



Cornea Day highlights controversies and challenging cases

The 2016 Cornea Day at the ASCRS•ASOA Symposium & Congress featured sessions on refractive surgery, challenging cornea cases, corneal and conjunctival surgery, and corneal cataract issues.

Challenging cases

The first session of the day focused on challenging cornea cases. **Leejee Suh, MD**, New York, spoke about infectious keratitis. She presented a case of a 49-year-old female with progressive vision loss, redness, and pain in the right eye. The patient also had myopia, for which she used soft contact lenses.

The patient was initially seen elsewhere, and the cornea was cultured, Dr. Suh said. The cultures were negative to date, and tobramycin and dexamethasone had been used. However, when the patient presented, she was complaining of worsening eye pain. Is there a role for topical steroids in bacterial keratitis? Dr. Suh said the pros are that they can reduce the severity of stromal melt and scarring. Topical steroids could also inhibit neutrophil chemotaxis and collagenases. However, there could be a delay in epithelial healing, and steroids could prolong infections and may allow for fungal infections.

The next step for this type of patient, Dr. Suh said, would be to reculture, and do a confocal microscopy and biopsy. This particular patient was recultured from the cornea and contact lens case. Fortified vancomycin and tobramycin was used, but the patient still complained of severe pain.

Dr. Suh said that she and colleagues asked themselves if there is a role for collagen crosslinking in infectious keratitis. In order to talk about crosslinking, you have to talk about the antimicrobial effect of riboflavin and UVA demonstrated in vitro in animal studies, she said.



Dr. Rhee discusses large-diameter cosmetic contact lenses.

Crosslinked corneas may have increased resistance to degradative enzymes. Studies have shown that crosslinking appears to be a reasonable adjunctive therapy for corneal ulcers, Dr. Suh added.

With still negative cultures, the patient did admit to having uncontrolled diabetes mellitus. When a confocal microscopy was performed, many branching organisms were found throughout numerous scans, which was consistent with filamentous fungal organisms. Cultures showed *Fusarium spp.*, and eventually a penetrating keratoplasty was performed for this patient.

In conclusion, Dr. Suh highlighted the answers to 3 important questions: Is there a role for topical steroids in bacterial keratitis? Is there a role for collagen crosslinking in infectious keratitis? And what is the first line of antifungal therapy in fungal ulcers? She said there may be a role for topical steroids for certain culture positive bacterial ulcers, and

preliminary reports show efficacy with crosslinking, but more clinical experience is needed. In terms of antifungal therapy, natamycin may be a better and more accessible therapeutic, she said.

Kristin Hammersmith, MD, Philadelphia, presented on corneal neovascularization and HSV. Physicians know that corneal transparency is essential to optimal vision and function, she said. Corneal neovascularization can block and disrupt light, can deposit lipids and proteins into the stroma, can damage the structural integrity of the cornea, and can worsen the prognosis of PK.

The prevalence of corneal neovascularization is 4% of the general ophthalmic eye service in the U.S. There is an estimated incidence of 1.4 million Americans per year, Dr. Hammersmith said, and HSV is the major cause of blindness in the developed world.



Cornea Society

Advancing the treatment of corneal disease



Marian S. Macsai, MD

President's Message

Dear Cornea Society members,

Just got home from a behind-the-scenes tour of Wrigley Field. It was fantastic. Did you know that the same family has operated the manual scoreboard for 3 generations? The job has never been done by anyone outside this family. How is it that the Cubs have not won a World Series since 1908, yet they have a huge devoted fan base? What is their secret? Every year the fans show up thinking, "This is the year."

Five years ago the Cornea Society conducted a series of focus groups to assess the needs of our members. The results were used to determine the direction our society would take. From this information the Fellows Summit was created, as well as other new programming. For those of you not involved with training fellows, the summit takes place in September in Tampa. It is a didactic and wet lab program to introduce the fellows from around the country to the Cornea Society and our educational programming. Due to exceptional fundraising efforts by **Barry Lee, MD**, vice president of international relations, and the hard work of Gail Albert, executive director, we have sufficient industry support to bring 50 cornea fellows to the summit and cover the airfare, hotel, and food for the weekend. By helping to educate the fellows, we introduce them to our society and all the privileges of membership. Our goal is to engage the fellows early in their training, so they will become active members in the Cornea Society.

What does it mean to be engaged in the Cornea Society? Does it mean simply paying dues and reading the journal *Cornea* or participating in Kera-net? Does it mean attending the Fall Educational Symposium co-sponsored by the Cornea Society and the Eye Bank Association of America and the Surgeon Luncheon? Personally, I think this is the best meeting we offer; the exceptional papers, the Paton Society Lecture, and the Surgeon Luncheon are not to be missed. Does engagement mean attending Cornea Sub Day at the American Academy of Ophthalmology (AAO) annual meeting or Cornea Day before the ASCRS•ASOA Symposium & Congress? This year's Cornea Day under the direction of **Chris Rapuano, MD**, and **Terry Kim, MD**, was exceptional, covering issues such as cosmetic eye tattooing and cosmetic contact lenses, which IOL to use post-refractive surgery, and how to address dysphotopsias. It was an excellent program. Perhaps members engage with the society by attending the Cornea Society-sponsored symposia at the AAO annual meeting and ASCRS•ASOA Symposium & Congress. **Tony Aldave, MD**, put together an exceptional symposium for the ASCRS•ASOA Symposium & Congress.

How are you engaged with the Cornea Society?

To answer the questions of what engagement with the Cornea Society means to our members and how we as a society meet members' needs, we attempted to have another series of focus groups with our members at the recent ASCRS•ASOA Symposium & Congress. We hired a facilitator and sent out invitations to our members with thesis. Very few members responded. In fact, so few responded that we did not have sufficient numbers to get valid data, and we canceled the focus groups. I am left with many questions. Why did so few members respond? Was it because the ASCRS•ASOA Symposium & Congress was over Mothers Day weekend and the attendance was down? Should we try to do this during the AAO annual meeting? Does this group, members with thesis, represent our membership? Do we need to have different levels of membership? While our membership has grown, our members with thesis have not grown proportionately. Do members have the time and interest to become members with thesis? We recently changed our bylaws to loosen the requirements for membership with thesis. We discussed these issues at our last Board of Directors meeting. Clearly, we do not have the answers to all of these questions. As president of your society, I want to know if the Cornea Society is providing the professional resources you expect. You can send me your thoughts about these questions at mmacsai@northshore.org. I am very interested to hear what you think.

What is it the Cubs do to engage their fan base? Year after year their fans spend a lot of money to see their team at the friendly confines of Wrigley Field. The weather may be bad, the team may be bad, but still the fans show up. I know I am one of them.

Waiting to hear from you.

Your die-hard fan and president,
Marian S. Macsai, MD

continued from page 1



Attendees of the 2016 Cornea Day at the ASCRS•ASOA Symposium & Congress

Dr. Hammersmith's presentation focused on a 43-year-old with HSV, and she offered information on some of the tools that surgeons can use to address these cases. Possible options include steroids, anti-VEGFs, argon laser, and diathermy cautery. Steroids are widely used and probably the most common treatment, but physicians may want to have other options as well.

Cosmetic procedures

The second session of Cornea Day focused on a variety of cosmetic procedures. **Denise de Freitas, MD**, Sao Paulo, Brazil, highlighted the controversial topic of conjunctival tattoos. There are a number of concerns associated with these tattoos, the first of which is the types of ink used. There are dermal tattoo inks, Dr. de Freitas said, but there are also tattoo inks that contain metals.

"Another problem is the people doing this procedure have no training at all," she said, and a process of trial and error is needed. There is injection into the subconjunctival space and staining of the conjunctiva, episclera, and sclera. There are a variety of complications

associated with conjunctival tattooing, both short term and long term.

Short-term complications may include headaches, photophobia, foreign body sensation, allergic reaction, infections, and globe penetration. Long-term complications may include granulomatous inflammation, uveitis, ink migration, and carcinogenic change.

The possibility of "homemade tattoos" are also a concern. In these cases, the quality of the injected ink and sterilization of surgical instruments are 2 serious concerns, Dr. de Freitas said.

Currently there is no legislation in the majority of countries and states, she said, because this is a technique that was only recently introduced. Some states and countries have, however, started making efforts to pass laws against these procedures.

Michelle Rhee, MD, New York, highlighted another cosmetic procedure that may be of concern. Her talk touched on complications of large-diameter cosmetic contact lenses, and she highlighted 3 main questions: What are large-diameter cosmetic contact lenses? What are the problems associated with

them? What can be done about the problems?

Dr. Rhee's presentation covered decorative contact lenses, particularly circle lenses that are popular for making the eyes look big or doll-like. These have become quite popular and are easy to get on the Internet, she said.

Although not all decorative lenses are bad, the problem comes with those that are used without a prescription, Dr. Rhee said. Many of these lenses come from questionable sources and are often linked to infections. Other ocular problems, like limbal stem cell deficiency, could occur with these lenses.

Dr. Rhee said it's important to ask every patient about decorative contact lens use and to educate them about the potential concerns and problems that can occur. She also recommended that physicians collaborate with colleagues on this issue and report any cases of infections and adverse events, as well as any knowledge of illegal sale of the lenses. **CN**

Editors' note: The physicians have no financial interests related to their comments.

Hot topics in cornea the focus of symposium



Dr. Kim presents at the “Trending Now: What’s Hot” symposium.

Expect to see more dry eye diagnostic devices now and in the near future, but consider that they need more data and validation studies, said **Penny Asbell, MD**, New York, during the symposium “Trending Now: What’s Hot” at the 2016 ASCRS•ASOA Symposium & Congress. The session was sponsored by the Cornea Society.

From the Exhibit Hall at the meeting, it’s evident that many companies are aiming to meet the need for additional dry eye diagnostic tests, as long-used tests have issues with sensitivity and reproducibility, Dr. Asbell said. Clinicians want minimally invasive tests

with objective metrics, she added. Dr. Asbell reviewed some of the newer tests on the market, including tear osmolarity, tests for inflammation, and devices such as the Keratograph from Oculus (Arlington, Washington) that measure several dry eye parameters including tear breakup time and tear meniscus height.

Another growing area in dry eye is in-office treatment, which can include punctal plugs (some of which may be medicated in the future), lid treatments, intraductal probing for meibomian gland dysfunction, intense pulsed light treatment, and the use of amniotic membrane. In the pipeline are several promising treatments, including a device that stimulates the nerves to produce more tears, Dr. Asbell said.

Yet physicians need to keep in mind that no diagnostic test or in-office treatment is a 1-size-fits-all answer for patients. “The bottom line is it’s hard to determine efficacy of devices for dry eye disease,” she said.

Infectious keratitis treatment is another hot topic within cornea, and **Jennifer Rose-Nussbaumer, MD**, San Francisco, shared some treatment trends identified via a Cornea Society survey. The survey found that 82% of U.S.-based specialists will treat keratitis with fortified antibiotics, but international specialists were only half as likely to do so. “The difference is likely due to the U.S. concern over resistant bacteria,” Dr. Rose-Nussbaumer said. In addition to the increase in methicillin-resistant *Staphylococcus aureus* infection, there seems to be a growing resistance to other bacteria as well, she reported.

The most common treatment for fungal keratitis appears to be natamycin; fungal keratitis is an even bigger concern outside of the U.S. and can make up more than 50% of corneal ulcers, Dr. Rose-Nussbaumer said. Clinicians are awaiting the results of the Mycotic Ulcer Treatment Trial (MUTT) II trial, which is a follow-up to MUTT I’s comparison of voriconazole or natamycin for fungal ulcers, she added. The first trial found that natamycin was more effective than

voriconazole for smear-positive filamentous fungal keratitis, particularly in *Fusarium* cases.

Within the cornea realm, many U.S. specialists are talking about collagen crosslinking (CXL), which was recently approved by the U.S. Food and Drug Administration (FDA), said **Roy Rubinfeld, MD**, Washington, D.C. The U.S. lagged behind many other nations in the world that have used CXL for several years. Dr. Rubinfeld shared findings from his research with colleagues on the use of riboflavin with CXL and the comparison of epithelium (epi)-on versus epi-off CXL.

Terry Kim, MD, Durham, North Carolina, focused on tissue sealants, which he said are increasingly used albeit sometimes in an off-label manner. One approach he has observed is Tisseel (Baxter, Deerfield, Illinois) for amniotic membrane transplantation in pterygium surgery. However, Tisseel is also used during lamellar keratoplasty, he said.

A newer product, ReSure (Ocular Therapeutix, Bedford, Massachusetts), is approved by the FDA to seal clear corneal incisions after cataract surgery, Dr. Kim said, pointing out that the product is not the same as a glue.

Sealants are also used during Descemet’s stripping endothelial keratoplasty (DSEK) and Descemet’s membrane endothelial keratoplasty (DMEK) procedures. “It’s nice to [use ReSure] and have a less traumatic DSEK procedure,” Dr. Kim said.

Other presenters focused on keratoconus, limbal stem cell deficiency, and endothelial keratoplasty. **CN**

Editors’ note: Dr. Asbell has financial interests with Oculus. Dr. Kim has financial interests with Alcon (Fort Worth, Texas), Allergan (Dublin), Bausch + Lomb (Bridgewater, New Jersey), and other ophthalmic companies. Dr. Rubinfeld has financial interests with CXLUSA (Bethesda, Maryland). Dr. Rose-Nussbaumer has no related financial interests.

Cornea journal news: Combating new developments in academic misconduct

In March 2015, the Committee on Publication Ethics (COPE) released an alarming statement regarding the manipulation of the peer-review process by third parties. In preparing the statement, a group of publishers, including Wolters Kluwer, shared with COPE their experiences that had led to the retraction of hundreds of articles over the previous 6 months across the industry. In short, editorial services companies, who had made promises of acceptance to authors, were manipulating loopholes in the submission process to execute a plan that came to be referred to as the “fake reviewer scam.”

Fake reviewer scam

Online submission systems (e.g., Editorial Manager, ScholarOne, Manuscript Central) have been enormously important to the growth of academic publishing. For those who recall the days of submitting 3 hard copy versions of a manuscript to a journal office, receiving review requests via fax, and tracking manuscript progress in Excel, these systems have made it possible for journals to effectively manage thousands of submissions a year with minimal support staff. These systems often contain functions that make it easier for editors to find reviewers and speed up the review process to satisfy the needs of authors. One such function is the option to allow authors to suggest reviewers during the submission process.

While this may seem counterintuitive, many journals used this option for entirely legitimate purposes: to build the pool of reviewers for future submissions and in rare cases where reviewers prove particularly difficult to find. In the past, it was assumed that any misconduct involving suggested reviewers would center on conflict of interest, i.e., an author who suggested a colleague who would have a personal interest in providing a bias review. The “fake reviewer scam” involves something far more devious.

- An editorial services company submits a manuscript on behalf of a customer.
- During the submission process, the editorial services company provides the names of suggested reviewers.

- The suggested reviewers are real people at real institutions, who appear to be appropriate reviewers for the submitted manuscript. However, the email addresses provided for the suggested reviewers are fake. Rather than an institutional email address (i.e., one that ends in “.edu”), the email address provided is often a gmail.com or yahoo.com address. The accounts can be created in minutes by anyone, and the editorial services company exploits this to create phony accounts using the names of real faculty members.
- If the journal decides to use one of the suggested reviewers, the review request email goes to the fake account, and consequently, the editorial services company is now in a position to review its own submission.

The good news for journals is that the solution to this issue is simple: Turn off the “suggested reviewers” option. However, from the authors’ standpoint—and it remains unknown to what extent the authors themselves are aware that this is occurring—it is vital that they are able to determine whether an editorial services company is acting responsibly in providing services or whether it actively engages in these forms of misconduct. Similarly, reputable editorial services companies have great incentive to root out and expose the companies that are threatening to soil the reputation of their industry.

Coalition for Responsible Publication Resources (CRPR)

Partially in response to the growing number of incidents involving academic misconduct and disreputable editorial services companies, a group of industry leaders launched the Coalition for Responsible Publication Resources (www.rprcoalition.org) for the following purpose:

The intent of the Coalition is to supplement the ongoing efforts of other organizations by providing a means for academic scholars to identify, at “point of service,” vendors that are recognized as conducting themselves and providing services in alignment with current publishing guidelines and ethical practices,

as certified through an audit process and follow-up periods of validation and verification of adherence to a core set of sustained industry best practices, as identified by the Coalition.

In practice, the Coalition would provide authors and publishers with assurance that an editorial services company was legitimate by providing a “verifiable and dynamic badge.” This badge would appear on an organization’s website and be dynamically linked to information acquired by the Coalition during the vetting process. While membership in the Coalition is on a voluntary basis, it is hoped that authors would see the badge as a determining factor in whether or not to use a particular editorial services company, and that over time, the implementation and compliance with industry best practices becomes an operational standard for all editorial services companies.

Summary

Much of the peer-review process and its tools are built on the assumption that everyone interacting with them is doing so in good faith. When an author is asked to attest to conflict of interest or non-duplication, editorial offices and publishers assume that the answer provided is an honest one. The recent issues regarding unsavory editorial service providers are of such great concern because they violate this understanding, and ultimately, not only are the journals and publishers impacted, but the authors and their professional reputations are at stake. The industry itself will aid authors’ decision-making through the further development of the Coalition for Responsible Publication Resources, while Wolters Kluwer has partnered with Editage to create Wolters Kluwer Author Services (wkauthorservices.editage.com). **CN**

Source

MacRae D. Combating new developments in academic misconduct. *Author Resource Review*, May 2016. wkauthorservices.editage.com/resources/author-resource-review/2016/May-2016.html?cid=MR-Other-AuthorNewsletter-May-AuthorNewsletter-NoPub-NoPromo

Cornea Society announces bylaw change

At the Board of Directors meeting in November 2015, the Board discussed the bylaw section 2.05 that outlines the requirements for Member with Thesis status and the process of membership. The current language in the bylaws was confusing and did not reflect the membership process and requirements for Member with Thesis status. The Board drafted new language to clear up the confusion regarding the membership process and requirements for those applying for Member with Thesis status in the society.


Listed below is the new language for section 2.05: Members with Thesis.

Application for Member with Thesis status shall be limited to individuals who are board certified in ophthalmology by the American Board of Ophthalmology or the equivalent in the applicant's home country. Applicants should have completed a postgraduate fellowship in cornea and external disease (with or

without refractive surgery) of at least one year's duration under the direction of a Society Member with Thesis or a fellowship acceptable to the Membership Committee. To fulfill the fellowship requirement, the applicant could also have completed five (5) years in the practice of ophthalmology after residency training with a substantial portion of his/her practice in cornea and external disease. An applicant shall submit an application on the form prescribed by the Membership Committee, shall have the application endorsed in writing by two (2) Members with Thesis of the Society in good standing at least two (2) months prior to the scheduled annual business meeting of the Society, and shall pay the application fee in effect at that time. The application shall include the individual's curriculum vitae, bibliography, and an original scientific manuscript in the field of cornea and any additional requirements as set forth by the Board of Directors. The scientific manuscript shall represent clinical or basic research

work performed after completion of fellowship training and be of sufficient quality and significance as to qualify as a "thesis" (i.e., small case series, isolated case reports and minor papers are not suitable). The applicant needs to be either the first author or corresponding author. The paper needs to be published in a peer-reviewed journal and will be reviewed for suitability by the Membership Committee. All information submitted pursuant to the application shall be subject to review and verification by the Membership Committee. The applicant must be approved by the Board of Directors after recommendation from the Membership Committee that the applicant has met all the requirements for membership. The approved Members with Thesis will be listed in the materials at the annual Business Meeting.

The current bylaws are available on the society's website: www.CorneaSociety.org. **CN**



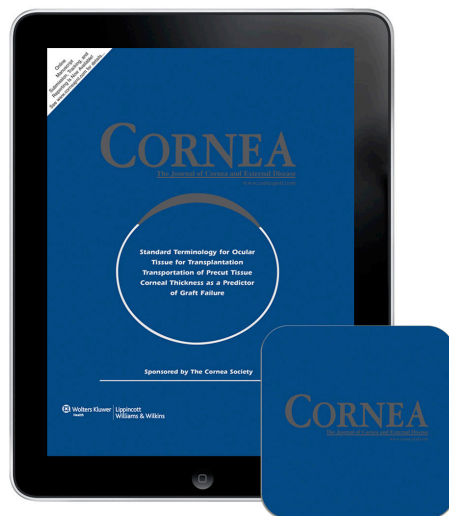
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CORNEA DAY
Sponsored by the Cornea Society and ASCRS

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Cornea journal report



The Cornea Society's journal, *Cornea*, continues to be very busy. In 2015 there were 1,182 submissions, a 28% increase over 2014. This pace is continuing in 2016. With this increase we have seen improvement in the already high quality of papers accepted for publication. As numbers and quality both grow, there will be pressure to raise the rejection rate. To counter this, I would encourage authors to make their manuscripts as succinct as possible, while carefully describing their work. While scientific merit is our primary consideration, well-crafted writing is also important. Thank you to the cornea community for the great support of your journal.

–Alan Sugar, MD, editor-in-chief

The 5th Biennial Scientific Meeting Asia Cornea Society 2016

in conjunction with

the 5th Asia Orthokeratology and
Specialty Lens Conference (AOSLC 2016)

December 9 (Fri) - 11 (Sun), 2016
Sheraton Grande Walkerhill · Seoul, Korea

Congress President, ACS 2016
President, Asia Cornea Society

Choun-Ki JOO MD, PhD

Donald TAN MBBS, FRCSE, FRCSG, FRCOphth, FAMS

Asia Cornea Foundation (ACF) Medalist Lecture

Management of Severe Ocular Surface Disease: Lessons Learned

Edward J. HOLLAND (USA)

Plenary Speakers

Posterior Lamellar Corneal Transplantation – A Revolution in Evolution

Friedrich E. KRUSE (Germany)

Cornea Surgery Begins in the Eye Bank

Marian MACSAI (USA)

Progress of the Lamellar Component of Corneal Surgery

Jun SHIMAZAKI (Japan)

Putting the Pieces Together: Approaches in the Investigation and Management of Atypical Corneal Infections

Elmer TU (USA)

DIDACTIC & WetLab Course (December 8, 2016)

DIDACTIC course & WetLab on DALK and DSAEK will be prepared on December 8, 2016.

Detailed program and ticket fees can be founded on the congress website: www.acs2016seoul.com.

Please do not miss this high-level of hands-on program!

Call for Abstracts (Due by June 17, 2016)

Online submission for the free papers is now available through the congress website.

All accepted abstracts will be presented in the "Free Paper Sessions" or "E-Poster" during the meeting.

All abstracts MUST be submitted through the ACS 2016 official website at www.acs2016seoul.com. Abstract will be only accepted through the official conference website. Fax or Email submission is NOT available.

ACS 2016 Secretariat

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Choun-Ki Joo, MD, PhD
President, Organizing Committee
of the ACS 2016 & AOSLC 2016

The 5th Biennial Scientific Meeting of the Asia Cornea Society 2016 in Seoul, Korea

It is my great pleasure to inform you that the 5th Biennial Scientific Meeting of the Asia Cornea Society (ACS 2016) will be held from December 9 to 11 at the Sheraton Grande Walkerhill in Seoul, Korea in conjunction with the 5th Asia Orthokeratology and Specialty Lens Conference (AOSLC 2016).

The ACS 2016 will have an exciting and high-quality scientific program that will bring together eminent speakers and delegates from all over the world to share the most up-to-date research results and accomplishments in the field of corneal disease.

As one of the highlighted scientific programs, **Edward Holland, MD**, will deliver his presentation titled “Management of Severe Ocular Surface Disease: Lessons Learned” at the Asia Cornea Foundation Medalist Lecture on December 9. There will also be 4 plenary sessions, 18 symposia covering the key aspects of cornea diseases, and 3 free paper sessions, along with e-posters.

In addition, there will be live surgery sessions on December 10 and 11. Participants will be able to see the operating rooms live and even talk with the surgeons. DSAEK and DMEK will be performed by highly respected surgeons.

Attendees can attend the “Didactic Course & Wetlab” on December 8. DALK and DSAEK will be covered in the didactic course. At the wetlab, attendees can practice surgical skills (DALK and DSAEK) hands-on, with instruction by well-known surgeons in this field.

Find detailed information on the meeting at www.acs2016seoul.com. Online abstract submission is now open through the meeting website as well.

The meeting will also include diverse social events to accommodate the networking needs of participants.

The venue city of Seoul is a dynamic city full of charm. In addition to its deep historical and cultural heritage, it provides all the possible conveniences and world-class facilities of an international megalopolis.

I am confident that the ACS 2016 will provide attendees with much to see, learn, and take away as long-lasting memories. I invite you to participate in this wonderful experience.

I look forward to welcoming you to ACS 2016 in Seoul, Korea. **CN**



Cornea Society
Advancing the treatment of corneal disease

Now online: Cornea Day 2016

The Cornea Society new VideoEd portal features cornea presentations and expert interviews from educational events throughout the year



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Chicago | Oct. 15

Program Directors:
Bennie H. Jeng, MD
Shahzad I. Mian, MD
Carol L. Karp, MD

Your registration for Cornea Subspecialty Day includes:

- Flexibility to float among all Subspecialty Day meetings on Saturday.
- Access to the AAO 2016 exhibit hall on Saturday.

Member Registration Opens: June 22
Nonmember Registration Opens: July 13



Cornea Society

Advancing the treatment of corneal disease

In conjunction with the Cornea Society

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Subspecialty Day AAO 2016

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SOE2017



EUROPEAN SOCIETY OF OPHTHALMOLOGY 10-13 JUNE 2017 | BARCELONA, SPAIN

Working hand in hand with subspecialty societies from both sides of the Atlantic, SOE2017 will deliver an unrivaled scientific program with a wealth of riches in terms of the breadth of international speakers and the range of topics covered. SOE focuses on presenting for each subspecialty, with state-of-the-art and high-quality content.

With ever-increasing pressure on attendees in taking time away from their clinics, SOE2017 looks to maximize the educational and networking experience by delivering a far-reaching range of topics with plenty of opportunity for networking with attendees from other specialties. The aim is to deliver a dynamic and comprehensive meeting for all ophthalmologists.

For the keynote lectures, SOE looks for renowned international speakers who will address pertinent issues. The

highly respected keynote lectures for SOE2017 are **Bertil Damato, MD**, **Anthony Tyers, MD**, **Bill Aylward, MD**, and **Alfredo Sadun, MD**.

The meeting will also host specially invited speakers at subspecialty symposia to update attendees on current approaches to clinical problems.

Another key area is the increasing activities of the SOE YOs. There are specific sessions to target YO topics and to ensure that their interests and concerns are reflected in the congress program. The YO Lounge allows YOs a place to meet and network and will feature additional informal discussions and hot topics daily.

SOE is proud to deliver a meeting with sessions of the highest quality for all specialties to truly offer a dynamic and comprehensive ophthalmology meeting.

Jan Tjeerd de Faber, MD, president of SOE, said: "SOE2017 in Barcelona is a meeting you should not miss. It is the perfect opportunity for comprehensive ophthalmologists to have a choice of excellent speakers from all subspecialties, teaching the state of the art in their field. Where else in Europe can you choose from such a wide variety of up-to-date knowledge of all fields of ophthalmology under one roof?"

"Barcelona is a golden destination. It is a vibrant Olympic city on the sunny Spanish coast. It offers excellent culture, architecture, food, and wine. Access by air and train is excellent, and the venue is located in an attractive area near the coast and city. We look forward to welcoming you there in June 2017."

For more details and regular updates, go to www.soe2017.org. **CN**



Bertil Damato, MD, U.S.
Oncology and Pathology



Anthony Tyers, MD, U.K.
Oculoplastics



Bill Aylward, MD, U.K.
Retina



Alfredo Sadun, MD, U.S.
Neuro-Ophthalmology

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Cornea Society
Advancing the treatment of corneal disease



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