



## A variety of topics highlighted at the 2018 Cornea Day



Attendees at the 2018 Cornea Day

**T**he 2018 Cornea Day at the 2018 ASCRS•ASOA Annual Meeting in Washington, D.C. kicked off with a session on “Surgical Scenarios: Managing DMEK Disasters and Other Cornea Catastrophes.”

**Neda Shamie, MD**, Los Angeles, presented “DMEK: Care to Dance?” DMEK is difficult, but when you get past the learning curve, it’s an elegant and beautiful surgery, she said.

One of the challenges with DMEK can be the graft configuration. Dr. Shamie described the different types of configurations as old paper map scroll, colonial hat, burrito fold, taquito roll, carpet roll, and upside down.

The old paper map scroll is a double scroll, but you don’t always encounter this. The key, she said, is not to open it until it’s centered because it’s easier to center when it’s still scrolled on the edges.

The burrito fold also acts like the double scroll. By tapping and nudging it over with a slightly shallow chamber, you can open it easily.

Meanwhile, the carpet roll is a little more difficult to open, according to Dr. Shamie. You want a shallow chamber, and you want the pupil restricted. Dr. Shamie recommended pressing down to try to shallow the chamber where the open edge of the “carpet” is.

Dr. Shamie said that the taquito is the “dreaded configuration,” and recommended putting in an air bubble to help open it.

For upside down configurations, she said to angle the fluid down so that it sweeps over and flips the graft around. If it’s upside down, the S-stamp will display the wrong way.

The second session of Cornea Day was titled “Smoke or Fire?” and high-

lighted inflammatory and infectious eye disease.

**Victor Perez, MD**, Durham, North Carolina, shared tips for evaluating patients with corneal ulceration. First, he stressed the importance of stepping away from the slit lamp during the clinical exam. Getting a clinical history and talking to the patient is important. Dr. Perez also said to review medications, do an external examination, and do a full ophthalmic exam. Use your pattern recognition skills as well.

His second step for evaluation of patients with corneal ulceration was to know the common diseases “where you live.” It’s also important to know the common diseases in your population of patients.

**Sonal Tuli, MD**, Gainesville, Florida, presented “When Fluoroquinolones Fail: Diagnostic Approach to Atypical Corneal Infections.” Atypical corneal infections could be categorized as those where the appearance is not typical, where there is no response to typical antimicrobials, or where the resolution is not typical (with relapses or recurrence).

What should you do if the infection is atypical? Looking at the eye and doing a clinical exam may be helpful. If there are patterns, you could save time, money, and eye, she said.

Dr. Tuli also mentioned the use of culture or smears, which could allow for identification, as well as sensitivities. The culture would ideally be taken before treatment, but could be valuable even if the patient is on antibiotics.

She said that using an in vivo confocal microscope could be helpful in these cases, noting that skills are required to perform and interpret it.

Corneal biopsy may be a useful option. Dr. Tuli suggested using a 3-mm dermal punch. She said to do partial thickness trephination and dissect.



# Cornea Society

*Advancing the treatment of corneal disease*

## President's message

Dear Cornea Society members,

**A**s we are at the halfway point of 2018, I can confidently say that the Cornea Society Board has been hard at work. Cornea Day at the ASCRS•ASOA Annual Meeting, our most visible effort, was a resounding success and is a testament to the cooperative effort between the Cornea Society and the ASCRS Cornea Clinical Committee. I had the sincere pleasure of working with my counterpart, **Francis Mah, MD**, chair of the ASCRS Cornea Clinical Committee. It is always a wonderful experience. Thank you to all of the speakers and moderators for your countless hours of work. A special thank you to **Marian Macsai, MD**, and Dr. Mah, this year's organizers, for a job well done, and on behalf of the Cornea Society, our deepest appreciation to the staff and leadership of ASCRS for an incredibly successful ongoing collaboration over the years.

Behind the scenes, the leadership of the Cornea Society is continuing our efforts to rework and reimagine the structure of the Society to make it both more efficient and more flexible to meet the needs of future years. We will soon begin an in-depth process of examining our organizational structure to open new opportunities for contribution and leadership by our membership. As a first step, the Board is unanimously recommending a change to the bylaws that will separate the secretary/treasurer role into two separate positions with different lengths of service. As the Society's finances and activities have become more complex, the need for a separate treasurer to provide continuity for the Society has become obvious to those of us who have served in that position. Please see the accompanying article on the next page and keep an eye out for an email ballot coming to your inbox soon.

I think that we can all agree that the last decade has been an incredibly exciting time to be a cornea specialist with revolutionary changes in diagnostics and medical and surgical therapy that many of could not have imagined in our fellowships even a short time before. While all of these innovations started as inspiration, the Cornea Society recognizes the hard work and research efforts that have been required to develop these into tools to benefit our patients. For this reason, **Bennie Jeng, MD**, will be leading an effort to create a mechanism to identify and support novel corneal research in the near future. New tools often come with unique problems, however. The Cornea Society recently participated in a meeting with a number of other organizations including the AAO, ASCRS, and industry to discuss the difficulties in providing crosslinking to our patients. The issues are complex, but be assured that the Cornea Society is taking an active role in advocating for our members and their patients to transcend what has been a confusing and frustrating process.

Finally, Cornea360! We are very excited to launch Cornea360, a first of its kind national cornea meeting to be held in Phoenix, Arizona in 2019. Cornea360 represents a collaborative effort among the Cornea Society, APEX, and CEDARS/ASPEN, which promises to be a unique, intimate, highly interactive event about everything and anything related to cornea and the ocular surface. The organizing committee of **Marian Macsai, MD**, **Joseph Tauber, MD**, **Kenneth Beckman, MD**, and I have designed a program that will be immersive and relevant to cornea specialists at all levels. We hope the meeting will introduce new concepts and techniques, challenge conventional wisdom, and provide a glimpse into the future technologies and therapeutics that will form the basis of our practices in the years to come. Visit [www.Cornea360.org](http://www.Cornea360.org) for more information. See you in Phoenix!

Elmer Tu, MD, president, Cornea Society



**Elmer Tu, MD**

# Board of Directors approves creation of new Executive Committee positions

**A**t the Board of Directors meeting in Washington, D.C. in April, the Board approved a suggestion from the Society's audit team to separate the executive secretary/treasurer position to create two positions, executive secretary and treasurer. The recommendation to change the position would allow for a longer term for the treasurer, which would allow for more continuity in the oversight of the Society's finances. Creating a new position on the Executive Committee with the executive secretary position allows for more participation among members with thesis at the Board level.

The proposal approved by the Board is outlined below; additional information on the proposed by-laws change and the mail-in ballot will be sent to all members with thesis this summer.

## Proposal

1. Separate the position into two positions: executive secretary and treasurer
2. Term duration: 4 years for treasurer, 2 years for executive secretary. Each position is renewable once.
3. Executive secretary position duties:
  - a. Serve as a member of the Executive Committee
  - b. Maintain Society by-laws
  - c. Alternate signatory for official matters for the Cornea Society; alternate signatory for financial documents if the treasurer is an international member who is not able to sign documents due to the Patriot Act
  - d. Provide assistance with taking of minutes for Cornea Society Board of Directors and Executive Committee meetings
4. Treasurer position duties:
  - a. Work with the executive director and Society accountant to provide financial oversight for the Cornea Society
  - b. Serve as a member of the Executive Committee
  - c. Chair the Finance Committee
  - d. Signatory for financial matters (check/ACH/etc.) for the Cornea Society
  - e. Provide financial update to Board of Directors at scheduled meetings
  - f. Present financial report to Society membership at annual business meeting
  - g. Other duties as required by Society by-laws **CN**

continued from page 1

Scrape the base of the biopsy and undersurface of the button, then send the button to pathology.

When all else fails, Dr. Tuli noted that sometimes it may be useful to take the patient off everything; this could actually help the patient improve.

An afternoon session focused on "Advances and What's Trending in Ocular Surface." **Penny Asbell, MD**, New York, discussed "Omega-3 Fatty Acid Supplementation for Treatment of Dry Eye Disease: Dry Eye Assessment and Management Study (DREAM)." The study had no pharmaceutical bias, was a randomized controlled trial, was double-masked, and was 1 year long, with well-defined subjects and endpoints for signs and symptoms of dry eye and inflammation, Dr. Asbell said. It sought to look at the effectiveness and safety of omega-3 fatty acids for moderate to severe dry eye disease.

The goal, Dr. Asbell said, was to include a broad spectrum of symptomatic patients with moderate or severe dry eye disease. The patients in the study were real world patients, who could continue their current treatment, had symptoms for at least 6 months, and had signs at the screening visit and eligibility confirmation visit.

Participants had five softgels per day, and careful consideration was given to ensure that those used in the active and placebo groups were identical in size, color, and aroma.

Patients were enrolled through 27 clinical centers in the U.S. from October 2014 to July 2016, with 923 patients screened and 535 randomized. The change in OSDI was the primary outcome measure.

The DREAM study showed that an oral omega-3 is no better than placebo in relieving signs and symptoms of

dry eye disease. Dr. Asbell noted that although there was improvement, there was no significant difference between the active and placebo groups.

At 3 months, both groups improved when looking at the OSDI score, but there was no significant difference between the placebo and active groups. Looking at secondary outcome measures, Dr. Asbell said that the signs were marginally improved, but this was equally true in both groups.

Dr. Asbell noted the study's many strengths, including its generalizability (use of real world patients), comparability of groups, compliance, treatment, and consistency. **CN**

*Editors' note: Dr. Shamie has financial interests with a number of ophthalmic companies. Dr. Perez, Dr. Tuli, and Dr. Asbell have no financial interests related to their presentations.*

The Cornea Society recently updated its website, and the link for the *Cornea* journal has changed. To access the new website and links, clear all browser cache before opening the website to ensure that you are directed to the new page and have better access to the journal. If you are still experiencing issues, contact Pura Valdez at [pvaldez@corneasociety.org](mailto:pvaldez@corneasociety.org) or [info@corneasociety.org](mailto:info@corneasociety.org).

## AAO Mid-Year Forum experiences



Advocacy Ambassadors with Senator Chuck Schumer's staffer

**T**he Cornea Society gave two young physicians the opportunity to attend the AAO Mid-Year Forum in April in Washington, D.C. as participants in the Advocacy Ambassador Program. Below are their impressions of the program.

### Priya Mathews, MD

I was delighted to represent the Cornea Society at the American Academy of Ophthalmology (AAO) Mid-Year Forum, which took place in April in Washington D.C. I am a third year resident at the Harkness Eye Institute, Columbia University Medical Center, and will be starting my cornea fellowship at Wilmer Eye Institute this July.

At the AAO Mid-Year Forum, I joined more than 450 ophthalmologists from around the country to advocate for millions of Americans suffering from debilitating eye diseases as well as the physicians who take care of them. We discussed the current landscape of ophthalmology, potential opportunities for growth and improvement, as well as real or potential threats and challenges that could compromise quality and accessibility of care for our patients. I also participated in the Advocacy Ambassador Program, which was established in 2004 by the AAO, the state ophthalmology societies, the subspecialty societies, and training programs to promote early awareness and involvement of residents and fellows at the AAO Mid-Year Forum.

This year, there was a record high of 175 residents and fellows from around

the country participating in the Advocacy Ambassador Program. In addition to having meetings and dinners with senior advocates of the AAO Mid-Year Forum, there were sessions designed for the residents and fellows such as “L.E.A.P. Forward,” with stands for “Leadership, Engagement, Advocacy, and Practice Management.” A talented group of ophthalmologists was chosen to share their words of wisdom. I was inspired by their humility, honesty, and determination to make a difference for their patients and the future practice of ophthalmology.

The Advocacy Ambassadors were welcomed by all of the ophthalmologists to speak during the Capitol Hill meetings. Given our unique position as residents at a tertiary referral center, we were able to educate the legislators and their staff about the current flow for a patient presenting to the emergency room with a serious eye problem. Many were unaware of the long wait (up to 12–24 hours) that ensues before the patient is examined by a specialist and actually receives treatment, such as fortified antibiotic for a sight-threatening corneal ulcer. We also spoke about the countless hours wasted battling complex prior authorization requirements for insurance companies and the detrimental impact on patient care. It was enlightening to hear about possible solutions from the senior advocates during the Capitol Hill meetings and current proposed legislation that could potentially improve the quality and cost-effectiveness of care.

We also discussed the positive impact that initiatives from prior meetings have had. For example, we explained how we have benefited from federal funding for research projects, and how this has promoted innovation, development, and therapeutic practices in our field. We hope that this positive feedback will lead to further NIH/NEI funding for vision research.

I am honored to have been sponsored by the Cornea Society to attend the AAO Mid-Year Forum as an Advocacy Ambassador. It was truly an educational and inspiring experience, and I will continue to remain involved throughout my career.

### Stephen Potter, MD

Two years ago, the Department of Ophthalmology at the University of Florida and the Florida Society of Ophthalmology sponsored me to attend the AAO Mid-Year Forum as an Advocacy Ambassador. I left inspired, informed, and determined to stay current on the issues facing our profession and hopeful to remain active in advocacy. This year I had the privilege to attend the AAO Mid-Year Forum again as an Advocacy Ambassador, this time sponsored by the Cornea Society as a cornea fellow. Advocacy for our profession is easy to overlook, especially with our busy schedules; however, advocacy is of the utmost importance, and it is critical that we as ophthalmologists strive to protect both our patients and our profession. This year more than 400 ophthalmologists met in Washington, D.C. to learn about the pertinent issues facing our profession and advocate for our patients and ourselves on Capitol Hill. I felt prepared to take a more active role in discussing this year's important issues—prior authorizations, access to compounded medications, MIPS, telemedicine, and federal funding of VA/NEI research—with the representatives and senators (and their staff members) representing the state of Florida. It was inspiring to see how much our representatives truly care about their constituents and recognize how the burdens of over-regulation in medicine can negatively impact the care they receive.



New York State Ophthalmological Society president Amjad Hammad, MD, with Advocacy Ambassadors in Senator Chuck Schumer's office

Although an issue more vital at the state level, the AAO Mid-Year Forum highlighted the importance of the ongoing battle for scope of practice among ophthalmologists and optometrists. One of my former co-residents at the University of Florida, Ryan Smith, who attended the AAO Mid-Year Forum with me in 2016, played a fundamental role in this past year's scope battle in Florida. As a third year resident, he was able to provide the lead testimony against optometry's scope of practice expansion bill in the House Health and Human Services Health Quality Subcommittee meeting.

His testimony helped to sway the votes of many committee members in favor of ophthalmology, causing a major setback for optometrists, and ultimately the bill was tabled at the next vote. We must continue efforts like Ryan's and remain current in the discussion and advocacy to protect our practice and our patients.

The AAO Mid-Year Forum is an excellent opportunity for ophthalmologists at all levels of training to contribute to the betterment of our profession. I feel very fortunate to have been able to take part for 2 years, and I hope to be able to continue my participation in the future. **CN**



Dr. Mathews with William Trattler, MD, and Christopher Rapuano, MD, after subspecialty meeting

## Cornea Society presents the 2018 Fellowship Educational Summit

**T**he Cornea Society is pleased to present the 2018 Fellowship Educational Summit for current cornea fellows in Tampa, Florida. The program directors, **Jessica Ciralsky, MD, Shahzad Mian, MD, and Michael Straiko, MD,** have assembled a distinguished faculty of dynamic speakers to address advanced concepts in anterior segment surgery and medical management of cornea and external diseases.

Fellows will be introduced to various topics ranging from DSEK complications and outcomes to a step-by-step guide to DMEK. Suturing techniques, ocular surface basics, all aspects of complex cataract surgery, IOL management, and premium IOLs will be addressed as well.

Visit [fellows.corneasociety.org](http://fellows.corneasociety.org) for full details and to register. **CN**

## Call for abstracts and registration open for Cornea and Eye Banking Forum, October 26 in Chicago

**T**he second annual Cornea and Eye Banking Forum, jointly sponsored by the Cornea Society and the Eye Bank Association of America, will be held Friday, October 26 at the Westin Michigan Avenue in Chicago.

This year's event will feature:

- More than 25 scientific abstract presentations
- Two 30-minute symposia for topic-specific invited talks
- Two award lectures, the Paton Lecture and the Troutman Prize Lecture
- Four award presentations

The Cornea and Eye Banking Forum draws corneal surgeons and eye bank personnel from across the country for a program featuring the latest scientific developments in corneal surgery, eye banking, and more. The 2017 program received high ratings, with 82% of those responding saying that they expected to change their practice as a result of the program, 93% reporting that they learned something new, and 100% stating that they were satisfied with the program and would recommend it to colleagues.

Abstracts are due August 6, and the early bird registration deadline is September 7. Visit [forum.corneasociety.org](http://forum.corneasociety.org) to submit an abstract or to register. **CN**

# Novel mentorship program: A new Cornea Society University initiative

by Jessica Ciralsky, MD

The origin of the word *mentor* dates back to Homer's poem *The Odyssey*. In the poem, "Mentor" was a friend of Odysseus and adviser of his son Telemachus. The definition in modern English reflects this origin with mentor defined as a "wise and trusted counselor or teacher." Mentorship is such an important part of medicine and ophthalmology in particular.

Cornea Society University (CSU) is dedicated to providing medical education and professional development education for young cornea specialists, which includes both those in training and those in their first 5 years of practice. Through CSU events, I have had the chance to interact with many young cornea specialists. We often discuss gaps in education and specific needs during these formative years. One of the most frequent requests I hear when I speak with these young physicians is the need for mentorship.

Finding a mentor can be challenging. Sometimes a mentor/mentee rela-

tionship forms naturally. I was fortunate enough to meet both of my influential mentors at my home institutions. I found mentors that I could relate to and who both had careers I wanted to emulate. For many, this doesn't happen naturally despite a lot of effort on the mentee's part. Furthermore, most institutions and organizations lack a formal mentoring program. I am often approached at this step and asked: 1) What makes a mentor/mentee relationship work? and 2) What avenues exist to find an appropriate mentor?

Defining what makes a mentor/mentee relationship work is difficult because it is different for every person. It will also change throughout one's career. When I started out, I needed guidance on choosing my subspecialty. My needs changed when I needed to find my first job and many new questions arose: academics vs. private practice, small vs. large practice, location, etc. Sometimes a desirable mentor lives close by and is able to advise you on the local envi-

ronment and local job opportunities. Sometimes a mentor has specific experience in a new technology or surgical procedure you want to incorporate into your practice. It is wonderful to find one mentor who can guide you throughout your career and help you every step of the way. One mentor, however, may not be able to advise you on all of your different needs. Everyone will travel down a different path, and it is often more desirable to have multiple mentors along the way.

Our newest CSU initiative is dedicated to filling this gap on mentorship. When asked what avenues exist for finding an appropriate mentor, I now have an answer. The Defined Scope Mentoring Program is being led by **Peter Veldman, MD**, and is sponsored by CSU and the Cornea Society. Peter has designed a defined mentorship program for young cornea specialists that will be rolled out in the next few months on the CSU website.

The Defined Scope Mentoring Program will facilitate targeted mentorship engagements between junior and more senior members of the Cornea Society. Initially, the prospective mentee will complete a worksheet identifying a topic of interest and detailing their needs and goals for a mentor/mentee relationship. The mentee will then be paired with a volunteer mentor with expertise in the specific subject matter. Unlike a typical mentoring relationship, this pairing will have specific guidelines and a defined timeframe, typically around 4 months in length. During that period, the pair will meet several times, either remotely or in person, with the goal of providing high impact and goal-oriented mentorship in a defined period of time. Our intention is to provide valuable guidance to our junior members and increased integration of junior and senior membership.

Although mentorship is important throughout one's career, it is particularly important in one's first 5 years out of training. CSU is proud to introduce a new initiative focused on mentorship within the Cornea Society. **CN**

## Cornea journal news

The PDF to Author program provides an auto-generated email to the lead author with a link to his or her recently published article. The email is generated and sent when the issue is published online. Any article published in an issue that went live on or after April 16 will have the article email alert sent to the lead author. **CN**

### NEW!

#### PDF to Author Service

We are pleased to announce a new service to authors.

When an issue is published, the *PDF to Author* program generates an automated email sent directly to the first author allowing them access to their published article online for 30 days.

The email to authors,

- Identifies the volume and issue the article was published
- Provides a toll-free link where a PDF of the article can be downloaded
- Includes links to:
  - Journal homepage
  - Most recent eTOC
  - Sign-up for eTOC emails

If you have any questions regarding the *PDF to Author* service, please contact your publisher.

Your article has been published in Spine

**Wolters Kluwer**

Dear Spine Contributor,

The article to which you contributed, **Does an Annular Puncture Influence the Harrison Path? An In Vitro Mechanical and Structural Investigation**, has been published in Spine in April 1, 2018 - Volume 43 - Issue 7.

**How to access your article**

You can download the PDF of your article by clicking on the secure link below. This link will expire after 30 days, so be sure to download soon.

Access the PDF of your article by clicking this secure Wolters Kluwer link >

This is copyrighted information and for your use only. It should not be shared publicly. For questions about expedite article pricing, please visit Wolters Kluwer Health Publishers.

**Browse Spine**

View the journal website homepage

View the table of contents for your article's issue.

Stay current with new issues of the journal by subscribing to eTable of Contents email alerts.

You have received this message because you have published an article in Spine journal, and you have approved the receipt of alerts when your work is published.

Copyright © 2018 Wolters Kluwer Health, Inc. All rights reserved.

Privacy Policy

Sample Email

# CORNEA and EYE BANKING FORUM 2018

**CHICAGO, IL**  
**FRIDAY, OCTOBER 26**



**Cornea Society**  
Advancing the treatment of corneal disease



**Register  
Today!**

Join us for a one-day educational program featuring the latest scientific developments in corneal surgery, eye banking, and more.

For more information, to register, or to submit an abstract visit [forum.corneasociety.org](http://forum.corneasociety.org).

**Abstract Submission Deadline August 6**

**Early Bird Registration Deadline September 7**

POWER  
FORUM  
III  
OPD

WAVEFRONT DIAGNOSTICS FORUM  
PART 4:  
HOW TO DIAGNOSE OSD BEFORE CATARACT SURGERY



**OPD-SCAN III**  
Integrated Wavefront  
Aberrometer/Corneal Analyzer

A LIVE SYMPOSIUM EVENT DISCUSSING THE PATIENT-BASED BENEFITS DERIVED FROM WAVEFRONT TECHNOLOGY



**Mitch Jackson, MD**  
Jackson Eye, IL

The FACO study showed that most cataract surgery patients are asymptomatic for dry eye. At least 50-80% of them have objective signs, which the OPD-Scan III will detect. It's a great way to catch it early, optimize treatment, and avoid that extra chair time post-operatively by using the OPD.



**Cynthia Matossian, MD**  
Matossian Eye Associates, NJ

The nice thing about the OPD-Scan III placido disk rings is it's black and white and easy to understand. If the circles aren't crisp and sharp, there's something wrong. If they're warped and irregular, most people can understand that this is a diseased tear film and therefore treatment is needed.



**Larry Patterson, MD**  
Eye Centers of Tennessee

There are a few things that I really need in my practice. None of my surgical coordinators, nor I, ever want to perform cataract surgery on anyone without the OPD. It's one of the reasons that we detect OSD. Previously, I didn't notice with the slit lamp how dry their ocular surface was.



**Neda Shamie, MD**  
Maloney Vision Institute, CA

The OPD allows you to determine the impact of the ocular surface disease on the visual system, and in turn, gives you points to talk about with the patient. The mires and the measurements are talking points to help gauge not just your decision on what you can offer the patient, but to also create a much more reasonable expectation for the patient.



**Toby Tyson, MD**  
Tyson Eye, FL

We're seeing more and more ocular surface disease; maybe it's because we're finally noticing it, but probably because we now have ways to treat it. I do find that the OPD really helps us out. The OPD Mires quickly show you and your technicians corneal distortions that are present.

TO VIEW THE POWER FORUM III: QUESTION 4

LINK: <https://vimeo.com/marcoophthalmic/q4-wavefront-osd-identification>



800-874-5274 | [marco.com](http://marco.com)