



Spring 2007

Cornea Day 2007 will highlight timely, important topics

by David Laber EyeWorld Staff Writer

Symposium will feature renowned faculty in hopes of building on success of the 2006 inaugural event

Last year's Cornea Day preceding the ASCRS•ASOA Symposium & Congress was a smash, and event planners are anticipating even more success for the 2007 Cornea Day. "Cornea Day 2007 is the follow-up to the highly successful inaugural symposium in 2006," said Michael W. Belin, M.D., president, Cornea Society. "Cornea Day 2006 attracted [more than] 1,200 physicians and was universally praised for both the diversity of topics and quality of the speakers."

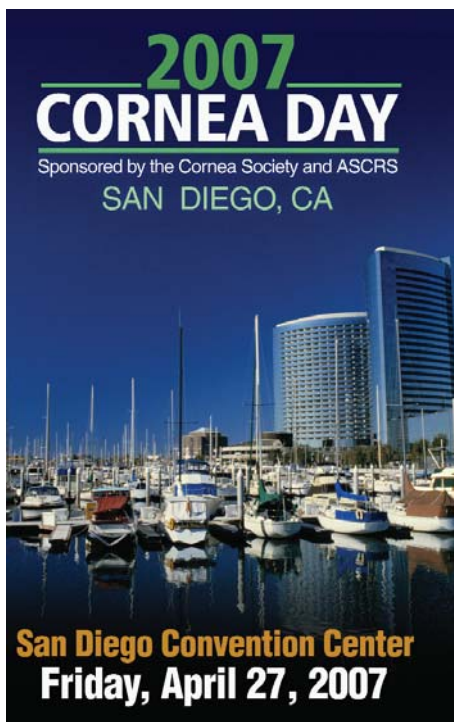
Dr. Belin and Edward J. Holland, M.D., professor of ophthalmology, University of Cincinnati, and director, cornea service, Cincinnati Eye Institute, Ohio, and chair of the ASCRS Cornea Clinical Committee will co-chair the event, which will begin at 8:30 a.m., Friday, April 27, in the San Diego Convention Center.

The goal of Cornea Day is to serve as a comprehensive review of current and controversial topics and to provide up-to-date information that is clinically relevant to practicing ophthalmologists, Dr. Belin said.

The event will feature various speakers, including an international collection of respected authorities from Asia, Europe, and North America. In addition, all of the sessions will feature panel presentations to enhance the interaction and educational experience.

Covering the important topics

Cornea Day 2007 will build on last year's success by concentrating on topics that are both timely and important to comprehensive ophthalmologists with a special interest in anterior segment surgery and corneal disease, Dr. Belin said.



Other educational symposia present such material by giving ophthalmologists only a few minutes to address the topics at hand, but the seven-hour Cornea Day program features lectures, debates, panel discussions, and surgical video reviews from this well-known faculty.

"Rather than present a series of short talks, the symposium has been designed to allow speakers more time for true teaching," Dr. Belin said. And the topics were selected not only for their interest, but because they represent current areas of concern to the anterior segment surgeon, he added.

The four major sessions will include the following:

- "Corneal Issues in Cataract Surgery," moderated by F. Rick Palmon, M.D., Fort Myers, Fla. This session will cover topics as such toxic anterior

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The Cornea Society to co-sponsor first pre-Academy Cornea Subspecialty Day in New Orleans.

EyeWorld staff writer

Saturday, November 10, 2007, will mark the beginning of another new educational effort by the Cornea Society, as it co-sponsors, with the American Academy of Ophthalmology (AAO), the first pre-Academy Cornea Subspecialty Day, which will be take place in New Orleans.

AAO Subspecialty Day, or Subday, is held immediately prior to the annu-



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The Cornea Society

April 2006

The Need for an International Coalition

Why do we continue to advocate the established teachings in the face of mounting evidence that the basis or our beliefs was false? Why do we persist in a course of action, knowing that the foundations on which it was built are outdated, misinterpreted, and, at the time, flat out wrong? It's time to admit we were wrong and correct our course of action.

On September 26, 2005, Sen. John Kerry called for the United States to lead an international coalition..

Worldwide terrorism? The war in Iraq? The continued struggle for Middle East peace? No, John Kerry was actually referring to mapping the human genome.

“What other nation could set out to learn more about disease and illness- and then lead an international coalition to map every single gene in the human body?” (Sen. John Kerry)

In ophthalmology, the traditional classifications of the corneal dystrophies were either anatomically based or phenotypically based on slitlamp appearance or microscopic similarities. There was mounting evidence, however, that most of the classic dystrophies were genetically determined. In 2005, at the World Cornea Congress in Washington, a number of members of the board of the Cornea Society, lead by Jayne Weiss, decided to organize an international coalition of ophthalmologists, pathologists, and geneticists to reassess and reclassify the corneal dystrophies.

“I think given the present situation, we need to see the international community speak with one voice.” German Foreign Minister Frank-Walter Steinmeier (2/21/2007) Unfortunately, the Foreign Minister was not discussing the human genome in this address.

With funding from the Cornea Society, the International Committee to Classify the Corneal Dystrophies (IC3D) was formed. With active participation from every continent and most major societies, IC3D has been working for the last two years to update our knowledge and correct the outdated classification system. Coordinating this project was a Herculean task, involving numerous meetings and constant e-mails. Many prominent researchers sacrificed personal gain and recognition to collaborate on this project because they realized that the product of many often exceeds the sum of the individuals. Each member agreed to work in unity and should be congratulated for his selflessness.

Maintaining an integrated international effort for more than two years is not easy task, and Jayne Weiss, who serves as the committee's chair, has done a heroic job (one that would make any democratic senator proud).

“It seems clear that managing the coalition will be even more challenging than putting it together.” [Brookings Review, June 22, 2002]

The IC3D Committee is in its last stages of completing this monumental task. The results will be presented both at this year's AAO Cornea Sub-Day and at other International Meetings. The Cornea Society has also agreed to fund a special supplement to the journal Cornea that is dedicated to the findings of the IC3D. As president of the Cornea Society, I am particularly proud of IC3D's work and that the Society was able to support this endeavor to continue to fulfill our mission.

An International Society to Promote Knowledge, Research, and Understanding
in Cornea, External Disease, and Refractive Surgery

Sincerely,

Michael W. Belin, MD
President, Cornea Society

Subspecialty Day continued from Page 1

al meeting. The event began with 1994's Glaucoma Day, and the concept has been expanded to include other subspecialties, including neuro-ophthalmology, pediatrics, retina, refractive surgery, and uveitis. Prior to this year, there was no Cornea Subday because the Cornea Society and the Eye Bank Association of America (EBAA) jointly sponsor the Cornea Society/EBAA Fall Symposium (formerly known as the Federated Societies Scientific Session) the day before AAO's Annual Meeting.

Over time, the Cornea Society/EBAA Fall Symposium has almost exclusively evolved into free paper presentations on both clinical and basic science topics. The notable exception is the Paton Awardee Lecture, delivered during the Federated Societies Meeting. Subspecialty Day, in contrast, focuses on invited speakers covering topics of clinical interest.

This led to Cornea Society leaders' and AAO leaders' realization that there was an opportunity to produce a Cornea Subday while maintaining the integrity of the Federated Society Meeting. That realization will come to fruition in The Big Easy on Saturday, November 10, when the two organizations jointly sponsor the first Cornea Subspecialty Day.

As a host city for meetings, New Orleans has made a remarkable recovery from the ravages of hurricanes Katrina and Rita. The city's convention center has been up and running for months, and many famous New Orleans eateries are welcoming guests back to their sumptuous tables. A site visit in March showed that the city is once again ready to let the good times roll.

The program is aimed at intermediate- and advanced-level corneal surgeons and comprehensive ophthalmol-

ogists with a specific interest in anterior segment disorders as well as allied health personnel who assist with corneal surgery. The meeting will provide a comprehensive update on surgical advances in corneal transplantation, management of ectatic corneal disease, corneal infections, immune corneal disease, ocular surface disease and reconstruction, and corneal and anterior segment imaging. Significant portions of the surgical program will be devoted to endothelial and anterior lamellar keratoplasty, penetrating grafts in children, and using ring segments and collagen cross-linking for ectatic disease. The meeting will open with a fascinating review of corneal phylogeny; it will close with a report from the International Committee for the Classification of Corneal Dystrophies (IC3D), which has thoroughly re-categorized corneal dystrophies based on the revolution in genomics in recent years.

AAO designates this educational activity for a maximum of seven AMA PRA Category 1 Credits™. Physicians should only claim credits commensurate with the extent of their participation in the activity. Program co-chairs Michael W. Belin, M.D., David B. Glasser, M.D., and R. Doyle Stulting, M.D., Ph.D. were assisted by program committee members Eduardo Alfonso, M.D., José L. Guell, M.D., Ph.D., Marian Macsai, M.D., Yaron Rabinowitz, M.D., and Donald Tan, M.D. in assembling a cast of respected domestic and international speakers that promise to pack this dynamic meeting with the latest clinical updates for the corneal sub-specialist. Join us for Cornea Subday on Saturday, November 10, and come out a day



Jackson Square a popular tourist location in New Orleans, LA

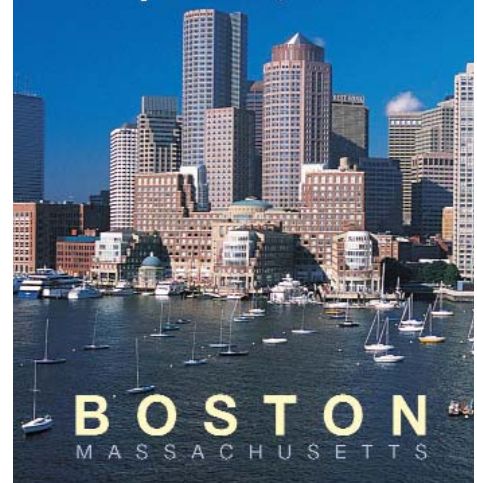
early for cutting-edge free papers presented at the Federated Societies Meeting on Friday, November 9. Registration for the Cornea Society/EBAA Fall Symposium will open June 2007 via the Cornea Society Web site (www.corneasociety.org) for Cornea Subday registration will open in June via AAO's Web site (www.aao.org).

SAVE THE DATE



Sponsored by The Cornea Society

April 7–9, 2010



This issue of *Cornea Society News* is supported by an unrestricted educational grant from



2007 Cornea Day Highlights continued

segment syndrome (TASS), post-refractive IOL calculations, and the surgical management of the borderline cornea. Nick Mamalis, M.D., Moran Eye Center, Salt Lake City, will introduce the TASS presenta-

tion. Dr. Mamalis will discuss the findings of the joint study on TASS risk factors.

- "Refractive Surgery," moderated by Dr. Belin. This discussion will feature the optimal refractive ablation

profile, ectasia prevention and treatment, and a comparison of various method of surface treatment.

During this session, Perry S. Binder, M.D., University of California, San Diego, J. Bradley Randleman, M.D., Emory School of Medicine, Atlanta, and Jorge L. Alió, M.D., Ph.D., Miguel Hernandez University, Alicante, Spain, will discuss ectasia in-depth, including details on risk factors, treatment, and how to avoid the condition altogether.

- "Infectious and Inflammatory Disease," moderated by Christopher J. Rapuano, M.D., Jefferson Medical College, Thomas Jefferson University, and Wills Eye Hospital, Philadelphia. This session will cover topics such as fungal and acanthamoeba keratitis and the surgical treatment of infectious anterior segment disease.
- It also will feature a presentation by Eduardo Alfonso, M.D., Bascom Palmer Eye Institute, Miami, on fungal keratitis, its risk factors, means of detection, and treatment options.
- "Anterior Segment Surgery," moderated by Sonia H. Yoo, M.D., Bascom Palmer Eye Institute. This final session will highlight endothelial keratoplasty (EK) techniques, femtosecond laser keratoplasty, and managing the unhappy multifocal patient. William W. Culbertson, M.D., Bascom Palmer Eye Institute, will discuss the Descemet's stripping endothelial keratoplasty (DSEK) technique and some of its complications, including donor button dislocation.

For more information visit www.corneaday.org.

Editors' note: *Cornea Day 2007 is sponsored by the ASCRS Cornea Clinical Committee and The Cornea Society. Cornea Day 2007 is supported by unrestricted educational grants from Allergan (Irvine, Calif.), Advanced Medical Optics (AMO, Santa Ana, Calif.), Alcon (Fort Worth, Texas), and Intralase (Irvine, Calif.).*

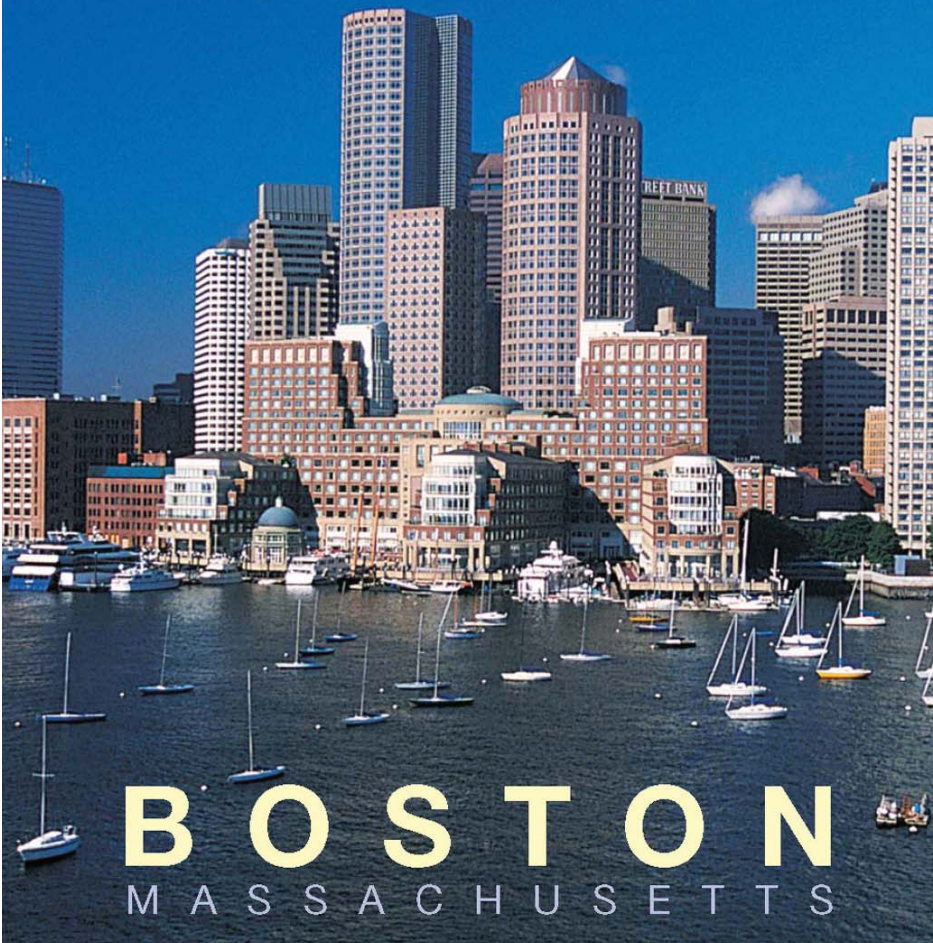
SAVE THE DATE



WORLD CORNEA VI CONGRESS

Sponsored by The Cornea Society

April 7–9, 2010



BOSTON

MASSACHUSETTS

2007 European Congress of Ophthalmology (SOE Congress)

The next European Congress of Ophthalmology (SOE Congress) will take place in Vienna between the 9th and 12th of June 2007. It will mark the 50th anniversary of the founding of the European Society of ophthalmology.

We are delighted that our American sister organization, the American Academy of Ophthalmology (AAO) and our host the Austrian Ophthalmological Society (ÖOG) have agreed to join us to make our Jubilee Congress a true Joint SOE/AAO/ÖOG meeting.

The SOE Scientific Programme Committee also invited all major European Sub-Specialty Societies to take active part in the planning and in the presentation of the scientific programme. Please see for more details: www.soe2007.org

Since the AAO have agreed to join us for this Jubilee Congress, many American Sub-Specialty Societies were also invited to participate in the Scientific Programme.

Their response was overwhelmingly positive and as a result we shall be treated to over 60 sub-specialty lead symposia and 20 instruction courses, which will provide a state of the art programme presented by 250 invited lecturers from around the globe.

The Cornea Society together with the SOE will organize two symposia:

- Cornea stem cells in practice.
Moderators: E.J. Holland and F.E. Kruse.
Speakers: Reza Dana, Joseph Frucht-Pery, Harinder Dua, Ed Holland, Shigeru Kinoshita, Friedrich Kruse and Dennis Lam.



- New therapeutic options in infectious corneal and external disease for the general ophthalmologist.
Moderators: Michael W. Belin and Gabriel van Rij.

Speakers: John Dart, Lies Remeijer, Denise De Freitas, Philippe Kesteley, Mark Mannis, Joel Sugar and Elisabeth Messmer.

Key Note speakers during the congress will be Stephen Ryan, Peng Khaw, Richard Collin and Howard Fine. There will be several debates on controversial topics and discussions specifically aimed at the younger ophthalmologist.

Specifically for residents (of course ophthalmologists are welcome too) the European University Professors of Ophthalmology (EUPO) will organize the annual EUPO Course 2007 on Friday 8 and Saturday 9 June 2007 in the same building.

On Friday 8 June the course "From scientific evidence to clinical practice" will be a joint European Glaucoma Society/EUPO Course. It will be moderated by Carlo Traverso.

On Saturday 9 June the EUPO Course on Uveitis will be moderated by Marc De Smet and JP Dunn. Please see for more details: www.soe2007.org

No SOE Congress would be complete without a great Social Programme, which traditionally reflects the flavour of the host city. We are indebted to our Austrian colleagues for their advice and guidance: Vienna has so much to offer, catering to every taste with its musical, artistic and culinary traditions!

We invite you to join us in Vienna to help us make the Jubilee 2007 Joint SOE/AAO/ÖOG Congress a memorable event and an exciting 50th Birthday celebration.

Zdenek J. Gregor
President of SOE

Gabriel van Rij
Treasurer of SOE
Board member of the Cornea Society

2007 CORNEA DAY

Sponsored by the Cornea Society and ASCRS
SAN DIEGO, CA



San Diego Convention Center
Friday, April 27, 2007

www.CorneaDay.org
San Diego

The 2007 Cornea Day is geared towards practicing ophthalmologists with an interest in comprehensive ophthalmology, anterior segment surgery and corneal disease

San Diego Convention Center
April 27, 2007
8:30AM–5:00PM

For registration, housing and program updates go to...
www.CorneaDay.org

ASCRS This program has been approved for
AMA PRA Category 1 Credit.™

Preliminary Program

8:30 AM – 10:00 AM Corneal Issues in Cataract Surgery

Moderator – F. Rick Palmon, MD
Panelists – Thomas E. Clinch, MD;
Elizabeth A. Davis, MD; Deepinder Dhalwal, MD;

- **TASS** Nick Marmalis, MD
- **IOL Calculations Post Refractive Surgery and Enhancement Options** - Douglas D. Koch, MD
- **Managing the Borderline Cornea, Cataract Surgery with Fuchs' Dystrophy** I. Howard Fine, MD; Jonathan B. Rubenstein, MD
- **Astigmatism Management, Achieving Emmetropia** Stephen S. Lane, MD

10:15 AM – 12:15 PM Refractive Surgery

Moderator – Michael W. Belin, MD
Panelists – Eric D. Donnenfeld, MD;
Sadeer B. Hannush, MD; John Marshall, MD;
R. Doyle Stulting, MD, PhD

Point-Counterpoint: Ablation Profile

- **Wavefront Optimized** Theo Seiler, MD, PhD
- **Wavefront Guided** Michael C. Knorz, MD
- **Topo-guided** Dan Z. Reinstein, MD

Ectasia: Risk Factors/Prevention/Treatment

- **Risk Factors and Avoidance** Perry S. Binder, MD
- **Treatment** J. Bradley Randleman, MD
- **Presbyopia Treatment** Jorge L. Alió, MD, PhD
- **Surface Treatment: Epi K vs. Epi Off vs. PRK**
- **Epi K** Marguerite B. McDonald, MD
- **Epi Off** W. Bruce Jackson, MD
- **PRK** Steven C. Schallhorn, MD

12:15 PM – 1:30 PM Lunch with Exhibitors

1:30 PM – 3:15 PM Infectious and Inflammatory Disease

Moderator – Christopher J. Rapuano, MD
Panelists – Edward J. Holland, MD;
Mark J. Mannis, MD; Mark A. Terry, MD

- **Distinguishing Infectious from Inflammatory Keratitis** Robert S. Feder, MD
- **Bacterial Keratitis: When to Use 4th Generation Fluoroquinolones vs. Fortified Antibiotics** Charles McGhee, PhD, FRCS
- **Fungal Keratitis: Risk Factors, Detection and Treatment** Eduardo Alfonso, MD
- **Herpetic Eye Disease - Management of Infectious and Immune Conditions** Ivan R. Schwab, MD
- **Acanthamoeba Keratitis - Where Do We Stand in 2007?** Elmer Y. Tu, MD
- **Surgical Treatment of Infectious Anterior Segment Disease** Natalie A. Afshari, MD

3:30 PM – 5:00 PM Anterior Segment Surgery

Moderator – Sonia H. Yoo, MD
Panelists – Robert C. Schultze, MD; Donald T. Tan, MD;
David D. Verdier, MD

- **DSEK: Patient Selection** Michael L. Nordlund, MD
- **DSEK: Surgical Pearls** Terry Kim, MD
- **DSEK: Complications** William W. Culbertson, MD
- **DSEK: Eye Banking** David B. Glasser, MD
- **Keratoprosthesis Update** Claes H. Dohlman, MD, PhD
- **Femtosecond Laser Keratoplasty** Roger F. Steinert, MD
- **How to Manage the Unhappy Multifocal IOL Patient** Robert J. Cionni, MD
- **Cataract and Corneal Surgery in the Glaucoma Patient** Anup Khatana, MD

5:00 PM

Meet the Faculty Reception

Supported by unrestricted educational grant from:

Diamond Level –  **ALLERGAN**

Latest Trends in Dry Eye Treatments

by Marguerite McDonald, MD

More than 20 million Americans suffer from dry eye, a condition resulting from insufficient tear production, excessive tear evaporation or abnormal tear composition. Symptoms of dry eye include itching, irritation, sensitivity to light, blurred vision and contact lens intolerance and even too much tear production. Dry eye can be associated with older age, ocular surface diseases, certain medications as well as autoimmune diseases such as lupus or arthritis. Mild or episodic dry eye can progress to a chronic condition and if left untreated, can eventually lead to infection or loss of vision, underscoring the importance of proper diagnosis and early treatment.

New Understanding of Dry Eye and Treatment Strategies

Until recently, the disease was broadly defined as a disorder of the tear film, caused by tear deficiency or excessive evaporation. However, in 2004, as a result of an evolved understanding of the condition and a recognized need for new, applicable treatment guidelines, an International Task Force (ITF) of dry-eye specialists created guidelines for diagnosis and treatment of the condition.

The ITF guidelines were based on the symptoms and signs of dry eye. The ITF guidelines underscore how a constantly evolving understanding of dry eye is helping improve treatment strategies that not only include new, innovative products, but also better diagnosis through conversations with patients and diagnostic tests such as ocular surface staining (e.g., with fluorescein, lissamine green).

The Role of Hypertonicity and Osmotic Stress in Dry Eye

Leveraging a new technology platform, Allergan recently introduced Optive, an artificial tear with an advanced formulation that provides lubrication of the surface of the eye while offering osmoprotection to the corneal epithelial cells. On a healthy eye surface, the tear film is isotonic and uncompromised and the epithelial cells are hydrated and in osmotic balance, providing maximum comfort to the eye. With dry

eye, the quantity of water in the tear film is decreased as a result of high evaporation or because sufficient water is not produced in the first place. As a result, the tear film is not offering adequate support of the ocular epithelium, the outside layer of cells on the eye surface, causing surface inflammation and eye pain. The normal tear film composition is changed and tears become hypertonic, causing what's commonly referred to as osmotic stress.

Osmotic stress occurs when the concentration of molecules in solution outside of the cell is different than that inside the cell. When this happens, water flows either into or out of the cell by osmosis, thereby altering the intracellular environment. When tears are hypertonic and under osmotic stress, cells on the cornea lose cell water and as a result begin to absorb solutes such as sodium and potassium from the environment. This upsets the delicate chemical balance of the tear, which can lead to damage to, and malnourishment of, the ocular surface unless the cells are replenished with compounds referred to as compatible solutes.

Compatible solutes are small, non-ionic organic compounds that build osmotic strength within the cells. All cells must absorb these compounds to remain healthy and functioning, a state referred to as "osmoprotection."

Dry Eye Treatment Options

Several treatment options are available for dry eye depending on the frequency and severity of the condition, however treatment with artificial tears currently accounts for approximately 79 percent of all dry eye therapies. Commonly sold over-the-counter as drops or gels, artificial tears use different approaches for moisturizing the eyes:

- hypotonic solutions temporarily increase water content
- oil-containing tears improve lipid layer of tear film to prevent evaporation
- tears with bioadhesive properties increase retention of water
- advanced artificial tears that contain compatible solutes to build osmotic strength

The most recent addition to Allergan's dry eye portfolio is Optive

Lubricant Eye Drops. The over-the-counter product contains a dual-action formula that provides long-lasting hydration of the eye while penetrating the corneal surface to protect the cells from hypertonic stress. Unlike traditional artificial tears, the advanced formula works in two ways and contains compatible solutes, that help restore osmoprotection in the corneal epithelial cell, while moisturizing the entire ocular surface with the lubricants, carboxymethylcellulose (CMC) and glycerin. CMC coats the ocular surface with a hydrating protective shield, while glycerin enters the corneal cells to protect against hypertonic stress. CMC is commonly considered one of the most effective lubricants, providing long-lasting comfort and relief to the ocular surface and glycerin is a non-blurring compatible solute that binds water to the cells. Optive is preserved with Purite. Studies have demonstrated that Purite has no cytotoxic, allergenic or irritating effects, and in the bottle, Purite preservative meets FDA standards for killing harmful bacteria and fungi.

In a 90-day clinical trial, Optive demonstrated statistically significant improvement versus baseline in six common signs and symptoms of dry eye with dry eye sufferers using Optive experiencing very little blur. When compared to other commercial tear products, data from the clinical trial also showed Optive provided longer-lasting relief and patients were five times less likely to have administered Optive within the hour preceding the exam to relieve dry eye symptoms than those patients using a competitive product.

Artificial tears provide symptom relief and are a foundation to manage dry eye. Anyone using artificial tears three or more times a day may need to add prescription therapy. Restasis is currently the only prescription eye drop approved by the FDA to help increase the ability to produce tears which may be reduced by inflammation due to chronic dry eye. Advanced artificial tears may offer optimal relief to patients in combination with prescription therapy.

In more severe dry eye cases punctal occlusion may be needed to seal off

Latest Trends in NSAIDs and Anti-Infectives *(continued from page 7)*

the tear ducts in order to conserve tear volume. However, since occlusion may lead to increased risk of infection on the ocular surface, the ITF guidelines recommend initiating treatment prior to punctal occlusion to prevent or treat inflammation.

Our continued research and understanding of dry eye have led to several advances in new, advanced products and we can today offer a full continuum of care to our patients.

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Membership News

The Cornea Society's board of directors is pleased to welcome the following individuals to the society this year:

Candidates

Ashish Agrawal, MD
Bruno Fontes, MD
Penny McAllum, MD
Hearia, MD

Associate Members

Brandon Ayres, MD
Surendra Basti, MD
Peter Beckingsale, MD
Craig Berger, MD
Edwin Chen, MD
N. Yen Dang, MStephanie
Watson, MD

Regular Members

Mark Gorovoy, MD
Majid Moshirfar, MD
Anjali Pathak, MD
Franis Price Jr., MD

AUPO-FCC Fellow Exit Survey

The AUPO-FCC represents a joint effort of the Association of University Professors of Ophthalmology (AUPO) and the majority of sub-specialty societies. This Committee serves to review fellowships to ensure they are in compliance with the published guidelines established by the subspecialty society and approved by the AUPO-FCC. The program has been active since July, 2005. The listing of compliant programs can be found on both the AUPO-FCC web page and the San Francisco Matching Program web page www.SFMatch.org

A "compliant" program indicates that the Fellowship Program agrees to abide by a set of guidelines that can be found on the AUPO-FCC web page www.aupofcc.org and on the CORNEA Society web page www.corneasociety.org. The guidelines cover medical and surgical training, faculty qualifications, teaching and the overall educational program. Compliance will be determined by the Fellowship Director's submission of the required information and by the graduating Fellow's completion of a web based educational report (Exit Survey). The Fellow evaluation (Exit Survey) will be web based, should be completed just prior to finishing of the training and should present an honest appraisal of the Fellowship experience.

The current Fellows will be the first class to utilize the on-line, web based, exit survey. A DRAFT version of the survey is available at www.corneasociety.org for review and to allow both Fellowship Directors and Fellows some advance familiarity with the process.

Michael W. Belin, MD
President Cornea Society