



## Cornea Subspecialty Day at AAO



Dr. Jeng, one of the program directors, speaks at the 2016 Cornea Subspecialty Day.

The 2016 American Academy of Ophthalmology (AAO) annual meeting featured an entire day of cornea presentations at Cornea Subspecialty Day. The program directors were **Shahzad Mian, MD, Bennie Jeng, MD, and Carol Karp, MD.**

### Antibiotic resistance and bacterial keratitis

Antibiotic resistance can be a problem when trying to treat infections. **Eduardo Alfonso, MD**, Miami, spoke about antibiotic resistance in the setting of bacterial keratitis. There are 1 million visits for keratitis and other contact lens cornea disorders annually, he said, and approximately 60,000 of these are cared for in the emergency room.

“To better understand the problem of bacterial keratitis that may be non-responsive or antibiotic resistant, we need to look at the organism involved,” he said.

Dr. Alfonso discussed possible bacterial keratitis pathogens, noting that *Pseudomonas aeruginosa* and *Staphylococcus aureus* are two common pathogens. Physicians have to consider that they will only actually identify the organism in about 50% of cases, he said.

Possible treatment options were discussed in the presentation, and Dr. Alfonso noted that fluoroquinolones are a popular treatment in the U.S. There are other antibiotic options, as well as fortified antibiotics with a higher concentration to enhance their effect. Dr.

Alfonso also suggested the possibility of using multiple antibiotics in therapy to reduce the risk that there will be antibiotic resistance.

Current recommendations are based on accurate diagnosis, he said.

### **Acanthamoeba keratitis diagnosis**

Ensuring an accurate diagnosis of *Acanthamoeba* keratitis is very important, and **Jeremy Keenan, MD**, San Francisco, shared several tips for how not to miss a diagnosis of *Acanthamoeba* keratitis.

First, you need to know the epidemiology. The incidence depends on where you look, he said. Contact lens wear and fresh water exposure are two of the biggest causes. It's also important to be aware of seasonality, as there is a peak in incidence in the summer months.

Dr. Keenan said to know the early signs of infection. “These are things that are subtle and easy to miss, and you have to look hard,” he said. Some signs may include pseudodendrites, epithelial ridge, and stromal involvement early on. A late sign may be ring infiltrates.

Remember *Acanthamoeba* when diagnosing, Dr. Keenan said, particularly in herpes simplex (HSV). He also suggested a confocal to help with diagnosis. This is a quick test that you can do in the office and is usually helpful, he said.

Finally, Dr. Keenan said to get a good corneal scraping, meaning that you need to get a lot of tissue. This is good both for diagnosis and to debulk and get rid of cysts on the epithelium, he said.

### Donor tissue

When it comes to corneal transplants, there are many factors to consider before doing the transplant, including the quality of donor tissue and risks of disease transmission from the donor to the



# Cornea Society

*Advancing the treatment of corneal disease*

## President's Message

Dear Cornea Society members,

It has been a busy fall season for the Cornea Society. In September, we held our Cornea Fellows Educational Summit in Tampa, Florida, at the Tampa Lions Eye Bank. **Kathy Colby, MD, Deepinder Dhaliwal, MD, and Shahzad Mian, MD,** directed this outstanding program. We were able to accommodate 50 cornea fellows from 40 programs and included wet labs in DSEK, DMEK, and KPro, as well as anterior segment reconstruction. Many thanks to the faculty including **Bennie Jeng, MD, Greg Ogawa, MD, Tony Aldave, MD, and Barry Lee, MD,** all of whom provided their expertise to the course to make it a success.

The Cornea Society and the Eye Bank Association of America cosponsored the Fall Educational Symposium on Friday, October 14. This remains my favorite day of the American Academy of Ophthalmology (AAO) annual meeting weekend. The day is filled with free papers on the hottest topics in cornea and eye banking. Next year this combined meeting will take place on National Keratoconus Day, and we are already planning a terrific program. During our Cornea Society Business Meeting, we welcomed three new Members with Thesis into the Society: **Anat Galor, MD, Alvin Young, MD, and Wuqass Munir, MD.** We also discussed our membership categories: Candidate Members (members in training), Members, and Members with Thesis. Of our 780 members, only 18.5% are Members with Thesis. Further analysis of this category reveals that 45% are 65 years of age or older. In fact, only 30% of our Members with Thesis are under 50 years of age. Over the past 5 years we have averaged two to three new Members with Thesis per year. Last year we changed the requirement for application to include: endorsement in writing by two Members with Thesis, completion of the application form and the individual's curriculum vitae, bibliography, and an original scientific manuscript in the field of cornea that represents clinical or basic research work performed after completion of fellowship training published in a peer-reviewed journal. The applicant needs to be either the first author or corresponding author. Despite these changes we are still not seeing an increase in application for Members with Thesis, so we are reforming a task force to evaluate our membership criteria. Some members have asked me what is the benefit of being a Member with Thesis? As a Member with Thesis, you can vote on the bylaws for our Society, as well as serve on the Board of Directors. Should we continue this system? Is this a meritocracy that helps move our Society forward? Let me know your thoughts on what you want the Cornea Society membership to look like in the future. Send me your thoughts at [mmacsai@northshore.org](mailto:mmacsai@northshore.org). We will be meeting this winter to reevaluate our membership criteria.

On Saturday, October 15, the Cornea Society and the AAO jointly sponsored the all-day symposium on "Advancement in Cornea and External Disease: Essential Tools for Success in 2016." Congratulations to **Shahzad Mian, MD, Bennie Jeng, MD, and Carol Karp, MD,** on an outstanding program. On Sunday, October 16, the Cornea Society sponsored the symposium on cornea conundrums, organized by **Tony Aldave, MD.**

The Cornea Society has been working with the National Keratoconus Foundation to develop patient information regarding keratoconus and crosslinking. We are also working on developing guidelines for crosslinking as well as a registry of patients who undergo collagen corneal crosslinking. There is a great deal of work and opportunities for your involvement. In addition, the Cornea Society will host a symposium at the Asia Cornea Society meeting in Seoul, South Korea, as well as at Keracon in India, both during the month of December.

As we close the calendar year, we have achieved a great deal. We are fiscally sound and working hard to promote the exchange of information in cornea and external disease, furthering our mission. I want to take this opportunity to wish each of you a happy and fulfilling holiday season.

Marian Macsai, MD  
President of YOUR Cornea Society



**Marian Macsai, MD**

## 2016 Fall Educational Symposium

The Fall Educational Symposium sponsored by the Cornea Society and Eye Bank Association of America took place on October 14 in Chicago. It featured presentations throughout the day on various cornea-related topics.

### DMEK outcomes

**Martin Dirisamer, MD**, Munich, Germany, discussed a study that set out to evaluate mid-term outcomes of Descemet's membrane endothelial keratoplasty (DMEK) at 4 to 7 years postop.

There were 171 eyes with 5 years of follow-up, 87 eyes with 6 years of follow-up, and 32 eyes with 7 years of follow-up. The technique used was essentially the same technique that **Gerrit Melles, MD**, described with minor changes, Dr. Dirisamer said.

The main outcome measures of the study were best corrected visual acuity (BCVA), endothelial cell density (ECD), central corneal thickness (CCT), graft survival rate, and complications, and Dr. Dirisamer described the results seen in some of these measures.

The study found that the visual outcome at 6 months was stable up to 7 years. There was an acceptable rate of ECD loss (33.9%) after 6 months, with a 9% decline yearly. There was a mid-term graft survival of 96%, which is at least comparable to other keratoplasty techniques, Dr. Dirisamer said, adding that the main complication was major graft detachment, decreasing with time and experience.

### A new DMEK technique

**Donald Tan, MD**, Singapore, highlighted a new technique, hybrid DMEK, a variation of DMEK, which adopts the standard Descemet's stripping automated endothelial keratoplasty (DSAEK) procedure but uses the DSAEK stromal tissue just as a carrier. It uses pre-stripping of the Descemet's membrane from the pre-cut tissue and lays it back loosely onto the stroma. Then, there is coiling of the DSAEK stromal tissue and the Descemet's membrane into the EndoGlide DSAEK inserter. The physician pulls only the Descemet's membrane donor tissue into the anterior chamber and leaves

the DSAEK stromal tissue behind in the EndoGlide chamber, he said.

There are pros and cons to be considered with the hybrid DMEK technique, Dr. Tan said. Pros include more consistency and less stress because of less reliance on tissue characteristics; a more controlled procedure and better control of donor tissue; shorter learning curve; no need to unscroll and the ability to use with young donor tissue with no risk of tissue eversion; and shorter manipulation time, which can lead to less endothelial cell loss.

Dr. Tan did note the possible cons, particularly that DSAEK pre-cut tissue is still needed. There is also a requirement of a disposable DSAEK tissue inserter. "There is a bit of a learning curve," he said, like a one-handed DMEK tissue manipulation. There is a larger entry wound, so there is a more unstable anterior chamber, but that's mitigated by the fact that the physician is holding onto the tissue, so it evens out, he said. Early results of hybrid DMEK seem encouraging, Dr. Tan said.

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recipient. **Maria Woodward, MD, MS**, Ann Arbor, Michigan, highlighted this topic. There is a risk of disease transmission from donor to recipient in corneal transplantation, she said, but there are many efforts being made, particularly by eye banks, to ensure the tissue used in these transplantations is safe and of high quality.

The standards for determining the quality of tissue are dynamic, Dr. Woodward said, and they respond to changing conditions and knowledge. She noted that there were recent adjustments to consider Zika virus and malignant melanomas and their impact on donor tissue that would make the tissue unsuitable for transplant.

The risk of transmission is not zero, Dr. Woodward said, but we do whatever possible to minimize risk.

Dr. Woodward pointed out the specific donor contraindications to transplantation, both infectious and non-infectious.

Infectious contraindications include hepatitis B, hepatitis C, HIV, West Nile virus, congenital rubella, Reye syndrome, viral encephalitis, viral meningitis, rabies, Ebola virus, vaccinia, and Zika. Infectious bacterial contraindications include syphilis, bacterial meningitis, bacterial endocarditis, and sepsis. Additionally, other infectious contraindications include fungal endocarditis and prion diseases.

Non-infectious contraindications may include leukemia, lymphomas, malignant melanoma, Parkinson's disease, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Alzheimer's disease, and Down syndrome, as well as death from unknown causes or dementia/delirium. Certain non-infectious eye conditions are also contraindications, including retinoblastoma, malignant anterior segment tumors, adenocarcinoma in the eye, active inflammation, and congenital or acquired disorders. **CN**

*Editors' note: Dr. Woodward has financial interests with the National Institutes of Health (Bethesda, Maryland). Dr. Keenan and Alfonso have no financial interests related to their comments.*

## Case-based corneal conundrums



Dr. Azar presented the 2016 Castroviejo Lecture on the topic of surgical treatment of presbyopia.

**A** symposium dedicated to the topic of cornea at the 2016 American Academy of Ophthalmology (AAO) annual meeting covered a number of issues and featured the Castroviejo Lecture.

**David Rootman, MD**, Toronto, Canada, highlighted surgical management of high post-keratoplasty astigmatism, which he said is still “the bugaboo” of corneal transplantation, although many other problems have been solved. Prevention is difficult, he said, recommending trying to get patients into a PRK zone at less than 6 D cylinder with a regular bow tie pattern. Then patients can have surface ablation and often do very well, he added.

**Somasheila Murthy, MD**, Hyderabad, India, discussed advantages of lamellar over penetrating keratoplasty. Lamellar keratoplasty preserves the host endothelial cells, there is less rejection and failure, it’s a closed globe procedure and is repeatable, there are comparable visual outcomes with PKP, and the

sutures come out quicker and there is earlier visual rehabilitation.

She highlighted indications for deep anterior lamellar keratoplasty (DALK), which include ectasia, dystrophies, corneal scars, corneal degenerations, active infectious keratitis, and ocular surface transplantation.

Dr. Murthy said that at her eye center, there were about 2,700 keratoplasties performed last year.

There are some challenges with DALK, however. First, Dr. Murthy noted the steep learning curve. There is also prolonged surgical time, questions relating to if it’s really superior, unsatisfactory visual outcomes in some indications, intraoperative complications, and a question of when to convert to this technique.

This year’s Castroviejo Lecture was given by **Dimitri Azar, MD**, Chicago, on the topic of surgical treatment of presbyopia. He began by discussing the theories of accommodation and choices for the surgical correction of presbyopia

that include corneal surgery options, scleral surgery, and intraocular lens implants.

Monovision remains the mainstay of correcting presbyopia, Dr. Azar said. It gives good near vision in one eye and good distance vision in the other eye. He thinks that it is the surgical option chosen by most ophthalmologists undergoing refractive surgery. He added that patient selection is very important, and there are a number of contraindications, including patients with thin corneas, signs of keratoconus, previous corneal surgery, ocular comorbidities like glaucoma and maculopathy, and patients over 60 years old.

A possible corneal surgery option is presbyLASIK to create a multifocal corneal lens effect, Dr. Azar said, which has been utilized with variable success for a long time. He described three presbyLASIK techniques including multifocal transitional profiles, peripheral presbyLASIK, and central presbyLASIK.

He also mentioned another alternative for using concentric femtosecond treatments for multifocality in the cornea. He described three categories of corneal inlays, both approved and under investigation. These include intracorneal aperture, high refractive index, and central corneal curvature rings. He further described multifocal and pseudoaccommodating IOLs that are currently used during cataract surgery. Smart lenses are also in development to treat presbyopia.

Dr. Azar concluded by again stressing the moderately high success of monovision. He added that presbyLASIK, intracorneal apertures, and inlays hold promise. Multifocal lenses are gaining acceptance, but that is hampered by visual issues like glare and halos, he said. **CN**

*Editors’ note: Dr. Azar has financial interests with Novartis (Basel, Switzerland) and Google (Mountain View, California). Drs. Rootman and Murthy have no financial interests related to their comments.*

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### Awards

The R. Townley Paton Award Lecture was given by **Mark A. Terry, MD**, Portland, Oregon, on “The Evolution of Endothelial Keratoplasty: A Personal Journey.” Dr. Terry got involved with EK development while in private practice. In 1997, he joined an “instrument development advisory board.” Although 1998 was a tough year for him both professionally and personally, it was this year that he had an epiphany while reading an obscure laboratory article by **Gerrit Melles, MD**. Within 2 months, he began to take his first steps to independently develop endothelial keratoplasty procedures for the U.S. Dr. Terry discussed the different EK procedures, including DLEK, DSEK/ DSAEK, and DMEK, and the advances and evolutions in each. He stressed the importance of eye banks in the evolution of corneal transplantation and why he thinks that everyone should be doing DMEK.

The Richard C. Troutman, MD, DSc, Prize Lecture was given on the topic of “In Vitro Study of the Deturgescence Ability of Cultivated Human Corneal Endothelial Cells” by **Konstantinos Tsaousis, MD**, Thessaloniki, Greece. The award is bestowed annually for the paper published in *Cornea* during the previous year judged to be the most outstanding and innovative, and authored by an investigator 40 years of age or younger. Dr. Tsaousis’ paper looked at evaluating the efficiency of cultivated human corneal endothelial cells (HCECs) to dehydrate the cornea. Models of the posterior cornea were used and were composed of artificial collagen mass (representing corneal stroma) and equine collagen membranes (representing Descemet’s membrane). The study included four different sets of models for placement of the HCECs, and OCT was used to measure the minimum thickness

of the samples both before placement and after exposure to nutritional fluid for 48 hours. The results concluded that the dehydrating ability of HCECs is adversely affected by increased thickness of the artificial Descemet’s membrane.

Also presented during the symposium was the Claes H. Dohlman, MD, PhD, Award. This year it was given to **Deborah Pavan Langston, MD**, Boston. The award is given to recognize a lifetime of teaching excellence in the field of cornea and external disease and for contributions to the profession. Dr. Langston was the first woman to be selected for ophthalmology residency training at Harvard and the first female fellow in Dr. Dohlman’s corneal fellowship program. She has received accolades for her work on the herpes virus and has received numerous scientific, clinical, and teaching awards. **CN**

## Cornea Society recognized for participation in the Council of the American Academy of Ophthalmology

**S**hahzad Mian, MD, was recognized for participation in the Council of the American Academy of Ophthalmology during the recent Board of Directors meeting in Chicago and at the Business Meeting held during the Cornea Society/Eye Bank Association of America Fall Educational Symposium on Friday, October 14, in Chicago. Dr. Mian served for 6 years as the councilor for the Society.

The Council serves as an advisory body to the Academy’s Board of Trustees. More than 100 Academy members serve on this body and act as liaisons between their society and the Academy, bringing issues identified by their societies to the attention of the Academy’s Board of Trustees.

Issues are brought to the Academy Board of Trustees as Council Advisory Recommendations (CARs). Each spring the Council meets to debate and formulate its recommendations to the Academy Board.

Representatives of the Council are elected by each state society and by subspecialty societies and specialized interest groups in ophthalmology. On December 31, Dr. Mian will conclude his term on the Academy Council. **William Trattler, MD**, has been elected by the Cornea Society to serve as councilor to the Academy and will begin his term on January 1, 2017, and participate in the Spring Council Meeting in conjunction with the AAO Mid-Year Forum in Washington, D.C. **CN**

# Cornea Society launches new educational platform for young physicians



Jessica Ciralsky, MD, CSU editor



**CSU**  
Cornea Society **University**

**W**e are proud to announce the launch of CORNEA SOCIETY UNIVERSITY (CSU), the Cornea Society's newest initiative. The Cornea Society, originally known as the Castroviejo Society, has a rich history dating back to 1975. The Society was founded with a mission to promote the exchange of information in cornea and external disease.

The Cornea Society has stayed true to this mission by fostering scientific discovery and collaboration within the field of cornea among generations of physicians. The Society has also recognized the importance of increasing its relevance to young cornea specialists to ensure the continued vibrancy of the organization and the field of cornea.

Through discussions with young cornea specialists in their first few years of practice, it became apparent that a large gap exists in the guidance of young career development. CSU was created to address these needs for the next generation of cornea specialists.

During the 2015 Cornea Fellows Educational Summit, CSU held its first program. Several sessions focused on career development were incorporated

**CSU Update**  
Cornea Society University | October 28, 2016

Latest cornea news from the Cornea Society

**INTRODUCTION**  
Welcome to the first issue of CSU Update (CORNEA SOCIETY UNIVERSITY UPDATE), the Cornea Society's newest initiative. CSU has been designed to help fill in the gaps in our current educational model to provide education, guidance, and mentorship throughout the year for cornea fellows and young anterior segment ophthalmologists. In each monthly e-newsletter, we will feature topics on both clinical education and career development.

**PRACTICE BUILDING**  
When I first graduated from fellowship and started practicing in New York City, I was worried about my ability to build a successful practice. I was going to be practicing on the upper east side of New York City alongside hundreds of other much more experienced ophthalmologists. What would draw patients to me? (read more)

**Cornea Society Launches CSU VideoEd**  
Cornea Society launched CSU VideoEd, a new educational benefit for Residents & Fellows. The first series of videos are from the 2016 Cornea Summit which took place in Tampa, Florida. This month's featured video is by **Anthony J. Aldave, MD**, opens "Session I: Cornea Surgery Pearls for Success" with his talk on "DSAEK: Techniques, Complications & Outcomes." (read more)

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**PRACTICE BUILDING**  
When I first graduated from fellowship and started practicing in New York City, I was worried about my ability to build a successful practice. I was going to be practicing on the upper east side of New York City alongside hundreds of other much more experienced ophthalmologists. What would draw patients to me? What could I offer? How could I build a thriving practice? Even though I had received great training in both residency and fellowship, I was brand new and had a lot to learn. As it turned out, I was right. There was a steep learning curve my first few years in practice, both in terms of clinical knowledge and practice building. I felt prepared to handle the difficult clinical cases as I had a lot of resources to augment my knowledge. I could consult textbooks, journals, or colleagues. When I had a practice-building hurdle, however, I didn't know where to turn. Resources on the subject are limited. One of the purposes of CSU is to offer mentorship and guidance to young ophthalmologists. My vision and hope is that CSU will be a resource to which you can turn for questions in both clinical education and career development. Many of my friends and colleagues in ophthalmology have recently been in your shoes. We learned about practice building the hard way, through trial by fire. I thought it would be helpful to hear what they wish they had known when they were starting out. I think Eleanor Roosevelt summed it up well when she said:

## Monthly email: CSU Update

into the scientific curriculum. A panel discussion on "Choosing a Career Path" allowed the faculty to share their personal journeys and answer questions from the attendees. Additionally, several small roundtable discussions were held with ophthalmology leaders to discuss a wide range of topics ranging from making it to the podium to surviving the first few years in practice to achieving work/life balance.

Due to the overwhelmingly positive feedback, we have decided to make CSU a permanent part of the Cornea Fellows Educational Summit as well as a year-long educational platform for cornea fellows. Through monthly e-newsletters that feature articles addressing both clinical education and career development, CSU will provide ongoing education throughout the academic year.

I am very excited for the launch of CSU. I hope that CSU will help fill in the gaps in our current educational model to provide each and every one of our cornea fellows and young cornea specialists with guidance and mentorship as they embark on their personal journeys in ophthalmology! **CN**

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Cornea Summit 2016

Meeting Archive | Content Type | Friday | Saturday

Session I: Cornea Surgery Pearls for Success  
Anthony J. Aldave, MD  
DSAEK: Techniques, Complications & Outcomes

SESSION I: Cornea Surgery Pearls for Success  
W. Barry Lee, MD  
Transitioning to DMEK

SESSION I: Cornea Surgery Pearls for Success  
Anthony J. Aldave, MD

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Watch sessions from Cornea Summit 2016 at [VideoEd.CorneaSociety.org](http://VideoEd.CorneaSociety.org). Select "Meeting Archive," then "Cornea Summit 2016."

**NEW FOR 2016**

*The Cornea Network ...  
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**CSU**

Cornea Society **University**



Welcome to  
**CORNEA SOCIETY  
UNIVERSITY (CSU)**, the  
Cornea Society's newest  
online educational initiative  
geared toward cornea  
fellows and young  
physicians.

- Monthly e-newsletter that features articles addressing clinical education and career development for young physicians
- Interactive video presentations ranging from panel and roundtable discussions with world-renowned ophthalmologists discussing a wide range of topics from career development to the latest advancements in the field of cornea
- Social media platform that will offer clinical updates and provide networking opportunities for all residents, fellows, and young physicians
- Coming soon ... An educational website to view year-long corneal education content, watch relevant clinical interviews, and post and share complicated cases with interactive comments

***We hope that CSU provides each and every one of you with  
guidance and mentorship as you embark on your personal  
journey to a successful and fulfilling career in ophthalmology!***



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

[www.CorneaSociety.org](http://www.CorneaSociety.org)

Want to be added to the CSU email list?  
Contact us at [info@CorneaSociety.org](mailto:info@CorneaSociety.org)

## Update from the NKCF

The Cornea Society and the National Keratoconus Foundation (NKCF), a patient outreach program, continue to work together on a variety of projects. NKCF is a 30-year-old organization that moved its offices to the Gavin Herbert Eye Institute at University of California, Irvine in January 2016. NKCF provides free brochures to patients and their families including “Living with Keratoconus,” “What is Keratoconus?” and “Corneal Transplant Surgery.” These books are available in English or Spanish. Direct patients to the NKCF website, [www.nkcf.org](http://www.nkcf.org), and they will be sent information, or email [info@nkcf.org](mailto:info@nkcf.org) to order booklets for your office.

NKCF produces a free monthly e-newsletter that reaches 19,000 subscribers each month. In 2016, the organization hosted the first NKCF Film Festival, asking patients to create a

3-minute video that helped to show the world what living with KC is like. We invite you and your staff to view the winning films at [www.nkcf.org/nkcf-film-festival-winners](http://www.nkcf.org/nkcf-film-festival-winners).

The first World KC Day took place on November 10. Organizations and individuals were invited to become partners for the day. The Cornea Society was a prominent partner, and several ophthalmology practices also signed up to help raise awareness of this eye disease. Visit the website at [www.worldkcday.com](http://www.worldkcday.com).

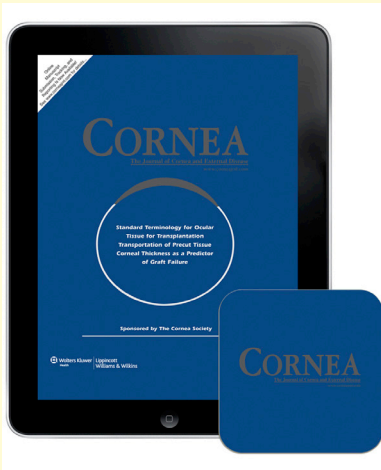
KC Ambassadors ([www.nkcf.org/kc-ambassadors](http://www.nkcf.org/kc-ambassadors)) is a program for young people (ages 15–25) diagnosed with keratoconus and encourages them to educate friends and family about KC. An active Facebook page and secure message board give patients several different types of opportunities to share their experiences with others.

One of the most sought-after services at NKCF is the Physician Referral Program. Several hundred requests are made each year by patients to discern information about eyecare professionals with expertise in treating KC. Any Cornea Society member who wishes to be included in the NKCF Physician Referral Service is invited to complete a short online registration at [www.nkcf.org/2016-md-enrollment](http://www.nkcf.org/2016-md-enrollment).

With the recent FDA approval of crosslinking, the Cornea Society has been approached by NKCF to produce guidelines for KC patients interested in learning more about crosslinking. A document will be developed by an ad hoc committee of Cornea Society members in early 2017 for distribution to patients seeking advice.

NKCF is a useful resource for cornea specialists. Encourage your patients with keratoconus to explore the resources available from this organization. **CN**

## Cornea journal news



Wolters Kluwer is pleased to announce the *Cornea* journal website now displays Altmetrics, or individual article-level metrics. These offer authors and readers insight into an article's influence (i.e., what is being read, discussed, saved, recommended, cited). While citations take years to be measured, Altmetrics offer a more immediate evaluation

of readers' interest in an article. The articles with the top three Altmetrics scores over the last 12 months are:

- Effect of Descemet Membrane Endothelial Keratoplasty on Color Vision in Patients With Fuchs' Dystrophy
- Treatment of Fuchs' Endothelial Dystrophy by Descemet Stripping Without Endothelial Keratoplasty
- Effect of Oral Re-esterified Omega-3 Nutritional Supplementation on Dry Eyes

## Cornea journal report

*Cornea*, the Cornea Society journal, continues to be very busy. We project that we will receive about 1,250 new submissions in 2016. The growing volume has slightly increased our relatively short backlog and decreased our acceptance rate, now less than 30%. To manage increases we will be adding several new Editorial Board members by the end of this year.

We are dependent on peer reviewers to assess manuscripts, suggest revisions, and advise the editors. In the first 8 months of 2016, we were helped by 410 reviewers. I would like to recognize our “super reviewers”: **Kenneth Kenyon, Christopher Rapuano, Michael Lemp, and Richard Eiferman**. They have each reviewed more than 20 papers so far this year. The editors greatly appreciate their support and the assistance of all of our reviewers. We welcome new reviewers and encourage acceptance of invitations to review new papers.

–Alan Sugar, MD, editor-in-chief





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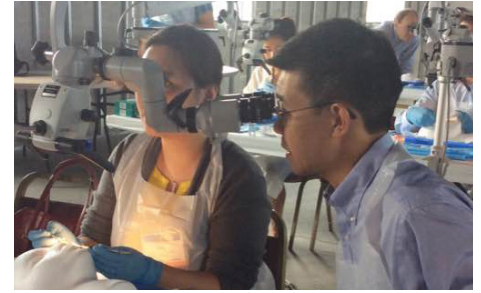
## Educational Summit wrap-up

In September, the Cornea Society hosted the 4th annual Cornea Fellows Educational Summit in Tampa, Florida—a 2-day, intensive educational program that included both classroom and skills transfer lab components. It was designed to complement and reinforce cornea fellowship training.

Developed to address educational challenges identified by cornea fellowship directors, the Educational Summit provided additional training to improve diagnostic and treatment skills within the clinic setting, instruction on patient selection and surgical techniques for refractive surgery, and technique pearls

for routine and complex cataract surgery and corneal transplantation. This year's Summit included several sessions from the newly developed Cornea Society University program to address large gaps in the guidance of young career development.

Through an integrated training program in both refractive and corneal transplant surgery, the Educational Summit enhances current fellowship training and prepares young ophthalmologists for their first years in practice. Led by course directors Kathryn Colby, MD, PhD, Deepinder Dhaliwal, MD, and Shahzad Mian, MD, the small



faculty-to-student ratio provided hands-on training and an informal lecture setting. **Anthony Aldave, MD, Bennie Jeng, MD, W. Barry Lee, MD, Marian Macsai, MD, and Greg Ogawa, MD,** served on the Summit faculty.

**The Cornea Society and ASCRS gratefully acknowledge the unrestricted educational grants received in support of this program.**

### Monetary Grants

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SightLife  
Vision Share

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STAAR Surgical Company  
Storz Instruments and Disposables, USA

## Cornea Society/VISTA annual dinner

### Registration and call for papers to open January 1

The Cornea Society is pleased to announce that this year's Young Physician Dinner & Case Presentations (Cornea Society/VISTA) will be held on Sunday, May 7 at 6:30 p.m. in Baltimore during the Association for Research in Vision and Ophthalmology (ARVO) annual meeting. The dinner will be co-hosted by the National Keratoconus Foundation and include keynote presentations featuring talks on keratoconus-related topics.

For many attendees, the VISTA program is the highlight of the ARVO meeting. The program serves as a venue for young or aspiring corneal specialists to present interesting, unusual, or complex cases in a congenial environment and be able to openly discuss the cases with prominent corneal specialists. The program has been very popular in the past, and individuals will be admitted with advance registration only. The program tends to fill to capacity. There is no charge for the program. Young physicians, fellows, residents, and new Society members will be given preferential booking. You do not have to send an abstract to register for the Cornea Society/VISTA dinner meeting. Registration and call for papers will open January 1. **CN**

# 2017 CORNEA DAY

Sponsored by the Cornea Society and ASCRS

LOS ANGELES  
FRIDAY, MAY 5  
8:00 a.m.–5:00 p.m.

REGISTRATION  
OPENS  
DECEMBER 5

Join world-renowned faculty for the premier one-day program on cornea and cataract surgery. Through panel discussions, case studies, debates, and surgical video reviews, this program will provide a comprehensive overview of cutting-edge cornea surgery, management of complications, cornea ectatic and ocular surface dilemmas, and global hot topics that impact patient outcomes worldwide.

## PROGRAM CHAIRS

Terry Kim, MD (ASCRS)

Marian Macsai, MD (Cornea Society)

## PROGRAM PLANNING COMMITTEE

Anthony Aldave, MD (Cornea Society)

Clara Chan, MD (ASCRS)

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Anat Galor, MD (Cornea Society)

Preeya Gupta, MD (ASCRS)

Barry Lee, MD (Cornea Society)

Francis Mah, MD (ASCRS)

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Shahzad Mian, MD

Mark Milner, MD

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Christiana Neff, MD

Paolo Rama, MD

Ken Rosenthal, MD

Roy Rubinfeld, MD

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Shigeto Shimmura, MD, PhD

Michael Straiko, MD

Donald Tan, FRCS

Bill Trattler, MD

Camila Ventura, MD

David Vroman, MD

Keith Walter, MD

Elizabeth Yeu, MD

Efdal Yueruek, MD

Zachary Zavodni, MD

## PROGRAM AT A GLANCE

### Global Hot Topics Joint Session with the Asia Cornea Society

- Infectious Disease
- Ocular Surface Reconstruction
- Addressing Corneal Blindness—Expanding the Supply of Donor Corneas

### Corneal Controversies and Complications in Cataract & Refractive Surgery

- Point-Counterpoint!
- Complications, Prevention Strategies, and Management Techniques
- Case-Based Complications Corner

### Cornea Ectatic and Ocular Surface Dilemmas

- Keratoconus Diagnosis
- Crosslinking 101
- The Great Debate #1: Crosslinking Treatment Protocols
- Advances in DES
- Ocular Surface Dilemmas
- Great Debate in the Treatment of LSCD

### Cutting-Edge Corneal Surgery

- DMEK: Everything You Need to Know
- Alternatives to DMEK
- DALK: How to Get on Board

**ASCRS** This activity has been approved  
for AMA PRA category 1 credit.™

For program updates and more, visit

**CorneaDay.org**

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