

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### Kentucky Society Mixes Education and Racing

The Kentucky Academy of Eye Physicians and Surgeons (KAEPS) held its annual spring meeting from May 11-12 at the 21c Museum Hotel in Downtown Louisville. KAEPS' approximately 180 participating members heard from experts, including Raj K. Maturi, MD, Michael E. Snyder, MD, and Karl C. Golnik, MD, who covered topics in diabetic retinopathy, cataract and anterior segment surgery, and neuro-ophthalmology, respectively. The program also featured a presentation by U.S. Sen. Rand Paul on health care issues.

The first evening, KAEPS hosted bourbon tasting and bidding in a silent auction to benefit the Kentucky Ophthalmology Political Action Committee (KOPAC). The following afternoon, KAEPS members visited the Turf Club at Churchill Downs, the Louisville thoroughbred racetrack famous for hosting the Kentucky Derby. Here, they had the opportunity to visit the Kentucky Derby Museum, and many participants enjoyed an informal handicapping tutorial by Richard A. Eiferman, MD, a fellow KAEPS member, which prepared them to bet on the horses.

"It was wonderful to combine a great educational program with a



**BUGLER AT KAEPS.** KAEPS members Adrienne J. Millett, MD, and Maurice J. Oakley, MD, join Steve Buttleman, who has been the bugler at Churchill Downs for 23 years. His service (playing at parties, receptions, etc.) was offered as part of KAEPS' silent auction benefitting its PAC, KOPAC.

fantastic bourbon tasting and silent auction that supported our state PAC, capping off with the festivities at the track," noted KAEPS President Frank R. Burns, MD.

## TAKE NOTICE

### Join the 1896 Legacy Society—Make a Lasting Impact on Your Profession

Whether you're currently practicing or enjoying retirement, it's the right time to consider your legacy and explore meaningful ways to give back to your profession. One way to do this is through the 1896 Legacy Society.

#### What is the 1896 Legacy Society?

Named for the Academy's founding year, the 1896 Legacy Society comprises donors who have included the Academy Foundation in their estate plan.

**What are the benefits?** By including

the Academy Foundation in your will or trust, you will support the Academy's education initiatives for ophthalmologists and help prevent blindness worldwide. Through your legacy, future generations of ophthalmologists will be better positioned to succeed and create lasting legacies of their own. Plus, you and your loved ones may reap significant tax benefits.

#### Who are its members?

For a list of donors, see [aao.org/legacy](#).

To get started, visit [aao.planmylegacy.org](#).

### New Glaucoma Journal: Submit Your Research

The Academy, in collaboration with the American Glaucoma Society, is launching *Ophthalmology Glaucoma* this month.

The journal's original articles cover new approaches to diagnosis, innovations in pharmacological therapy and surgical technique, and basic science advances that have the potential to impact clinical practice.

**Submit your research today.** Glaucoma is a booming field for research, and the launch of *Ophthalmology Glaucoma* expands the publishing opportunities for the subspecialty's clinician-scientists. Submit your research at [www.evis.com/profile/#/OGLA/login](#).

**For submission questions,** contact [aaojournal@aao.org](#).



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®

## New Guidelines

The Academy's Ophthalmic Technology Assessments (OTAs) evaluate new and existing procedures, drugs, and diagnostic and screening tests for safety and clinical effectiveness. OTAs are published in *Ophthalmology*, the Academy's clinical journal. Review the latest: *Orbital Implants in Enucleation Surgery*, *Atropine for the Prevention of Myopia Progression in Children*, *Guidelines for the Cleaning and Sterilization of Intraocular Surgical Instruments—2018*, and *Therapies for Macular Edema Associated With Branch Retinal Vein Occlusion*.

To read these and other assessments on the ONE Network, visit [aao.org/guidelines](http://aao.org/guidelines).

## List a Training Opportunity

The Academy's Global Directory of Training Opportunities is an online resource for ophthalmologists seeking a training experience outside their country, and it's the best way for institutions or practices to reach the broadest pool of candidates. If you have a fellowship or observership available to international ophthalmologists, list your opportunities in this free directory—it only takes 2 to 3 minutes to post.

1. Visit [aao.org/gdto-submission](http://aao.org/gdto-submission).
2. Click "Submit a Training Opportunity."
3. Log in (this will save you time later).
4. Enter opportunity information.

For more information, visit [aao.org/training-opportunities](http://aao.org/training-opportunities).

## FOR THE RECORD

### Annual Business Meeting

Notice is hereby given that the Annual Business Meeting of the American Academy of Ophthalmology will be held Sunday, Oct. 28, from 8:30-10:30 a.m., in Lakeside E354 at the McCormick Place Convention Center in Chicago.

### Board Nominees

In accordance with Academy bylaws, notice is hereby given of the following nominations for elected positions on the 2019 board. These nominations were made by the Academy Board of Trustees in June. If elected, the follow-

## DC REPORT

# Prepare for August Recess, Your Best Opportunity to Lobby Congress Locally

As federal lawmakers return to their home states this month, their "recess" isn't about fun and sun—it's about reconnecting with constituents and setting the stage for autumn legislating.

**Join us in making an impact.** Put your advocacy skills to work by scheduling a meeting at your legislator's district office or inviting your member of Congress to visit your practice or clinic. Either way, you will be helping elected officials better understand the important issues facing voters. You will also be establishing yourself as an important resource for health care issues by lobbying against prior-authorization abuse, advocating for solutions to skyrocketing drug prices, and promoting transparency from health care providers regarding their qualifications.

**Relationships matter.** The relationships you establish now will pay off over the years. Today's freshman legislator may become a key policy influencer in the future. Likewise, a member of the U.S. House of Representatives may become tomorrow's governor, senator, cabinet member, or even president of the United States.

**Get started today.** Ophthalmology isn't the only group vying for lawmakers' attention during the August recess, so be sure to make your voice heard. Visit [aao.org/local](http://aao.org/local) to find the resources to get started.

- Read the step-by-step guide on how to set up and have a successful meeting with your member of Congress.
- Complete the Academy's online form for joining in-district congressional advocacy.
- Review additional resources such as talking points and briefs on the issues that are important to the Academy this year.

For questions about how to navigate the scheduling process, contact Megan Tweed, Academy grassroots coordinator, at [mtweed@aao.org](mailto:mtweed@aao.org) or 202-737-6662.



Dr. Coleman.

ing individuals will begin their terms on Jan. 1, 2019.

#### President-Elect:

Anne L. Coleman, MD, PhD

#### Senior Secretary for

#### Clinical Education:

Christopher J. Rapuano, MD

#### Trustee-at-Large:

Judy E. Kim, MD

## Board Appointments

During the June Board of Trustees meeting, the following individual was appointed to the 2019 Board of Trustees and will begin his term on Jan. 1, 2019.

#### International Trustee-at-Large:

Donald Tan, MD, FRCS

## Nomination Procedures for the Academy Board

Elections to fill the 3 open positions on the 2019 Board of Trustees will take place by ballot after the Oct. 28, 2018, Annual Business Meeting.

**To nominate a candidate by petition,** submit a written petition to the Academy's CEO no later than Aug. 29, 2018. The petition must be signed by at least 50 voting Academy members and fellows.

**To suggest a nominee for the 2020 board,** watch for the call for nominations in the January 2019 edition of *EyeNet*.

**To read the rules in full,** visit [aao.org/about/governance/bylaws/article5](http://aao.org/about/governance/bylaws/article5).

## 2018 AWARDS

### Special Awards

Individuals who are honored with these Special Awards will attend AAO 2018 as guests of Academy President **Keith D. Carter, MD, FACS**, and will be formally recognized during the Opening Session.

#### LAUREATE AWARD

The Academy's highest honor, this award recognizes individuals who have made exceptional contributions to the betterment of eye care, leading to the prevention of blindness and restoration of sight worldwide.

Steven T. Charles, MD

#### GUESTS OF HONOR

Recognizes individuals chosen by the president for their contributions to ophthalmology.

Wallace L.M. Alward, MD

Paul R. Lichter, MD

Jeffrey A. Nerad, MD

#### DISTINGUISHED SERVICE AWARD

Recognizes individuals or organizations for ongoing notable service to ophthalmology and the Academy.

Directors of Medical School Education in Ophthalmology

#### SPECIAL RECOGNITION AWARD

Recognizes an individual or organization for outstanding service in a specific effort or cause that improves the quality of eye care.

Ophthalmology Section of the National Medical Association

#### OUTSTANDING HUMANITARIAN SERVICE AWARDS

Recognizes Academy members for outstanding humanitarian efforts through their participation in charitable activities, care of the indigent, and involvement in community service performed above and beyond the typical duties of an ophthalmologist.

David Heiden, MD

William L. White, MD

#### OUTSTANDING ADVOCATE AWARD

Recognizes an Academy member for

participation in advocacy-related efforts at the state and/or federal level.

Bradley C. Black, MD

#### INTERNATIONAL BLINDNESS PREVENTION AWARD

Recognizes an individual who has made significant contributions to reducing blindness and/or restoring sight worldwide.

Jacob Pe'er, MD

#### Achievement Award Program

Recognizes individuals (members and nonmembers) for their time and contribution to the scientific programs of the Annual Meeting, as well as those who serve as Academy committee members, representatives, trustees, councilors, authors, coauthors, and reviewers of educational material.

#### LIFE ACHIEVEMENT AWARD

Individuals who have cumulatively earned 60 points and have made significant contributions to ophthalmology, as determined by the Academy's Awards Committee, were nominated to receive this award.

Jorge L. Alio, MD, PhD

Louis B. Cantor, MD

David F. Chang, MD

Steven T. Charles, MD

Steven E. Feldon, MD

Tamara R. Fountain, MD

Debra A. Goldstein, MD

David L. Guyton, MD

Allen C. Ho, MD

Gary N. Holland, MD

Peter K. Kaiser, MD

Lanning B. Kline, MD

Jennifer Irene Lim, MD

Marlene R. Moster, MD

Peter Andreas Netland, MD, PhD

Stephen C. Pflugfelder, MD

Matteo Piovella, MD

Thomas W. Samuelson, MD

Johanna M. Seddon, MD

Nicholas J. Volpe, MD

Ruth D. Williams, MD

Marco A. Zarbin, MD, PhD, FACS



**MORE ONLINE.** See a list of Achievement, Senior Achievement, and Secretariat Award recipients in this article at [aao.org/eyenet](http://aao.org/eyenet).

## CYPASS® ULTRA SYSTEM Important Product Information

**Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.**

**Indication:** The CYPASS® Ultra System is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma (POAG).

**Contraindications:** Use of the CYPASS® Ultra System is contraindicated in the following circumstances or conditions: (1) in eyes with angle closure glaucoma; and (2) in eyes with traumatic, malignant, uveitic or neovascular glaucoma or discernible congenital anomalies of the anterior chamber angle.

**MRI Information:** The CYPASS® Micro-Stent is magnetic resonance (MR) Safe: the implant is constructed of polyimide material, a non-conducting, non-metallic, non-magnetic polymer that poses no known hazards in all magnetic resonance imaging environments.

**Warnings:** Gonioscopy should be performed prior to surgery to exclude peripheral anterior synechiae (PAS), rubeosis, and other angle abnormalities or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard.

**Precautions:** The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The safety and effectiveness of the CYPASS® Ultra System has not been established as an alternative to the primary treatment of glaucoma with medications, in patients 21 years or younger, in eyes with significant prior trauma, chronic inflammation, eyes with an abnormal anterior segment, eyes with chronic inflammation, eyes with glaucoma associated with vascular disorders, pseudophakic eyes with glaucoma, eyes with uveitic glaucoma, eyes with pseudoexfoliative or pigmentary glaucoma, eyes with other secondary open angle glaucomas, eyes that have undergone prior incisional glaucoma surgery or cilioablation procedures, eyes with laser trabeculoplasty performed  $\leq 3$  months prior to the surgical screening visit, eyes with unmedicated IOP less than 21 mmHg or greater than 33 mmHg, eyes with medicated IOP greater than 25 mmHg, in the setting of complicated cataract surgery with iatrogenic injury to the anterior or posterior segment, and when implantation is without concomitant cataract surgery with IOL implantation for visually significant cataract. The safety and effectiveness of use of more than a single CYPASS® Micro-Stent has not been established.

**Adverse Events:** In a randomized, multicenter clinical trial comparing cataract surgery with the CYPASS® Micro-Stent to cataract surgery alone, the most common post-operative adverse events included: BCVA loss of 10 or more letters at 3 months after surgery (8.8% for CYPASS® vs. 15.3% for cataract surgery only); anterior chamber cell and flare requiring steroid treatment 30 or more days after surgery (8.6% vs. 3.8%); worsening of visual field mean deviation by 2.5 or more decibels (6.7% vs. 9.9%); IOP increase of 10 or more mmHg 30 or more days after surgery (4.3% vs. 2.3%); and corneal edema 30 or more days after surgery, or severe in nature (3.5% vs. 1.5%).

**Attention: Please refer to the Product Instructions for a complete list of contraindications, warnings, precautions and adverse events.**

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