

# Cornea Society News

Advancing the treatment of corneal disease

A Cornea Society publication

## 2019 Cornea Day highlights ocular surface, corneal lamellar and transplant topics, and more



Dr. Starr presents during Cornea Day on the ASCRS Preoperative OSD Algorithm.

he 2019 Cornea Day took place ahead of the ASCRS ASOA Annual Meeting in San Diego and featured sections on anterior segment reconstruction, corneal/lamellar or transplant surgery, the ocular surface, and controversies and complications.

"We asked the moderators to focus on real-world, practical clinical challenges that cornea and anterior segment specialists are faced with on a daily basis, and they delivered a program that exceeded all expectations," said Elmer Tu, MD. "The speakers took our direction and did a fantastic job of mixing theory and practice together to deliver pearl after pearl of practicable knowledge."

Kathryn Colby, MD, PhD, noted the high quality of the programming. The sessions on advanced techniques for anterior segment reconstruction and the ocular surface for cataract surgery were both excellent, she said.

Dr. Colby mentioned presentations that touched on cataract surgery in the cloudy cornea and Descemet's stripping only (DSO), which she said will likely

be a hot topic at the 2020 World Cornea Congress.

During the section on lamellar surgery, Deepinder Dhaliwal, MD, discussed the best candidates for DSO. She first described the concept of DSO where the guttae are barriers to endothelial cell migration. You remove the central 4-mm zone of Descemet's membrane in patients with Fuchs' dystrophy, and you don't place any donor graft, she said.

Dr. Dhaliwal said physicians need to be prepared for postop day 1, where patients may see massive central corneal edema. But she noted that most clear after 4 to 12 weeks.

Dr. Dhaliwal said you should use this only in patients with central Fuchs' (with a clear periphery). It's not for patients with pseudophakic bullous keratopathy. She also stressed the importance of careful counseling and said that this is only for "patients with patience." Vision can take 3 months to recover and is markedly reduced immediately postop, and therefore, the patient needs good vision in the fellow eye. If the cornea does not clear, Dr. Dhaliwal recommended DMEK.

She said that DSO is indicated in patients with Fuchs' dystrophy and:

- 1. The presence of central guttae is deemed to be the chief cause of visual symptoms.
- 2. There is a clear peripheral cornea with an endothelial cell count of greater than 1,000 cells/mm<sup>2</sup> on confocal or specular microscopy.
- 3. The patient is otherwise contemplating endothelial keratoplasty.

She also shared several contraindications for DSO:

- 1. Advanced corneal stroma edema
- 2. Peripheral endothelial cell count less than 1,000 cells/mm<sup>2</sup>
- 3. Presence of secondary corneal pathology
- 4. History of herpes simplex virus or cytomegalovirus keratitis

Another section of Cornea Day focused on preparing the ocular surface for cataract surgery. Chris Starr, MD, highlighted the ASCRS Preoperative OSD Algorithm, which was created by the ASCRS Cornea Clinical Committee, Ocular surface disease is common but often asymptomatic in cataract patients. It can also be visually significant. Visually significant ocular surface disease (VS-OSD) reduces accuracy of preoperative refractive measurements, reduces visual quality and quantity pre- and postoperatively, and blepharitis may increase the risk of endophthalmitis.

The goals of the ASCRS Cornea Clinical Committee were to create a "true algorithm" that was consensus- and evidence-based, that could be integrated into preoperative surgery visits, had reliance on technicians and objective testing to reduce chair time, and that identified all visually significant subtypes of OSD prior to surgery.







### President's message

Dear Cornea Society members,

I hope that the summer has allowed you some time to spend with family and friends, reinvigorated to tackle the coming fall and winter of work and, for some of us, back to school! There has been little rest for us at the Cornea Society over the last few months as we continue to provide support to our members but also implement a plan to ensure the growth and future of the Society. We've had an eventful spring and summer. This issue of the newsletter is dedicated to updating you on the works in progress and providing a preview of Cornea Society activities in the coming months.

To briefly recap the spring, we had a fantastic Cornea Day held in collaboration with the ASCRS Cornea Clinical Committee in May. We had incredibly kind comments, but in the best test of the programming and quality of teaching, we had standing room only for much of the morning and a full room to the end of the day, in beautiful San Diego no less. There are more details in this newsletter, but thanks go out to Francis Mah, MD, my partner in organizing the meeting, and a deserved thanks to all of our moderators and speakers. Earlier, in April, we held the first large scale, cornea-only meeting in the U.S., Cornea360, in Scottsdale, Arizona, jointly with APEX and CEDARS/ASPENS. It was a wonderful venue and a successful program that energized the attendees and speakers and has built a tremendous amount of anticipation for future cornea-only meetings.



Elmer Tu, MD

Looking forward, the Board has been hard at work structuring the Society to meet the considerable future challenges and needs of our membership. Subsequent to the departure of our long-time executive director, Gail Albert, in April, the Board has named a new executive director, Don Bell. Don brings a wealth of experience and exemplary recommendations from his continuing work with ASCRS, ASOA, and the ASCRS Foundation. The Board is very thankful to have Don available to us as he has stepped in to guide Society activities and initiatives seamlessly over the past few months. Pura Valdez will be the primary contact for membership, among many other roles. Neither are strangers to the Cornea Society, having both worked closely for many years on Cornea Society projects and initiatives. We will be introducing more of the Cornea Society team in the coming months, but you can learn more about Mr. Bell in this newsletter. The Society would like to thank Ms. Albert for overseeing the unprecedented expansion and growth of the Cornea Society over the last 15 years.

Kathryn Colby, MD, president-elect/secretary-treasurer of the Cornea Society, has undertaken the herculean task of bringing order to and modifying Cornea Society bylaws to reflect many of the previously announced changes regarding membership categories, Executive Board positions, and terms of service. Most of these changes are "housekeeping changes," but a more detailed discussion of these changes appears on page 5 of the newsletter. Please direct your questions and comments to the Board as these will be formally adopted in the fall.

We would also like to introduce the new editor-in-chief of Cornea, Reza Dana, MD, from the Massachusetts Eye and Ear Infirmary/ Harvard Medical School. The Board had an incredible slate of candidates for the position, recommended by a search committee helmed by Alan Sugar, MD, our current editor-in-chief of Cornea. Dr. Dana is a nearly peerless researcher in corneal immunology and ocular surface disease and brings a wealth of experience in both clinical and basic science research to the journal. Needless to say, we are delighted that Dr. Dana has agreed to lead Cornea, the Cornea Society's flagship journal, into the next decade and are excited to see the journal continue to grow. Dr. Sugar will be stepping down as editor-in-chief at the end of 2019. The Cornea Society owes him a debt of gratitude for his hard work and guidance of the journal for many years that has seen the editorial process streamlined and the quality of work skyrocket, benefiting authors and readers alike.

In the fall, we look forward to seeing all of you at the Cornea and Eye Banking Forum, the hidden gem of the American Academy of Ophthalmology (AAO) Annual Meeting to be held at the Palace Hotel in San Francisco, October 11. If you haven't attended this meeting before, ask some of your cornea friends and colleagues who attend every year to find out what you've been missing. Ivan Schwab, MD, our 2019 Dohlman Award recipient, will be honored for his lifetime of teaching at the Forum. AAO Cornea Subspecialty Day, "Keeping Disease at Bay," follows on Saturday, October 12 and promises to be another hit with attendees, consistently garnering exemplary reviews year after year. Also, don't miss the AAO/Cornea Society symposium, "Picture This: Imaging for the Anterior Segment Specialist," on Sunday, October 13, which features our 2019 Castroviejo Medalist, John Dart, MD, from Moorfields Eye Hospital in London. It will be a busy but satisfying meeting for all cornea attendees this year.

Finally, despite all of the work that has gone into reshaping the Cornea Society, our focus has firmly been on the 2020 World Cornea Congress, to be held in Boston, May 13-15, 2020. The preeminent meeting for sharing and learning all of the innovations and knowledge about the treatment of corneal disease from around the world will be held at the Boston Convention Center just prior to the ASCRS ASOA Annual Meeting. It promises to be a monumental event. The call for abstracts and videos will be launched in late August with a small window for late-breaking abstracts in January. Program highlights and invited speakers will be streaming out to members in the coming months, and those wishing to register for the World Cornea Congress, the ASCRS ASOA Annual Meeting, or both events are able to do so by being a member of either the Cornea Society or ASCRS. If you would like to be kept apprised of details, please email Pura Valdez at pvaldez@corneasociety.org to get on the mailing list. Or better yet, register and book housing early in the beautiful Boston Seaport District.

As you can see, the Board has been hard at work over the past year putting the Society in a position not only to continue delivering educational support to our members and the next generation of cornea specialists but to grow and prepare the Society for the future. I would like to thank the entire Board for their help in these varied initiatives, and the Board is very excited for the future of the Society. Read on!

Elmer Tu, MD Cornea Society President

#### Meet the executive director



on Bell took over as the Cornea Society's executive director in May 2019. The long-time chief operating officer of the American Society of

Cataract and Refractive Surgery (ASCRS), Mr. Bell brings a deep understanding of ophthalmology and association management to the position.

Cornea Society: Discuss your background and experience.

Mr. Bell: I've spent almost 25 years in ophthalmology with ASCRS. I've had a number of jobs along the way, from membership director to executive director of the ASCRS Foundation, to chief operating officer. I've been lucky enough to work with an innovative, forward-thinking team that's always put members first, and I'm excited to bring this same approach to the Cornea Society.

Cornea Society: What challenges do you see going forward?

Mr. Bell: Medical associations have undergone tremendous change during the past 10 years. Access to educational content, meetings, and networking used to be the sole property of organizations like the Cornea Society. Today, a world of content is just a few clicks away, and we network and interact as much digitally as we do in person. Medical associations still fill a vital role, but we can't rely on the old approach of a journal and meeting to keep members interested and engaged. We need to demonstrate on-demand value every day for a constituency that's never been busier.

Cornea Society: Are you saying journals and meetings will go away?

Mr. Bell: No, I think there will always be a place for curated, peer-reviewed journals in ophthalmology, and the digital experience will never fully equal or replace live interaction. Our responsibility is to provide that content and those opportunities in concentrated, convenient ways that meet the needs of an audience that's drowning in information and strapped for time. I think the *Cornea* journal, Cornea Subspecialty Days, the Cornea Fellows Educational Summit,

and World Cornea Congress offer new and trusted educational opportunities for cornea specialists to remain current and improve patient care.

**Cornea Society:** How is the Cornea Society evolving?

Mr. Bell: The Cornea Society Board of Directors has been remarkably responsive. They recognize that member needs are changing, and they've been proactive in developing new programming to address them. The Society continues to host meetings and to develop cornea programming for the ASCRS ASOA Annual Meeting, the AAO Annual Meeting, and international meetings. But we've also developed the Cornea Society University (CSU) webinar series, which offers hour-long single topic discussions in the evening, and the Cornea Fellows Educational Summit that brings 50 cornea fellows together for 2 days of intensive didactic and wet lab training at no expense to the attendee. This combination of live and online education, much of it with a focus on younger members, is a step in the right direction. Going forward I expect we'll see more in the way of tailored, on-demand education that allows members to find exactly what they need when they need it. CN

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The algorithm begins with the preoperative visit, and the first step is noninvasive refractive surgical planning tests. The second step is an OSD screen, looking at symptoms and signs. Step 3 is

a direct, quick exam to assess for VS-OSD. Dr. Starr said to use "LLPP" (look, lift, pull, push), then stain.

Next is that OSD is ruled in or out, and if it's ruled in, you need to deter-

mine visual significance. Step 5 of the algorithm is to treat VS-OSD based on subtypes and severity. Overall, it's more aggressive therapy than routine OSD, and Dr. Starr added that you should start at TFOS DEWS II step 2 or 3, then prescription medication, procedural treatments, and follow-up in 2 to 4 weeks. He said to proceed with surgery only when VS-OSD is converted to non-visually significantly OSD. CN

Editors' note: Dr. Starr has financial interests related to his comments. Dr. Dhaliwal has no financial interests related to her comments.

### Get to know Reza Dana, MD, the next editor-inchief of *Cornea*



pana, MD, will take over the role of editor-in-chief of *Cornea*, the Society's journal, Jan. 1, 2020.

At Harvard Medical School,

Dr. Dana is the Claes H. Dohlman Professor of Ophthalmology, vice chairman and associate chief of ophthalmology for Academic Programs, director of the Harvard-Vision Clinical Scientist Development Program, co-director of the Harvard Medical School Cornea Center of Excellence, and a member of the PhD Program in Immunology. Dr. Dana also directs the Cornea Service at the Massachusetts Eye and Ear Infirmary and is a senior scientist at the Schepens Eye Research Institute/Massachusetts Eye and Ear. He joined the *Cornea* Editorial Board in 2002.

"I cannot thank the current and prior editors-in-chief enough for all they've done to maintain *Cornea* as a high-quality journal and a voice for the Cornea Society," Dr. Dana said, later describing *Cornea* as one of the only peer-reviewed journals that covers the clinical and

basic science fields of cornea in its totality. "I certainly want to thank Alan Sugar [MD], the current editor-in-chief ... for the excellent job that he has done, and for the rigor and care that he has brought to the journal."

Overall, Dr. Dana said one of his primary goals as editor-in-chief will be to engage with the Cornea Society members more closely.

"I would like the Cornea Society members to feel like this is their journal. I would like this to be their primary go-to journal for submissions of rigorous articles and interesting, novel, and informative trials and case series," he said.

Dr. Dana said he would like to increase the journal's impact factor by encouraging more readership and citations of the work published in *Cornea*. Social media use among membership, he said, could be increased to promote articles and other interesting pieces that the readers have noted in the journal. Dr. Dana also mentioned including more content on controversial topics and idea-driven articles. "In other words, complement the standard content of the journal with more ideas and controversies beyond just the standard data-driven articles," Dr. Dana said.

In addition to continuing timely and critical review of submissions to the journal, Dr. Dana said he would like Cornea to be a home for clinical trials done in the field of cornea and ocular surface.

Dr. Dana became interested in ophthalmology while working in the corneal immunology and transplantation lab at Johns Hopkins while in medical school. "That is when I became really interested in ophthalmology and also developed my interest in the field of cornea, an interest that I continued to retain through the rest of my training," he said.

After his residency training, Dr. Dana went on to maintain a focus on corneal immunology with fellowships in cornea at Wills Eye Hospital and in both clinical aspects of ocular immunology at Massachusetts Eye and Ear and the basic science of immunology at the Schepens Eye Research Institute. For the past 25 years, Dr. Dana has been a clinician-scientist who has dedicated most of his time to clinical and basic science research in the area of cornea and ocular surface immunology, including immunology of transplantation, dry eye disease, graft vs. host disease, and other inflammatory conditions of the cornea.

Apart from work and travel, Dr. Dana is an avid skier and swimmer and an aficionado of modern history and music. He and his wife and children live in Newton, Massachusetts. CN

## Update on the Cornea Society bylaws

he Board of Directors of the Cornea Society recently approved several changes to the Society's bylaws. These changes include:

- 1. Adding a new category of membership (Fellow of the Cornea Society)
- 2. Separating the secretary-treasurer position into two positions: secretary and treasurer
- 3. Adding language to allow the Board to hire an executive vice president
- 4. Adding an ex officio, non-voting board position for the editor-in-chief of the Society's journal, *Cornea*

Additionally, after consultation with an attorney who specializes in non-profit associations, we updated wording throughout the bylaws. The current bylaws are available on the Cornea Society website, www.corneasociety.org.

# 2019 Mid-Year Forum

he 2019 Mid-Year Forum brought another successful week for ophthalmology advocacy in Washington, D.C. More than 400 ophthalmologists from all over the country, including more than 170 Advocacy Ambassadors, gathered to advocate for our profession and patients on Capitol Hill. We met with our regional representatives and senators to discuss key issues that affect our patients and care.

Rising drug costs and persistent drug shortages were major topics. We discussed the recent difficulty in patients obtaining certain commonly prescribed eye drops such as dorzolamide/timolol and prednisolone acetate. Congress members who met with us agreed this was an ongoing issue that Congress hopes to address with new legislation. The CREATES Act is currently going through the legislative process in both the House and Senate, and it hopes to address this issue.

Prior authorization and step therapy, specifically in regard to Medicare Advantage plans, was also a big topic.



Dr. Zeglam, Aaron Noll, MD, and Lorick Andersen, MD, University of Florida, attend the 2019 Mid-Year Forum in Washington, D.C.

Again, members of Congress were very receptive to these issues. We are hopeful CMS will change these policies and that private insurance plans will implement these changes as well.

These were just a few of the topics that were addressed with our legislators. At the conclusion of our day on Capitol Hill, the majority of us felt the day advocating was received well and will lead to policy changes that will ultimately help our patients.

I'm thankful that the Cornea Society gave me the opportunity to participate in direct advocacy at the 2019 Mid-Year

Forum. This is my second attendance. I encourage everyone to attend at least one Mid-Year Forum in their career. The experience is eye opening and provides insight into how policy making is influenced by advocating. We are our own best advocates for our profession and patients. Let our voices be heard! CN

—Ahmaida Zeglam, MD Cornea and external disease fellow University of Florida

# Cornea Fellows Educational Summit to take place in Atlanta in September

he 2019 Cornea Fellows Educational Summit will take place September 5–8 in Atlanta. The yearly event is geared toward fellows in cornea/external disease/refractive surgery programs and features education that includes both classroom and skills transfer lab components.

This year's program directors include Jessica Ciralsky, MD, Michael Straiko, MD, and Gregory Ogawa,

"The Cornea Fellows Educational Summit, sponsored by the Cornea Society, has become an extremely popular event for cornea fellows," Dr. Ogawa said, adding that there is space for 50 fellows to attend, and that opportunity fills the first day that registration opens.

"The 2-day meeting is a fantastic learning opportunity since the entire curriculum is developed and oriented specifically for cornea fellows who are in the first few months of their fellowships," Dr. Ogawa said. This focused programming is one of the things that makes this meeting so exceptional, he added.

Ten invited members of the Cornea Society will deliver didactic talks on a wide range of topics including lamellar keratoplasty (of all types), complex iris and IOL surgery, ocular surface neoplasia, corneal infections, refractive surgery complications, and dry eye. The fellows will rotate through labs on DSEK,

DMEK, challenging case discussion, and iris/IOL suturing.

Dr. Ogawa also said that Cornea Society University (CSU) programing will allow the faculty to share knowledge and experience to educate fellows on career options and a variety of other subjects related to practicing as a cornea specialist.

"Since cornea fellowships are 1 year in duration, attending this meeting is truly a once in a lifetime opportunity, and the Cornea Society has created and continues to improve the Summit to make the meeting worthy of that unique distinction," Dr. Ogawa said. CN

# Cornea and Eye Banking Forum to highlight the future of eye banking and corneal transplantation

he Cornea and Eye Banking
Forum will take place on Friday,
October 11, ahead of the American Academy of Ophthalmology
Annual Meeting at the Palace Hotel in
San Francisco.

It will once again feature approximately 25 free papers and two mini-symposia that will present the latest information on a range of topics of interest to the attendees, said Anthony Aldave, MD, one of the co-moderators of the event along with Michelle Rhee, MD.

"The Cornea and Eye Banking Forum, formerly known as the Fall Educational Symposium, is one of the few meetings that combines invited presentations, panel discussions, free papers,

and ample opportunity for the audience to ask questions," he said. "The Forum provides new, useful information to the audience in a variety of formats that keeps the audience engaged."

This year, the theme of both mini-symposia is "The Future of Eye Banking and Corneal Transplantation." The first mini-symposium will be "Management of Limbal Stem Cell Deficiency and Corneal Stromal Opacification: Where Are We Heading?" and the second will be "Management of Corneal Endothelial Dysfunction: Where Are We Heading?"

"With the initiation of clinical trials in several countries to determine the feasibility of these novel therapeutic approaches for limbal stem cell deficiency and corneal endothelial dysfunction, it is the right time for clinicians, eye bankers, and vision scientists to learn about these cutting-edge, cell-based therapeutic approaches," Dr. Aldave said.

The Cornea and Eye Banking Forum will also feature the presentation of several awards. This year, the Dohlman Award will be presented to Ivan Schwab, MD, and the R. Townley Paton Award will be presented to Shahzad Mian, MD.

The Troutman Cornea Prize recipient will be announced at a later time, and the Cornea Society/EBAA Best Paper of Session Award will be presented at the Forum to a current fellow, resident, or medical student. CN

### Castroviejo Medal awarded to John Dart, MD



he Castroviejo
Medal,
the Cornea Society's
highest honor,
will be awarded
to John Dart,
MD, honorary
professor at
the University
College London

Institute of Ophthalmology and consultant ophthalmologist at Moorfields Eye Hospital.

The Castroviejo Medal and Lecture, presented at the American Academy of Ophthalmology Annual Meeting, is given to an individual whose contributions have supported the Cornea Society's mission, which is to "promote knowledge, research, and understanding in cornea, external disease, and refractive surgery." It is named in honor of Ramon Castroviejo, MD, who pioneered corneal transplantation and inspired the founding of the Society.

Dr. Dart said he is "surprised and delighted" to be honored with this award.

"It means a lot to me because for the uncommon and difficult-to-manage conditions that I have spent the last 35 years treating and researching, I have tried to be both the patient's ophthalmologist and the ophthalmologist's ophthalmologist, providing unvarnished advice and evidence-based publications that do not extend beyond the data," Dr.

Dr. Dart's lecture—"Acanthamoeba keratitis: Getting the treatment right"—will discuss the available treatment options and protocols for this infection. Dr. Dart said his work in the early 1990s introduced topical biguanide treatment with polyhexanide (PHMB), leading to PHMB and chlorhexidine (the other topical biguanide in use) being currently recommended by major healthcare organizations as first-line therapy for Acanthamoeba keratitis.

"Apart from these topical biguanides, there are no other anti-amoebics available that are consistently effective against the encysted form of the organism," Dr. Dart said, adding that he and his team are completing a randomized controlled treatment trial of a more concentrated formulation of PHMB as part of the Orphan Drug for *Acanthamoeba* Keratitis (ODAK) project, which received grant funding from the European Union in 2012. The multicenter trial began in 2017 and will finish recruiting patients this year. If successful, Dr. Dart said it could standardize treatment protocol and result in the first licensed antiamoebic ocular drug.

Dr. Dart's work has identified risk factors associated with AK (contact lens hygiene and being exposed to contaminated water sources while wearing contacts) and introduced PHMB as therapy. His work on the causes of contact lens-related microbial keratitis has promoted changes in contact lens use and hygiene that have impacted current standards of care.

Dr. Dart said the research he has led in AK, microbial keratitis, cicatrizing conjunctivitis, and more has only been made possible because of the hard work and support of patients, colleagues, trainees, national and international collaborators, the management at Moorfields and the Institute of Ophthalmology, and from his family.

"This award is a tribute to all of us," he said. CN

### Ivan Schwab, MD, selected as Dohlman Award recipient



he
Cornea
Society's
2019
Dohlman
Award will be
presented to
Ivan Schwab,
MD, emeritus
professor of
ophthalmology
at the Univer-

sity of California, Davis, at the Cornea and Eye Banking Forum on October 11 ahead of the American Academy of Ophthalmology Annual Meeting in San Francisco.

The Dohlman Award recognizes an individual's commitment to teaching in cornea and external disease, as well as their other contributions to the field.

The award is named for Claes Dohlman, MD, PhD, who started the first corneal fellowship program in the U.S. and went on to teach hundreds of fellows.

"I'm touched and deeply honored [to receive] the Dohlman Award," Dr. Schwab said. "We are all self-educated, yet no one learns like the teacher. Any such award I receive is not based on what I know, but rather my enthusiasm for the knowledge itself. I can only open the door to education and trust and encourage the 'student' to walk through the threshold."

Dr. Schwab continued, saying that the acquisition of knowledge—and the realization that there is always more to know—is what he hopes to communicate and spread by his own example.

"Much of what we think we know will change, modulate, or be outright wrong in the future," he said. "But if we don't keep learning and maintain the enthusiasm for knowledge, we will only fall behind the curve. Thinking for one-self is the essence that is expressed from continual learning."

Dr. Schwab is a cornea and external disease and uveitis specialist with research interests including stem cell grafting and wound healing. He has also published research on comparative ophthalmology and a book on the evolution of the eye (Evolution's Witness: How Eyes Evolved). Dr. Schwab is a member of numerous professional societies, serves on the editorial boards of the journal Cornea and the journal Ophthalmology, and has received several honors for his contributions to teaching and the field of ophthalmology. CN

# 2020 World Cornea Congress to precede ASCRS ASOA Annual Meeting in Boston



he 2020 World Cornea Congress will take place from May 13–15, 2020, ahead of the ASCRS ASOA Annual Meeting in Boston. "Every 5 years, World Cornea Congress is held to update the world on the progress of the field of cornea," said Bennie Jeng, MD. "This is not only an outstanding opportunity to learn what's new but also to connect with colleagues from around the world."

As an added registration benefit, those wishing to register for the World Cornea Congress, the ASCRS ASOA Annual Meeting, or both events are able to do so by being a member of either the Cornea Society or ASCRS.

"The World Cornea Congress will be the must-attend cornea event of 2020," said Elmer Tu, MD. "More than any other subspecialty in ophthalmology, innovations in the diagnosis and treatment of corneal disease are occurring in every region of the globe."

The Cornea Society will be collaborating with partners in Asia, South America, Europe, and beyond to co-sponsor symposia at the meeting, which will bring the latest in practical,

applicable advances in corneal transplantation, ocular surface disease, dry eye diagnostics and treatment, cell therapy for corneal endothelial and epithelial disease, and more. "I think that general ophthalmologists and cornea specialists alike will be stunned by the advances that are just around the corner," he said.

The World Cornea Congress will focus on diseases of the cornea and ocular surface, which make up the bulk of the practice for both cornea specialists and comprehensive ophthalmologists, Dr. Tu said. "I can't think of any topics that won't appeal to both groups, but obvious areas will include the treatment of difficult ocular surface/dry eye patients, cataract surgery in the setting of corneal and ocular surface disease, anterior segment imaging, ocular surface infections, and what's new in office diagnostics."

Dr. Tu said they hope to have an interactive format with plenty of lively debates among speakers and audience participation. "There will be a free paper session for interesting new research, as well as a special track, open to everyone, focusing on young ophthalmologists

and experiences in those first few years of practice," he said. The programming will include traditional symposia as well as point/counterpoint discussions and video case presentations.

Kathryn Colby, MD, PhD, said that the World Cornea Congress program will have a more expanded capacity for free paper presentations than in the past. The space at the Boston Convention Center will allow for more than just one or two free paper sessions, she said, and electronic posters will also be featured at the meeting.

Leading up to the meeting, the Cornea Society will be featuring video footage from the 2015 World Cornea Congress in its email blasts, particularly on topics that have advanced in the field since that time. For example, Dr. Colby said that there have been updates relating to zoster, genetics in the management of corneal disease, and more.

"Every 5 years, the cornea community gathers to learn from each other and to get an update on what's going on from the experts in the field," Dr. Colby said. "There's nothing else like it in terms of its depth and breadth." CN