

PCOM EXCLUSIVES

Dry eye is a chronic disease that may begin in childhood

Highly sensitive and dry eyes are a chronic disease that may begin in childhood, according to a new study from the University of Michigan. The study found that for as little as 10 percent of children with dry eye disease, the condition can be a chronic disease that may begin in childhood. The study also found that children with dry eye disease have a higher risk of developing higher order aberrations in their eyes.

ODs can help meet primary health care need

Optometric dispensing is a key component of the primary health care team, according to a new study from the American Optometric Association. The study found that optometric dispensing can help meet the primary health care need of patients with chronic conditions.

Surgeon shares preferences for glaucoma procedures

Glaucoma is a leading cause of blindness, and new procedures are being developed to treat the disease. According to a new study from the University of Michigan, surgeons have preferences for certain glaucoma procedures.

Electronics and dry eye

Spending too much time on electronic devices can lead to dry eye disease, according to a new study from the University of Michigan. The study found that children who spend more time on electronic devices have a higher risk of developing dry eye disease.

2018 RATE CARD

Print

Effective Rate Date: January 2018 for all advertisers.

RATES

1. Black-and-White rates:

Frequency	King Spread	King Page	3/4 Page	Island/Half Page	1/3 Page	1/4 Page	1/8 Page
1x	\$13,010	\$8,780	\$7,635	\$6,500	\$3,515	\$2,450	\$1,585
6x	12,650	8,425	7,380	6,320	3,380	2,360	1,555
12x	12,300	8,080	7,110	6,150	3,245	2,285	1,540
18x	11,955	7,735	6,855	5,975	3,130	2,185	1,530
24x	11,590	7,380	6,575	5,790	2,985	2,105	1,510
36x	11,240	7,030	6,320	5,635	2,870	2,020	1,495
48x	10,880	6,675	6,055	5,450	2,720	1,935	1,480
60x	10,540	6,320	5,790	5,270	2,595	1,840	1,465
72x	10,200	5,975	5,520	5,105	2,450	1,755	1,445
96x	9,835	5,635	5,270	4,920	2,320	1,665	1,425
108x	9,680	5,475	5,115	4,760	2,165	1,510	1,260

Color: In addition to earned black-and-white rates.

Charge per color per page or fraction		
	One Page	Spread
Standard color	\$1,225	\$2,450
Matched color	1,330	2,660
Metallic color	1,540	3,080
Four color	2,075	4,150
Four color + PMS	3,400	6,800
Four color + Metallic	3,605	7,210

2. Rates:

- Earned rates** are given to advertisers based on advertising frequency within a 12-month period. The earned rate is determined by the number of insertions. A spread counts as two insertions. Each full page of an insert counts as one insertion.
- Agency commission:** Fifteen percent (15%) gross billings on space, color, cover, and preferred position charges.
- Cash discount:** Two percent if paid within ten days of invoice date. No discount allowed after this period.

3. Bleed: No charge

4. Covers and Special Positions:

- Covers:**
 - Second cover:** Earned b/w rate plus 25%. Color additional.
 - Third cover:** Earned b/w rate plus 15%. Color additional.
 - Fourth cover:** Earned b/w rate plus 50%. Color additional.
- Special Positions:**
 - 1st Run of Book:** Earned b/w rate plus 15%. Color additional.
 - Center spread:** Earned b/w rate plus 25%. Color additional.

5. Online Advertising Rates: Please contact your sales representative for more information.

6. Recruitment/Classified Rates: Please contact your sales representative at 800-257-8290.

Circulation: 35,290

[Click to view full circulation info](#)

[Click to view print advertising terms and conditions](#)

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Send Product insertion orders and ad materials to:

Wanda Granato,
 Sales Administrator
wgranato@healio.com, ext. 451

6900 Grove Road
 Thorofare, NJ 08086-9447
 856-848-1000 • 800-257-8290
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Send inserts and BRCs to:

Jesse Davis
 PRIMARY CARE OPTOMETRY NEWS
 Publishers Press, Inc.
 13487 S. Preston Highway
 Lebanon Junction, KY 40150-8218

DISCOUNTS

- 1. Combined Earned Frequency:** All insertions of a parent company and its subsidiaries are combined to determine the earned rate. Advertisers may combine space units run in all SLACK publications to achieve maximum rate frequency.
- 2. Global Continuity Incentive:** Advertisements for an individual product are eligible for a discount based upon the number of insertions placed in SLACK publishing's eye care newspapers (all global editions of OCULAR SURGERY NEWS plus PRIMARY CARE OPTOMETRY NEWS). Insertions do not need to be consecutive. This program may not be combined with the Comprehensive Marketing Incentive.
 - a) 3-6 insertions: 10% off
 - b) 7-12 insertions: 15% off
 - c) 13+ insertions: 20% off
- 3. Comprehensive Marketing Incentive:** Advertisers may be eligible for a customized incentive program based upon a total 2018 investment in promotional, marketing and educational services provided through all global print and online editions of SLACK publishing's eye care newspapers, OCULAR SURGERY NEWS and PRIMARY CARE OPTOMETRY NEWS, and/or associated live non-CME educational events. Contact your sales representative for details.
- 4. SLACK Corporate Discount:** Take advantage of SLACK's advertising, custom publishing, event management and other marketing services in 2018 and earn valuable discounts in 2019. Spend levels achieved in the year 2018 will determine your Corporate Discount savings in 2019 based on a total net spend.
- 5. 2018 Eye Care Discounts (programs not cumulative):**
 - a) **Buy 3, Get 1 Free:** Place an ad in 3 issues and get a 4th ad free. Minimum ad size: 1/3 page.
 - b) **2018 Campaign Package:** Commit to all 12 issues of PRIMARY CARE OPTOMETRY NEWS and get 6 free blast emails. Minimum ad size: 1/3 page.
 - c) **Eye Care Combination Discount:** Advertise the same ad unit in both OCULAR SURGERY NEWS and PRIMARY CARE OPTOMETRY NEWS in the same month and get 25% off your ad in PRIMARY CARE OPTOMETRY NEWS.
- 6. When taking advantage of more than one discount program, discounts must be taken in the following order:**
Gross Cost:
 - a) Less Global Continuity Incentive or Comprehensive Marketing Incentive
 - b) Less SLACK Corporate Discount
 - c) Less 15% Agency Discount**Equals Net Cost**

ISSUANCE AND CLOSING

- 1. Established:** February 1996
- 2. Frequency:** 12 times per year
- 3. Issue Dates:** 1st of each month
- 4. Mailing Date and Class:** Mails first week of the issue month; Periodical class
- 5. Extensions and Cancellations:**
 - a) **Extensions:** If an extension date for material is agreed upon and material is not received by the Publisher on the agreed date, the advertiser will be charged for the space reserved.

- b) **Cancellations:** If, for any reason, an advertisement is canceled after the closing date, the Publisher reserves the right to repeat a former ad at full rates. If the advertiser has not previously run an ad, the advertiser will be charged for the cost of space reserved. Neither the advertiser nor its agency may cancel advertising after the closing date.

EDITORIAL

- 1. General Editorial Direction:** PRIMARY CARE OPTOMETRY NEWS strives to be the optometric professional's definitive information source by delivering timely, accurate, authoritative and balanced reports on clinical issues, socioeconomic and legislative affairs, ophthalmic industry and research developments, as well as updates on diagnostic and therapeutic regimens and techniques to enhance the quality of patient care.
- 2. Average Issue Information:**
 - a) **Average number of articles per issue:** 17
 - b) **Average article length:** 750 words
 - c) **Editorial departments and features:**
 - Regulatory/Legislative
 - Contact Lenses and Eye Wear
 - Cornea/External Disease
 - Glaucoma
 - Therapeutics
 - Retina/Vitreous
 - Technology
 - Practice Management
 - Low Vision/Geriatrics
 - Ophthalmic Research
 - What's Your Diagnosis?
 - Cataract Surgery
 - Meetings and Courses
 - Products and Services
 - Industry News and Research
 - Refractive Surgery
 - Primary Care Optometry
 - Comanagement
 - Pediatrics
 - Nutrition
 - PCON CE
- 3. Origin of Editorial:**
 - a) **Staff Written:** 50%
 - b) **Solicited:** 30%
 - c) **Submitted:** 5%
 - d) **Articles or abstracts from meetings or other publications:** 15%

CIRCULATION

- 1. Description of Circulation Parameters:** Optometrists, optometry students and others allied to the field
- 2. Demographic Selection Criteria:**
 - a) **Prescribing:** N/A
 - b) **Circulation:** 35,290
 - c) **Paid information:** Association members: N/A
Is publication received as part of dues: No
 - d) **Subscription rate:** U.S. \$368/yr. Individual;
Canada: add 5% GST
Outside the U.S.: add \$84
- 3. Circulation Verification:**
 - a) **Audit:** BPA Worldwide
 - b) **Mail House:** Publishers Press
- 4. Coverage:**
 - a) **Date and Source of Breakdown:** BPA Worldwide, June 2017
- 5. Estimated total circulation for 2018:** 35,290/issue

GENERAL INFORMATION

- 1. Requirements for Advertising Acceptance:** Professional and non-professional products or services are accepted, provided they are in harmony with the policy of service to the healthcare profession and subject to Publisher's approval. Non-professional product and service advertisers must submit ad copy two weeks prior to the closing date.
- 2. New Product Releases:** Yes
- 3. Editorial Research:** Yes
- 4. Ad Format Placement Policy:**
 - a) **Format:** Within articles
 - b) **Are ads rotated?:** Yes
- 5. Ad/Editorial Information:** 50/50 Ad/Edit Ratio
- 6. Value-added Services:**
 - a) **Bonus distribution** (see editorial calendar)
 - b) **Other:** Advertiser's Index
- 7. Online Advertising Opportunities:** Contact your sales representative or visit Healio.com/Optometry for more information.
- 8. Additional Advertising Opportunities**
 - a) **BRC inserts:** See Insert Information under 5b for specifications
 - b) **Split-run advertising:** Contact publisher for information.
- 9. Reprint Availability:** Yes, email reprints@healio.com.
- 10. Publisher's Liability:** The Publisher shall not be liable for any failure to print, publish or circulate all or any portion of any issue in which an advertisement accepted by the Publisher is contained if such failure is due to acts of God, strikes, war, accidents, or other circumstances beyond the Publisher's control.
- 11. Indemnification of Publisher:** In consideration of publication of an advertisement, the advertiser and the agency, jointly and separately, will indemnify, defend and hold harmless the publication, its officers, agents, and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the advertisement, including, without limitation, claims or suits for libel, violation of right of privacy, copyright infringements, or plagiarism.
- 12. Competitor Information:** PRIMARY CARE OPTOMETRY NEWS does not accept advertisements that contain competitor(s) names, publication covers, logos or other content.
- 13. Advertorials:** In order to be considered for acceptance, advertisements or inserts that contain text or copy describing a product must be substantially different in text and font of the receiving publication, and the word "Advertorial" or "Advertisement" must be prominently displayed in 10 pt. black type, in all caps, at the center top of each page.
- 14. Billing Policy:** Billing to the advertising agency is based on acceptance by the advertiser of "dual responsibility" for payment if the agency does not remit within 90 days. The Publisher will not be bound by any conditions, printed or otherwise, appearing on any insertion order or contract when they conflict with the terms and conditions of this rate card.

AD SPECIFICATIONS

1. Available Advertising Unit Sizes:

Ad sizes:	Non-bleed (Live area) sizes:		Trim sizes:	
	Width	Height	Width	Height
King Spread	20.5"	x 13.5"	21"	x 14"
King Page	10"	x 13.5"	10.5"	x 14"
¾ Page (Vertical)	7.05"	x 13.5"	7.55"	x 14"
¾ Page (Horizontal)	10"	x 10"	10.5"	x 10.5"
Island ½ Page	7.13"	x 10"	7.63"	x 10.5"
Island Spread	14.6"	x 10"	15.1"	x 10.5"
½ Page (Vertical)	4.68"	x 13.5"	5.18"	x 14"
½ Page (Horizontal)	10"	x 6.5"	10.5"	x 7.0"
⅓ Page	4.68"	x 10"	5.18"	x 10.5"
¼ Page (Vertical Block)	4.68"	x 6.25"	5.18"	x 6.75"
¼ Page (Horizontal Block)	7.13"	x 4.75"	7.63"	x 5.25"
¼ Page (Vertical Strip)	2.23"	x 13.5"	2.73"	x 14"
¼ Page (Horizontal Strip)	10"	x 3"	10.5"	x 3.5"
⅛ Page (Vertical Block)	2.23"	x 6.25"	2.73"	x 6.75"
⅛ Page (Horizontal Block)	4.68"	x 2.84"	5.18"	x 3.34"

- a) Trim size of journal: 10.5" x 14"
- b) To view thumbnails of ads specs, visit healio.com/slackadspecs
For spread ads, keep content (images/text) ¼" in on each side of the gutter
For bleed ads, add ⅛" on all sides of trim size.

- 2. Paper Stock:
 - a) Inside pages: 40 lb. text
 - b) Covers: 70 lb. cover
- 3. Type of Binding: Saddle-stitch
- 4. Print Ad Requirements: For specifications, go to: healio.com/slackadspecs

Color Proofs: One proof made from supplied files and meeting SWOP specifications, must be provided with data file. Proof must be at 100% of the print size. Publisher accepts Kodak approvals, Matchprints, Chromalins, High-end Epson Quality or Iris Digital proofs.

If only color lasers are furnished, color match on press cannot be guaranteed.

Note: Spread ads should be sent as a one-page file.

Media: CDs and DVDs. Ads will not be accepted via e-mail. FTP site available

- 5. Disposition of Ad Material: Ad materials will be held one year from date of last insertion and then destroyed unless notified otherwise in writing.

INSERT INFORMATION

- 1. Availability and Acceptance:
 - a) **Availability:** Two- to eight-page inserts are available full run. Demographic and/or geographic inserts are limited to three per issue.
 - b) **Acceptance:** A paper and insert sample must be submitted to the Publisher for approval.
- 2. Insert Charges:
 - a) **Furnished inserts:** Billed at black-and-white space rate at frequency earned on a page-for-page basis, plus an \$850 non-commissionable tip-in charge.
 - b) A-size inserts charged at the island/half page rate.
 - c) Tabloid-size inserts charged at the king page rate.
- 3. Sizes and Specifications:

No. of Pages	Paper Stock		Max Micrometer Reading
	Max	Min	
2 page (one leaf)	80# coated text	70# coated text	.004"
4, 6, 8 page	70# coated text	60# coated text	.004"

- a) **Full size inserts:** supplied untrimmed, printed, folded (except single leaf), and ready for binding. Varnished inserts are acceptable at the Publisher's discretion.
- b) **A-size:** Supply size: 8½" x 11" pre-trimmed on head and face. ⅛" foot trim.
- 4. **Trimming:** Trimming of oversized inserts will be charged at cost. Keep live matter ½" from trim edges and ¾" from gutter trim. Inserts are jogged to the foot. Book trims ⅛" at head face and foot.
- 5. **BRCs:**
 - a) **Pricing:** When accompanied by a minimum of an island/half page, a tip-in fee of \$850 is charged; non-commissionable.
 - b) **BRC Specifications:** 3½" x 5" minimum to 4¼" x 6" maximum; perforated with ½" lip (from perforation) for binding. Add ⅛" for foot trim. Cardstock minimum: 75# bulk or higher.
- 6. **Quantity:** Full run — 39,000 (estimated). Exact quantity will be given upon Publisher's approval of insert or call Publisher prior to closing date.
- 7. **Shipping:** Carton packing must have publication name, issue date, and insert quantity clearly marked. Inserts shipped in e-containers cannot be verified and SLACK will not be responsible for shortages on press.

Healio
PRIMARY CARE OPTOMETRY NEWS
 THE LEADING CLINICAL NEWSPAPER FOR OPTOMETRISTS
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PCPN EXCLUSIVES

Dry eye is a chronic disease that may begin in childhood

Highly sensitive to environmental irritants, the ocular surface of children is particularly vulnerable to dry eye disease. In fact, a study published in the *Journal of Allergy and Clinical Immunology* found that 40% of children aged 6 to 11 years old with allergic rhinitis also had dry eye disease. The study, led by researchers at the University of California, San Diego, found that children with allergic rhinitis had significantly higher levels of tear film evaporation, a key indicator of dry eye disease, compared to children without allergic rhinitis. The researchers also found that children with allergic rhinitis had significantly higher levels of tear film osmolarity, another key indicator of dry eye disease. The researchers concluded that dry eye disease may be a chronic condition that begins in childhood and is associated with allergic rhinitis. This finding has important implications for the management of dry eye disease in children, as it suggests that treating allergic rhinitis may help to prevent or reduce the severity of dry eye disease. The researchers also noted that children with allergic rhinitis and dry eye disease may benefit from the use of artificial tears and other treatments designed to improve tear film stability and reduce evaporation.

ODs can help meet primary health care need

As the population ages, the need for primary health care services increases. Optometric dispensing opticians (ODs) are well-positioned to help meet this need. ODs are trained to provide a wide range of services, including contact lens fitting, eye exams, and vision therapy. They also play a key role in patient education and counseling. In addition, ODs are often the first point of contact for patients with eye problems, making them an important part of the primary care team. By working closely with ophthalmologists and other eye care professionals, ODs can help ensure that patients receive the best possible care for their eye health.

Surgeon shares preferences for glaucoma procedures

Glaucoma is a leading cause of blindness, and early detection and treatment are crucial. Surgeons have a variety of options when it comes to glaucoma surgery, and their preferences can vary based on the patient's specific condition and needs. Some surgeons prefer minimally invasive glaucoma surgery (MIGS), which typically involves smaller incisions and faster recovery times. Others may prefer traditional glaucoma surgery, which can be more effective in certain cases but may involve a longer recovery period. The choice of procedure depends on many factors, including the patient's anatomy, the severity of the glaucoma, and the surgeon's expertise. It's important for patients to discuss their options with their surgeon and make an informed decision based on their individual needs and preferences.

Electronics and dry eye

Spending more time looking at electronic devices can lead to dry eye symptoms. The blue light emitted by screens can reduce tear production and increase evaporation, leading to dry, irritated eyes. Symptoms include redness, itching, and a burning sensation. To prevent dry eye, it's important to take regular breaks from screen time and use artificial tears. Adjusting screen brightness and using a humidifier can also help. Additionally, wearing sunglasses and using eye drops designed for digital eye strain can provide relief.

What's Your Diagnosis?

Dr. [Name] discusses the latest in eye care technology and how it can improve patient outcomes. From advanced imaging techniques to new surgical approaches, the field of ophthalmology is constantly evolving. Staying up-to-date on the latest research and clinical findings is essential for providing the best care for your patients. This special feature offers insights from leading experts in the field, helping you stay ahead of the curve in your practice.

2018 EDITORIAL CALENDAR

Print

ISSUE	AD CLOSING	MATERIAL DUE	FEATURED TOPICS	MEETING COVERAGE	BONUS DISTRIBUTION
January	12/1/2017	12/18/2017	Astigmatism Management		
February	1/2/2018	1/19/2018	Allergy & Systemic Care	Hawaiian Eye	SECO International (SECO) Vision Expo East
March	2/1/2018	2/15/2018	Comanagement & Practice Strategies		
April	3/1/2018	3/19/2018	Glaucoma	SECO Vision Expo East American Glaucoma Society	
May	4/2/2018	4/17/2018	Dry Eye	ASCRS	
June	5/1/2018	5/17/2018	Comanagement of the Presbyopic Patient	ARVO	AOA/Optometry's Meeting
July	6/1/2018	6/18/2018	Ocular Infection	AOA/Optometry's Meeting	
August	7/2/2018	7/18/2018	Instrumentation & Technology		
September	8/1/2018	8/17/2018	Contact Lenses		Vision Expo West
October	9/4/2018	9/17/2018	Retina Imaging and Diagnosis		American Academy of Optometry
November	10/1/2018	10/17/2018	Managing the Surgical Patient	Vision Expo West	
December	11/1/2018	11/15/2018	Posterior Segment Inflammation	American Academy of Optometry	

Note: Editorial content subject to change