*. Early Summer 2011 – Volume 9, No. 3

Condon GP, Will Surgery Become the First Line of Glaucoma Treatment in the United States? Point/Counterpoint/Safer, more Efficacious Procedures will mean Earlier Surgery. (It is Highly Unlikely, Lin SC) *Glaucoma Today*. Summer 2011

Condon GP, Samuelson TW, Shingleton BJ, Singh K, Zabriskie N. Simultaneous, Combined Cataract and Glaucoma Surgery. *Glaucoma Today* May/June 2012

Condon GP, When a Torn Capsule Becomes a Total Capsulectomy. *Cataract & Refractive Surgery Today* June 2012

Condon GP, Brown RH, Crandall AS, Donnenfeld ED. Cataract Surgery in the High Hyperope. *Glaucoma Today* September/October 2012

Kirk TQ, **Condon GP**. Simplified Ab Externo Scleral Fixation for Late In-the-Bag Intraocular Lens Dislocation. *J Cataract Refract Surg* 2012; 38:1711-1715

Kirk TQ, **Condon GP**. Tools & Techniques. Simplifying Management of the Dislocated In-the-Bag Intraocular Lens. *Eyeworld* 2014-5-8; 16:53:33

Kirk TQ, **Condon GP**. Modified Wise Closure of the Conjunctival Fornix-based Trabeculectomy Flap. *J Cataract Refract Surg* 2014; 40:349-353

Condon GP. The Siepser Sliding Knot (Eytube Video). *Cataract & Refractive Surgery Today Europe* March 2014

Garry Pascal Condon, M.D.
Page 12

Publications:-cont'd

Condon GP. Noecker RJ, Radcliffe NM, Vold SD, Raviv T. Cataract Surgery Complex Case Management. Cataract with an Overhanging Bleb. *Cataract & Refractive Surgery Today* June 2014

Condon GP, Crandall AS, MacDonald SM, McCabe CM, Arbisser LB. Progressive Cataract Elevated IOP and Flat Anterior Chamber after PPV and Trabeculectomy. *Cataract & Refractive Surgery Today* July 2014

Condon GP, Moster MR. Minimizing the Invasiveness of Traditional Trabeculectomy Surgery. *J Cataract Refract Surg* 2014; 40:1307-1312

Condon GP. Response to Consultation Question (Cataract Surgical Problem) Posed by Dr. Samuel Masket. *J Cataract Refract Surg* 2014; 40:1394-1395

Condon GP, Masket S, Consultants. Placement of Endocapsular IOL's in Eyes with Zonular Compromise. *Focal Points AAO.* Vol XXXII, Number 7, Sept 2014

Condon GP. When Should I Perform Lens Extraction Alone for the Primary Angle – Closure Suspect? Comment PACS 'The Undisputed Mainstay of Treatment.' *Glaucoma Today* March/April 2015

Condon GP, Crandall AS, Masket S. Decentration After IOL Exchange for UGH Syndrome. *Cataract & Refractive Surgery Today* June 2015

Grove K, **Condon GP,** Emy B, Chang DF, Kim T. Complication from Combined Use of Capsule Retractors and Capsular Tension Rings in Zonular Dehiscence. *J Cataract Refract Surg* 2015; 41:2576-2579

Siegel M, **Condon GP.** Single Suture Iris-to-Capsulorhexis Fixation for In-the-Bag Intraocular Lens Subluxation. *J Cataract Refract Surg* 2015; 41:2347-2352

Book Chapters:

Condon GP. Lu LW. Phacoemulsification in the Previously Filtered Eye. In: Mehta KR, Alpar JJ (Ed): *The Art of Phacoemulsification*, Jaypee Brothers: New Delhi, 2001; chap 31

Critchton AC, **Condon GP,** Trope GE. Management of the Leaking Bleb. In: Trope GE (Ed): *Glaucoma Surgery*, Taylor & Francis: New York, 2005; chap 23

Garry Pascal Condon, M.D.
Page 13

Book Chapters:-cont'd

Alunni MA, Condon GP. Treatment of Occludable Angles and Angle Closure with Cataract Extraction. In: Kahook MY, Schuman JS, eds. Chandler and Grant's Glaucoma. 5th ed. Thorofare, NJ: SLACK Incorporated; 2013

Condon GP. Curbside Consultation in Cataract Surgery 49 Clinical Questions, 2nd Updated Edition) Question 48: "Following a Posterior Capsular Rent, the Sulcus Fixated Intraocular Lens has become Decentered. How Should Proceed?" Slack Incorporated, 2013

Condon GP, Chan CK, Agarwal A. Posterior Capsular Rupture. A Practical Guide to Prevention and Management. -15- "Management of Dislocated Intraocular Lenses." Slack Incorporated, 2014

Kirk TQ, Condon GP, Siegel MJ. Fixation for Delayed Bag-IOL Dislocation. In: Chang DF, Lee BS, Agarwal A, eds. Advanced IOL Fixation Techniques. Slack Inc. Thorofare NJ, 2019

Condon GP. Peripheral Iris IOL Fixation. . In: Chang DF, Lee BS, Agarwal A, eds. Advanced IOL Fixation Techniques. Slack Inc. Thorofare NJ, 2019

Named Lectures:

2009 The GV Simpson Lectureship in Ophthalmology. Western University. London Canada

2009 Joseph H. Bowlds, M.D. Lecture. Lahey Clinic Eye Institute. Late IOL Dislocation: The Real Deal. Burlington MA

2010 The Ruthanne and Richard Simmons Lecture. Glaucoma Challenges. New England Ophthalmology Society. Boston MA

2011 David Kozart Annual Lectureship. Pseudoexfoliation: Zonule Compromise & Counter Measures. Scheie Eye Institute, University of Pennsylvania. Philadelphia PA

2011 William Evans Bruner, M.D. Lecture. Trabeculectomy 2011: Is There Still a Role? Case Western Reserve University. Cleveland OH

2012 20th Annual Arthur Light, M.D. Memorial Lectureship in Ophthalmology. 5th Annual Glaucoma / Cataract Symposium. Innovations in Cataract Surgery

Garry Pascal Condon, M.D.
Page 14

and Glaucoma Management. Loyola Medicine Chicago IL

- 2013 The 2013 Stephen A. Obstbaum, MD, Honored Lecture, "Pseudoexfoliation: My Life as a "Zonulist." What we Know, Don't Know, and Shouldn't Know." ASCRS Glaucoma Day, San Francisco CA
- 2015 The Gettes Lecture. 67th Annual Wills Eye Hospital Conference. Philadelphia PA
- 2018 The 2018 Annual Alan Crandall Lecture. 'Pseudoexfoliation' ASCRS annual Surgical Summit, Deer Valley, Utah.

AUDIO DIGEST LECTURES

- 2013 Zonular Compromise, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)
- 2013 Cataract Surgery and Glaucoma, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)
- 2013 Acute Angle Closure Glaucoma, Audio-Digest Ophthalmology, Vol 51 Issue 16 Aug 21, 2013 (81st Midwinter Conference Controversies in Medicine)

Participation in Symposia:

- 1989 "Argon Laser Suture Lysis Following Trabeculectomy", Glaucoma-Into the 1990's Symposium, co-chairman. Pittsburgh, PA
- 1994 "Target IOP and Mitomycin", Nantucket Glaucoma Meeting, Joel Schumann Chairman. Nantucket, MA
- 1997 "Coexistent Glaucoma and Cataract," 48th Annual Post-graduate Review Course: Ophthalmology, SUNY Health Science Center, Syracuse, New York
- 1999 "Co-existent Glaucoma and Cataract", Capital Glaucoma Meeting: The Executive Summary, Alan Robin MD, Chairman. Washington, D.C.
- 1999 "Phacoemulsification in the Previously Filtered Eye", Capitol Glaucoma

Garry Pascal Condon, M.D.
Page 15

Meeting: The Executive Summary. Alan Robin MD, Chairman. Washington, D.C.

2002 Session Panelist: IOL power calculation after refractive surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA

Participation in Symposia:-cont'd

2002 Selected case presentation at the 'Challenging Cataract Case Symposium'. Annual Meeting of the American Society of Cataract and Refractive Surgery, Philadelphia PA

2003 Session Panelist: New IOL designs. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco, CA

2003 Phacoemulsification in the previously filtered eye. Glaucoma Management Trends. Alan Robin MD, Vitale Costa MD co-chairs. San Juan PR

2003 Non-penetrating glaucoma surgery: Indications and techniques. The Glaucoma Summit. David Dueker MD, Edward Rockwood MD co-chairs. Cole Eye Institute, Cleveland Clinic, Cleveland OH, Jan 31- Feb 1, 2003

2003 Simplified Peripheral Iris Fixation of an Acrylic IOL. Advances in Glaucoma. Fabian Lerner, Chairman. Buenos Aires, Argentina.

2003 Discussant for Paper: Late dislocation of in-bag IOLS associated with pseudoexfoliation. American Academy of Ophthalmology Annual Meeting 2003, Anaheim, CA

2004 Blebitis: The Growing Dilemma-The Persistent Challenge. Advances in Glaucoma Management. Eye World Educational Symposium, San Diego CA

2004 Peripheral Iris Fixation of PC IOLs. American College of Eye Surgeons Quality Surgery IVIII. Marco Island FL

2004 Endocyclophotocoagulation: Point/Counterpoint. American College of Eye Surgeons Quality Surgery XVIII. Marco Island FL

2004 Eyepass: Ready for Prime Time? New Surgical Interventions in Glaucoma Symposium. Sponsored by ASCRS Glaucoma Clinical Committee, San Diego CA

Garry Pascal Condon, M.D.
Page 16

- 2004 Session Panelist: Cataract/IOL. Annual meeting of the ASCRS, San Diego CA
- 2004 Phacoemulsification in Angle Closure Glaucoma. Asia-Far East Glaucoma Symposium. Ivan Goldberg MD moderator. Male Maldives

Participation in Symposia:-cont'd

- 2004 Peripheral Iris Fixation of PC IOLs in the Absence of Capsule Support. Ophthalmic Symposium. Douglas Koch MD moderator. San Antonio TX
- 2004 Hydrodissection. Ophthalmic Symposium. Douglas Koch moderator. San Antonio TX
- 2004 Combined Cataract and Glaucoma Surgery. Ophthalmic Symposium. Douglas Koch MD moderator. San Antonio TX
- 2005 Innovations in Glaucoma Surgery. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Iris Fixated versus Scleral Fixated IOLs. Point-counterpoint. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Management of dislocated IOLs. Phaco Foldables and Refractive Results Symposium. Alan S Crandall MD moderator. Sponsored by Alcon. Park City Utah
- 2005 Presidential Forum on Phaco: Zonular weakness. Challenge Cup Session. Manus Kraff MD moderator. Annual Meeting of the ASCRS, Washington, DC
- 2005 Innovations in Glaucoma Surgery. Annual Wills Eye Hospital Glaucoma Symposium. St. John, Virgin Islands
- 2005 Pearls for a successful filter in combined cataract and glaucoma surgery. Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2005 Phaco techniques. Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2005 Subluxed crystalline lens – Iris sutured IOL. Advances in Anterior Segment and Refractive Surgery. San Antonio TX

Garry Pascal Condon, M.D.
Page 17

2005 Complex cataract – IOL cases. Advances in Anterior Segment and Refractive Surgery. San Antonio TX

Garry Pascal Condon, M.D.
Page 18

Participation in Symposia:-cont'd

- 2006 Iris sutured PC IOLs – Where are they now? UBM and Late term results. Phaco Foldables and Refractive Results. Park City Utah
- 2006 New Instrumentation in anterior segment surgery. Phaco Foldables and Refractive Results. Park City Utah
- 2006 Capsular Tension Segments for compromised zonules. Phaco Foldables and Refractive Results. Park City Utah
- 2006 IOL Malposition puzzlers. Phaco Foldables and Refractive Results. Park City Utah
- 2006 Iris sutured PC IOLs in the Absence of Capsule support. World Ophthalmology Congress. Sao Paulo Brazil
- 2006 Trabeculectomy Pearls: How I Do It. Annual Meeting of the American Glaucoma Society. Charleston SC
- 2006 Phaco / IOL in the Management of Acute Angle-Closure Glaucoma. 'Glaucoma Day' preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Peripheral Iris Fixation of Late In-the-bag IOLs. 'Glaucoma Day' preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 New Operating Issues. Hot Topics Symposium. ASCRS Glaucoma Clinical Committee. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Conjunctival Closure Techniques. Symposium: Innovations and Expertise in Practical Glaucoma Surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Session Moderator: Glaucoma Techniques and Technology. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Francisco CA
- 2006 Glaucoma Surgery Update: Are Blebs Obsolete? 28th Annual Dallas Spring Ophthalmology Symposium, Dallas TX

Garry Pascal Condon, M.D.
Page 19

Participation in Symposia:-cont'd

- 2006 Complicated Anterior Segment Surgical Problems: Dislocated IOL, Iris-Sutured IOL, Loose Zonles – A Video Potpourri. 28th Annual Dallas Spring Ophthalmology Symposium. Dallas TX
- 2006 Surgical Management of Uncontrolled Angle Closure Glaucoma. 28th Annual Dallas Spring Ophthalmology Symposium. Dallas TX
- 2006 Phacoemulsification in the Management of Acute Angle Closure Glaucoma. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Iris Fixation of Foldable IOL's: Technique & Results. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Complications & Innovations in Challenging Cataract and IOL Cases: A Video Potpourri. Memphis Eye Society Annual Convention. Memphis TN
- 2006 Late Lens Subluxation: Diagnosis and Management. Glaucoma 2006: Secrets of the Glaucoma Surgeon. New York, NY
- 2006 Nonpenetrating Trabeculectomy. Glaucoma 2006: Secrets of the Glaucoma Surgeon. New York, NY
- 2006 Iris Repair – Surgical Techniques. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 Iris Sutured IOLS – Surgical Technique. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 Iris Sutured IOLS – Results and Complications Update. Invited Guest Speaker, Canadian Society of Ophthalmology Annual Meeting. Toronto Canada
- 2006 A Perspective on Antimetabolites in Glaucoma Surgery. 29th Annual Midwest Glaucoma Symposium. Pittsburgh PA
- 2006 Surgical Complications in Glaucoma Surgery. Moderator. 29th Annual Midwest Glaucoma Symposium. Pittsburgh PA
- 2006 Conjunctival Closure Technique for Trabeculectomy. Annual Meeting of the American Glaucoma Society, Charleston SC

Garry Pascal Condon, M.D.
Page 20

Participation in Symposia:-cont'd

- 2006 Innovations in Glaucoma Surgery – What’s Hot? The Advances in Anterior Segment and Refractive Surgery. San Antonio TX
- 2006 Zonular Compromise – Support Options. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2006 Late IOL / Bag Dislocation. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2006 New Instrumentation in Anterior Segment Surgery. The Advances in Anterior Segment and Refractive Surgery, San Antonio TX
- 2007 “Newer Surgical Approaches to Zonular Weakness”, Invited Guest Speaker, American College of Eye Surgeons/Society for Excellence in Eyecare. SEE Island/Quality Surgery XXI Seminar. Atlantis, Paradise Island, Bahamas.
- 2007 Cataract Surgery and Zonular Weakness in Pseudoexfoliation. Annual Meeting of the American Glaucoma Society, San Francisco CA
- 2007 Trabeculectomy – My Preferred Technique. “Glaucoma Day” preceding the Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 New Operating Issues. Hot Topics Symposium. ASCRS Glaucoma Clinical Committee. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 Zonular Problems in Glaucoma Patients. Symposium: Innovations and Expertise in Practical Glaucoma Surgery. Annual Meeting of the American Society of Cataract and Refractive Surgery. San Diego CA
- 2007 Modifying Cionni’s Modified Capsular Tension Ring. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Innovations in Glaucoma Surgery. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Breaking Capsules Without Breaking Hearts. Phaco Foldables and Refractive Results. Park City Utah

Garry Pascal Condon, M.D.
Page 21

Participation in Symposia:-cont'd

- 2007 Pearls for Managing the White Cataract. Phaco Foldables and Refractive Results. Park City Utah
- 2007 Avoiding and Managing Complications with Cataract Surgery in Pseudoexfoliation. Exfoliation Syndrome: Expanding Horizons. The 2007 Lindberg Symposium SOE, Vienna Austria, June 9-12, 2007. Joint Congress of SOE/AAO 2007 Vienna Austria
- 2007 Trabeculectomy: Avoiding Complications Glaucoma Subspecialty Day, November 10, 2007. New Orleans LA
- 2007 A Case for Individualized Patient Care – A Lesson from RJS. The Chandler Grant Glaucoma Society Annual Meeting. June 2007. Boston, MA
- 2007 Difficult Anterior Segment Surgery Cases. 35th Annual Alumni Meeting Ophthalmology 2007. SUNY Downstate Medical Center, Brooklyn NY
- 2008 “Phaco in the Management of Acute Angle Glaucoma” American College of Eye Surgeons / Society for Excellence in Ophthalmology Annual Meeting SEE Island / Quality Surgery XXII Seminar, San Juan Puerto Rico
- 2008 A Safer Trabeculectomy? – Beautifying a Dinosaur. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 Cataract in Pseudoexfoliation – Early and Late Surgical Pearls. New Techniques and Controversies in Cataract and Refractive Surgery, Park City Utah
- 2008 The White Cataract – Keeping It Simple. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 IOL Exchange – Making it Right. New Techniques and Controversies in Cataract and Refractive Surgery. Park City Utah
- 2008 “Contrary to Ordinary” Life Styles Symposium. Royal Hawaiian Eye Meeting, Kona Hawaii
- 2008 Conjunctiva Closure in Trabeculectomy, Glaucoma Video Symposium. Royal Hawaiian Eye Meeting, Kona Hawaii

Participation in Symposia:-cont'd

Garry Pascal Condon, M.D.
Page 22

- 2008 New Aqueous Drainage Devices – Any Ready for Prime Time. Symposium on Glaucoma Drainage Devices. Moderators Jonathan Myers and David Greenfield. Annual Meeting American Glaucoma Society, Washington DC.
- 2008 Beautifying the Dinosaur: Improving on Trabeculectomy. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Making it Right: Pearls for IOL Exchange. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Moderator: Complications. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Pseudoexfoliation – My Favorite Mistake. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Tube Pearls. ASCRS Glaucoma Day. Annual Meeting of the American Society of Cataract and Refractive Surgery. Chicago IL.
- 2008 Laser Trabeculoplasty. Which Laser? Which Glaucoma Types? When to Perform? Subspecialty Day – Glaucoma. World Ophthalmology Congress 2008. Hong Kong China
- 2008 Sutured Intraocular Lenses in Glaucomatous Eyes. Glaucoma and Cataract Management. World Ophthalmology Congress 2008. Hong Kong China
- 2008 ESCRS Live Surgery, Toric Implant, Berlin Germany
- 2008 Angle Closure Glaucoma: Better Surgical Management, Phillips Eye Institute, 2008 Ophthalmology Nightmares Conference, Minneapolis MN
- 2008 Glaucoma Surgery: Early & Late Complications & Pearls, Phillips Eye Institute, 2008 Ophthalmology Nightmares Conference, Minneapolis MN
- 2008 Trabeculectomy – My Approach. Glaucoma Subspecialty Day. AAO, Atlanta GA

Garry Pascal Condon, M.D.
Page 23

Participation in Symposia:-cont'd

- 2008 Spotlight on Glaucoma: The Medical and Surgical Care of the Glaucoma Patient – Practical and Proven Approaches. Moderator. AAO, Atlanta GA
- 2008 Spotlight on Glaucoma: Presenter: Late IOL Dislocation-The Real Deal. AAO, Atlanta GA
- 2008 Academy Café: Glaucoma. Moderator. AAO, Atlanta GA
- 2008 Spotlight on Cataract Surgery: Cataract Complications – Video Case Studies: Why? What Now? How? IOL in Absence of Capsule Support – Posterior Chamber Technique. AAO, Atlanta GA
- 2008 Up Close and Personal: Hobbies of Leading Ophthalmologists (formerly Lifestyles Symposium). AAO, Atlanta GA
- 2009 Glaucoma Mid-Winter Symposium 2009, Miami Meltdown: The Glaucoma International Hockey Cup. 1st Period: Decision Making in Glaucoma; 2nd Period: Glaucoma Treatment; 3rd Period: Pearls and the Future of Glaucoma. Miami FL
- 2009 Glaucoma Surgery 2009: New Twists Techniques and Results. Park City UT
- 2009 “Alley Oop” for a Dislocated IOL. Park City UT
- 2009 Late IOL Dislocation: The Real Deal. Park City UT
- 2009 An Ugly Case Scenario. Park City UT
- 2009 Late IOL Dislocation-The Real Deal. Caribbean Eye 2009. ACES/SEE Jamaica
- 2009 Phaco and Acute Angle Closure Glaucoma. Caribbean Eye 2009. ACES/SEE Jamaica
- 2009 Complications Avoidance & Management: Video Case Presentations, Moderator. ASCRS Glaucoma Day, San Francisco CA

Participation in Symposia:-cont'd

Garry Pascal Condon, M.D.
Page 24

- 2009 Tube Malpositioned in Visual Axis. ASCRS Glaucoma Day, San Francisco CA
- 2009 Acute Angle Closure – Better Surgical Management. Speaker, Cape Cod MA
- 2009 Late IOL Dislocation – The Real Deal. Speaker, Cape Cod MA
- 2009 Exfoliation Syndrome and Exfoliative Glaucoma (Presenter), “Cataract Surgery in Exfoliation Syndrome”. World Glaucoma Congress, Boston MA
- 2009 Video Session Glaucoma Surgery (Presenter), “Trabectome”. World Glaucoma Congress, Boston MA
- 2009 WGA-ASCRS Video Session Glaucoma & Cataract (Presenter), “Late IOL Dislocation: The Real Deal”. World Glaucoma Congress, Boston MA
- 2009 Angle Closure Glaucoma – A New Era of Effective Surgical Therapy. Western University, London Canada
- 2009 Cataract Surgical Challenges in Pseudoexfoliation Syndrome. OSN New York Symposium
- 2009 “Trabs and Tubes – Let’s Raise the Bar?” Surgical Glaucoma. OSN New York Symposium
- 2009 Glaucoma: New Surgical Options in Glaucoma. Chicago Ophthalmic Symposium: Prepare for 2010
- 2009 Complications and Challenging Cases, New Tricks and New Instrumentation: Video Presentations: IOL ExChange and Dislocated IOL – Fix It to the Iris. Chicago Ophthalmic Symposium: Prepare for 2010
- 2010 What’s New in Glaucoma Surgery? From Trabs to tubes to Canaloplasty and More. Park City UT
- 2010 IOL Exchange – Things You Should Know. Park City UT
- 2010 Traumatic Cataract. Park City UT
- 2010 Posterior Polar Cataract. Park City UT
- 2010 Things to Put in the Bag: IOL’s, Ring, and Segments. Faculty. Stephen S. Lane, MD Moderator. ASCRS Winter Update, Cancun Mexico

Garry Pascal Condon, M.D.
Page 25

Participation in Symposia:-cont'd

- 2010 Surviving Disaster: Practical Approaches to Deal with Anterior Segment Complications and Challenges. Faculty. Stephen S. Lane, MD Moderator. ASCRS Winter Update, Cancun Mexico
- 2010 Surgical Management of Angle-Closure Glaucoma. Garry P. Condon MD and Robert D. Fechter MD Moderators. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Is Gonioscopy Enough? Point-Counter-Point. Surgical Management of Angle-Closure Glaucoma. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Techniques for Cataract Surgery in the Angle Closure Eye with a Shallow Chamber. Surgical Management of Angle-Closure Glaucoma. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Peer to Peer Discussion on the ExPRESS Mini Shunt. AGS-ASCRS Joint Symposium. American Glaucoma Society, Naples FL
- 2010 Eye World Education, Surgical Innovations to Optimize Glaucoma Treatment, Program Chair, "2010 Trab: Re-call or Tune-up?" ASCRS, Boston MA
- 2010 "Where Are We with Laser Trabeculoplasty in 2010?" ASCRS Glaucoma Day. Annual Meeting of the ASCRS. Boston MA
- 2010 "Complications Avoidance & Management," Video Case Presentation. ASCRS Glaucoma Day. Annual Meeting of the ASCRS. Boston MA
- 2010 "Techniques for Cataract Surgery in the Eye with a Shallow Chamber." Annual Meeting of the ASCRS. Boston MA
- 2010 Glaucoma Cataract Conference Main Speaker. University of Louisville KY
- 2010 Phaco to Better Manage Acute Angle Closure. Atlantic Eye Symposium. Halifax Nova Scotia

Garry Pascal Condon, M.D.
Page 26

Participation in Symposia:-cont'd

- 2010 Pseudoexfoliation – Zonule Compromise and Counter Measures. Atlantic Eye Symposium. Halifax Nova Scotia
- 2010 Alcon's Live Surgery, Panelist. AAO. Chicago IL
- 2010 "Managing Complications of the Ex-PRESS." Subspecialty Day / Glaucoma 2010. AAO. Chicago IL
- 2010 Panel Discussion. AAO Cataract Spotlight Symposium AAO. Chicago IL
- 2010 Late Breakers Symposium. Chair AAO. Chicago IL
- 2010 Glaucoma Management:: Current and Future Treatment Options / Alcon. Miami Ophthalmic Symposium – Nurse & Technician Sessions. Miami FL
- 2010 Zonular Compromise / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Q&A Panel / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Video Symposium of IOL Malposition – Etiology & Treatment with Panel / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 IOL Repositioning / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2010 Glaucoma Surgery Update / Alcon. Miami Ophthalmic Symposium. Miami FL
- 2011 UGH! Single-Piece IOL Malposition. Getting the Red Out. Park City UT
- 2011 Update on Iris Fixation Technique, Video. Problem: Too Much Light. Park City UT
- 2011 "Post Traumatic Anterior Segment Reconstruct." Park City UT
- 2011 Trabeculectomy 2011 – Is There Still a Role? Park City UT
- 2011 Master the Shallow AC...In a Single Stroke, 3 Videos. Pressure Rising...Losing Support. Park City UT
- 2011 Challenging IOL Dislocation Dilemmas. Park City UT
- 2011 Toric IOLs in Glaucoma Patients. Park City UT

Garry Pascal Condon, M.D.
Page 27

Participation in Symposia:-cont'd

- 2011 Zonule Compromise: New "Stuff" to Put in the Bag. Snowmass Ophthalmology Conference. Snowmass UT
- 2011 Breakfast with the Experts – Conjunctival Closure. American Glaucoma Society 21st Annual Meeting. Dana Point CA
- 2011 National Master Club: "Don't Ice the Trab." / Alcon Canada. Scottsdale AZ
- 2011 Case Presentations & Panel Discussion. Using Imaging Technology in the Real World. ASCRS. San Diego CA
- 2011 Into the Abyss and Back: Video Complications – Steps to Return from the Unknown. ASCRS. San Diego CA
- 2011 Ex-PRESS Glaucoma Filtration Device: Techniques and Pearls from the Experts. ASCRS. San Diego CA
- 2011 Acute Angle Closure Glaucoma: Better Surgical Management. 29th Annual Meeting-Update for the Comprehensive Ophthalmologist. Case Western Reserve University. Cleveland OH
- 2011 UGH? A Problematic Single-Piece IOL Syndrome. Kiawah 2011 Eye. Kiawah Island SC
- 2011 ExPRESS Glaucoma Filtration Device: Techniques and Pearls from the Experts / AAO Dinner Symposium. "Is Traditional Trabeculectomy Still Our Best Surgical Option?" AAO, Orlando FL
- 2011 Annual Meeting: Panelist. AAO, Orlando FL
- 2011 Spotlight on Cataract Complications: M&M Rounds – Learning From My Mistakes / AAO, Orlando FL
- 2011 Dealing With the Traumatic Cataract – It Hurts Just to Think of It. Chicago Ophthalmic Symposium, Chicago IL
- 2011 Why Am I Still Doing Trabs? All the New Hardware in Glaucoma Surgery. Chicago Ophthalmic Symposium, Chicago IL
- 2011 UGH! Chicago Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 28

Participation in Symposia:-cont'd

- 2011 Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite Case of the Year. Video Presentation. Chicago Ophthalmic Symposium, Chicago IL
- 2011 Update on Glaucoma. ASORN Ophthalmic Symposium: Prepare for 2012, Chicago IL
- 2012 Traumatic Cataracts-New Technology for Better Results. Park City Utah
- 2012 A Positive Spin on the Negative and Other Dark Shadows. Evening Video Session. Park City Utah
- 2012 Complex Cataract Case Video. Park City Utah
- 2012 Can't Take the Pressure, Make My IOL Work, Moderator – Glaucoma Surgery 2012. Park City Utah
- 2012 Negative Spin on the Positive Shadow of Doubt & Positive Gain. Park City Utah
- 2012 Complex Glaucoma Case Video. Park City Utah
- 2012 New Variations for Late IOL Dislocation. Park City Utah
- 2012 Glaucoma Grand Rounds: FACE OFF! Faculty. ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Traditional Trabeculectomy: Still the Gold Standard?" Breakfast Symposium / Alcon, ASCRS Chicago IL
- 2012 Glaucoma Surgery: Advances You and Your Patients Will Appreciate, Moderator. Alcon ASCRS, Chicago IL
- 2012 Surgical Glaucoma Spotlight: Novel and Traditional, Co-Moderator. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Meanwhile, Refining the Time Tested...Doing What We Really Do...Better. Introduction ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Eye World Corporate Mornings Program / MST. ASCRS 2012. Chicago IL

Garry Pascal Condon, M.D.
Page 29

Participation in Symposia:-cont'd

- 2012 Iris Suture Repair and IOL Fixation. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Pseudoexfoliation from A-Z. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Saving the Day: Falling One-Piece and 3-Piece IOLs. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 ASCRS Town Hall: Glaucoma, Moderator. ASCRS, Chicago IL
- 2012 Intraocular Lens Exchange and Repositioning Techniques. ASCRS, Chicago IL
- 2012 Surgical Glaucoma, Faculty. Kiawah Eye 2012, Charleston SC
- 2012 Glaucoma Management: The New Era. Program Moderator / Alcon. Chicago IL
- 2012 Trabeculectomy 2012: Is There Still a Role? Loyola 5th Annual glaucoma Cataract Symposium, Chicago IL
- 2012 Acute Angle Closure Glaucoma: Better Surgical Management? Loyola 5th Annual Glaucoma Cataract Symposium, Chicago IL
- 2012 Glaucoma Case Presentations with Panel Discussion. Loyola 5th Annual Glaucoma Cataract Symposium, Chicago IL
- 2012 ExPRESS Glaucoma Management: The New Era. Alcon, Washington DC
- 2012 Surgical Approaches for Coexisting Cataract and Glaucoma. Vindico, Faculty Member CME Symposium, AAO, Chicago IL
- 2012 OSN New York 2012, Participation as a Faculty Member. Slack Incorporated, New York City NY
- 2012 Challenging Glaucoma Treatment Dilemmas, Chicago Ophthalmic Symposium, Chicago IL
- 2012 Glaucoma Surgical Update, Chicago Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 30

Participation in Symposia:-cont'd

- 2012 Simplifying In-Bag IOL Dislocation and CTR/Management of Malpositioned IOLs, Chicago Ophthalmic Symposium, Chicago IL
- 2012 Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite case of the Year. Video Presentations. Jobson, Chicago Ophthalmic Symposium, Chicago IL
- 2013 "Glaucoma Dilemmas I." Cornea/Glaucoma. Park City Utah
- 2013 "Pseudoexfoliation Caveats and Controversies." Cataract Techniques. Park City Utah
- 2013 "What Not to Do, What Not to Do Next, and Then What Not to Do After That." Video Session. Park City Utah
- 2013 "Glaucoma Dilemmas II." Glaucoma/Complex Cases. Park City Utah
- 2013 "Cataract "Plus" for the Glaucoma Patient: Who's on Board?" Glaucoma/Complex Cases. Park City Utah
- 2013 "IOL Exchange...and Exchange." Video Session. Park City Utah
- 2013 "Subluxed IOL: Tweaking Your Technique." Video Session. Park City Utah
- 2013 "Zonule Compromise and Counter Measures." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "The Cataract Surgeon's Options to Help Control Glaucoma." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "Acute Angle Closure – Better Surgical Management." Controversies in Ophthalmology. 81st Midwinter Conference. Los Angeles CA
- 2013 "The Cataract Surgeon's Options to Help Control Glaucoma." Glaucoma and Cataract Visiting Professor Dinner. University of Manitoba, Winnipeg Canada

Garry Pascal Condon, M.D.
Page 31

Participation in Symposia:-cont'd

- 2013 "Glaucoma Case Dilemmas – What Can We Learn?" Glaucoma and Cataract Visiting Professor Morning. University of Manitoba, Winnipeg Canada
- 2013 "Acute Angle Closure – Better Surgical Management." Glaucoma and Cataract Visiting Professor Morning. University of Manitoba, Winnipeg Canada
- 2013 Cataract Surgery: Techniques and Technology Updates – Phaco the Rock: My Take. National Master Club. San Diego CA
- 2013 Cataract Surgery: Challenging Cases – What not to do, and what not to do next.....National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – Cataracts and Glaucoma. National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – Pseudoexfoliation Surgical Issues. National Master Club. San Diego CA
- 2013 Glaucoma Update: Surgical and Medical – ACG Case. National Master Club. San Diego CA
- 2013 Surgical Glaucoma Spotlight: Part III – Back to Basics. "Fornix-based Closure." ASCRS Glaucoma Day. San Francisco CA
- 2013 Angle Closure Symposium: A to Z – Co-Moderator, ASCRS Glaucoma Clinical Committee. San Francisco CA
- 2013 Angle Closure Symposium: A to Z – Speaker, "Aqueous Misdirection or Malignant Glaucoma and other Challenges." ASCRS Glaucoma Clinical Committee. San Francisco CA
- 2013 From Good to Great: Surgical Pearls – Faculty, Panelist (Video-Based Section), Kiawah 2013 Eye. Kiawah Island SC
- 2013 Glaucoma – Panelist, Kiawah 2013 Eye. Kiawah Island SC

Garry Pascal Condon, M.D.
Page 32

Participation In Symposia:-cont'd

- 2013 "Out of MIND, Out of SIGHT: Avoiding the Dire Consequences of Non-adherence to Glaucoma Therapy" – VINDICO Medical Education. Faculty Member for a CME Symposium, Kiawah 2013 Eye. Kiawah Island SC
- 2013 "Advancing Filtration Surgery: Surgical Pearls and Clinical Benefits" – Program Moderator / Alcon. Boston MA
- 2013 "Managing Compromised Zonules" – OSN New York, Waldorf Astoria. New York NY
- 2013 "Does This Patient Need Glaucoma Surgery?" – OSN New York, Waldorf Astoria. New York NY
- 2013 Case Conference, Panelist – OSN New York, Waldorf Astoria. New York NY
- 2013 Hot Topics in Glaucoma, Panelist – OSN New York, Waldorf Astoria. New York NY
- 2013 Glaucoma 2013: "The Future is Now" – Panelist. AAO New Orleans LA
- 2013 Cataract Poster Tour Leader. Symposia Chair. AAO New Orleans LA
- 2014 "Refining Late In-the-bag IOL Positioning." Reaching New Peaks 2014. Park City Utah
- 2014 "MITS" (Minimally Invasive Trabeculectomy Surgery). Reaching New Peaks 2014. Park City Utah
- 2014 "Stress Free Phaco In Pseudoexfoliation." Reaching New Peaks 2014. Park City Utah
- 2014 "The Girl, the Ring, Everything." Video. Reaching New Peaks 2014. Park City Utah
- 2014 "Video Symposium of Challenging Cases and Complications Management During Cataract Surgery." Faculty, Case Presentation. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico
- 2014 "What's New in Technology." Faculty, Case Presentation. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico

Garry Pascal Condon, M.D.
Page 33

Participation In Symposia:-cont'd

- 2014 "Rapid F-Eye-R: You Make the Call." Faculty. ASCRS ASOA Winter Update 2014. Fajardo Puerto Rico
- 2014 "Café Style Discussion: 10 Years Down the Road – What's Still on the "To-do" List." Moderator. ASCRS Glaucoma Day 2014. Boston MA
- 2014 "Dislocated IOL in Glaucoma Patient." Glaucoma Lead. ASCRS Glaucoma/Retina Joint Symposium. Boston MA
- 2014 Paper Session – Title: 3-K Glaucoma. Moderator. ASCRS ASOA. Boston MA
- 2014 "Cataract Surgery in Pseudoexfoliation Syndrome." Symposium, Managing Refractive Issues in Glaucoma Patients. ASCRS ASOA. Boston MA
- 2014 "Express Glaucoma Surgery." Kiawah 2014 Eye. Kiawah Island SC
- 2014 "Small Pupil Surgery." Kiawah 2014 Eye. Kiawah Island SC
- 2014 "The Dislocated IOL: New Frontiers." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "MIGS: Update for Cataract Surgeons." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Pseudoexfoliation: Something for Everyone." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Traumatic Cataract Stay in Control." 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Glaucoma Dilemmas." (interactive). 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "'MITS: Minimizing the Invasiveness of Transscleral Glaucoma Surgery.'" 67th Annual Meeting and National Scientific Meeting. White Sulphur Springs WV
- 2014 "Refined Approaches to IOL Dislocation." Cataracts / New Technology. Winter Ophthalmic Symposium. New York City NY

Garry Pascal Condon, M.D.
Page 34

Participation in Symposia:-cont'd

- 2014 "Surviving Pseudoexfoliation." Glaucoma. Winter Ophthalmic Symposium
New York City NY
- 2014 "MIGS – Are We There Yet?" Glaucoma. Winter Ophthalmic Symposium
New York City NY
- 2014 "You Make the Call" (Intraoperative Management Challenges). Video
Presentations: Complications // Challenging Cases // Pearls. Winter
Ophthalmic Symposium. New York City NY
- 2014 Cataracts / New Technology. Faculty. Winter Ophthalmic Symposium.
New York City NY
- 2014 Choices of IOLs in Current Cataract Surgery – How I do It..... Faculty.
Winter Ophthalmic Symposium. New York City NY
- 2015 "MIGS": Are We There Yet? It's Time to Wake UP...and Bring the
Pressure Down. 2015 Innovative Techniques & Controversies in
Ophthalmology. Park City Utah
- 2015 "You Make the Call." Glaucoma Panel. It's Time to Wake Up...and Bring
the Pressure Down. 2015 Innovative Techniques & Controversies in
Ophthalmology. Park City Utah
- 2015 "Posterior Polar – a Backward View." Moderator Video Session. 2015
Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "Surviving Pseudoexfoliation." Fun with Femto and Phaco. 2015 Innovative
Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "You Make the Call." Video Session. 2015 Innovative Techniques &
Controversies in Ophthalmology. Park City Utah
- 2015 "Refined Approaches to IOL Dislocation." ...And It's Just That Easy. 2015
Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2015 "The Surgical Management of Primary and Secondary Pigment Dispersion
Glaucoma." (Similarities and Differences from Poag) Video Case Studies.
ASCRS Glaucoma Day 2015. San Diego CA

Garry Pascal Condon, M.D.
Page 35

Participation in Symposia:-cont'd

- 2015 Café Style Discussion: Medical Management of Glaucoma-Best Practices When the Real World Gets in the Way. Moderator. ASCRS Glaucoma Day 2015. San Diego CA
- 2015 "Complications and a "Reay of Hope." Video Case. Moderator. ASCRS Glaucoma Day 2015. San Diego CA
- 2015 "Glaucoma Dilemmas." Faculty. Kiawah Eye 2015. Charleston SC
- 2015 "Posterior Polar Cataract – Do's and Don'ts." Challenges in Cataract Surgery. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "IOL Dislocation." Postoperative Care and Complications. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "MIGS." Glaucoma and Other Challenges. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "The Broken Pupil." Glaucoma and Other Challenges. 2015 Winter Ophthalmic Symposium. New York City NY
- 2015 "Tougher Than the Rest – Ultimate IOL Repositioning." Video Presentation 2015 Winter Ophthalmic Symposium. New York City NY
- 2016 "MIGS": 101 – More on Getting It Right. When You Just Can't Take the Pressure. 2016 Innovative Techniques & Controversies in Ophthalmology Park City UT
- 2016 "You Make the Call." Glaucoma Panel. When You Just Can't Take the Pressure. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City UT
- 2016 Video Session. Moderator. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City UT
- 2016 "IOL Dislocation – Newer Tricks." Making Lemonade from Lemons - Challenging Cases and Help from New Technology. 2016 Innovative Techniques & Controversies in Ophthalmology. Park City Utah
- 2016 "Tougher than the Rest." Video Session. All Things IOL's – "Let Me Count the Ways." 2016 Innovative Techniques & Controversies in Ophthalmology Park City Utah

Garry Pascal Condon, M.D.
Page 36

Participation in Symposia:-cont'd

- 2016 "My Leak-Proof Closure #1." Surgical Faceoff: Let Me Show You How to Do It Better. Surgery Day. American Glaucoma Society 2016 Annual Meeting. Fort Lauderdale FL
- 2016 Café Style Discussion: EHR Moderator. Glaucoma Day. ASCRS ASOA New Orleans LA
- 2016 Complications and a "Reay of Hope," Moderator, Video Case. Glaucoma Day. ASCRS ASOA. New Orleans LA
- 2016 Glaucoma: MIGS. ASCRS Paper Session. Moderator. ASCRS ASOA New Orleans LA
- 2016 Intraluminal Nd: YAG Treatment of Patients with an IOP Rise After Glaucoma Device Implantation. Paper Sessions. ASCRS ASOA New Orleans LA
- 2016 MIGS: How to Incorporate Safer Surgery–Technique, Patient Selection and Enhanced Patient Outcomes. Panelist. ASCRS ASOA. New Orleans LA
- 2016 Stepping Up Your Game: Going from Good to Great: Pearls to Use in Your Practice. Dislocated IOL? New Strings Attached. Kiawah Eye 2016. Kiawah Island SC
- 2016 Glaucoma, Moderator. Kiawah Eye 2016. Kiawah Island SC
- 2016 Newer Tricks for Intraocular Lens Dislocation in Exfoliation. Kiawah Eye 2016. Kiawah Island SC
- 2016 Glaucoma, Video Case Presentation. Kiawah Eye 2016. Kiawah Island SC
- 2017 "Glaucoma Meds – New Targets and Modes." 2017 Surgical Summit. Park City Utah
- 2017 "How and When to Use a Trabecular Meshwork Stent" 2017 Surgical Summit. Park City Utah
- 2017 "New MIGS Options." 2017 Surgical Summit. Park City Utah

Garry Pascal Condon, M.D.
Page 37

Participation in Symposia:-cont'd

- 2017 Roundtable: "Glaucoma Surgery: Sorting Out Options for the Comprehensive Ophthalmologist." Moderator. 2017 Surgical Summit. Park City Utah
- 2017 General Session: Video Triumphs and Tragedies I. "Fixation Frustration." 2017 Surgical Summit. Park City Utah
- 2017 General Session: IOLs: New Advances, Same Old Problems. "Dislocated IOLs – Hoops and Loops." 2017 Surgical Summit. Park City Utah
- 2017 General Session: Video Triumphs and Tragedies II. "Surprise Package." 2017 Surgical Summit. Park City Utah
- CA 2017 Café Style Discussion. Moderator. ASCRS Glaucoma Day. Los Angeles
- 2017 Video Case Presentations: Complications and a "Ray of Hope." Panelist. ASCRS Glaucoma Day. Los Angeles CA
- 2017 Suture Fixation: Is There Something Better. Kiawah Eye 2017. Kiawah Island SC
- 2017 Glaucoma iStent For Me: When and How. Kiawah Eye 2017. Kiawah Island SC
- 2017 Glaucoma Pseudoexfoliation IOL Dislocation: Evolving Fixation Surgery. Kiawah Eye 2017. Kiawah Island SC
- 2017 Fixation Frustration. Kiawah Eye 2017. Kiawah Island SC
- 2017 Hot Topics in Glaucoma Case Presentation. Kiawah Eye 2017. Kiawah Island SC
- 2017 "Posterior Polar: Do's & Don'ts." 16 Annual Downeast Ophthalmology Symposium – Practical Solutions in Ophthalmology. Bar Harbor ME
- 2017 "Late IOL Dislocation: Evolving Fixation Surgery." 16th Annual Downeast Ophthalmology Symposium – Practical Solutions in Ophthalmology. Bar Harbor ME

Garry Pascal Condon, M.D.
Page 38

Participation in Symposia:-cont'd

2017 "Surgical Triumphs and Tragedies: A Video Potpourri." (with Dr. Ayres)
16th Annual Downeast Ophthalmology Symposium – Practical Solutions
in Ophthalmology. Bar Harbor ME

Advisory Boards:

- 2010 Allergan Surgical Innovations Advisory Board Meeting. Phoenix AZ
- 2010 Glaucoma Management: The Next Era. Glaucoma Advisory Board Meeting / Incision. Chicago IL
- 2010 New Techniques in Outflow Surgery: Overview and Current Limitations. New Directions in the Surgical Management of Glaucoma / Allergan. San Francisco CA
- 2010 Internal (Canal) Shunts. New Directions in the Surgical Management of Glaucoma / Allergan. San Francisco CA
- 2010 Closure Technique / Alcon. Glaucoma Management: The Next Era. Dallas TX
- 2010 Glaucoma and the Toric IOL / Alcon. Glaucoma Management: The Next Era. Dallas TX
- 2010 Panel Discussion / Alcon. Glaucoma Management: The Next Era. Dallas TX
- 2011 Glaucoma Management: The New Era Educational Program / Alcon. Fort Lauderdale FL
- 2011 Glaucoma and the Toric IOL. Glaucoma Management: The New Era / Alcon. Toronto Canada
- 2011 Panel Discussion. Glaucoma Management: The New Era / Alcon. Toronto Canada
- 2011 Roundtable Breakout Discussions: Ex-PRESS Glaucoma Filtration Device. Yellow Group. Glaucoma Management: The New Era / Alcon. Toronto Canada

Advisory Boards:-cont'd

Garry Pascal Condon, M.D.
Page 39

- 2011 Glaucoma Surgery Advisory Board. Alcon. AAO, Orlando FL
- 2011 Improving Predictability in Filtration Surgery – ExPRESS Glaucoma Filtration Device Breakfast. Speakers Lecture – ExPRESS Latin American Ad Board with Vital Costa. AAO, Orlando FL
- 2011 Allergan Glaucoma Vision for the Future Advisory Board Meeting. New York City NY
- 2012 Advanced Glaucoma Surgery Advisory Council. Alcon, Philadelphia PA
- 2012 Glaucoma Today Editorial Advisory Board. AAO, Chicago IL
- 2012 Rescula Regional Advisory Board, SUCAMPO Pharma Americas, LLC. Philadelphia PA
- 2013 Participation at Alcon's Glaucoma Speaker Training. Dallas TX
- 2015 Participation at Alcon's Glaucoma Speaker Training. Coral Gable FL
- 2015 Alcon Glaucoma Advisory Summit. Boston MA
- 2015 Roundtable Advisory Session and NIBR Tour. Novartis Institute of Bio/Medical Research
- 2016 Allergan Round Table Discussion. ASCRS ASOA. New Orleans LA
- 2016 Allergan XEN 45 Advisory Board Meeting. ASCRS ASOA. New Orleans LA
- 2016 Alcon Advisory Meeting – Engage to Further Alcon's Mission: New Ways to Enhance Sight and Improve People's Lives. Fort Worth TX
- 2017 Hydrus Advisory Panel Meeting. Ivantis Inc. ASCRS. Los Angeles CA
- 2017 Alcon Surgical Glaucoma Team, Express Advisory Board. ASCRS ASOA Los Angeles CA
- 2017 Georgia Ophthalmology Society Annual Meeting. Keynote speaker, Pseudoexfoliation, Complex Cataract Surgery. Amelia Island, FL
- 2019 North Carolina Eye Society Annual Meeting. Keynote speaker, Pseudoexfoliation, Complex Cataract Surgery, Malignant Glaucoma. Asheville, NC

Garry Pascal Condon, M.D.
Page 40

Instruction Courses:

- 1987 "Contemporary Glaucoma", Course director Richard J. Simmons.
American Academy of Ophthalmology Annual Meeting, Dallas, TX
- 1987 "Practical Aspects of Photocoagulation", Course Instructor, Massachusetts
Eye and Ear Infirmary, Boston, MA
- 1988 "Solving Glaucoma Problems", Course Instructor, Massachusetts Eye and
Ear Infirmary, Boston, MA
- 1992 "Filtering Surgery in Conjunction with Cataract Surgery, Use of Mitomycin",
Advanced Phacoemulsification Course (Alcon Surgical), Chicago, IL
- 1993 "Co-existent Cataract and Glaucoma - Options and Incisions", Advanced
Phacoemulsification Course, (Alcon Surgical), Philadelphia, PA
- 1993 "Special Considerations in Combined Surgery - Antimetabolites",
Advanced Phacoemulsification Course, (Alcon Surgical), Philadelphia, PA
- 1994 "Options, Incisions and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, San Francisco, CA
- 1995 "Options, Incisions, and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, Atlanta, GA
- 1996 "Options, Incisions and Pearls for Managing Coexistent Glaucoma and
Cataract", Course Director, American Academy of Ophthalmology Annual
Meeting, Chicago, IL
- 1996 "Advanced Phacoemulsification and PhacoRefractive Results", Faculty,
Sponsored by Alcon Surgical, Rochester, NY
- 1997 "Advanced Concepts in Phacoemulsification", Faculty, Alcon Surgical
Ophthalmic Symposium, Baltimore, MD
- 1997 Glaucoma Surgical Skills Transfer Course. Course director George Cioffi.
American Academy of Ophthalmology Annual Meeting, San Francisco CA
- 1998 "Advanced Concepts in Phacoemulsification", Faculty, Alcon Surgical
Ophthalmic Symposium, Chicago IL

Garry Pascal Condon, M.D.
Page 41

Instruction Courses:-cont'd

- 1999 Phacoemulsification in the Previously Filtered Eye, Sponsored by Alcon Surgical, San Antonio, TX
- 1999 Glaucoma Surgery – New Trends & New Complications, Sponsored by Alcon Surgical, San Antonio, TX
- 2001 Diagnosis and management of non-infectious epiphora. Course director Kim Cockerham. Annual Meeting of the American Academy of Ophthalmology, New Orleans LA
- 2002 Advanced Concepts in Anterior Segment Surgeries. Course director Stephen Lane. San Antonio TX
- 2002 Hypotony got you down? Effective surgical management of late bleb-related hypotony. Course director. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2002 Diagnosis and management of non-infectious epiphora. Course director Kim Cockerham. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2002 Managing the patient with both cataract and glaucoma. Course directors Sam Masket and Alan Crandall. Annual Meeting of the American Academy of Ophthalmology, Orlando FL
- 2003 Phaco Foldables and Refractive Results. Course director Alan Crandall. Park City UT
- 2003 The McCannel Suture revisited – Applications in managing IOL complications and aphakia. Course director. Annual meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2003 UPMC Annual Resident Phacoemulsification Course – Faculty
- 2003 Hypotony got you down? Effective surgical management of late bleb-related hypotony. Course director. Annual Meeting of the American Academy of Ophthalmology, Anaheim CA
- 2003 Managing the patient with both cataract and glaucoma. Course directors Sam Masket and Alan Crandall. Annual Meeting of the American Academy of Ophthalmology, Anaheim CA

Garry Pascal Condon, M.D.
Page 42

Instruction Courses:-cont'd

- 2004 Phaco Foldables and Refractive Results. Course director Alan Crandall. Park City UT
- 2004 Postoperative IOL dislocation and decentration management. Ike Ahmed MD Course director. Annual Meeting of the ASCRS, San Diego CA
- 2004 McCannel's Suture and Iris Support: Solving Aphakia and IOL Dislocation. Course director. Annual Meeting of the ASCRS. San Diego CA
- 2004 Managing the Patient with Both Cataract and Glaucoma. Sam Masket MD and Alan Crandall MD course directors. Annual meeting of the AAO, New Orleans LA
- 2004 Hypotony Got You Down? Effective Surgical Therapy for Late Post Filtration Hypotony. Course director. Annual Meeting of the AAO, New Orleans LA
- 2005 Innovations in Iris Fixation: Solving Aphakia and IOL Dislocation. Course director. Annual Meeting of the ASCRS, Washington DC
- 2005 Postoperative IOL dislocation and Decentration. Ike Ahmed MD, Course director. Annual Meeting of the ASCRS, Washington DC
- 2005 Effective Surgical Therapy for Late Post-Filtration Hypotony. Annual Meeting of the AAO, Chicago IL
- 2005 Combined Phaco and Glaucoma Surgery. Annual Meeting of the AAO, Chicago IL
- 2005 Glaucoma filtration surgery for residents. (skills transfer) Annual meeting of the AAO, Chicago IL
- 2006 Innovations in Iris Fixation: Solving Aphakia and IOL dislocation. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Postoperative IOL Dislocation and Decentration Management. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA

Garry Pascal Condon, M.D.
Page 43

Instruction Courses:-cont'd

- 2006 Capsular Tension Rings. (skills transfer) Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Iris Abnormalities: Techniques and Devices for Surgical Reconstruction. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Francisco CA
- 2006 Glaucoma Filtration Surgery for Residents. (Skills Transfer) Annual Meeting of the AAO, Las Vegas NV
- 2006 Combined Phaco and Glaucoma Surgery. Annual Meeting of the AAO, Las Vegas NV
- 2006 The Ultimate Guide to Capsular Tension Ring Use. Annual Meeting of the AAO, Las Vegas NV
- 2007 Capsular Tension Rings and Techniques for Capsular-Zonular Stabilization. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 Postoperative IOL Dislocation and Decentration Management. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 Innovations in Iris Fixation: Solving Aphakia and IOL Dislocation. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego, CA
- 2007 Capsular Tension Rings. Laboratory Skills Transfer Course. Annual Meeting of the American Society of Cataract and Refractive Surgery, San Diego CA
- 2007 "IOL Fixation in the Absence of Capsule Support". Advanced Phacoemulsification. Course Director William Fishkind. AAO, New Orleans LA
- 2007 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support. AAO, New Orleans LA

Garry Pascal Condon, M.D.
Page 44

Instruction Courses:-cont'd

- 2007 Combined Phaco and Glaucoma Surgery. Course Directors Sam Masket and Alan Cradall. AAO, New Orleans LA
- 2007 Advanced Phacoemulsification (Wet Lab). AAO, New Orleans LA
- 2007 Combined Phaco and Glaucoma Surgery (Wet Lab). AAO, New Orleans LA
- 2007 Glaucoma Filtration Surgery (Wet Lab) for Ophthalmology Residents. AAO, New Orleans LA
- 2008 Management of Malpositioned IOL's. Course Director Alan Crandall. Annual Meeting of the American Society of Cataract and Refractive Surgery.
- 2008 Advanced Phacoemulsification – Iris Suture IOL. AAO, Atlanta GA
- 2008 Advanced Phacoemulsification (Lab). AAO, Atlanta GA
- 2008 Glaucoma Filtration Surgery Lab for Ophthalmology Residents. AAO, Atlanta GA
- 2008 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support. Co-Instructor. AAO, Atlanta GA
- 2008 Combined Phaco and Glaucoma Surgery – Phaco for Acute Angle Closure. AAO, Atlanta GA
- 2008 Combined Phaco and Glaucoma Surgery (Lab). AAO, Atlanta GA
- 2009 Phaco for Acute Angle-Closure Glaucoma. Annual Course - Current Concepts in Ophthalmology, Vail CO
- 2009 Zonule Complexities and Counter Measures. Annual Course – Current Concepts in Ophthalmology, Vail CO
- 2009 IOL Exchange – Things You Should Know. Annual Course – Current Concepts in Ophthalmology, Vail CO
- 2009 Advanced Phacoemulsification, Instructor. AAO, San Francisco CA
- 2009 Anterior Segment Surgical Challenges, Panelist. AAO, San Francisco CA

Garry Pascal Condon, M.D.
Page 45

Instruction Courses:-cont'd

- 2009 Combined Phaco and Glaucoma Surgery. Phaco for Managing Angle Closure Glaucoma, Instructor. AAO, San Francisco CA
- 2009 Academy Café: Glaucoma Chair. AAO, San Francisco CA
- 2009 Glaucoma Filtration Surgery Lab for Ophthalmology Residents, Instructor. AAO, San Francisco CA
- 2009 Spotlight on Pseudoexfoliation: New Pearls from Glaucoma and Cataract Experts, Presenter. Advances in Glaucoma Surgery: Any Help in Pseudoexfoliation? AAO, San Francisco CA
- 2009 Innovative Approach to Iris Fixation of an IOL Without Capsular Support, Instructor. AAO, San Francisco CA
- 2010 Intraocular Lens Exchange and Repositioning Techniques, ASCRS Course Faculty. Annual Meeting of the American Society of Cataract and Refractive Surgery. Boston MA
- 2010 Glaucoma Management: ExPRESS Glaucoma Mini-Shunt Training / Incision. Chicago IL
- 2010 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction Skills Transfer Course. Suture Fixation of IOLS. AAO, Chicago IL
- 2010 Advanced Phacoemulsification LAB162C, Instructor. AAO, Chicago IL
- 2010 An Innovative Approach to Iris Fixation of an IOL Capsular Support: Hands On and Practical, Instructor. AAO, Chicago IL
- 2011 Hanging It on the Iris: Suture Solutions to Anterior Segment Enigmas. ASCRS-ASOA. San Diego CA
- 2011 Intraocular Lens Exchange and Repositioning Techniques. ASCRS. San Diego CA
- 2011 Iris Repair Technique (Siepser). ASCRS. San Diego
- 2011 Dislocated IOL's. ASCRS. San Diego

Garry Pascal Condon, M.D.
Page 46

Instruction Courses:-cont'd

- 2011 ExPRESS Training Meeting / Alcon. New York City NY
- 2011 Alcon Live Surgery Broadcast / Faculty Panel. AAO, Philadelphia PA (Orlando FL)
- 2011 Managing Angle-Closure Glaucoma With Crystalline Lens Removal and Adjunctive Procedures. Instructor AAO, Orlando FL
- 2011 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor AAO, Orlando FL
- 2011 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support: Hands On and Practical. Instructor AAO, Orlando FL
- 2011 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Lab Instructor AAO, Orlando FL
- 2011 Glaucoma Filtration Surgery Lab for Ophthalmology Residents. Lab Instructor AAO, Orlando FL
- 2012 Challenging Cases for the Comprehensive Clinician: A Multi-Disciplinary Approach to Management of Complex Cases. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Glaucoma Management Pearls: From Every Day Decisions to Advancing Surgery. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Glaucoma Hardware 2012: So Why As I Still Doing Trabs?? Optometry CE Course. Cranberry PA
- 2012 Skills Transfer Lab STS3: Iris Suture. ASCRS Glaucoma Day 2012. Chicago IL
- 2012 Iris Repair Technique (Siepser). ASCRS. Chicago IL.
- 2012 Dislocated IOL's. ASCRS. Chicago IL
- 2012 Video Grand Rounds: Management of Cataract and Refractive Surgery – What I Would Have Done Differently. Panelist Kiawah Eye 2012. Charleston SC

Garry Pascal Condon, M.D.
Page 47

Instruction Courses:-cont'd

- 2012 Dinner Program / Faculty, Glaucoma Surgery: Filtering Out the Variables. AAO. Chicago IL
- 2012 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor. AAO. Chicago IL
- 2012 An Innovative Approach to Iris Fixation of an IOL Without Capsular Support: Hands-On and Practical. Instructor. AAO. Chicago IL
- 2012 Glaucoma Surgical Lab for Ophthalmology Residents. Instructor. AAO Chicago IL
- 2012 Managing Angle – Closure Glaucoma with Crystalline Lens Removal and Adjunctive Procedures. Instructor. AAO. Chicago IL
- 2013 Iris Repair Technique. ASCRS. San Francisco CA
- 2013 Dislocated IOL's. ASCRS. San Francisco CA
- 2013 Iris Suture Skills. Co-Instructor ASCRS. San Francisco CA
- 2013 Transfer Session Lab / Steven Siepser. ASCRS. San Francisco CA
- 2013 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor AAO. New Orleans LA
- 2013 Managing Angle-Closure Glaucoma With Crystalline Lens Removal and Adjunctive Procedures. Instructor AAO. New Orleans LA
- 2013 Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction. Instructor LAB AAO. New Orleans LA
- 2013 Iris Suture Fixation of IOLs. AAO. New Orleans LA
- 2013 Glaucoma Surgical Lab for Ophthalmology Residents. Instructor AAO. New Orleans LA
- 2014 Management of Complex Cataract. Instructor. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 Lecture Grand Rounds. Faculty Storm Eye Institute MUSC. Charleston Ophthalmology Society. Charleston SC

Garry Pascal Condon, M.D.
Page 48

Instruction Courses:-cont'd

- 2014 Iris Suture Repair and IOL Fixation. Faculty. Didactic Course, Dr. Steven Siepsen. ASCRS ASOA. Boston MA
- 2014 Iris Suture Skills Transfer Session Lab (Dr. Steven Siepsen). Co-Instructor. ASCRS ASOA. Boston MA
- 2014 Intraocular Lens Exchange and Repositioning Techniques. ASCRS Course ASCRS ASOA. Boston MA
- 2015 Iris Suturing Techniques. Faculty. ASCRS Clinical Course. ASCRS ASOA. San Diego CA
- 2015 Iris Suture. Skills Lab. Co-Instructor. ASCRS ASOA. San Diego CA
- 2015 Intraocular Lens Exchange and Repositioning Techniques. Faculty. ASCRS Clinical Course. ASCRS ASOA. San Diego CA
- 2016 Iris Suturing Techniques. Faculty. ASCRS ASOA. New Orleans LA
- 2016 STS-6 Iris Suture, Skills Transfer Lab. Co-Instructor. ASCRS ASOA New Orleans LA
- 2016 Training Mission. Teaching and training the KATH Glaucoma surgeons at Komfo Anoyoke Teaching Hospital. Kumasi, Ghana
- 2017 "Iris-Suturing Techniques." Co-Instructor. ASCRS ASOA. Los Angeles CA
- 2017 "Iris Suture" Skills Transfer Labs. Co-Instructor. ASCRS ASOA. Los Angeles CA

Presentations:

- 1987 "Current Adjuncts in The Management of the Filtration Bleb", Department of Ophthalmology, University of Western Ontario, London, Ontario
- 1988 "Post-Operative Adjuncts in Filtration Surgery", Department of Ophthalmology, Memorial University of Newfoundland, St. John's, Newfoundland, Canada
- 1988 "Glaucoma", Guest Lecturer for Lions Club, Pittsburgh, PA

Garry Pascal Condon, M.D.
Page 49

Presentations:-cont'd

- 1988 "Argon Laser Suture Lysis Following Trabeculectomy", Alumnus, Annual Resident's Day, Department of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1988 "Post-Operative Adjuncts in Filtration Surgery", Department of Ophthalmology, St. Francis Medical Center, Pittsburgh, PA
- 1990 "An Approach to the Glaucoma Patient", Beaver Valley Optometric Society
- 1991 "Associated Ocular Trauma", Participant, Contemporary management of Facial Trauma and Concomitant Injuries, Allegheny General Hospital, Pittsburgh, PA
- 1991 "Glaucoma", Lecture to the Pittsburgh Ophthalmology Society for Ophthalmic Medical and Office Personnel
- 1992 "Glaucoma Applanation and Indentation Tonometry", Guest Speaker, Pittsburgh Ophthalmology Society Annual Meeting for Ophthalmic Medical and Office personnel, Pittsburgh, PA
- 1992 "Particulate Glaucoma", Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA
- 1992 "Management of Glaucoma in Anterior Segment Disease", Participant, Cornea/Anterior Segment Update, Quarterly Visiting Professor Series, Allegheny General Hospital, Pittsburgh, PA
- 1992 "A General Approach to the Glaucoma Patient", Pennsylvania Optometric Association, Annual Congress Meeting, Champion, PA
- 1992 "Anterior Segment Evaluation in the Open Angle Glaucoma Patient", Pennsylvania Optometric Association, Annual Congress Meeting
- 1992 "Pitfalls in Automated Perimetry", Pennsylvania Optometric Association, Annual Congress Meeting
- 1993 "Glaucoma", Presentation at Ophthalmic Grand Rounds for Ophthalmic Medical and Office Personnel, Pittsburgh Ophthalmology Society
- 1993 "Exfoliation Syndrome", Department of Ophthalmology, University of Pittsburgh, Pittsburgh, PA

Garry Pascal Condon, M.D.
Page 50

Presentations:-cont'd

- 1993 "Mitomycin in Combined Surgery", Nantucket Glaucoma Annual Meeting, Nantucket, MA
- 1993 "Filtering Surgery with Mitomycin: A Case Presentation", Guest Speaker, Association of Technical Personnel in Ophthalmology, Chicago, IL
- 1995 "Co-Existent Cataract and Glaucoma: Options, Incisions and Pearls", Ivey Institute of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1995 "Mitomycin in Combined Cataract and Glaucoma Surgery", Ivey Institute of Ophthalmology, University of Western Ontario, London, Ontario, Canada
- 1996 "Coexistent Glaucoma and Cataract -- Options, Incisions and Pearls", West Virginia Ophthalmology Society for Otsuka America Pharmaceutical, Inc., Charleston, WV
- 1996 "Glaucoma Surgery - New Trends and New Complications", Current Trends in Optometry Conference, Robert Morris College, Pittsburgh, PA
- 1996 Pennsylvania Assoc. for the Blind, Guest speaker, Sharon PA
- 1997 "Glaucoma: New Trends – New Complications", Pennsylvania Association for the Blind 1997 Conference, Sharon, PA
- 1998 Canton Ophthalmology Society, "Glaucoma: New Trends-New Complications", Canton OH
- 1998 New Strategies in Glaucoma Management, "Adjunctive Therapy 1998: Let's be Rational", Atlantic City, NJ
- 1999 Allergan Glaucoma Symposium, "Initial Therapy", Washington, D.C.
- 1999 Buffalo Eye Club, Guest speaker, Buffalo NY "Coexistent Glaucoma and Cataract"
- 1999 "Co-existent Glaucoma & Cataract", University of Alberta, Edmonton, Canada
- 1999 "Glaucoma Surgery – New Trends & New Complications", University of Alberta, Edmonton, Canada

Garry Pascal Condon, M.D.
Page 51

Presentations:-cont'd

- 1999 "Co-existent Glaucoma & Cataract", University of Saskatchewan, Saskatchewan, Canada
- 1999 "Glaucoma Surgery – New Trends & New Complications", University of Saskatchewan, Saskatchewan, Canada
- 1999 "Initial Therapy: Let's Be Rational", Open Angle Glaucoma: A Focus on Current Management, New York, NY
- 2000 "Initial Therapy 2000", Reading PA
- 2000 "Initial Glaucoma Therapy", Sponsored by Allergan. Toronto, Canada
- 2000 "Initial Glaucoma Therapy", Sponsored by Allergan. London, Canada
- 2000 "Surgical Management of Glaucoma", Visiting Professor, Dalhousie University, Halifax, Canada
- 2000 Initial Glaucoma Therapy. Sponsored by Allergan, St. John's, Canada
- 2000 Initial Glaucoma Therapy. Sponsored by Allergan, New York NY
- 2001 Trends and Complications in Glaucoma Surgery. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Revising the Failing Filter. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Handle That Leaking Bleb. Annual Canadian Master's Club meeting, sponsored by Alcon, Tuscon AZ
- 2001 Optics, Haptics and Acrylics. Sponsored by Alcon, Baltimore MD
- 2001 Glaucoma Therapy – What is Success? Erie Ophthalmology Society meeting, Erie PA
- 2001 Glaucoma Therapy – What is Success? Sponsored by Alcon, Pittsburgh PA
- 2001 Optics, Haptics and Acrylics. Atlantic Canada Master's Club meeting, sponsored by Alcon, St. John's, Canada

Garry Pascal Condon, M.D.
Page 52

Presentations:-cont'd

- 2002 Glaucoma Therapy – What is Success? Sponsored by Alcon, Charlotte NC
- 2002 Optics, Haptics and Acrylics. Annual Canadian Master's Club meeting, sponsored by Alcon, Bal Harbour FL
- 2002 Glaucoma Therapy – What is Success? Cincinnati Eye Institute, Cincinnati OH
- 2002 Glaucoma Therapy – What is Success? Sponsored by Alcon, Youngstown OH
- 2002 Simplified peripheral iris fixation of an acrylic IOL in the absence of capsular support. Meeting of the Atlantic Master's Club, sponsored by Alcon, St. Andrew's NB, Canada
- 2002 Prostaglandins – A View from the Trenches. Sponsored by Alcon, Greenville SC
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Englewood NJ
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Dayton OH
- 2003 Glaucoma Therapy – What is Success? Sponsored by Alcon, Columbus OH
- 2003 Advances in Glaucoma Therapy. Wheeling WV
- 2003 Advances in Glaucoma Therapy. Holidaysburg PA
- 2003 Glaucoma Therapy – What is Success? Glaucoma Speaker Training Meeting sponsored by Alcon Labs. Phoenix AZ
- 2004 Blebitis: The New Challenge. Pittsburgh PA
- 2004 Advances in Glaucoma Therapy: A Forward and Backward View. New Orleans LA
- 2004 Non-penetrating Glaucoma Surgery. Annual meeting of the Virginia Society of Ophthalmology. Chantilly VA
- 2004 Bleb Revision for Late Complications. Annual meeting of the Virginia Society of Ophthalmology. Chantilly VA
- 2004 Surgical Management of Late Bleb Problems. Annual Walter Reed Alumni Meeting. Washington DC

Garry Pascal Condon, M.D.
Page 53

Presentations:-cont'd

- 2004 Iris Fixation of Acrylic PC IOLs: Results and Complications. Annual Walter Reed Alumni Meeting. Washington DC
- 2005 Impact of Central Corneal Thickness on the Management of Primary Open Angle Glaucoma. Pittsburgh PA
- 2005 Challenges, Complications and Innovations in Cataract Surgery. Pittsburgh PA
- 2005 Advances in Glaucoma Therapy: A Forward and Backward View. Annual Meeting of the Pittsburgh Ophthalmology Society. Pittsburgh PA
- 2007 Challenging Cataract & IOL Cases – A Video Potpourri. Visiting Professor, William Beaumont Hospital, Royal Oak, MI
- 2007 Iris Sutured IOLS – Where Are They Now? Visiting Professor. William Beaumont Hospital, Royal Oak, MI
- 2007 “Acute Angle Closure – Better Surgical Therapy” CME Dinner. Pittsburgh PA
June 28, 2007
- 2007 Phacoemulsification in Acute Angle Closure Glaucoma Resident Lecture Series. University of Pittsburgh Medical Center, Department of Ophthalmology
- 2009 Don't Ice the Trab. Bascom Palmer Eye Institute. University of Miami. Annual Glaucoma Meeting
- 2009 Angle Closure Glaucoma – A New Era of Effective Surgical Therapy. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 IOL Malposition – Then, Now and the Future. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 G.V.Simpson Lecture 2009. Clinical Day in Ophthalmology 2009, London Ontario
- 2009 Acute Angle Closure – Better Surgical Management. Bowlds Lecture Lahey Clinic, Boston MA
- 2009 Late IOL Dislocation – The Real Deal. Bowlds Lecture Lahey Clinic, Boston MA

Garry Pascal Condon, M.D.
Page 54

Presentations:-cont'd

- 2009 Acute Angle Closure: Better Surgical Therapy. Utah Ophthalmology Society Dinner Meeting
- 2009 Late IOL Dislocation: the Future is Now. University of Utah Health Care Clinical Faculty Day
- 2009 Decision Making in Early POAG. Glaucoma Roundtable. Allergan, Pittsburgh PA
- 2010 Zonule Problems in Pseudoexfoliation, Glaucoma Challenges / Simmons Lecture. Guest Speaker. NEOS, Boston MA
- 2010 Is There Still a Role for Trabeculectomy? Simmons Lecture. Guest Speaker. NEOS, Boston MA
- 2010 Panel Discussion, Faculty. Glaucoma Challenges / Simmons Lecture. NEOS, Boston MA
- 2010 Glaucoma Management – Sponsored by Allergan, Pittsburgh PA
- 2010 Glaucoma Roundtable / Alcon. Atlanta GA
- 2010 Glaucoma CORE Program / Allergan. Carnegie House, State College PA
- 2010 ExPRESS Dinner Meeting / Alcon. Baltimore MD
- 2010 Speaker, Glaucoma CORE Program / Allergan. Norfolk VA
- 2011 Speaker / Alcon. Greenville SC
- 2011 Surgical Management of Glaucoma, Visiting Consultant / Allergan. Irvine CA
- 2011 Understanding the Approach to Complex Cases. Alcon Speaker's Forum. ASCRS-ASOA. San Diego CA
- 2011 Speaker, Lumigan 0.01% CORE Program / Allergan. Newport News VA
- 2011 Glaucoma Therapy, Allergan Dinner Program. Erie PA
- 2011 Glaucoma Management: A Novel Approach to Trabeculectomies / Alcon. Coral Gables FL

Garry Pascal Condon, M.D.
Page 55

Presentations:-cont'd

- 2011 Toric Roundtable / Alcon. Pittsburgh PA
- 2011 Cincinnati Eye Institute Glaucoma Dinner ' Alcon. Cincinnati OH
- 2011 Lumigan 0.01% CORE Program / Allergan. Altoona PA
- 2011 Dinner Meeting / Speakers Alliance Alcon. New York City
- 2011 Toric Roundtable / Alcon. DuBois PA
- 2011 Discussion of ExPRESS Surgical Glaucoma Device and Advanced Technology IOLs . Alcon Speaker. Granger IN
- 2011 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Speaker. Charlotte NC
- 2012 ExPRESS Dinner Lecture. Alcon Speaker. Milwaukee WI
- 2012 Video Presentations: Complications and Challenging Cases, New Tricks and New Instrumentation: My Favorite Case of the Year. Faculty, ASCRS Winter Update 2012. Riviera Maya Mexico
- 2012 Allergan Glaucoma Program Speaker. Kansas City MO
- 2012 Alcon ExPRESS Glaucoma Filtration Speaker. San Diego CA
- 2012 Roundtable Discussions – Premium IOL Use. American Glaucoma Society 2012 Annual Meeting. New York City NY
- 2012 Alcon ExPRESS Glaucoma Filtration Speaker. New York City NY
- 2012 Alcon Booth Talk. American Society of Cataract and Refractive Surgery. Chicago IL
- 2012 Speaker's Forum, Alcon Presenter. McCormick Place West, Eye World Theater. Chicago IL
- 2012 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Dinner Meeting. Chicago IL

Garry Pascal Condon, M.D.
Page 56

Presentations:-cont'd

- 2012 Glaucoma Surgery: Maximize Your Options with ExPRESS. Alcon Atlanta GA
- 2012 Alcon ExPRESS Speaker. Washington DC
- 2012 Allergan Speaker. Johnstown PA
- 2012 Tools and Techniques With OVD's for Maximizing Outcomes. Speakers Forum AAO. Chicago IL
- 2013 Controversies in Medicine, Midwestern Conference. Los Angeles CA
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques, Alcon Speaker, Chicago Glaucoma Society Meeting. Chicago IL.
- 2013 FORGE III: Detecting and Managing Glaucoma Progression, CORE Speaker Program, Allergan. State College PA
- 2013 Express Dinner Meeting, Alcon. Chicago IL
- 2013 Trabeculectomy, Still Our Best Option? Alcon. Annapolis MD
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques. Alcon Speakers Alliance. Morgantown WV
- 2013 Express Dinner Meeting, Alcon. Scottsdale AZ
- 2013 Predictable and Minimally Invasive Glaucoma Surgery Techniques, Alcon Speakers Alliance Event. Valley View OH
- 2013 Pseudo ex: Something for Everyone. Pittsburgh Ophthalmology Society Quarterly Meeting. Pittsburgh PA
- 2014 "Challenging Cases in Anterior Segment Surgery." Video Case Presentation. Faculty. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 "Updating Your Glaucoma Treatment Armamentarium." Faculty. ASCRS ASOA Winter Update 2014. Farjardo Puerto Rico
- 2014 Pseudoexfoliation from Stem to Stem. 98th Annual Clinical Assembly of the AOCOO-HNS Foundation. Scottsdale AZ

Garry Pascal Condon, M.D.
Page 57

Presentations:-cont'd

- 2014 Glaucoma Speaker Training. Alcon. Miami FL
- 2014 Trabeculectomy 2014 – Is There Still a Role? 98th Annual Clinical Assembly of the AOCCO-HNS Foundation. Scottsdale AZ
- 2014 Pseudoexfoliation from Stem to Stem. 98th Annual Clinical Assembly of the AOCCO-HNS Foundation. Scottsdale AZ
- 2015 “MIGS” 2015: Are We There Yet? Visiting Professor Grand Rounds. Ottawa Canada
- 2015 “Pseudoexfoliation: Something for Everyone.” Key Note Speaker (Annual Ophthalmology and Optometry Dinner) Ottawa Canada
- 2017 “New Meds / MIGS Options: Can We Do Better.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL
- 2017 “Posterior Polar Cataract: Do’s and Don’ts.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL
- 2017 “Surgical Triumphs and Tragedies: A Video Potpourri.” Featured Speaker. Georgia Society of Ophthalmology Annual Meeting. Amelia Island FL

Research Grants:

- 1990 Glaucoma Software Development Program, Pennsylvania Lions Club/Allegheny Singer Research Institute, \$90,000.
- 1996 Postoperative Complications Following Mitomycin-C Assisted Trabeculectomy: Mechanisms and Control by FGF-2, Allegheny Singer Research Institute, \$10,000.
- 1996 Immunologic Reactivity to Human Optic Nerve Tissue of Serum From Patients with Low-Tension Glaucoma, Open-Angle Glaucoma and No Ocular Disease, Allegheny Singer Research Institute, \$10,000

Garry Pascal Condon, M.D.
Page 58

Clinical Trials Participation:

- 1989 Betaxalol vs Betaxalol-S, Clinical Investigator. Sponsored by Alcon Pharmaceuticals
- 1995 Latanoprost. Clinical Investigator, Phase III study site. Sponsored by Pharmacia-Upjohn
- 2003-2006 Bidirectional Glaucoma Shunt (Eyepass) Phase III Study – Principal Investigator-Sponsored by GMP/Vision Solutions Inc.
- 2005-Present iScience Schlemm's Canal Dilation / Imaging Phase III Study
- 2008 Trabeculectomy vs Express Shunt. Randomized Multi Center Clinical Trial

Fellows Trained:

- 1991 - 1992 Karen B. Lauer, M.D.
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Appendix B

List of Materials Considered

| Exhibit Number | Description |
|-----------------------|--|
| 1001 | U.S. Patent No. 10,123,905 |
| 1002 | U.S. Patent No. 10,123,905 Prosecution History |
| 1003 | The Netland Declaration |
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| 1005 | M. Johnstone <i>et al.</i> , "Microsurgery of Schlemm's Canal and the Human Aqueous Outflow System," <i>Am. J. Ophthalmology</i> 76(6):906-917 (1973) |
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| 1007 | Philipp C. Jacobi <i>et al.</i> , "Technique of gonioscurettage: a potential treatment for advance chronic open angle glaucoma," 81 <i>British J. Ophthalmology</i> 302-07 (1997) |
| 1008 | Richard S. Snell <i>et al.</i> , <i>Clinical Anatomy of the Eye</i> , Malden, Massachusetts: Blackwell Science, Inc. (2 nd ed., 1998) |
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| 1010 | Michael John Hogan, <i>History of the Human Eye: An Atlas and Textbook</i> . Philadelphia, Pennsylvania: W. B. Saunders Company (1971) |
| 1011 | M. Bruce Shields, <i>Textbook of Glaucoma, Fourth Edition</i> . Baltimore, Maryland: Williams & Wilkins (1998) |
| 1012 | Am. Acad. Of Ophthalmology, <i>Section 10 Glaucoma</i> , in BASIC AND CLINICAL SCIENCE COURSE 2000-2001 (2000) |
| 1013 | Philipp C. Jacobi <i>et al.</i> , "Perspectives in trabecular surgery," <i>Eye</i> 2000;14(Pt 3B)(3b):519-30 (2000) |
| 1014 | F. Skjaerpe, "Selective Trabeculectomy. A Report of a New Surgical Method for Open Angle Glaucoma," <i>Acta Ophthalmologica</i> 61:714-727 (1983) |
| 1015 | U.S. Patent Application Publication 2002/0111608 to Baerveldt |
| 1016 | U.S. Patent 4,501,274 to Skjaerpe |
| 1018 | E. Ferrari <i>et al.</i> , "Ab-interno trabeculo-canalectomy: surgical approach and histological examination," <i>European J. Ophthalmology</i> 12(5):401-05 (2002) |
| 1020 | T. Shute, "A Novel Technique for Ab Interno Trabeculectomy: |

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| | Description of Procedure and Preliminary Results,” <i>Am. Glaucoma Society 29th Annual Meeting Poster Abstracts 34-35</i> (2019), https://ags.planion.com/Web.User/AbstractDet?ACCOUNT=AGS&CONF=AM19&ABSID=12309) |
| 1021 | Arsham Sheybani, <i>Bent Ab-interno Needle Goniotomy (BANG)</i> , YouTube (Aug. 24, 2017), https://youtu.be/b5QxWts-Pxs |
| 1022 | U.S. Patent App. No. 10/560,266 File History |
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| 2023 | DORLAND’S MEDICAL DICTIONARY SHORTER EDITION abridged from 25 th ed. (1980) excerpt at 605 (definition of “section”) |
| 2024 | BLACKS MEDICAL DICTIONARY 47 th ed. (1992) excerpt at 519 (definition of “section”) |