EyeWorld
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WOC2014 TOKYO

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# WOC2014 has official Opening Ceremony

By Ellen Stodola EyeWorld Staff Writer

***The ceremony included Japanese music and dancing, as well as official addresses and awards***

The Opening Ceremony began with an opening performance, which was meant to show expressions of the Japanese aesthetics of flower, bird, wind, and moon. It also featured music and dancing, as well as a visual presentation of the four seasons.

An opening video took attendees on a journey from 1978 to 2014. The last time the World Ophthalmology Congress (WOC) took place in Japan was in 1978 in Kyoto.

A special guest in attendance at this year's Opening Ceremony was Crown Prince Naruhito. Welcome remarks were given by a number of officials. More than 18,000 individuals have registered for WOC2014, which makes it the largest WOC in history.

The Opening Ceremony also included ICO awards, AOI awards, and APAO awards.

A number of doctors were honored for awards and lectures. The Gonin Medal was given to **Alice McPherson, MD.** The Jules Francois Golden Medal was given to **Peter Watson, FRCS, FRCOphth**. The International Duke Elder Medal was given to **Richard Abbott, MD**. The ICO Ophthalmic Pathology Award was given to **Mark Tso, MD, DSc.** The Mark Tso Golden Apple Award was given to **Charles McGhee, MD, FRCS, FRCOphth.**

The Bernardo Streiff Gold Medal was given to **Bradley Straatsma, MD, JD.** The Jose Rizal Medal was given to **Dennis Lam, MD, FRCS, FRCOphth**. The Jose Rizal International Medal was given to **David Chang, MD.**

The Crown Prince of Japan also spoke and expressed that it was his privilege to attend the ceremony. Many people lose their sight because they don't have access to proper medical eye care, he said, expressing his appreciation for all efforts made by those in attendance to ophthalmology. EW



The Crown Prince of Japan addresses the Opening Ceremony of the WOC2014.



# Sakura

Cherry blossoms mark new beginnings for the Japanese people. A "Cherry Blossom Tree" was lit for the Opening Reception following the Opening Ceremony. The event was held in the Plaza outside the Tokyo International Forum. It featured multiple food trucks that offered attendees a taste of street food from around the world.

The Official WOC2014 Cherry Blossom Trees at the Plaza and the Imperial Hotel are a "terrific photo opportunity." EW



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# Pediatric ophthalmology controversies highlighted

by Erin L. Boyle EyeWorld Editor

Three areas of pediatric surgery that have seen advancements – which has induced controversy – were discussed at the "Controversies in Pediatric Ophthalmology" session at the Pediatric Ophthalmology Subspecialty Day.

Physicians from around the globe outlined primary implantation in infant cataract surgery, infant pediatric keratoplasty, and the use of intraocular implants in juvenile idiopathic arthritis (JIA) related cataract surgery.

The event, chaired by **Takashi Fujikado, MD**, Japan, and **Ken K. Nischal, MD**, U.S., featured both **Ngoy Kilangalanga, MD**, Democratic Republic of the Congo, and **Sachiko Nishina, MD**, Japan, presenting separately on "Intraocular lens implants in young Iinfants with congenital cataract should be avoided"; Dr. Nischal presented "Infant corneal transplants are a waste of time! Not!"; **Kin-Ei Ra, MD, PhD**, Japan, presented "Penetrating corneal grafts for infantile corneal opacity is a waste of time"; and **Eduardo Silva, MD, PhD**, Portugal, and **Marilyn B. Mets, MD**, U.S., presented separately on "IOL's should not be used in JIA associated uveitic cataract."

Follow-up is a major issue in congenital cataract cases in Africa, where Dr. Kilangalanga practices. Of 218 patients since 2002 that he has treated, "the follow-up is very poor," he said. A total of 81% of patients returned to their 2-week postoperative visit. But by 5 years, 30% returned.

"It's really a problem because you will not know if there are complications," he said.

After the presentations, Dr. Nischal lead the panel and audience in a question-and-answer segment. He summarized the talks at the end of the discussion:

"It sounds like implantation of [IOLs in] infants depends on geography, accessibility to contact lenses, and aphakic lenses. Sometimes we have no choice. Right now, we don't truly know if it's the right thing to do or not," he said.

"As far as penetrating keratoplasty is concerned, I think Dr. Ra said something very important. You have to be obsessive. There's no point doing one of these every so often. You can tell both of us are compulsive obsessives to be able to do this," he said.

And, "as far as JIA associated cataract is concerned, it sounds like we have consensus that 3 months is probably not enough time to be uveitis free and even then, you need very good control, and you still have to make the choice on an individual basis," Dr. Nischal concluded.

In his own presentation discussing corneal grafts in corneal opacity cases, he said that he follows a specific algorithm and not every child undergoes surgery. "It's complicated and you have to have a dedicated team," he said. He only operates on the worst eye, he said, because eyes can be lost.

"Development vision is more important than corneal clarity," which was a take-home message of his talk. Surgery early in children's lives – before 8 weeks, which is "a crucial time of global development" – is vital.

"To give a child the ability, in the first year of life, to learn to walk. To learn to eat. To learn to look at the mother and father and interact socially, stops these children from going into an autistic behavioral pattern. There's very good evidence of that in development pediatrics," he said. **EW**



Members of the five-person panel discussed controversial issues at Pediatric Ophthalmology Subspecialty Day.

## Here's what's coming up:

### Thursday, April 3 Events

**Cataract: Be sure to check out the "Ophthalmic Premier League"** from 13:30 to 15:00 hrs. in Room 1 of the Tokyo International Forum Hall A. This symposium features four teams of four surgeons. Each team member will present a video of his or her most challenging cataract case or complication. The video presentations will be followed by a panel discussion.

**The "Endophthalmitits after Cataract Surgery"** session from 10:30 to 12:00 hrs. in Room 17 of the Imperial Hotel Peacock (East) will look at the specifics of endophthalmitits and how to deal with it and prevent it.

**Cornea: Addressing the cornea, the "Endothelial Transplantation: Techniques and Outcome"** session from 8:30 to 10:00 hrs. in Room 7 of the Tokyo International Forum Hall D1 will look at a number of techniques like DMEK, DSAEK, ultra thin DSAEK and when to decide when to use certain techqniques.

**The AAO's session on "New Surgical Approaches in Ophthalmology"** from 8:30 to 10:00 hrs. in Room 3 of the Tokyo International Forum 7F Hall B7 will look at new surgical approaches in a number of different areas of ophthalmology, including open-globe injuries involving the posterior segment, indications for crosslinking and new surgical procedures in uveitis.

**Refractive: "Refractive Surgery Complications: Prevention and Management"** will take place from 8:30 to 10:00 hrs. in Room 25 of the Imperial Hotel 3F Tsuru. It will deal with how to avoid complications in refractive surgery, how to eliminate poor candidates for surgery, and how to handle complications when they do arise.

**Glaucoma: Both the "New Treatment Strategies and Targets in Glaucoma-Translational Science"** from 8:30 to 10:00 hrs. and the "Hot Topics in Glaucoma" from 10:30 to 12:00 hrs. in Room 4 of the Tokyo International Forum Hall B7 will look at glaucoma topics.

**Other: "Socioeconomics in Ophthalmology"** will take place from 10:30 to 12:00 hrs. in Room 20 of the Imperial Hotel 2F Kiku. It will highlight the importance of socioeconomic issues in ophthalmology and look at access, quality and cost in eye care services, comparing socioeconomic aspects from different areas around the world.

# Retina controversies highlight nuances of anti-VEGF treatment

by Chiles Aedam R. Samaniego EyeWorld Asia-Pacific Senior Staff Writer

## Supplementation, dosing, selection, and safety considerations

Age-related macular edema had traditionally been classified into distinct atrophic and exudative forms, said **Sebastian Wolf, MD**, Switzerland. In contrast, the new classification system acknowledges some "interaction between both forms," describing a spectrum based on findings of no apparent changes to normal aging changes, on to early, intermediate, and late AMD—the latter including neovascular changes and any geographic atrophy.

Dr. Wolf delivered a talk on the "Controversies of age-related macular edema" at the Retina Subspecialty Day symposium on "Controversies in retina" yesterday morning.

These controversies include the findings of large-scale studies that would be mentioned repeatedly by the various speakers throughout the symposium, including the ANCHOR Study, AREDS 1 and 2, the HARBOR and MARINA trials.

Among those findings is the role of vitamin and nutritional supplementation. According to AREDS, said Dr. Wolf, high-dose antioxidants and zinc supplementation have beneficial effects for the development of neovascular AMD, though not for central geographic atrophy. However, somewhat surprisingly, he said, omega-3 fatty acids had no beneficial effects.

Also controversially, he said that it appears that CFH and ARMS2 genetic polymorphisms predict patient response to antioxidants and zinc.

Dr. Wolf also spoke extensively about treatment with VEGF inhibition, focusing on the differences between fixed (monthly or bimonthly) and flexible (PRN) dosing.

MARINA and ANCHOR, he said, showed "very good results with fixed" monthly dosing; results from studies such as PIER that used quarterly dosing were "not as good."

Meanwhile, the PRN treatment scheme—while perhaps preferrable economically and in terms of patient comfort and reducing potential treatment-related complications—given after a period of fixed treatment, showed a decrease in effect after an initial peak achieved during the fixed treatment period, with an outcome dependent on retreatment criteria.

Dr. Wolf went on to describe a middle ground between the two schemes: the treat and extend approach, in which the treatment interval between injections is extended by 2 weeks after each subsequent dose, also in response to visual acuity and OCT findings. Studies show that this approach provides results similar to those seen in the MARINA trial—at least to a maximum follow-up of 16 weeks.

Anti-VEGF treatment is "a whole different ballgame" when it comes to diabetic macular edema (DME), said **Susan B. Bressler, MD**, U.S., speaking at the same symposium. Specifically, for DME, a PRN regimen is preferred over fixed regular dosing.

In addition to the findings of studies such as RESTORE, REVEAL, RIDE and RISE, Dr. Bressler discussed the results of the DRCR.net study, which compared sham with photocoagulation against ranibizumab with prompt laser photocoagulation, ranibizumab with deferred laser photocoagulation, and triamcinolone with laser photocoagulation.

The DRCR.net study used a fairly complex protocol that begins with monthly assessments, with clinical decisions based on OCT findings and visual acuity—essentially a PRN regimen based on VA and OCT findings.

The outcomes between ranibizumab with prompt laser photocoagulation and ranibizumab with deferred laser photocoagulation, while initially similar, begin to diverge at 2 years, with a significant advantage for ranibizumab with deferred laser photocoagulation at 3 years. However, both regimens were superior to both sham with laser photocoagulation and triamcinolone with laser photocoagulation.

Compared with laser photocoagulation, not only do the DRCR.net findings suggest the superiority of anti-VEGF treatment over the procedure, but potentially highlights the procedure's essentially destructive nature.

One controversy that remains in terms of anti-VEGF therapy is choosing the best agent. Each one, said **Mineo Kondo, MD**, Japan, has a different target, affinity and half-life. However, at least for **Pravin U. Dugal, MD**, U.S., the most significant distinguishing factor is systemic safety.

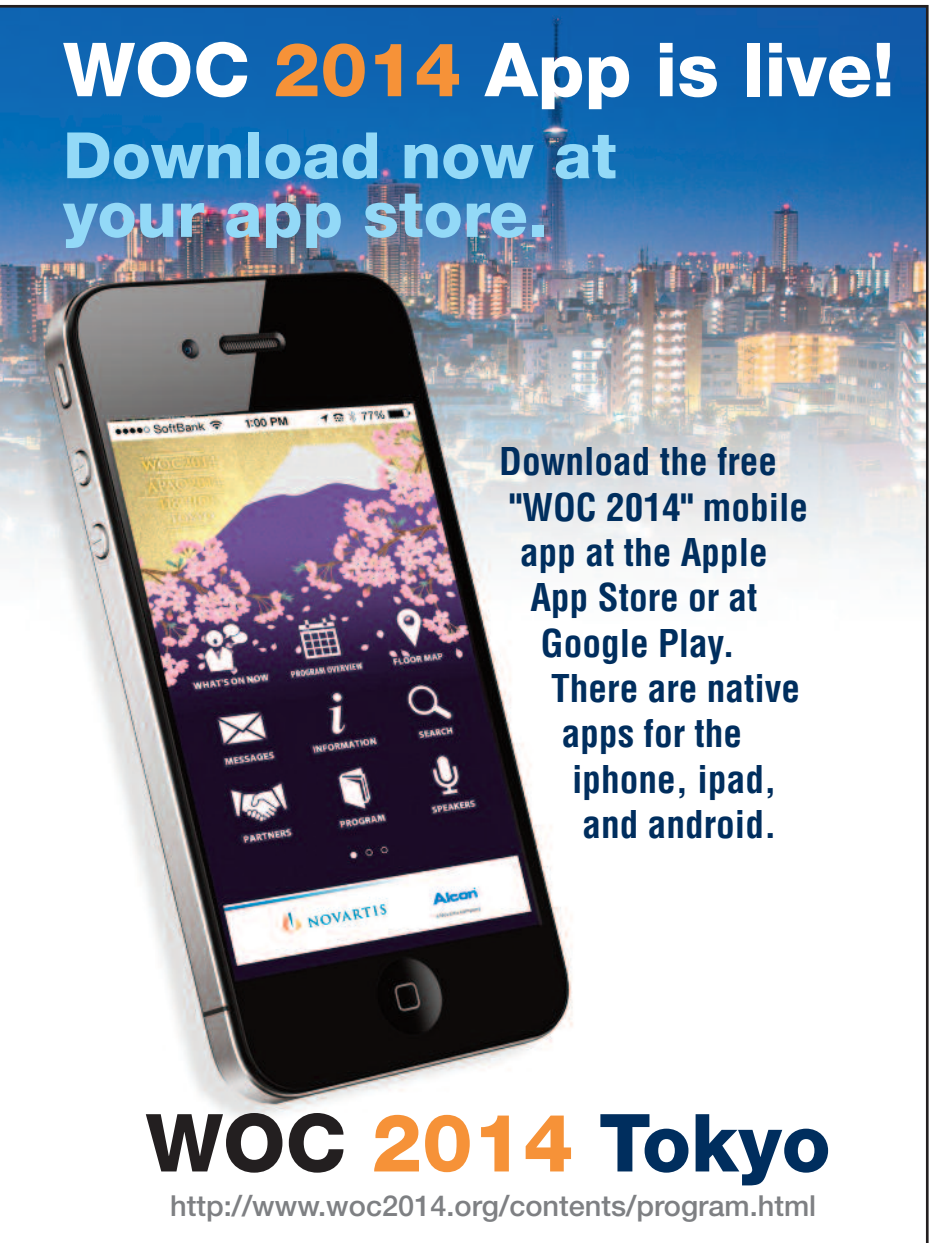
Given the numerous factors to control and the large population sizes required to produce reliable, definitive statistical data, Dr. Dugal considered how ophthalmologists can make safety decisions without such data.

He recommended narrowing it down to two questions: What do we look for? and Who do we look at?

Because anti-VEGF treatment effects systemic vasoconstriction (as an indirect consequence of inhibiting vasodilation), Dr. Dugan recommended looking for arterial thromboembolic events. Meanwhile, the most vulnerable patient population is patients 85 years old and above. He supported these recommendations with results from ANCHOR, HARBOR, and MARINA, among others.

Of the three most commonly used anti-VEGF agents, the larger Fc-containing aflibercept (Eylea, Regeneron Pharmaceuticals, Tarrytown, N.Y.) and bevacizumab (Avastin, Genentech, South San Francisco/Roche, Basel, Switzerland) appear to produce less systemic VEGF inhibition than ranibizumab (Lucentis, Genentech, South San Francisco/Novartis, Basel, Switzerland), which lacks the Fc portion. On the other hand, the Eylea European Public Assessment (EPAR) report found some cerebrovascular accidents and transient ischemic attacks with aflibercept but not with ranibizumab.

However, Dr. Dugal noted that these are not conclusive, although they are important trends that need to be considered and studied further. EW



# Rethink VMT.



Patients with **vitreomacular traction (VMT)** are at risk for **macular hole** and suffer visual impairment that can affect their daily lives.[1-3] Unresolved, VMT can progress and can lead ultimately to central vision loss.[4,5]

In recent years, optical coherence tomography (OCT) has brought greater clarity to VMT, advancing both diagnosis and understanding of the condition.[5]

Today, there's more to know about VMT.

**REFERENCES: 1.** Sebag J, Wang MY. Combined spectral-domain optical coherence tomography/scanning laser ophthalmoscopy imaging of vitreous and the vitreo-retinal interface. Holz FG, Spaide RF, eds. *Medical Retina: Focus on Retinal Imaging.* Berlin, Germany: Springer-Verlag; 2010:157-168. **2.** Bottós J, Elizalde J, Arevalo JF, Rodrigues EB, Maia M. Vitreomacular traction syndrome. *J Ophthalmic Vis Res.* 2012;7(2):148-161. **3.** Mojon-Azzi SM, Sousa-Poza A, Mojon DS. Impact of low vision on well-being in 10 European countries. *Ophthalmologica*. 2008;222:205-212. **4.** American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Idiopathic Macular Hole. San Francisco, CA: American Academy of Ophthalmology; 2008. http://www.aao.org/ppp. Accessed February 22, 2013. **5.** Barak Y, Ihnen MA, Schaal S. Spectral domain optical coherence tomography in the diagnosis and management of vitreoretinal interface pathologies. *J Ophthalmol*. 2012:Article ID 876472. doi:10.1155/2012/876472.

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# Tokyo arts and events

While you're in Tokyo, you may want to take time to catch a concert, a theater performance, or another event taking place in the city. Here are some possibilities:

## Concerts:

### Bob Dylan

http://hall.zepp.co.jp/divercity/
+81 3-3527-5256
Bob Dylan will be performing on a number of days from Monday, March 31 through Tuesday, April 8 at Zepp DiverCity.




### Fukuyama Masaharu

http://www.fukuyamamasaharu.com/sp/tour2014/
See the Japanese musical star and actor perform at the Tokyo Dome on either Saturday, April 5 or Sunday, April 6.

### Lionel Richie

http://lionelrichie.com/tour-dates/
2-3 Kitanomarukoen, Chiyoda, Tokyo 102-8321
+81 3-3216-5100
On Monday, March 31, you can see Lionel Richie perform in Tokyo at Nippon Budokan Arena.

### Thirty Seconds to Mars

http://www.shibuya-ax.com/
2-1-1 Jinnan, Shibuya, Tokyo 150-0041
+81 3-5738-2020
Check out Jared Leto in the band Thirty Seconds to Mars on Thursday, April 3 at Shibuya-AX.

## Festivals:

### Bunkyo Azalea Festival

1 Chome-28-9 Nezu, Bunkyo, Tokyo 113-0031
+81 3-3822-0753
http://www.gotokyo.org/en/kanko/bunkyo/event/tutujimaturi.html
Visit the Nedujinja Shrine in Tokyo from early April until early May for this azalea festival. The garden has thousands of azalea plants in dozen of different species. In addition to plants, the festival also features antiques and other stalls.

### Hana-Matsuri

http://www.gotokyo.org/en/kanko/taito/event/hanamaturi.html
This floral festival takes place on April 8 all over Japan. It is also memorial service celebration performed for the birth of Buddha. A special ama-cha beverage is poured over Buddha figures that are decorated with flowers.




## Tokyo Fun Facts



**The first International Sushi Day was June 18, 2009 and this year, it will be Wednesday, June 18, 2014.**




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Tokyo continued from page 6

### Jazz Week Tokyo

http://jazzweektokyo.com/

Taking place at Orchard Hall from Thursday, April 3 until Tuesday, April 15, Jazz Week has a number of performers scheduled.

### Ueno Sakura Matsuri (Cherry Blossom Festival)

https://www.gotokyo.org/en/kanko/taito/event/uenosakuramaturi.html?PHPSESSID=cgtdo8h5qimkklf5fta9kjldt0

Beginning in March through early April, one location that this Cherry Blossom Festival occurs is in Ueno Park in Tokyo because of the large number of cherry trees. Thousands of people come to experience this, and the park also has a number of lanterns lit for the occasion.


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WOC2016 and WOC2018

World Ophthalmology Congress® of the International Council of Ophthalmology

WOC2016
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Co-host: Pan-American Association of Ophthalmology



WOC2018
June 16–20
Barcelona, Spain

Host: Spanish Society of Ophthalmology
(Sociedad Española de Oftalmología)


## Performances

### Musical vow of chi-nu

At the Hyogo Performing Arts Center on Saturday, April 5 and Sunday, April 6.

### The New National Theatre, Tokyo

The New National Theatre offers a number of different performances and genres in its 2013-2014 season, including:

### History of Mizuho in Manila

This play by Akimoto Matsuyo will be performed in Japanese. The story is about the Meiji era and people who left Japan to travel to other parts of the Asian continent, looking for an ideal world. The play will be performed on Thursday, April 3 at 18:30 hrs., Friday, April 4 at 14:00 hrs., Saturday, April 5 at 13:00 hrs., Sunday, April 6 at 13:00 hrs., and Monday, April 7 14:00 hrs.

### Wozzeck

This opera, with music by Alban Berg, is performed in three acts and will be sung in German with Japanese subtitles. See it performed on Saturday, April 5 at 14:00 hrs. or on Thursday, April 8 at 19:00 hrs.

### The New Symphony Orchestra 225th Concert

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This concert will take place in the concert hall of the Tokyo Metropolitan Theatre on Sunday, April 6 at 14:00 hrs. **EW**






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| 精神神経系 | | 頭痛 | |
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# Richard Abbott, MD, receives International Duke Elder Medal

by Ellen Stodola EyeWorld Staff Writer

***The award is presented to one ophthalmologist every 4 years and honors work across the ophthalmology field, including international collaboration and relations***

**Richard L. Abbott, MD**, Thomas W. Boyden Endowed Chair in Ophthalmology, health sciences professor, cornea and external diseases, UCSF Department of Ophthalmology, San Francisco, is the recipient of the International Duke Elder Medal, which will be presented in Tokyo at the WOC 2014.

Dr. Abbott expressed that he is looking forward to attending the meeting, seeing his colleagues, and continuing the work that he has done for the past 30 years. "I am deeply honored and surprised to receive this award, especially when you look at some of the former recipients," he said.



Richard L. Abbott, MD

The International Duke Elder Medal is awarded every 4 years by the International Council of Ophthalmology (ICO), and it is given to an ophthalmologist who "has contributed most to the development of international relations and friendship between ophthalmologists, and who has advanced the field by his or her contributions in writing and organization in ophthalmology."

Dr. Abbott stated that he believes the award represents recognition of the importance of international relationships, which includes collaboration and engagement between individuals, as well as national and supranational societies.

"A lot of my work has involved the development and promulgation of evidence-based clinical guidelines, new and innovative methods for ophthalmic education, as well as teaching in the field of corneal and external disease," Dr. Abbott said. He emphasized that the exchange of knowledge and information has become more of a collaborative process in that there is more sharing of information rather than it coming from a single source. "When I travel and interact with my international colleagues, I'm learning as much as I'm teaching," he said.

"We live in a global community, and I feel this award reflects how important it is to build and nurture these channels of communication and collaboration."

He said that taking on a number of different leadership roles in ophthalmology has given him the opportunity to experience the broad spectrum of physician involvement in the specialty. "I think when you look at our profession, we're very lucky in the sense that there are a lot of opportunities for each of us to contribute," he said. This includes contributions in clinical sciences, basic research, teaching, surgery, and setting standards and guidelines. "Throughout my career, I've been able to do a little bit of each of these," Dr. Abbott said. "I think it gives you an appreciation and perspective on how rich and rewarding our specialty of ophthalmology is and can be."

Dr. Abbott said that there are a number of challenges and barriers that ophthalmologists face around the world. These include issues of cost, manpower, education, resources and equipment. He said, "Our challenge, as leaders, is to help facilitate the best quality of care using the resources and knowledge available to achieve the best outcomes for patients and to try to continually improve and move the bar upward." **EW**




**WOC2014 Ribbon Cutting Ceremony: From left to right: Prof. Fumio Shiraga, MD, PhD, Tatsuro Ishibashi, MD, PhD, Bruce Spivey, MD, MS, MEd, Tetsuro Oshika, MD, PhD, Makoto Araie, MD, PhD, Shigeru Takano, MD, President of the Japan Ophthalmic Instruments Association Mr. Tsugitomo Takimoto**

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**Lunch Seminar 21:**
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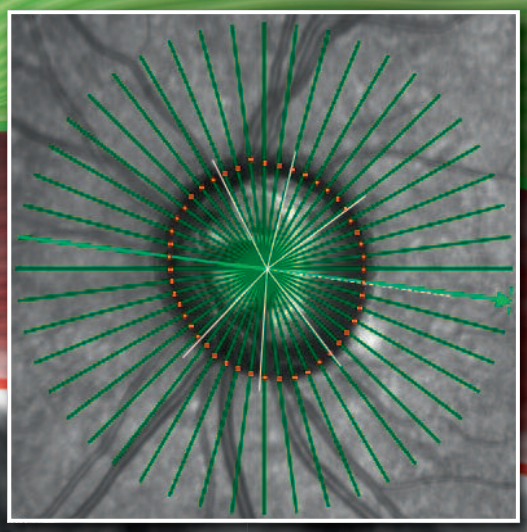
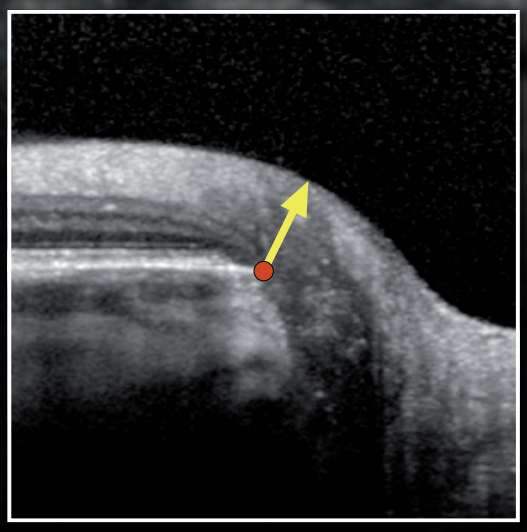
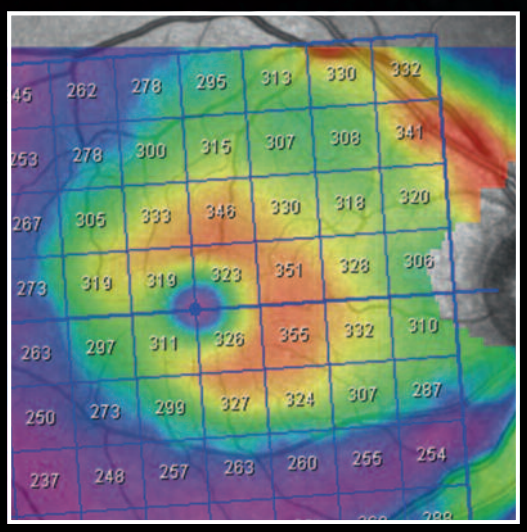
Chair: Professor Goji **Tomita**
Professor Claude F. **Burgoyne**
Professor Balwantray C. **Chauhan**
Professor Masanori **Hangai**





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# Peter Watson, FRCS, receives Jules Francois Golden Medal

by Ellen Stodola EyeWorld Staff Writer

***Dr. Watson is being recognized for his ophthalmic work of high scientific quality***

**Peter G. Watson, FRCS, FRCOphth**, Cambridge, England, is the recipient of this year's Jules Francois Golden Medal.

Dr. Watson said that being given this award has been the greatest surprise of his professional career. Being able to give the Jules Francois Lecture prior to the WOC meeting in November at the Annual Congress of the Belgian Ophthalmological Societies in Brussels enabled him to present the new work, which has led to an almost complete understanding of the pathology of scleral inflammation.

This advance is the consequence of new work on the origin of ocular inflammation by several groups of immunologists and the new imaging techniques of **Andre Romano, MD**, Federal University of Sao Paulo, Sao Paulo, Brazil. Not only do we now know how the inflammation starts, but we also know that there are two different types of scleral disease from the start, Dr. Watston said.

"For the first time, we've been able to determine what happens underneath the actual sclera during inflammation rather than just what you can see on top," Dr. Watson said. "This is actually surprisingly revealing."

During his career, Dr. Watson took on a number of different roles, heading the department of ophthalmology of Addenbrooke's University Hospital in Cambridge, England, acting as a consultant ophthalmologist at Moorfields Eye Hospital and serving as Böerhaave Professor at the University of Leiden in The Netherlands.

Dr. Watson instituted and organized the International Council of Ophthalmology's (ICO) International Assessment and Examinations and the Cambridge Ophthalmological Symposium. He served as senior vice president of the Royal College of Ophthalmology, as well as the editor of *Eye*, its scientific journal.

Dr. Watson has worked in a number of different research topics across the field of ophthalmology. He pioneered a number of issues, including the first description of the metabolic pathways, which entered the Krebs cycle in 1954 and the first use of pulsed steroids in the treatment of uveitis. He also is known for developing the technique of trabeculectomy with his colleague John Cairns at Cambridge.

Many of these developments are a progression from one thing to another. "When you see something that needs to be done, or some way through a problem, you find a way to deal with it," he said. The trabeculectomy project, Dr. Watson said, was born out of necessity in the 1960s because of a large number of untreated glaucoma patients at the time. By modifying an already successful but highly complicated oper-

continued on page 14





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## Program Overview

| | 13 NOV (THU) | 14 NOV (FRI) | 15 NOV (SAT) | 16 NOV (SUN) |
|---|---|---|---|---|
| MORNING | MasterClasses (MC)<br>Symposium (S1 & S2) Updates on Management of Complications 1 & 2 | Meet-The-Experts<br>Opening & Awards Ceremony<br>P1 Plenary<br>APACRS LIM Lecture by Warren Hill | Live Surgery (LS) | S16 Symposium<br>Court Martial in Phaco & Refractive Surgery<br>Free Papers |
| | | Coffee Break | | |
| | | P2 Plenary CSCRS<br>Perfect Cut, Perfect Clarity… Perfect Prediction<br>A Joint Plenary of APACRS • ASCRS • ESCRS • ALACCSA-R/LASCRS | S9 Symposium<br>Diamonds (Phaco) are Forever<br>S10 Symposium<br>IOL The Jewel in the Crown<br>Free Papers | S17 Symposium<br>Top Phaco & Refractive Surgery Gems<br>Free Papers |
| | | Lunch Symposiums | | |
| AFTERNOON | MasterClasses (MC)<br>Symposium (S3 & S4) Updates on Management of Complex & Challenging Cases | S5 Symposium<br>Facets of Femtophaco<br>S6 Symposium<br>Updates on Paediatric Ophthalmology Surgery<br>Free Papers | S11 Symposium<br>Perfect Presbyopia Solutions - Uncut Stones<br>S12 Symposium<br>Controversies in Refractive Surgery<br>Free Papers | |
| | | Coffee Break | | |
| | | S7 Symposium<br>Two Sides of a Coin - Cataract versus Refractive Surgeon's Approach<br>S8 Symposium<br>Surgical Instruments & Devices: Inspiration, Design & Use<br>Free Papers | S13 Symposium<br>Prediction Pearls - The Survival Guide<br>S14 Symposium<br>Cornea Highlights of 2014<br>S15 Symposium<br>Glaucoma Highlights of 2014 | |
| | | Trade Exhibitions | | |
| EVENING | | | BOLLYWOOD NIGHT UNDER THE STARS | |



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## Important Dates

**13 January 2014**
Online abstract submission and Registration & Housing Open

**13 May 2014**
Deadline for abstract submission

**30 June 2014**
Notification of abstract acceptance

**13 July 2014**
Deadline for **1st tier** early bird registration

**13 September 2014**
Deadline for **2nd tier** registration

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# Thursday

Peter continued from page 12

ation, Dr. Watson said that this helped to develop the technique that is still the golden standard operation for open angle glaucoma worldwide.

Dr. Watson has received a number of other prestigious awards in the past, including the Doyne Memorial Medal of the Oxford Congress, The Krwawicz Gold Medal of the Polish Society, the Jose Rizal International Medal of the Asia Pacific Academy of Ophthalmology, and the Duke Elder International Gold Medal of the International Council of Ophthalmology. **EW**



## The myth of the drums

Amaterasu, goddess of sunlight, upset by the sudden, irrational anger and rage of her brother, Susanoo, god of the sea and storms, hid herself in a cave, sealing the entrance behind her with a stone. To draw her out, the elder goddess Ame no Uzume emptied a barrel of sake and jumped on its head, stomping furiously to create a driving percussive rhythm. The rhythm Ame no Uzume beat was so compelling that all the gods and goddesses could not help but dance and sing. Hearing the ruckus, Amaterasu rolled the stone aside, just enough to peer out of her cave. The scene was so joyous that she was moved to roll back the stone, bring her light back into the world, banishing her brother Susanoo. From this story of joy and hope came the taiko drum.

## Sakura: New beginnings

Japan has over 200 kinds of cherry tree. Cherry trees start to blossom toward the end of march, and come into full bloom around the beginning of April, as children begin a new year at school, companies begin new business years, and new graduates start work. Cherry blossoms, which the Japanese call sakura, thus mark new beginnings for the Japanese people.



# Alice McPherson, MD, receives Gonin Medal

by Ellen Stodola EyeWorld Staff Writer

## *Dr. McPherson was awarded the oldest medal in ophthalmology*

**Alice McPherson, MD**, Baylor College of Medicine, Houston, is the recipient of the 2014 Gonin Medal. The medal, given every 4 years, was first instituted in 1937 in honor of Dr. Jules Gonin, considered the father of retina surgery.

Dr. McPherson was very surprised to learn that she was the recipient of the Gonin Medal and said that it was a tremendous moment when she realized that she was chosen. When you look at the list of prior recipients, she said, everyone is outstanding.

"It meant so much to even get on that list," she said. "It really places you among the historical figures of ophthalmology."

Dr. McPherson presented her Gonin Medal lecture in February at the Jules Gonin Eye Hospital in Switzerland. In her lecture, she focused on some of the history of ophthalmology. The first two women ophthalmologists in the United States had to complete their training in Switzerland because of lack of options to finish training in the United States. In the retina specialty, Dr. Jules Gonin and Dr. Charles Schepens both pursued research that helped bring improvements to clinical care for patients.

Dr. McPherson concluded with her own personal history as an ophthalmologist and the development of the Retina Research Foundation (RRF), which she founded in 1969. The RRF has grown to become one of the nation's leading eye research organizations that is specifically focused on the eradication of retinal diseases.

Dr. McPherson was the first full-time woman vitreoretinal specialist in the world. However, she said that she did not focus on this when she was moving forward in her career. "I was an ophthalmologist, and I just wanted to get further into my field and do a good job," she said.

Citing her training and fellowship with Dr. Schepens as a major reason that she became interested in focusing on the retina, Dr. McPherson said that she worked toward her own personal career goals rather than focusing on gender within the profession.

Dr. McPherson recommended that ophthalmologists facing challenges in their careers remember the importance of knowing the tissue very well and treading slowly, especially when working with a new technique.

"When you're trying out something new, you have to make sure that you know all the strengths and weaknesses of that tissue you're dealing with, as well as your modality that you're using," she said, adding that one of the major challenges within ophthalmology is to consider and choose the best option for the patient. **EW**

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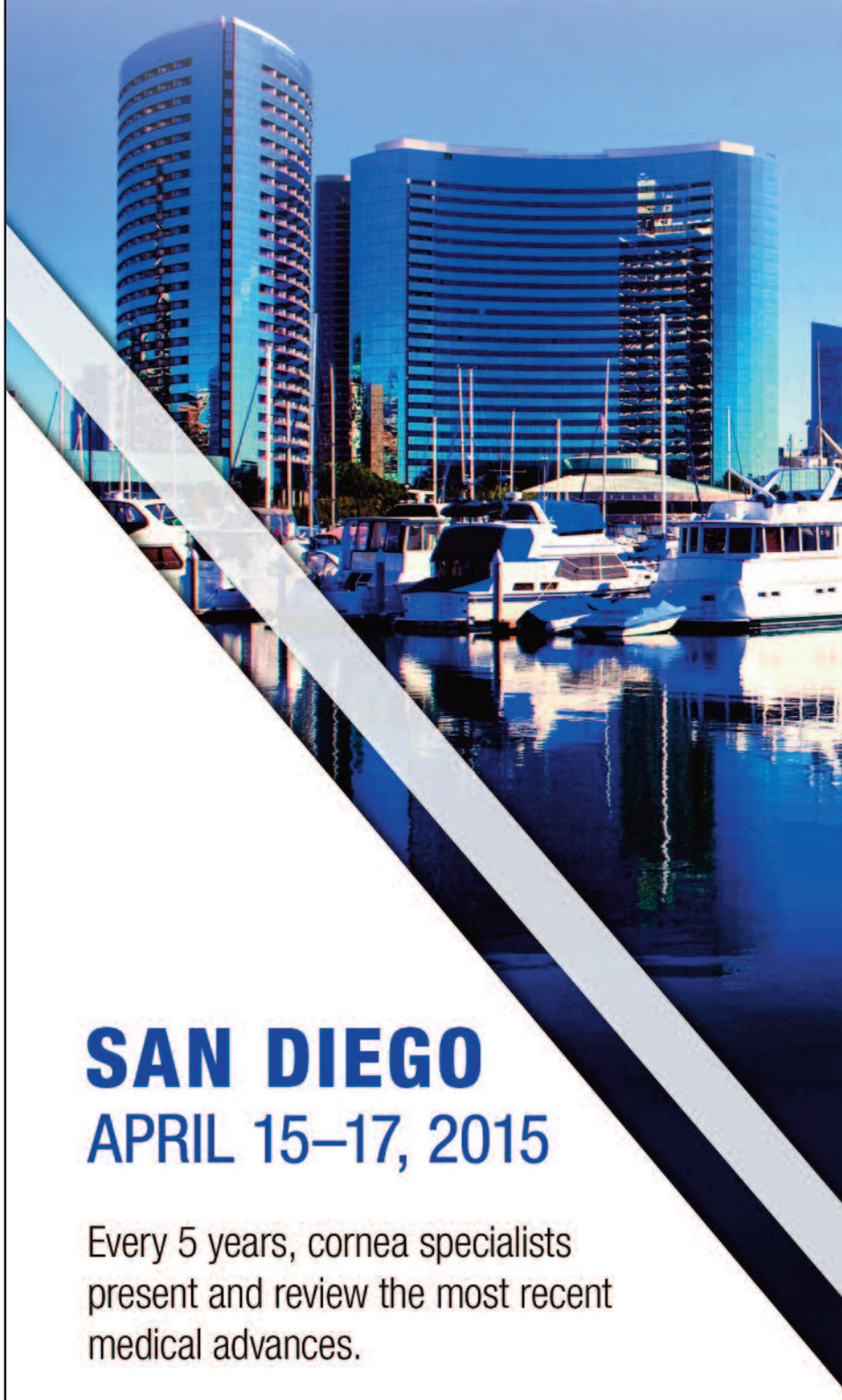

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- Challenging Case Presentations
- Eye Banking
Important Dates
- Abstract Submission Opens- February 5, 2014
- Abstract Submission Closes- July 1, 2014
- Notification of Abstract Review Results- September 15, 2014



# Abhay Vasavada, MS, to give Susruta Lecture

by Ellen Stodola EyeWorld Staff Writer



Abhay Vasavada, MS, FRCS

*The APAO lecture will feature a discussion of the femtosecond laser*

Abhay Vasavada, MS, FRCS (England), Iladevi Cataract & IOL Research Centre, Raghudeep Eye Hospital, Ahmedabad, India, will give this year's APAO Susruta Lecture, focusing on the femtosecond laser.

The Susruta Lecture recognizes contributions to the cataract subspecialty, especially those who have contributed to the control and elimination of mass cataract blindness, which is particularly problematic in the Asia-Pacific region.

Dr. Vasavada has made a number of contributions to the cataract subspecialty as a whole, as well as in pediatric cataract management. He has worked in managing numerous problems in challenging cases. He also is involved in a number of different ophthalmic organizations, and he has been published over 100 times in numerous journals.

Dr. Vasavada said that he was surprised and happy when asked to give this lecture. "I was really thrilled because the meeting, the APAO meeting, is always a very, very good meeting, very prestigious, and this time it's the WOC [as well]," he said. "It's just a very prestigious gathering, and to have been asked to give such an important lecture, I'm really very excited."

The topic of Dr. Vasavada's presentation will be on "Femtosecond Cataract Surgery—False Horizon or Final Frontier." Though the femtosecond laser has been around for several years, Dr. Vasavada said that he did not really get interested in it until last summer when he acquired one. However, he noted that he had been watching the technology closely and feels that it is something that will continue to evolve and improve with time.

"I think the first point I will say that this is definitely a science which has advantages over the manual phaco," Dr. Vasavada said. Though the femtosecond laser may not have advantages for a skilled surgeon in routine cases, there are definitely many situations where it does create an advantage, including in tough cases with posterior polar cataracts. With posterior polar cataracts, capsular support is inherently weak, Dr. Vasavada said, and using the femtosecond laser could help protect the posterior capsule.

He also added that the femtosecond laser could prove advantageous

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Dr. Vasavada talks about femtosecond laser with EyeWorld RePlay. Go to www.EWrePlay.org to view.

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# Incoming scientific program chair aims to deliver “a whole new WOC”

by Chiles Aedam R. Samaniego EyeWorld Asia-Pacific Senior Staff Writer

**Clement Tham, MD**, Hong Kong, is no stranger to the inner workings of the WOC’s scientific program. At WOC 2008 in Hong Kong, Dr. Tham served as co-chair of the Scientific Program Committee, associate scientific secretary for the invited scientific program, and coordinator for the invited glaucoma program and Glaucoma Subspecialty Day.

He’s since remained involved with WOC’s subsequent scientific programs, coordinating the Glaucoma Subspecialty Days for WOC 2010 in Berlin and WOC 2012 in Abu Dhabi. He also coordinated the WOC’s submitted scientific programs in 2012, as well as in the current Congress.

Dr. Tham has now been appointed to take the lead as scientific program chair of WOC 2016, to be held in Guadalajara.

But Dr. Tham’s involvement with the ICO goes beyond just the already impressive task of coordinating the extensive program of the WOC. He is a member of the organization’s Board of Directors, previously the Advisory Committee, as well as its Society & Leadership Development Committee.

Relevant to the current Congress in particular, Dr. Tham is also deeply involved with the APAO. Chair of the APAO’s Congress Committee since 2010, Secretary General and CEO since 2013, he chaired the Scientific Program Committees of



Clement Tham, MD

APAO 2012 in Busan and APAO 2013 in Hyderabad.

“During my time as the chair of the APAO Congress Committee, we have consolidated and refined a system in which the APAO Congress Secretariat ensures the standard, the branding and the continuity from one Congress to another, while the hosting member society focuses on the cultural heritage, local venues, and social events of the Congress,” he said. “This system has worked well in delivering APAO Congresses that are distinctly ‘APAO,’ yet have a very strong local cultural flavor.”

While APAO focuses on the Asia-Pacific region, ICO’s broader scope also encompasses the rest of the world.

“ICO has played a critical role in raising the standard of ophthalmic care worldwide, through it’s now very well established educational, fellowship, and examination programs, as well as eye care and clinical guidelines programs,” he said. “One of ICO’s most successful approaches is to focus on developing and working with the future leaders of ophthalmology, and on ‘training the trainers’.”

However, like APAO, ICO does not work alone, instead working closely with smaller local and regional groups. “Over the years, ICO has worked very closely in partnership with ophthalmological societies and eye care organizations worldwide towards these goals, and such collaborations are also critical to success,” he said.

“Last but not least” among ICO’s contributions to the world, he added, is the WOC itself: “The WOC has of course provided an extremely important platform for the sharing of research, expertise, and experience, and is also where old friendships are maintained and new ones made!”

In light of these contributions, Dr. Tham takes great—much deserved—pride in assuming the mantle of scientific program chair. “It has indeed been my greatest professional honor so far to be appointed the Chair of the Scientific Program Committee of the WOC 2016 Guadalajara,” he said. “I have been extremely privileged to have been able to work very closely, and to learn from, my predecessors, the late **Prof. Steve Ryan [MD]**, and Prof. **Peter Wiedemann [MD]**.”

What he’s learned—and continues to learn, as the meeting goes on, ending Sunday—goes both ways, benefiting both the APAO and WOC. “What I have learnt from them has benefitted hugely my work for the APAO Congresses, and in return, I believe my experience with organizing the APO Congresses will bring fresh ideas to the WOC team.”

Given the scale of the modern WOC—the current Congress’s program, he said, includes “almost 5,000 presenters in over 350 symposia! True, there is no typo here!!”—Dr. Tham acknowledged the importance of the people he works with.

“It is very clear that no single person would be able to accomplish this feat,” he said. “Teamwork is of paramount importance, and one of the most important things I have learnt from my predecessors is to build effective teams with truly international perspectives and networking. Even before the start of WOC2014, we have already started working hard on building the teams for WOC 2016.

“Hopefully, we could build on our past successes, and deliver a whole new WOC 2016 to the world that is refreshing in all kinds of ways!” **EW**

Abhay continued from page 16

in cases with dense cataracts and Fuchs’ Dystrophy.

Dr. Vasavada said that he continues to discover more and more benefits of the femtosecond laser technology for cataract surgery. “The real issue is not the science,” he said. “The real issue is the money.”

The large cost of acquiring and using a femtosecond laser could be a setback for some surgeons. The initial investment and cost for every eye operated on could be a challenge, Dr. Vasavada said. When deciding whether this is the right technology for each practice, he said that a surgeon needs to decide on an individual basis if the technology is something that is worth the price to him or her.

Dr. Vasavada added that corneal incisions with the femtosecond laser might be another area that is lacking currently. For it to be effective, the cornea needs to be pristine and clear. Sometimes the femtosecond laser does not produce a complete incision, so a surgeon would need to do it manually. However, he said that he believes that as time goes by, more and more information will come, and more and more applications will come out for the femtosecond laser.

Though he said he still does not recommend that every surgeon get a femtosecond laser for his or her practice, he said it is more about the economic aspect than the scientific aspect. Dr. Vasavada said he is so far pleased with the femtosecond laser in his practice and the patient response to the technology.

“Now that I have it, I can tell you that any person, including the most skillful person, will benefit, if not in routine at least in all these special scenarios,” Dr. Vasavada said. **EW**

# WOC2014 Ribbon Cutting Ceremony






















# "Potpourri" in glaucoma

by Ellen Stodola EyeWorld Staff Writer

## *Session looks at specific considerations for glaucoma management and different techniques and technologies*

The "Potpourri" session covered a number of different topics in glaucoma management. Chaired by **Steven Sarkisian, MD**, U.S., **Clement Tham, MD**, Hong Kong, and **Syril Dorairaj, MD**, U.S., topics included how to live with severe glaucoma, the strategic approach to surgery in primary angle-closure glaucoma, adaptive optics in glaucoma and a look at glaucoma imaging devices, among other topics.

Dr. Sarkisian discussed minimally invasive pediatric glaucoma surgery, first highlighting what pediatric glaucoma is and its clinical signs. The most common presenting sign is corneal edema, he said.

He also highlighted what is needed in terms of evaluation. If doing an exam in the office, a portable slit lamp or pen light exam of the anterior segment can be used. However, often exams need to be done in the hospital. It is often difficult to measure IOP accurately in children, Dr. Sarkisian said. The main option to treat pediatric glaucoma is surgery, Dr. Sarkisian said. These surgery options include angle surgery, like goniotomy and trabeculotomy; filtering procedures, like trabeculectomy or glaucoma drainage devices; or cyclodestructive procedures.

In terms of pediatric ophthalmology, Dr. Sarkisian said that minimally invasive refers to as few surgeries as possible because there is evidence that multiple general anesthetic events in a child may cause developmental delay.

Dr. Sarkisian highlighted the option of using the iTrack microcatheter (iScience Interventional, Menlo Park, Calif.) in these cases and doing only one angle surgery. With this surgical approach, it helps avoid unneeded trips to the OR and lowers the risk of developmental delay in children from multiple episodes of general anesthesia. "Efficiency is accomplished because the iTrack offers the best opportunity for opening all of the angle at once," he said. This approach is "one and done," and a surgeon will not have to go back to the angle again after one successful iTrack 360 trabeculotomy, he said. **EW**

# "Cataract from Hell to Heaven"

By Ellen Stodola EyeWorld Staff Writer

## *The talks looked at challenging cataract cases and options for multifocal IOLs*

The "Cataract from Hell to Heaven" session kicked off Cataract Subspecialty Day, which took place at the Imperial Hotel. The session particularly focused on cataract surgery in compromised patients, including those with black or white cataracts. Topics also addressed were refractive lens exchanges, multifocal IOLs, toric multifocal IOLs, and managing unhappy patients after multifocal IOLs.

The session was chaired by **Ahmed Elmassry, MD**, Egypt, **Hussein Ali Hussein, MD**, Egypt, **Daijiro Kurosaka, MD**, Japan, and **David Chang, MD**, U.S.

Dr. Elmassry discussed "Cataract in Compromised Cornea." He offered pearls when dealing with these types of cases.

First, you need to consider a preoperative evaluation, Dr. Elmassry said. This requires having documentation of the pathology of the cornea, specular microscopy for patients with endothelial disease and systemic disease evaluation. It also requires that a surgeon know the pachymetry, as well as corneal biomechanical properties.

When dealing with cataracts in a compromised cornea, the surgeon also must explain the situation preoperatively to the patient. This includes discussing the risks and why this type of patient has these risks.

A surgeon dealing with a cataract in a compromised cornea also must specifically consider the operative procedure. Ophthalmic viscoelastic devices (OVDs) are mandatory in corneal epithelial protection, Dr. Elmassry said. You also have to consider other conditions a patient may have, like dry eye, if the cornea is herpetic, and any endothelial diseases, because these require special considerations.

For patients with endothelial disease, these cases should attract the most attention, Dr. Elmassry said. It's important to explain and document the risks involved for both patients and family members. Especially for those with Fuchs' Endothelial Dystrophy, there are four ways for protection: soft shell technique, small air bubble on the endothelium, viscodissection, and minimum phaco power. In all compromised corneas, the endothelial count should not be less than 700 cell/mm$^3$ or corneal thickness less than 630 µm.

**Alaa Elzawawi, MD**, Egypt, discussed both black and white cataracts, which can both offer their own set of challenges to deal with.

For the black cataract, challenges include incisional burn, shallow AC, compromised endothelium, poor pupillary dilation, difficult anterior rhexis, a very dense nucleus, leathery, cohesive, or tenacious fibers, posterior capsule rupture, loss of nuclear fragments, iris trauma and prolonged postoperative inflammation.

Dr. Elzawawi said that he is usually using topical anesthesia in these patients, but if complications are expected, peribulbar could be effective. When dealing with some of these challenges, he said, it's important to be patient and take your time.

Challenges with a white cataract were also highlighted. These included the anterior capsulorhexis, that any type of nucleus hardness can be encountered, a mobile small nucleus, and late capsular bag contraction.

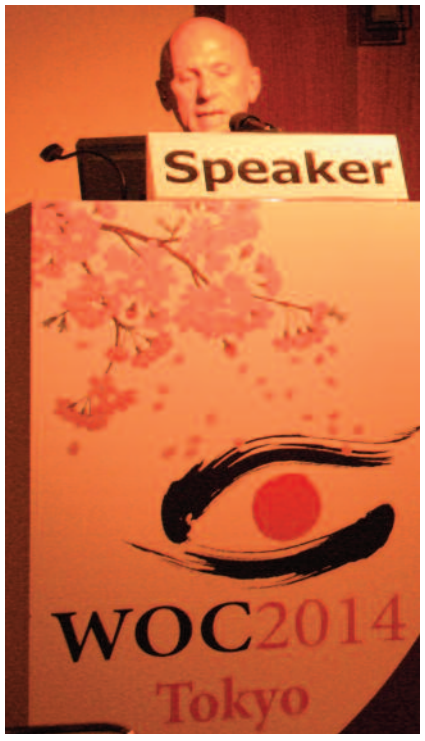
Dr. Elzawawi discussed how to do a continuous curvilinear capsulorhexis (CCC) in a white cataract and the technique used. He said to initiate a central tear, aspirate any "milky" cortex, inject more viscoelastic, do the rhexis in a spiral manner and enlarge as necessary, and that a complete small rhexis is better than a wide one that extends to the equator.

**George Beiko, MD**, Canada, discussed "Successful Strategies for Toric Multifocal IOLs." He highlighted the options available to patients, including traditional monofocal IOLs, presbyopic correcting IOLs (both multifocal and accommodating) and toric IOLs. In cataract cases, the vision is improved when the cataract is removed, he said, and there are a number of lens options available to improve vision even more. Newer IOL choices can expand the range of vision; however, Dr. Beiko stressed that there is no perfect lens available.

"We don't have a perfect solution, but we do have good compromises, and surgeons should be able to discuss all these options with patients," he said. Patients already know that there is no perfect solution. **EW**

# Three rules for iris-supported phakic IOLs

by Erin L. Boyle EyeWorld Editor



Jorge Alio, MD, speaks at Refractive Surgery Subspecialty Day

"Are iris-supported PIOLs (phakic IOLs) an option?" asked **Antonio Marinho, MD**, Portugal. "Yes – if you strictly follow three rules."

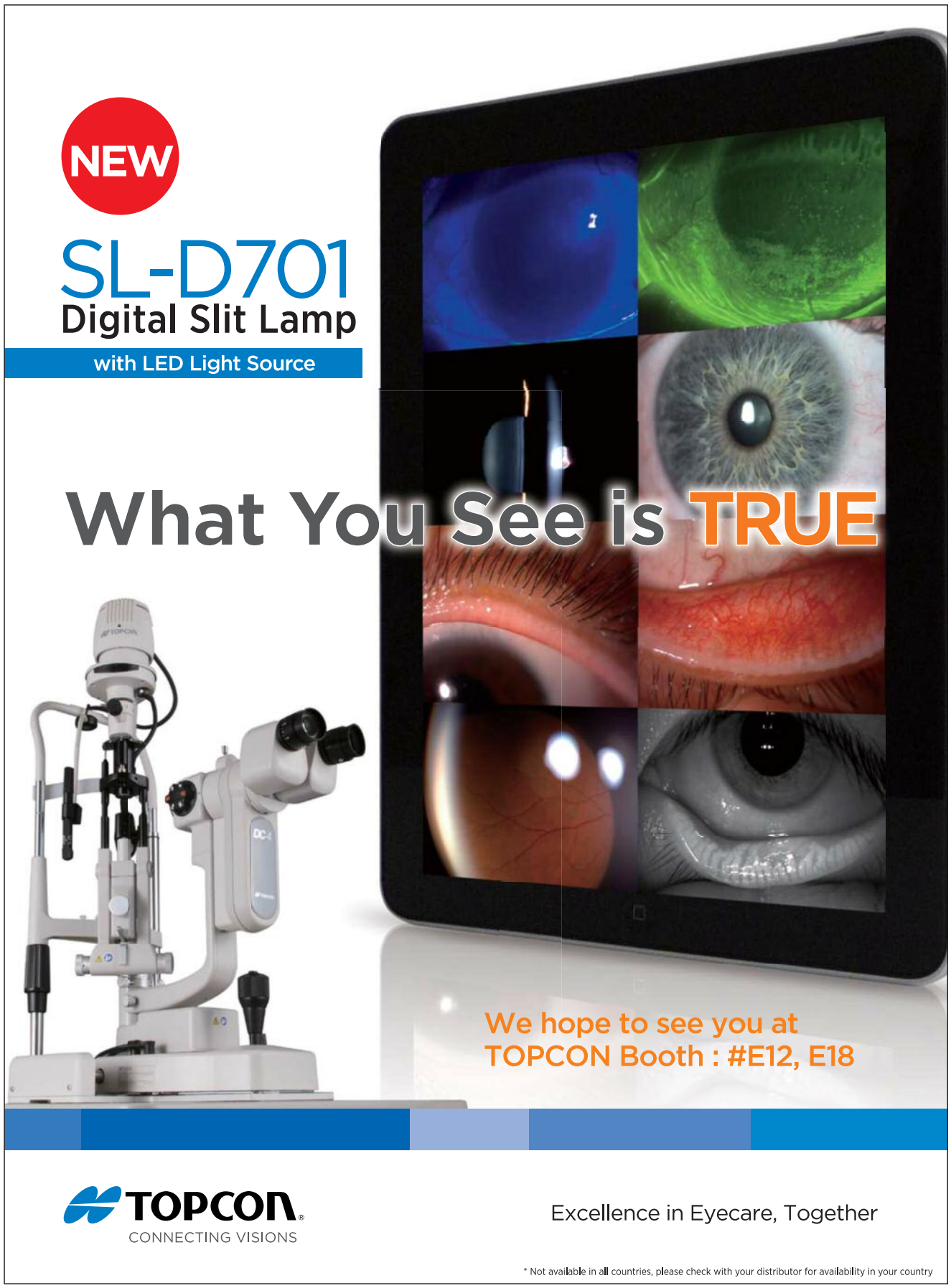
These rules are anterior chamber anatomy, endothelial monitoring, and gentle surgery, he said. Dr. Marinho gave the final presentation in "Long term outcomes of PIOLs," a symposium on phakic IOLs as part of Refractive Surgery Subspecialty Day. His talk was only one on the three types of PIOLs, "categorized by their intraocular position, [which includes]: angle-supported anterior chamber, iris-fixated anterior chamber, and posterior chamber (usually fixated in the ciliary sulcus)," according to information provided.

Dr. Marinho said that in endothelial cell count, 3 months after surgery is key because it shows any surgical trauma. Perfect surgery is needed in these cases, he said.

"Decentration is always a surgeon's fault," he said. "These lenses are always centered, regardless of the pupil. Luxation of the IOL, traumatic or spontaneous, is due to weak grasp."

The session was chaired by **Alaa Eldanasoury, MD**, Egypt, **Hungwon Tchah, MD**, Korea, and **Jorge Alio, MD**, Spain. **Kimiya Shimizu, MD**, Japan, presented "Long term follow-up results of posterior phakic IOL"; Dr. Tchah presented "Change of IOL position and angle in phakic IOL patients"; **Michael Lawless, MD**, Australia, presented "Clinical investigation of angle supported phakic IOL patients"; Dr. Alio presented "Angle supported PIOLs: What do we learn from the past to approach our patients nowadays"; and Dr. Marinho presented "Are AC phakic IOLs still an option?"

In Dr. Alio's talk, he outlined the journey in the history of phakic IOLs, starting with **Jose Barraquer, MD**, and ending in the modern day with the work of many physicians. He said that learning from the past is important for knowing what causes and outcomes impact the use of phakic IOLs, especially in the explantation of the lenses. **EW**



# Yizhi Liu, MD, receives Arthur Lim Award

by Ellen Stodola EyeWorld Staff Writer

***Dr. Liu will give the lecture on "Application of Radiofrequency Diathermy Capsulotomy in Complicated Cataract"***

**Yizhi Liu, MD, PhD**, director of the Zhongshan Ophthalmic Center of the Sun Yat-Sen University, Guangzhou, China, is the recipient of the Arthur Lim Award and will give the corresponding lecture today. The award is given to an ophthalmologist who has demonstrated exemplary leadership in the field and made substantial improvements in ophthalmic teaching and training in their country and beyond.

"I feel honored to get the Arthur Lim Award," Dr. Liu said. "I deeply appreciate that so many predecessors and leaders of ophthalmology provide their encouragement and support for my work." He said that he and many others are working to improve ophthalmic education and training.

"We still have a long way to go to refine ophthalmic teaching and training so that the overall competence of ophthalmologists is sufficient to win the final battle against darkness," he said. "I think this award marks a brand new beginning for my future work, and I would like to continue my life-long pursuit of excellence in ophthalmic teaching and training."

Dr. Liu said that there are many ways to encourage teaching and training, including presentations at academic conferences, lectures, special classes and courses and videos showing operations.

"Everyone has the right to sight," Dr. Liu said. "I hope more and more patients can be screened and treated earlier and better."

He said it is important to improve ocular disease screening and to improve health "common sense" among people around the world. This includes cooperation of the ophthalmic society with the mass media and government to address the issue of blindness and ocular problems around the world.

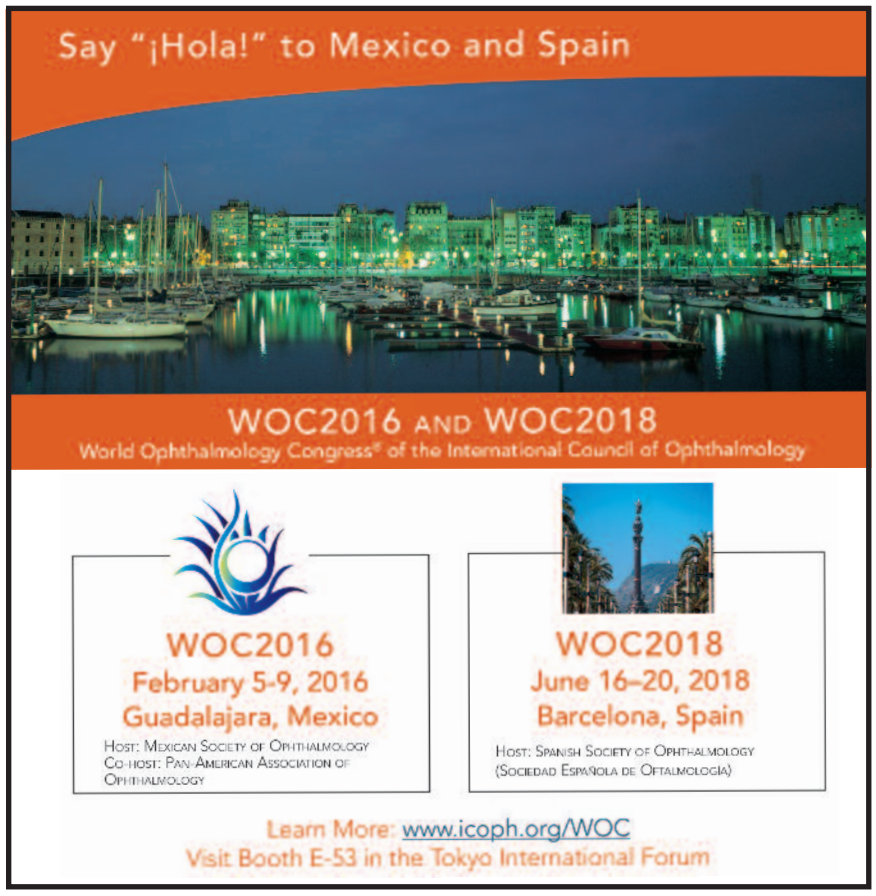
Dr. Liu's lecture will addresses the "Application of Radiofrequency Diathermy Capsulotomy in Complicated Cataract." Dr. Liu said his lecture will explore a new approach for capsulotomy in complicated cataract cases, named radiofrequency diathermy capsulotomy.

"We found that with diathermy capsulotomy, as compared to manual techniques, it is easier to control the direction of cutting, and this increases the chances of stable IOL fixation in the capsular bag," he said.

This works particularly well for the complicated cataract, such as a congenital cataract, traumatic cataract, organized capsule, combined with corneal lesions and small pupil. "The simplicity, effectiveness, and excellent safety profile of the diathermy procedure make it a valuable addition to the armamentarium of any clinician responsible for the care of these challenging patients," Dr. Liu said. **EW**







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