HelpMeSee

ANNUAL REPORT 2019

OUR MISSION & VISION

Our mission is to train local cataract specialists in Manual Small Incision Cataract Surgery also known as MSICS, in significant numbers, to meet the increasing demand for surgical services in the communities impacted by cataract blindness.

We will support the training, qualification and practice readiness of these cataract specialists in partnership with health institutions, governments and major philanthropic and market ventures.

To achieve this, we developed and are deploying high-fidelity eye surgery simulators, adapted from the successful experience of commercial airline simulators, to provide the resources needed to educate these cataract specialists in large numbers.

Our goal is achieved, when all communities living in austere conditions have access to the essential cataract surgical care they need, that provides the best quality outcomes and is focused on patient safety.

Medical Officer, Dr. Jean-Marie Andre instructing STCC trainee Dr. Stephanie Flaviette Tchuindem Epse Ndjinga at the Mumbai Learning Development Center.

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LETTER FROM OUR BOARD OF DIRECTORS

Dear Friends

As we are on the eve of a new decade and the year that marks the tenth anniversary of HelpMeSee, it is time to take stock of what we have accomplished while keeping our eye on the future.

As many of you know, HelpMeSee started with the dream to create a world where there was no blindness due to untreated cataracts. Everyone who needed surgery would have access to an ophthalmologist, regardless of where they lived or their financial means. In Jim Ueltschi's own words, "My father and I wanted to create a world where everyone with cataracts can access the care they need." A laudable and achievable cause, requiring only the appropriate channeling of resources, mainly a better way to train specialists in surgery that was scalable.

We are at the tipping point of that realization with the slated completion of the full Manual Small Incision Cataract Surgery (MSICS) course in 2020. With that milestone, all four modules of the MSICS procedure will be complete and available to teach the thousands of new cataract surgeons needed today and the many more thousands required in the following decade. As an organization, we know that we can live up to that promise and proudly look forward to telling you when this incredible accomplishment is achieved.

Until then, let us recognize our accomplishments today:

- In 2019, HelpMeSee received recognition from Goldman Sachs in the form of a $37,000 grant. Goldman Sachs associates from Bangalore, India, pitched HelpMeSee as their "cause to support" in an internal program for their Impact Fund awards.

- In the summer of 2019, we launched a modified training program to teach cataract surgeons from Africa MSICS, a new form of cataract surgery, than what they were using before.

- Around this same time, we completed our Tunnel Construction Course-Pilot Assessment for Simulation-Based Training Effectiveness (TCC-PASTE) study. TCC-PASTE, once published, will validate that HelpMeSee trainees learning MSICS surgery skills on the Eye Surgery Simulator are more proficient than those who learn their skills in a traditional wet lab.

- At the beginning of Fall, HelpMeSee signed a formal partnership agreement with Wenzhou Medical University. With this agreement, Wenzhou will teach the HelpMeSee MSICS training program to its ophthalmology students as part of their regular curriculum.

- And to wrap things up with another partner training organization, HelpMeSee delivered the first Eye Surgery Simulator in Latin America at the Instituto Mexicano de Oftalmologia in Queretaro, Mexico, thanks to a successful year-end fundraising drive.

And with the highlights above, we present our 2019 Annual Report with more on these topics and other news.

Please always remember, we could not accomplish our great work without you, our friends and family. We know and understand that many of you have been loyal to us for years. We sincerely thank you for that commitment and trust.

With our best wishes to all for a happy, healthy 2020.

James T. Ueltschi
Co-Founder,
Chairman & Treasure

Jacob MohanThazhathu
President &
Chief Executive Officer

Jeffrey P. Mullen
Member,
Board of Directors

MLDC TRAINING COURSES

In 2019, HelpMeSee enrolled 66 trainees. These students were from seven countries and were associated with 15 institutions.

TRAINED *BY* CENTER

LEARNING CENTER	# OF STUDENTS
HelpMeSee Learning Development Center - Mumbai, India	32
The Eye Hospital of Wenzhou Medical University – Wenzhou China	14
HelpMeSee Headquarters - New York, NY	11
Bascom Palmer Eye Institute and Gordon Center for Research in Medical Education (GCRME) – Miami, FL	9

TRAINED *BY* HOME LOCATION

COUNTRY	NAME OF INSTITUTION	# OF STUDENTS
Cameroon	Magrabi ICO Cameroon Eye Institute	2
China	Wenzhou Medical University	14
Democratic Republic of Congo	Democratic Republic of Congo	1
India	Aditya Jyot Eye Hospital, DY Patil Medical College, General Hospital Thrissur, Government Medical College Aurangabad, Lokmanya Tilak Municipal General Hospital, Nanomedix Eye Care Rajiv Gandhi Medical College & Diabetes Centre	27
Madagascar	Chu Pzaga Androva	2
Mexico	Mexican Institute of Ophthalmology	1
United States of America	Bascom Palmer Eye Institute and Gordon Center for Research in Medical Education (GCRME), BronxCare, Larkin Hospital, Montefiore Medical Center, University of Miami Miller School of Medicine	19

HelpMeSee INDIA FOUNDATION RECEIVES $37,000 IN GRANTS FROM GOLDMAN SACHS

In November 2019, HelpMeSee proudly received a $25,000 award from the Goldman Sachs Analyst Impact Fund. Nine hundred seventy-five global Goldman Sachs analysts presented on behalf of 360 nonprofits as part of a pitch competition for this grant. The Bangalore-based team representing HelpMeSee, Sheethal Rapheal, Ritu Yadav, Anshul Sanghavi, Prachi Mittal, and Neha Saraf, were one of the six groups chosen as finalists to present to Goldman's CEO David Solomon and the New York Partnership Committee. HelpMeSee received an additional £10,000 ($12,000) from the Goldman Sachs London office based on the information presented in the pitch. The proceeds from these Goldman Sachs funds will train ophthalmologists from India in Manual Small Incision Cataract Surgery, with students from the northeast as the first preference. HelpMeSee will report the usage of the awarded funds during the 2020 competition.

Other Impact Fund award winners included a financial education platform helping underserved teens access a college education, an organization alleviating energy poverty through solar tech, and a medical nonprofit creating 3D printed prosthetics for children.

Sheethal Rapheal, Ritu Yadav, Anshul Sanghavi, Prachi Mittal and Neha Saraf, the Goldman Sachs' analyst team from Bangalore, India

A Manual Small Incision Cataract Surgery outreach camp in Nepal.

Pre-surgery patient from India

Post-surgery patient from India

In response to receiving this award, HelpMeSee Chairman and Founder James T. Ueltschi stated that "The bright, young professionals of Goldman Sachs have brought this important cause to the forefront of their firm's global leadership. They secured funding to help take a step to eradicate the global crisis. This grant will ultimately allow [HelpMeSee] to provide high-quality surgical simulation training that will trickle down to provide greater access to affordable, high-quality surgery and restore the life and dignity of each person our initiative touches and cures."

There are 12.6 million blind and 52.6 million visually impaired people across the world due to untreated cataracts, a significant number of those from India. This problem stems from a shortage of ophthalmologists who can perform cataract surgery in underserved populations. Vision, a necessity to participate in the world, can make a difference in the life of someone who would otherwise become dependent on others for care.

Many thanks to the Goldman Sachs Bangalore team for their efforts in securing this grant for the HelpMeSee India Foundation.

HelpMeSee 2019 TIMELINE

CONFERENCE PARTICIPATION – PRESENTATION

CONFERENCE PARTICIPATION – AWARD

TRAINING MILESTONE

INSTRUCTOR TRAINING

MARCH 15-16 — Chief Learning Officer Venudhar Bhatta and HelpMeSee consultant Dr. Daniel Hutter present their poster, Thinking Beyond Simulation to Optimize User Experience and Learning Outcomes, at the American College of Surgeons Simulation Summit in Chicago, Illinois.

APRIL 26 — Wenzhou Medical University Eye Hospital Surgeons. Drs. Xu Xu and Zelin Zhao certify to become HelpMeSee Sclerocorneal Tunnel Construction Course instructors in China.

APRIL 28 — HelpMeSee attends the Association for Research in Vision Ophthalmology conference in Vancouver, British Columbia, where Chief Medical Officer Dr. Van Lansingh receives the Carl Kupfer Award.

MAY 24 — The first STCC simulator-based training is initiated in Wenzhou Eye Hospital Simulation Training Center, with two second-year residents who finished the advanced eBook learning. This milestone marks the integration of HelpMeSee simulation-based training with standard residency training.

JUNE 20 — Dr. Minal ShahBaldota is trained and certified as an Ocular Incision and Dissections Course Instructor.

JUNE 30 – JULY 6 — Dr. Karla Pamela Gonzalez-Daher from the Instituto Mexicano de Oftalmologica participates in Ocular Incision and Dissection Course training at the Bascom Palmer Eye Institute in Miami, Florida with Dr. Daniel Hutter.

JULY 29 – AUGUST 3 — Two students from the Magrabi ICO Eye Institute in Cameroon and two from the Madagascar Ministry of Health enroll in the first ECCE to MSICS Conversion class led by Medical Officer, Africa Dr. Jean-Marie Andre.

AUGUST 1 — TCC-PASTE, the randomized trial comparing the first 20 supervised surgery outcomes of simulation trained tunnel construction trainees against wet lab taught students, completes in India.

AUGUST 1 — The design of the Ocular Incisions and Dissection Course for ophthalmologists who want to improve their surgical skills through analysis on the Eye Surgery Simulator is completed.

AUGUST 20-21 — SUNY Optometry/Wenzhou Medical University Global Health Leadership Development Program students visit the New York office for modified Ocular Incisions and Dissection Course training.

SEPT. 30 — A pre-pilot project is successfully completed in Wenzhou, with a continuing partnership agreed to by both parties. A new agreement will be signed upon the development of a training delivery plan for the next three years.

OCTOBER 12-15 — Dr. Van Lansingh is awarded the American Association of Ophthalmology Education Award at the American Association of Ophthalmology meeting in San Francisco, California.

OCTOBER 12-15 — Dr. Akshay Gopinathan Nair, Dr. Ashish Bacchav, Dr. Chetan V. Ahiwaley, Dr. Tejas S. Sheth, Dr. Van C. Lansingh, Venudhar Bhatt & Jon Pollack present on the Face and content validity of the HelpMeSee Eye Surgery Simulator for Manual Small Incision Cataract Surgery (MSICS) Simulation, at the American Association of Ophthalmology meeting in San Francisco.

OCTOBER 22 — Instituto Mexicano de Oftalmologica installs an Eye Surgery Simulator in Queretaro, Mexico, for the Manual Small Incision Cataract Surgery training of residents and students under Dr. Karla Pamela Gonzalez-Daher.

NOV. 29 – DEC. 1 — Dr. Chetan Ahiwalay HelpMeSee Senior Instructor and Simulation Subject Matter Expert presents on Simulation, Curriculum, Training resources: A Wholesome Approach - The HelpMeSee Way at CCC 2019 in Kolkata, India.

NOV. 29 – DEC. 1 — Dr. Ashish Bacchav, HelpMeSee Lead Instructor and Simulation Subject Matter Expert, presents on the Tunnel Construction Course – Pilot Assessment for Simulation-Based Training Effectiveness (TCC-PASTE) study at THE Comprehensive Cataract Conference 2019 in Kolkata, India.

NOV. 29 – DEC. 1 — HelpMeSee presents the Rising Star Award in Ophthalmology award to former HelpMeSee Trainer Dr. Dalil Bonabe of Cameroon at CCC 2019.

NOV. 29 – DEC. 1 — Dr. Ashish Bacchav receives an award for his paper, "Corneal endothelial changes after MSICS in hard brown cataracts" at the Comprehensive Cataract Conference 2019.

DEC. 1 — Design of the Eye Surgery Simulator Operations curriculum, a course covering its technical and operational aspects, is launched by Director of Simulator Operations and Services, Akmal Zakeryaev.

DEC. 22 — Dr. Karla Pamela Gonzalez-Daher of the Instituto Mexicano de Oftalmologica completes Ocular Incision and Dissection Course training with Dr. Daniel Hutter in Queretaro, Mexico.

DEC. 31 — A new partnership agreement is signed with Wenzhou Eye Hospital, Wenzhou Medical University, for the continued collaboration on residency training on the Eye Surgery Simulators and standard MSICS training program developed by HelpMeSee in the next three years.

ECCE TO MSICS CONVERSION CLASS CONDUCTED FOR AFRICAN OPHTHALMOLOGISTS

Medicine, like other aspects of science, experiences changes and improvements. Cataract surgery is no exception. Manual Small Incision Cataract Surgery (MSICS), the technique promoted by HelpMeSee is an improved form of the cataract surgery known as Extra Capsular Extraction or ECCE. This advancement was the impetus behind the ECCE to MSICS Cataract Surgery Conversion classes taught in 2019 by HelpMeSee Medical Officer of Africa, Dr. Jean-Marie Andre.

From let to right: Dr. Dalil Bonabe and Dr. Zoé Tsiory on Eye Surgery Simulators.

From let to right: Dr. Zoé Tsiory, Dr. Dalil Bonabe, Dr. Jean-Marie André, and Dr. Chetan Ahiwalay at the Mumbai Learning Development Centre.

Looking at the history of cataract surgery, French ophthalmologist Jacques Daviel was the first to perform modern cataract surgery in 1748 when he extracted a lens from the patient's eye through a purposely made incision. While this was a great leap forward, there still was room for improvement. Daviel's success rate was a miserable 50%.

Jumping to the mid-20th century, Extra Capsular Cataract Extraction or ECCE became the preferred treatment method for cataracts. ECCE was an improvement over other forms of cataract surgery as the capsule that holds the lens is kept in place. Keeping the capsule allowed for the implantation of a plastic replacement lens known as IOL. But ECCE requires a large incision and a suture, which increases the chance of infection and induces high astigmatism rates. MSICS, with its tunnel construction, has no stitch, nor does it use expensive equipment. This difference makes MSICS especially suited for the cataract surgery outreach campaigns conducted by NGOs treating cataracts in developing world communities. Yet even though MSICS by most standards is better, some doctors in Africa still practice ECCE.

From let to right: Dr. Danielle Beleho, Dalil Bonabe, Dr. Taimou Abakar, and Professor Kayode Odusote.

Trainees performing surgery at the Magrabi ICO Eye Institute

According to HelpMeSee Program Manager, Dr. Kayode Odusote, approximately 40% to 50% of the cataract surgeries performed in Africa today are MSICS. One percent is phacoemulsification, the technique used in the United States and Western Europe. The remaining African cataract surgeries are still ECCE. To promote better eye care in Africans, Dr. Andre and Dr. Odusote launched the HelpMeSee ECCE to MSICS Conversion classes. For the first class, two students enrolled from the Magrabi ICO Eye Institute in Cameroon and two from Madagascar's Ministry of Health.

The critical technical difference between ECCE and MSICS is the construction of the tunnel, the cut made in the eye to remove the clouded lens. To master this technique, surgeons must learn how to use a different set of surgical instruments. Beyond tunnel construction, ECCE and MSICS are similar and the remaining modules of the Simulation-Based Training Program (MSTP) would be the same.

"Most cataracts in Africa are mature and hard. Many people in Africa do not have health insurance. Poor people who live outside of the big cities cannot afford treatment for their cataracts. When they seek help, their cataracts are advanced. Because of that, most Africans would not be good candidates for phacoemulsification but, if we can switch more surgeons from ECCE to MSICS, outcomes will improve and we can provide better cataract care."
Dr. Jean-Marie André: Medical Officer, Africa

Plans are underway for additional training in 2020 for students from West Africa and Madagascar. The students trained in these classes go on to participate in outreach campaigns to treat the needy. This training and the sight restored at these events are made possible through grants and donations.

SEEING THE WORLD AGAIN DR. DANIELLE BELEHO TRAINS TO RESTORE VISION TO THE CATARACT BLIND OF CAMEROON

Dr. Danielle Beleho, Magrabi (right) from ICO Cameroon Eye Institute examining a patient.

She knew she wanted to be an ophthalmologist when she received her first pair of glasses at five years of age. The eye doctor's office with its optical equipment and her ability to see the world again was like magic. Danielle Beleho from Yaoundé, Cameroon, wanted to share this experience of seeing again with others. It changed her young life.

Danielle attended the first cataract surgery course taught in collaboration with the Magrabi ICO Cameroon Eye Institute that used the HelpMeSee Eye Surgery Simulator for the rapid and safe acquisition of surgical skills. Danielle and three other trainees learned a modern technique called Manual Small Incision Cataract Surgery or MSICS, to remove cataracts. MSICS is safer for patients and less expensive to perform, as the cost is a critical factor in these instances when many of the poor cannot afford to pay for their treatment.

Cameroon lies at the junction of Western and Central Africa on the Atlantic Ocean. While Cameroon is a beautiful area, some of its citizens cannot view its charms. As in other developing places, untreated cataracts in Cameroon is a public health crisis. Hundreds of thousands of people in Cameroon cannot see simply because they cannot access a basic medical procedure, cataract removal, that many of us in richer countries take for granted.

Realizing that the issue of cataract blindness required attention, Cameroon adopted the World Health Organization's "Right to Sight" in 2002. In 2017, the Magrabi ICO Cameroon Eye Institute, the hospital where Dr. Danielle Beleho works, was established by the Africa Eye Foundation thanks to founder and primary donor Dr. Akef el-Maghraby. Magrabi the first in what is to be a network of integrated eye care hospitals to build across Africa. In establishing Magrabi, Dr. el-Maghraby stated, "My goal is to make high-quality eye care accessible to the people of Cameroon, regardless of their ability to pay."

While these initiatives make progress, the root cause of the high prevalence of cataract blindness in Cameroon is still unaddressed. There are only 3.6 ophthalmologists per million people in Cameroon. By comparison, the US has over 50 ophthalmologists per million people. This number more than ten times the amount in Cameroon. There just aren't enough cataract surgeons in Cameroon to treat those impacted. The older techniques used by many cataract surgeons who operate on the poor must be upgraded to safer and less expensive procedures that can be performed more often. This is where the HelpMeSee mission of training enhances the great work Magrabi can perform.

Danielle learned the tunnel construction steps of the MSICS procedure on the Eye Surgery Simulator with HelpMeSee's Dr. Jean-Marie Andre and Medical Officers at the HelpMeSee Learning Development Centre in Mumbai, India. MSICS is especially suited for Cameroon. It takes less than 30 minutes to perform. There is a reduction in complications in MSICS when compared to the older form of cataract surgery, extracapsular cataract extraction, due to its self-sealing incision. Cataract blindness and the 20 million impacted would not be an issue if we could train more eye healthcare providers like Danielle. This is why we need your continued support for additional training in Africa and the placement of our Eye Surgery Simulator in teaching institutes to increase and enhance their cataract surgery training capabilities.

One of Danielle's first patients after training was Mvondo. Mvondo's produce was stolen from her at the farmer's market in Cameroon because of her vision loss due to cataracts. With vision restored, Mvondo felt safe again.

Dr. Danielle Beleho, Magrabi ICO Cameroon Eye Institute (MICEI) (left) with patient (right).

HelpMeSee AND WENZHOU MEDICAL UNIVERSITY LAUNCH PROGRAM TO REDUCE CATARACT BLINDNESS IN CHINA

In May of 2019, the Eye Hospital of Wenzhou Medical University (EH-WMU) in China launched its first Sclerocorneal Tunnel Construction Course (STCC) to a second- and third-year cataract specialty residents utilizing two HelpMeSee Eye Surgery Simulators in the EH-WMU Simulation Training Center. In development since 2013, STCC is one of four HelpMeSee course modules to develop Manual Small Incision Cataract Surgery (MSICS) cataract specialists. STCC instructs students in the tunnel construction step of MSICS. MSICS is an effective, low-cost surgery to restore sight to the cataract blind.

HelpMeSee requires specially trained instructors for STCC. After six weeks of full-time training and a month of follow-up practice, EH-WMU's Dr. Xu Xu, Head of the Simulation Training Center and Dr. Paul Zhao passed the series of assessments required to become qualified instructors. As part of their training, Dr. Xu and Dr. Zhao learned how to guide students through STCC's structured sessions of Manual Small Incision Cataract Surgery eBook study, simulator-based practice, transitional coaching, and live surgery mentoring.

STCC Training at the Eye Hospital of Wenzhou Medical Center

Dr. Binbin Xie, instructing trainees in the dry-lab session.

"In the past, a doctor would instruct, at most, one or two students over a long learning cycle. The use of a high-fidelity simulation-based surgical training system, with accurate data analysis and targeted guidance, provides students with unlimited practice sessions and improved mentoring in a standardized format. This type of training enables students to master the surgical skills at an accelerated pace."
Dr. Xu Xu: Head of the Simulation Training Center, Eye Hospital of Wenzhou Medical University

"Medical simulators are excellent at providing practice opportunities. The STCC program is the first built around using simulation as a systematic component of surgery training. Simulation practice in STCC is not an adjunct, but a stepwise integration into the teaching curriculum. Residents learning STCC at EH-WMU will study a step of the scleral tunnel incision procedure and then practice that step on the Simulator. As an additional benefit, the Simulator alleviates the need for organic tissue, allowing for unlimited practice opportunities with the ability to include programmed complications."
Dr. Jon Pollack: Chief of Training Operations

"The STCC course is yet another innovation in the Wenzhou teaching model that will not only help produce high-quality surgeons on a large scale but also minimize patient's risk. In the future, the Eye Hospital will work together with HelpMeSee to push forward simulation-based ophthalmic surgery training to increase the numbers of Chinese cataract surgery experts rapidly."
Professor Qu Jia: President, Eye Hospital of Wenzhou Medical University

Over 60 million people worldwide experience unnecessary blindness or visual impairment due to untreated cataracts. Two and half million of these are in China, where additional cataract surgeons are needed. The HelpMeSee and EH-WMU partnership is an innovative program to address this need. Within the next few years, all EH-WMU residents will take the full HelpMeSee MSICS course as part of their primary curriculum.

STUDY TO CONFIRM BENEFITS OF THE HelpMeSee SIMULATION BASED TRAINING PROGRAM

Following the tenant of the Hippocratic Oath, "First do no harm," any advance or invention impacting the delivery of healthcare must go through a process of testing that determines the benefits and possible detriments of the proposed development. Medical training delivery is no exception. With that in mind, The Tunnel Construction Course-Pilot Assessment for Simulation-Based Training Effectiveness (TCC-PASTE) study began in November 2018 to compare the results of students who received Manual Small Incision Cataract Surgery training with the HelpMeSee Eye Surgery Simulator with those who did not.

The study was designed as a randomized control study and approved by the Internal Review Boards of L V Prasad Eye Institute in Hyderabad, Sankara Nethralaya in Chennai, and the Mahatma Eye Hospital in Nagpur, India.

Sclero-Corneal Tunnel Construction Course

Traditional Wet-Lab Training

The Tunnel Construction step is the most challenging part of the MSICS procedure to simulate and learn. Validation was always part of the plan. The three additional MSICS training modules to be simulated and tested following the Sclero-corneal Tunnel Construction module are the Capsulorhexis and Nuclear Delivery, Cortical Removal and IOL Implantation, and the Restoration of Physiological Conditions modules.

Presentation of TCC-PASTE results will occur at the virtual 2020 World Ophthalmology Congress in June and has been submitted for publication in a peer-reviewed medical journal.

TCC-PASTE RESEARCH INVOLVED THREE PHASES

1. The first phase was the training two groups of cataract surgeons from a group of 22 trainees. One-half of the students was an experimental group and the other half a control group. The experimental group took the full Sclero-Corneal Tunnel Construction Course (STCC), reading the MSICS Cataract Surgery eBook and using it with the HelpMeSee Eye Surgery Simulator. The control group, on the other hand, underwent traditional wet lab cataract surgery training without the sessions on the Simulator.

2. For the second phase of the TCC-PASTE, video cameras placed within the operating room microscopes recording the students' first 20 supervised surgeries for both groups of students.

3. In the concluding phase, the surgery videos were assessed by MSICS experts for the quality of the procedures and reduction of errors in the experimental group. Nine MSICS experts analyzed the nearly 400 videos using an assessment rubric provided by HelpMeSee. The video evaluation included the technical analysis of four parts of the MSICS Tunnel Construction step. The reviewers did not know vides were from students who had undergone simulation-based training and those who did not.

THE FOUR MODULES OF THE MANUAL SMALL INCISION CATARACT SURGERY SIMULATION-BASED TRAINING PROGRAM

Simulation training classroom at the Mumbai Learning Development Center.

There are different techniques for performing Manual Small Incision Cataract Surgery – or MSICS. However, officers and experts at HelpMeSee agreed-upon four steps or modules to form the HelpMeSee standard curriculum for training cataract specialists in MSICS. The courseware and programming for Module A - the Sclerocorneal Tunnel Construction Course, also known as STCC, are finished. The remaining MSICS Modules B through D are planned for completion in August 2020. All four modules make up the Manual Small Incision Cataract Surgery Simulation-based Training Curriculum, known as MSTC. They are as follows:

THE HelpMeSee MANUAL SMALL INCISION CATARACT SURGERY SIMULATION-BASED TRAINING CURRICULUM (MSTC)

MODULE A

STCC [SCLEROCORNEAL TUNNEL CONSTRUCTION COURSE]

In this first module of the MSICS procedure, the self-sealing tunnel is constructed. 'Tunnel construction,' the signature step of the MSICS procedure, is, in simple terms, an incision for removing the cataracted lens

MODULE B

CNDC [CAPSULORHEXIS AND NUCLEUS DELIVERY COURSE]

In the second module called capsulorhexis, stretching forces are applied to open the capsule, a small bag in the eye that holds the lens in place. Once opened, the lens is removed in a step known as nucleus delivery. Nucleus delivery may require hydrodissection, a process where the eye is flooded with liquid to float the lens out of place. If hydrodissection is not used, the Sinskey hook, a surgical instrument that looks like a small pick, removes the cataracted lens.

MODULE C

CRIC [CORTICAL REMOVAL AND IOL IMPLANTATION COURSE]

In this, the third module of the MSICS procedure, any lens or capsule pieces left behind, are rinsed away with a Simcoe's cannula, which is a tip that sprays liquid into the interior of the eye through the incisions. As the last step in this module, the surgeon implants a plastic replacement lens in the capsule known as an intraocular lens or IOL.

MODULE D

RPCC [RESTORATION OF PHYSICAL CONDITIONS COURSE]

In the final module of the MSICS training courseware, a Simcoe's cannula is used to remove any remaining liquid that had been added to the eye. As a final step, the surgeon checks the incisions to make sure they do not leak.

HelpMeSee PARTICIPATES IN THE 3rd BIENNIAL COMPREHENSIVE CATARACT CONFERENCE WORLD CONFERENCE ON MSICS IN KOLKATA

The Third Biennial World Conference on Manual Small Incision Cataract Surgery: Comprehensive Cataract Conference 2019 (CCC 2019), held from November 29th to December 1st, is a tailor-made opportunity to demonstrate HelpMeSee achievements to the Manual Small Incision Cataract Surgery (MSICS) experts of the world. The 2019 conference was no exception.

Dr. Ashish Bacchav, Lead Instructor speaking at CCC 2019.

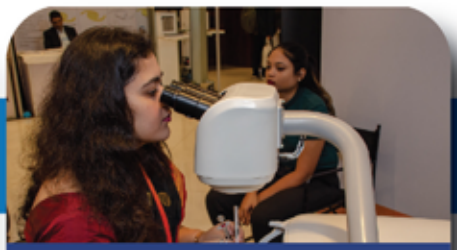
Dr. Chetan Ahiwalay, Senior Instructor & SME speaking at CCC 2019

Dr. Ashish Bacchav, HelpMeSee Lead Instructor and Simulation Subject Matter Expert, presented on Tunnel Construction Course – Pilot Assessment for Simulation-Based Training Effectiveness (TCC-PASTE) study. TCC-PASTE, a randomized control study to determine the HelpMeSee Eye Surgery Simulator's effectiveness in MSICS training that began in early 2019. Dr. Chetan Ahiwalay, HelpMeSee Senior Instructor and Simulation Subject Matter Expert, also spoke with a presentation on Simulation, Curriculum, Training resources: A Wholesome approach - The HelpMeSee Way. Dr. Ahiwalay's talk covered the philosophy and benefits of the HelpMeSee simulation-based training programs. At an awards ceremony, HelpMeSee presented the Rising Star Award in Ophthalmology award to former HelpMeSee Trainer Dr. Dalil Bonabe of Cameroon. Dr. Bonabe trains ophthalmologists in MSICS and performs free surgeries for Africa's cataract blind.

The Comprehensive Cataract Conference's mission first held in 2015 promotes MSICS as a viable and cost-effective means of treating cataracts. Topics covered include patient selection, pre-operative preparation, instrument usage, surgical techniques post-operative care and surgical complications management for MSICS surgeries. This year, additional seminars included starting up private and hospital MSICS practices, MSICS operating theater disinfection procedures, and surgery demonstrations.

According to the conference manager, the International Society of Manual Small Incision Cataract Surgeons (ISMICS), nearly 1,000 people attended this year. In addition to HelpMeSee, sponsors included the Uttarakhand State Ophthalmology Society, MSICS Thailand, Andhra Pradesh Ophthalmic Society, the Indonesian Society of Cataract and Refractive Surgery, College of Optometry of Eastern, Central and Southern Africa and the Thai Society of Cataract and Refractive Surgeons.

Dr. Jean-Marie Andre (left) accepting Dr. Dalil Bonabe's Rising Star Award with Dr. Parikshit Gogate (center).



A CCC attendee demos the Eye Surgery Simulator.

A CCC attendee demos the Eye Surgery Simulator.

According to the Director who organized HelpMeSee's participation at the conference, Satyajit Patnaik, "CCC is one of the best conferences for HelpMeSee to attend. We can demonstrate the Eye Surgery Simulator to the renowned MSICS experts of the world and build relationships with the training organizations that can benefit from our simulation-based courses."

HelpMeSee attended the 2017 CCC conference in Chennai. Plans are underway for the 2021 conference at the Postgraduate Institute of Medical Education and Research in Chandigarh.

FUNDS RAISED FOR PLACEMENT OF AN EYE SURGERY SIMULATOR AT THE INSTITUTO MEXICANO DE OFTALMOLOGIA

Training of cataract surgeons using the HelpMeSee course occurs in one of two ways. Students who attend courses at the Learning & Development Center in Mumbai are students of HelpMeSee. To expand opportunities, HelpMeSee establishes agreements with ophthalmology training institutions that adhere to HelpMeSee training standards. Instructors teaching with the MSICS Cataract Surgery eBook and Eye Surgery Simulator must be qualified to teach the HelpMeSee Way, which differs from the "see one, do one, teach one" method used in traditional medical training.

A new partner in 2019, the Instituto Mexicano de Oftalmologia in Queretaro Mexico, started as a group of ophthalmologists who regularly visited the Sierra Gorda de Queretaro, a mountainous area with portable equipment to provide eye care to the citizens of the are free of charge. This traveling clinic turned into a full-time charitable hospital in 1997. Their mission is to treat Mexico's poor and address Latin American ophthalmologist shortage. The ability to use the HelpMeSee Eye Surgery Simulator with the HelpMeSee MSICS Simulation-Based Training program (MSTP) would help them with both goals by developing cataract specialists trained to provide the best care to the poor. As a charity themselves, the cost of bringing the HelpMeSee Simulator to Queretaro was a challenge for IMO. But thanks to donors, $64,250 was raised in a 2019 year-end campaign to cover shipping expenses and Simulator maintenance.

After certification in Sclerocorneal Tunnel Construction Course training, Dr. Karla Pamela Gonzalez-Daher, an Anterior Segment Surgeon at IMO, will use the Simulator to teach Manual Small Incision Cataract Surgery (MSICS). Her students will be IMO's residents, as well as outside trainees, from other eyes healthcare-focused NGOs.

"The HelpMeSee Training Philosophy and Simulator at IMO made perfect sense. IMO currently teaches both phacoemulsification and MSICS, yet the administration realizes the importance of MSICs to treating the cataracts of Mexicans who may not be able to afford cataract surgery. IMO address eye healthcare holistically, treating conditions such as glaucoma and diabetic retinopathy. Most Mexicans will require treatment for cataracts at some point. Providing better cataract care makes perfect sense." - Dr. Van Charles Lansingh: Chief Medical Officer

INTERVIEW WITH DR. KARLA PAMELA GONZALEZ-DAHER FROM THE INSTITUTO MEXICANO DE OFTALMOLOGICA

Dr. Karla Pamela Gonzalez-Daher, Anterior Segment Surgeon, IMO

Dr. Gonzalez -Daher (center) and Simulator Specialist Technician Anthony DeSantis (right) at IMO.

In 2019 HelpMeSee worked with Dr. Karla Pamela Gonzalez-Daher, an Anterior Segment Surgeon at the Instituto Mexicano de Oftalmologia (Mexican Institute of Opthalmology or IMO) to incorporate the HelpMeSee Eye Surgery Simulator within Dr. Gonzalez-Daher's Manual Small Incision Cataract Surgery (MSICS) class.

Dr. Gonzalez-Daher teaches MSICS to advance IMO's mission of providing quality eye health care to the poor. Her classes are open to IMO Residents and Fellows, as well as outside practitioners who support charitable healthcare missions through Latin America and the Caribbean. Consisting of theoretical lessons, wet-labs and supervised surgeries on patients, the HelpMeSee Eye Surgery Simulator in Dr. Gonzalez-Daher's MSICS class will provide students with educational practice opportunities that would not otherwise be available. Furthermore, the HelpMeSee Eye Surgery Simulator's programmable scenarios will enhance Dr. Gonzalez-Daher's students' education to manage complications that might be difficult to manage unexpectedly in live surgeries.

Why did you decide to become an ophthalmologist?

My father is an ophthalmologist, and I had the good fortune of growing up in a clinical environment. I used to go with my father as a child on morning rounds to the hospital and sometimes went with him to the operating room. I like the experience of working with people and helping others to see. I can make a difference in the lives of many, from little kids to grown-ups. This is why I became an ophthalmologist.

How did you find out about the HelpMeSee Eye Surgery Simulator?

I heard about the HelpMeSee Eye Surgery Simulator from Dr. Van Lansingh two or three years ago. Dr. Lansingh is on the staff at IMO and has been involved with my work for several years.

When Dr. Lansingh described the HelpMeSee Eye Surgery Simulator project initially, I thought it was a high-tech wet lab. I am familiar with wet labs and, at the time, know of no other options for training surgeons to make incisions. The HelpMeSee Eye Surgery Simulator seemed to be a complicated and sophisticated system for performing a task that already existed. I couldn't understand how a simulator could help train or develop skills for cataract surgery.

Of course, after using it, I realized I was wrong. I could see how the HelpMeSee Eye Surgery Simulator was more than a high-tech wet lab. It is a sophisticated platform. At the same time, the software is easy to use and breaks down the cataract surgery procedure into steps. Students can practice these steps one at a time and strive for perfection in each of them.

Dr. Gonzalez-Daher at the delivery of the Eye Surgery Simulator to IMO

Dr. Gonazlez-Daher with the Eye Surgery Simulator delivered to IMO.

How would the HelpMeSee Simulator improve MSICS training at IMO?

The Eye Surgery Simulator training program would increase our proficiency as it contains a system that measures the development of students' skills. Each session is graded and, where needed, I follow up with personalized advice. A wet lab does not allow for this type of grading. I, as an instructor, can only see what the students are doing visually. Within a wet lab, evaluating the depth of an incision, how far the student may be going with their tunnel is impossible to determine. Yet, on a simulation, these assessments are measurable. I can also set objective standards for cataract surgeon training.

The Eye Surgery Simulator is a great tool that will help surgeons develop their skills. The software records all movements for review and feedback. It will be an incredible addition to the IMO MSICS training program.

Are students enthusiastic about the arrival of the HelpMeSee Simulator to the IMO MSICS program?

Our current students, residents and Fellows are familiar with the Eye Surgery Simulator training program and are eager to learn more. They look forward to being part of the program. The students watched a video and are serious about using high-tech simulation-based tools.

What will be the impact of the HelpMeSee Eye Surgery Simulator on the MSICS training community?

The HelpMeSee Eye Surgery Simulator will advance the accomplishments of MSICS in a short time. It will heighten standards by informing the instructor when someone is ready for hands-on patient training. It can develop a better surgeon and translate into fewer complications at the beginning of training when the surgeon transitions from being a junior surgeon to an experienced senior surgeon. Altogether simulation-based training will mean better results for our cataract patients.

I look forward to working on this project with HelpMeSee and am excited at the thought of moving forward.

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HelpMeSee FINANCIALS 2019

HelpMeSee conducts programs for regularly soliciting contributions in connection with the organization's mission from various sources, including local and international corporations, foundations, non-government organizations, governments and private institutions. These activities include the solicitation of corporate gifts and grants, as well as appeals from individuals in the form of recurring donations, single gifts or planned giving bequests. Our financial statements for 2019 are as follows:

2019 FINANCIAL POSITION

• Net Assets	19,974,519
• Total Liabilities	1,729,046
TOTAL ASSETS	**$21,703,565**

PUBLIC SUPPORT

• Individuals	$2,078,169
• Corporations	$58,395
• Foundations	$9,765,785
• Bequests	$140,039
• In-Kind Contributions	$8,130
• Investment Income	$183,283
• Other Income	$16,619
TOTAL REVENUE & OTHER SUPPORT	**$12,250,421**

EXPENSES

Program Services	
• Training & Practice Readiness	$8,072,826
• Public Awareness	627,048
Supporting Services	
• Management & General	$711,611
• Fundraising	1,404,255
TOTAL EXPENSES	**$12,250,421**

OTHER CHANGES

Litigation Settlement[1]	$4,886,641
Litigation Trust Net Expenditures[2]	$(653,231)
Foreign Currency Loss	$(66,665)
CHANGE IN NET ASSETS	**$5,605,426**

[1] In 2019 HelpMeSee signed a settlement agreement with Moog BV to terminate the development of the Eye Surgery Simulators. This settlement resulted in a transfer of assets and forgiveness of outstanding invoices. Please refer to the Notes to Consolidate Financial Statements on the Consolidated Financial Statements and Report of Independent Certified Public Accounts for additional details on this line item.

[2] In 2018, HelpMeSee was awarded a settlement from Wonder Works Inc. for the restricted use of the awarded funds in HelpMeSee surgical campaigns. As part of this settlement, a litigation trust was established to manage the funds. This line item is the amount spent in 2019 to manage that trust. Please refer to the Notes to Consolidate Financial Statements on the Consolidated Financial Statements and Report of Independent Certified Public Accounts for additional details.

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