**GREETINGS** from Dr. Dietmar Thumm & Prof. Daniel Mojon

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GREETINGS FROM
DR. DIETMAR THUMM & PROF. DANIEL MOJON

Retrospective on the 2019 Congress, news and upcoming events

The third SAoO congress has been held in Lucerne from 6 to 8 March 2019. Once again this year, the large number of participants (over 650 attendees) confirms the strong interest in a programme of exciting meetings with prominent speakers from the national and international ophthalmology scene.

One of the new features of this year’s programme was the French plenary session, which has been held in parallel with the German plenary session.

As in the past, numerous parallel symposia were organised for surgeons, anaesthetists, medical assistants, orthoptists, opticians and optometrists, who once again received great appreciation.

Many of the presentations are still available on our website for now, along with a collection of photos that were taken at the congress. We also recommend that you regularly visit our homepage www.saoo.ch, where news and updates on our initiatives are published, as well as newsletters.

Also this year, we have recorded a remarkable turnout in the main sessions of the Congress. During the plenary session in German, we had the honour and the pleasure of hosting Prof. Oliver Findl, Chief of Dept. of Ophthalmology at Hanusch Hospital in Vienna, who illustrated the panorama of ophthalmology in Austria; as well as Prof. Geoffrey Rose, Moorfields Eye Hospital in London, in the German and the French sessions; Dr. Martina Kropp, PhD in Biology at Geneva University, in the plenary session in French, presented the recent developments in genetic research and the retina with interesting implications in ophthalmic practice.

Among other speakers, I would like to mention the presentation made by Dr. János Weber-Várszegi (ophthalmologist in Switzerland) on the sports initiatives promoted in Switzerland for the visually impaired and the speech by Prof. Marcel Capt (physician in Orthomolecular Medicine Center, Geneva) on orthomolecular medicine and its close links with ophthalmology.

At the end of the second day of the Congress, Prof. Daniel Mojon awarded the Innovation Prize respectively to Prof. David Granet (San Diego, USA) and Prof. Ken Nischal (Pittsburg, USA) for their contribution to improving the living conditions of many children with visual disorders and strabismus around the world through the founding of the World Society of Paediatric Ophthalmology and Strabismus (WSPOS). I would like to express my warmest thanks to Santen Switzerland SA and Polytech Ophthalmologie AG that have sponsored this award.

Dr Albert Franceschetti has been awarded a prize for his lifelong dedication to Ophthalmology, through the promotion of continuing education in this field.

As every year, the programme of the Congress included a Consilium Diagnosticum and a prize quiz in the evening at the end of the working sessions.

Furthermore, the annual meeting of the SAOO Association convened for the second time; its mission is to financially support the activities carried out by the Foundation by ensuring a stable flow of resources allowing the planning and implementation of numerous projects, among which: a higher education programme for “Ophthalmic Medical Assistant” and the introduction of a “Quality Label”.

www.SAoO.ch
It is with great joy that we announce the launch of the project "Ophthalmic Medical Assistant". The objective of the project is to define, in collaboration with higher medical training institutes, a training path for medical assistants or other professionals wishing to specialise in ophthalmology through additional training and education. These courses would be an absolute novelty in our country and I leave it up to you to figure out the positive repercussions: on the one hand, in our medical practices, clinics or hospitals and, on the other hand, in terms of higher education and better career opportunities for medical assistants. In view of this project as well as other initiatives being studied by the Foundation, we have hired Mr. Michele Guerra for the development of these new activities.

In addition, we would like to anticipate the organisation of an ophthalmic conference in Ticino on November 14, 2019.

Michael Bärtschi has been asked for an interview on TV „Puls“ which was postponed from April to May 2019. Good luck. We will keep you informed.

On behalf of the Foundation’s Board and the Programme Committee, we would like to thank all the participants, the speakers, the industrial partners and the sponsors for making this Congress particularly stimulating, as we look forward to seeing you all again in Ticino in November 2019 or at the next Congress in 2020 in Lucerne.

Dr. Dietmar Thumm
PRESIDENT OF
THE FOUNDATION

Prof. Daniel Mojon
PRESIDENT OF THE
PROGRAMME COMMITTEE
Early life factors for myopia in the British Twins Early Development Study

The Twins Early Development Study (TEDS) is a longitudinal, twin birth cohort, studied using multivariate and molecular genetic methods with a specific focus on neurodevelopment, cognition and education. Twins were born between 1994 and 1996. Opticians provided information from their eye tests about myopia, and the researchers analyzed demographic, social, economic, educational and behavioral factors in the twin pairs from when these children were 2, 3, 4, 7, 8, 10, 12, 14, and 16 years old, to capture critical stages of child and eye development.

Parents and teachers filled in comprehensive questionnaires and the twins did web-based assessments to provide a wide range of background and potentially relevant information on factors that might have influenced early life development. The average age at which children with myopia started wearing glasses to correct the condition was 11. Around one in 20 (5.4%) had a ‘lazy eye’ (amblyopia) and a similar proportion (nearly 4.5%) had a squint. Overall, one in four (26%) of the twins was myopic.

Fertility treatment seemed to afford protection against myopia and was associated with a 25-30 per cent lower risk. The researchers speculate that children born as a result of fertility treatment are often born smaller and slightly more premature, and may have some level of developmental delay, which might account for shorter eye length and less myopia. The authors attempted the question of what early life factors in modern-day childhood contribute to myopia. They could highlight maternal education, early schooling and hours playing computer games as key predictors of myopia as a child enters adulthood.

Williams KM, Early life factors for myopia in the British Twins Early Development Study
FDA approves Rocklatan for open-angle glaucoma and ocular hypertension

Aerie Pharmaceuticals’ fixed-dose combination of netarsudil and latanoprost has been cleared by the FDA.

The once-daily drop, Rocklatan, contains the prostaglandin analog latanoprost (0.005%) and the Rho kinase (ROCK) inhibitor netarsudil (0.02%), which is the active ingredient in Rhopressa. Data from a pair of late-stage clinical trials show that Rocklatan lowers IOP more effectively than either of its components.

Aerie’s multicenter phase 3 trials, MERCURY 1 and MERCURY 2, randomized patients with open-angle glaucoma or ocular hypertension to receive Rocklatan, netarsudil or latanoprost. In both studies, Rocklatan achieved its primary 90-day efficacy endpoint, demonstrating superior IOP reduction over latanoprost and netarsudil at every time point. More than 60% of patients taking Rocklatan achieved an IOP reduction of 30% or more, nearly twice that achieved by latanoprost alone. Additionally, compared with the latanoprost arm, nearly twice as many patients in the Rocklatan arm reached an IOP of 16 mmHg or lower and nearly 3 times as many reached 14 mmHg.

Ocular adverse events were generally mild and tolerable, with minimal systemic side effects. The most common ocular adverse event associated with Rocklatan was conjunctival hyperemia. Other common ocular adverse events were instillation site pain, corneal verticillata and conjunctival hemorrhage.

Aerie plans to launch Rocklatan (previously known as Roclatan) in the United States in the second quarter of 2019.
Anti-VEGF Therapy for Diabetic Retinopathy: Consequences in inadvertent Treatment Interruptions

It is a small retrospective study of a group of 12 patients treated initially exclusively with anti-VEGF therapy with proliferative (PDR) or non-proliferative diabetic retinopathy (NPDR) with or without diabetic macular edema (DME) and then and temporarily lost to follow-up for a median duration of 12 months. Reasons for treatment interruption included intercurrent illness (31%), noncompliance (31%), and financial issues (15%).

Eight eyes had a visual acuity of 20/80 or better before treatment was discontinued. Follow-up complications included vitreous hemorrhage (9 eyes), neovascular glaucoma (5 eyes) and retinal detachment (4 eyes).

Despite the treatment of these complications, 77% of the eyes lost ≥ 3 VA lines, with 46% of eyes having a final VA of hand motion or worse. These results suggest that physicians must carefully choose between panretinal photocoagulation, combination therapy, or anti-VEGF alone as a treatment for each individual patient.

This, albeit small, study shows the consequences of interrupting anti-VEGF monotherapy in diabetics in need of treatment - a major progression of the disease with potentially devastating, irreversible consequences for the eyesight.


Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study

The background to this study was the hypothetical link between the measles, mumps, rubella (MMR) vaccine and the onset of autism, which causes concern and challenge vaccine uptake.

The objective of the study was to assess whether the risk for children to develop autism after MMR vaccination is increased.

In this nationwide cohort study in Denmark, 657,461 children born between 1999 and 2010 in Denmark were included, with a follow-up from one year of age until 2013.

During the follow-up period of 5,025,754 person-years autism was diagnosed in 6,517 children (incidence rate 129.7 per 100,000 person-years). Comparing MMR-vaccinated with MMR-unvaccinated children yielded a fully adjusted autism hazard ratio of 0.93 (95% CI, 0.85 to 1.02). Similarly, no increased risk for autism after MMR vaccination was consistently observed in subgroups of children defined according to sibling history of autism, autism risk factors (based on a disease risk score) or other childhood vaccinations, or during specified time periods after vaccination.

The study strongly advocates that MMR vaccination does not increase the risk of autism, does not trigger autism in susceptible children, and is not linked to clustering of autism cases after vaccination. This also confirms results of previous studies.

Demodex mite infestation and its associations with tear film and ocular surface parameters in patients with ocular discomfort

The presence of Demodex mites in the eyelid area may be associated with blepharitis. Their pathogenetic potential in Meibomian gland dysfunction is the subject of a vivid discussion. The aim of this study was to determine the prevalence of Demodex mites in the eyelashes of Austrian patients with ocular discomfort and to classify the associated changes in the margins of the eyelids and Meibomian glands.

In this case-control study, 229 patients with ocular discomfort in an Austrian dry eye clinic were examined for the presence of Demodex mites in the eyelashes. Associations of a mite infestation with individual dry eye and lid parameters were assessed. Demodex mites were identified in 40.2% of patients with eye discomfort (mean mite count 3.3 ± 2.9 per patient). Thus, the prevalence of Demodex mites is unexpectedly high in patients with eye complaints. The mean mite count per patient in this Austrian population with dry eyes is lower compared to previously published data from Asian regions. The involvement of the eyelids with Demodex species is associated with changes in the anterior and posterior lid margins, suggesting a pathogenic role in blepharitis and Meibomian gland dysfunction.


NHS England restricts patients' access to cataract removal

The NHS has imposed restrictions on patients’ access to cataract surgery in more than half of England, figures obtained under freedom of information laws show. Of the 195 NHS clinical commissioning groups (CCGs) in England, 104 now include cataract removal on their list of “procedures of limited clinical value”, according to research by the Medical Technology Group. Seventy-six CCGS have introduced a “visual acuity threshold”, which means patients must have experienced a set degree of sight loss before they can have surgery. This is despite the National Institute for Health and Care Excellence (Nice), the government’s advisers on what treatments represent good value for the NHS, insisting that CCGs should never resort to such a practice. Previous research has found that patients can wait for up to 15 months to have a cataract taken out. ….. Ninety-five CCGs also class hernia repair as a procedure that patients can no longer automatically have, while 78 regard hip and knee replacements in the same light, despite evidence that they benefit patients. A dozen CCGs restrict diabetics’ access to continuous glucose monitoring, while seven others only provide it if the patient’s GP has made an individual funding request for it. The Patients Association criticised the spread of “crude rationing”. … NHS Clinical Commissioners, which represents CCGs, said they had to make “tough choices” about which treatments to provide because of how much money the NHS receives and the rising demand for care.

quoted from The Guardian online, 20 Mar 2019, NHS England restricts patients’ access to cataract removal
Laser trabeculoplasty as a first-line therapy?

Primary open-angle glaucoma and ocular hypertension are usually treated with pressure lowering eye drops. Selective laser trabeculoplasty is a safe alternative but is rarely used as a first-line treatment.

The question asked by the British LiGHT study was whether selective laser trabeculoplasty can be performed as a first-line therapy in patients. In the largest randomized study to date, 6 British clinics randomized 718 adult patients to a selective laser trabeculoplasty group (n = 356) and a second to drug treatment (n = 362). The participants had a visual acuity of at least 6/36 in the eyes to be treated and no previous intraocular surgeries. The primary endpoint of the study was the quality of life of patients after 3 years in the two therapy groups. It is in the foreground at the early stage of the disease. The overall quality of life was determined using the questionnaire EQ-5D. At months 36, there was no significant difference between the two groups (EQ5D score: 0.89 for laser therapy vs. 0.90 for drug treatment). Glaucoma Symptom Scale and the Glaucoma Quality of Life 15 questionnaire also showed no significant differences in glaucoma-specific quality of life parameters, as assessed by the Glaucoma Utility Index, Glaucoma Quality of Life 15. The early laser therapy proved to be extremely effective. A total of 74.2% of patients no longer needed eye drops 36 months after laser therapy. In 93.0% of the lasered eyes normal intraocular pressure was measured after the regular controls up to 3 years, compared to 91.3% of the primary medication-treated eyes. The high success rate had a positive effect on the costs in the British healthcare system: The probability of saving costs with laser treatment as a first-line therapy was 97%.