Opening speech of the president

Invitation to the 2nd SAoO convention February 28 – March 2, 2018

Wednesday Highlights

Thursday Highlights

Friday’s worth your time as well!

Social gatherings and other events

Mailing? – Mailing! If, when, why and what

Refreshing our homepage

Quiz

Last but not least: Support for the foundation

Probing for congenital nasolacrimal duct obstruction

Conjunctival Autograft Versus Amniotic Membrane Transplantation for Treatment of Pterygium: Findings from a Cochrane Systematic Review

Scientists look closely at how zebrafish regenerate eye tissue

Lampalizumab could slow down the progression of geographical atrophy (AMD)

Systemic Pharmacokinetics and Pharmacodynamics of intravitreal Aflibercept, Bevacizumab and Ranibizumab

Space Flight-Associated Neuro-ocular Syndrome raises concern

Randomized Controlled Trial Evaluating a Standardized Strategy for Uveitis Etiologic Diagnosis (ULISSE)

Risk Factors for Rapid Glaucoma Disease Progression
Dear colleagues,

A very warm welcome to the third newsletter of 2017. After the summer break, the ball gets rolling fast again.

We are very happy to have created a new foundation to take care of ophthalmologists out in the field – or rather out there in clinics and practices. This new foundation however does need some more financial means for a start. Our last mailing served the purpose of raising attention to our next convention as well as to the possibility of supporting us financially. Every ophthalmologist is invited, we are most grateful for your contribution – however small it may be. Furthermore, the flyer, which includes a paying-in slip, could be put into the hands of grateful patients who could then channel their gratefulness into a financial investment – so, please do feel free to circulate the brochure among patients!

Enjoy reading this newsletter!

Dietmar Thumm
PRESIDENT
On behalf of the whole foundation council and the programme committee

ORDERING THE PATIENTS-BROCHURE info@saoo.ch
CONGRESS 2018

Firstly, we cordially invite you to take part in our next convention in Lucerne: February 28th – March 2nd, 2018.

The structure of this second convention will be rather similar to the first one, including clearly defined thematic blocks – again, there will be something for everyone.

WEDNESDAY

We will start with uveitis on Wednesday, addressing anterior uveitis first and then will move on into the posterior part of the eye, while putting a special focus on herpes this time. All Wednesday, we will be focusing on the anterior parts of the eye – special HIGHLIGHTS will be Prof. Piovella’s lecture on ophthalmology in Italy and the Consilium Diagnosticum.

Simultaneously, there will be an intense interactive discussion panel including theatre-personnel, eye surgeons, anaesthesists and anyone who is interested in optimizing operational procedures, questions on accounting and many more topics.

THURSDAY

On Thursday, we shall be addressing issues around cataract, refractive problems and retina, as well as glaucoma and the surgical and medical questions connected. HIGHLIGHTS: keynote-lecture by Prof. Michael Bach about seeing between illusion and ophthalmology. Quite unmissable! Also on Thursday: Cyber attack in a doctor’s practice: How is it possible? What to do if it does happen?

At the end of the day, we shall be presenting a famous Swiss ophthalmologist in an interesting setting – don’t miss it!

Also, this year we are offering an attractive two-day-programme parallel to the convention for medical assistants, practice assistants and opticians. Furthermore, there is again the parallel programme for orthoptists, who will be given the opportunity this year to take part in an emergency training including Basic Life Support – this is also available for medical assistants.

FRIDAY

The Friday morning of the 2018 convention will be very interesting because we shall be focusing on issues of tariffs and the future of our practices. Also, Friday will again be the day for further highlights including video-sessions, strabologic cases with a twist, and neuro-ophthalmologic rarities.

More HIGHLIGHTS on Friday: Difficult facial field cases and driving suitability. Also, our colleague Kreis will deliver a fascinating lecture on challenges for ophthalmology in developing countries.

You see: There is no way around Lucerne, also in 2018 😊

BEGLEITPROGRAMM

Of course, there will again be the many perks of the various evening events: Wednesday evening is reserved for industry, Thursday will offer the chance to enjoy a fantastic dinner in the most beautiful art-nouveau hotel in central Switzerland, accompanied by ravishing live jazz music.

Anyone staying until Saturday morning will have the chance to take part in a free guided tour around Lucerne (you will be delighted and experience many new sides of Lucerne, even if you already know our host city).

ONLINE SERVICE

Click here for booking: https://2018.saoo.ch/mein-kongress/shop

Login required

and here for the convention itinerary: https://2018.saoo.ch/kongress-2018/programm
It has been a few weeks since our last mailing and I would like to take this opportunity to add some important remarks: In the envelope of our latest delivery, you may have noticed a fair number of flyers, among them an invitation to an SBAO training course, which some found irritating and in any case this has raised many questions.

As president of the foundation, I would like to make the following important remark: We are not an organisation that lobbies the interests of ophthalmologists but an institution which aims at giving access to a high standard of knowledge and training courses throughout the field of ophthalmology, aiming at the best possible treatment of patients. That is why the SAoO convention is linked up to the SBAO website. Opticians and optometrists are allowed to sign up for the training courses for practice assistant personnel. We did not create the profession and education programme for optometrists. But we believe that they are very well trained and should continue to be offered good training and know their responsibilities. In short: We believe in strengthening the skills of our opticians and optometrists.

Looking at our own profession, some of us could do very well with taking a look at what is going on in optics right now. Developments are evolving fast and sometimes in unconventional ways. The trend is moving towards a more and more interdisciplinary development – which is why anyone can or may sign up to the SBAO.

Whoever looks closely at the itinerary of this convention will have noticed that Michael Bärtschi, specialist in contact lenses and referred to by some as “optometrist-only” will be one of the speakers, namely in the myopia section. And we would not have invited him had we not been sure that he would lecture in a competent and lively manner. We will always guarantee that scientific dispute will not be undermined by professional arrogance. Thereby, I am not answering the question whether it is a good development that more and more opticians and optometrists are offering health services. Various views exist on how to address this issue. One way of addressing this I have tried to implement, which some cannot understand but I am certain that the idea has proven to be correct. Generally speaking, we have all missed the opportunity to stop the development concerning the profession of opticians and optometrists. Trying to stop it now would make no sense at all. And that has a lot to do with the politics of health care that is often made and decided without our advice or over our heads altogether.

To do nothing is no solution. And to offer no training on our part is not a way to go either. That would only lead to a situation where others take our place, and this may be worse and we could not control or look into the process.

We keep good and vivid contact with all who are trying hard for a good training culture. This has to serve as explanation for now. Whoever would like to discuss this further or would like to convey important arguments, is welcome to approach me: (dietmar.thumm@augentagesklinik.com or dietmar.thumm@saoo.ch).

Our claim to fulfill high standards in health policy and high levels of professionalism is demanding for all of us. Let us exercise good companionship and friendly cooperation and use our opportunities: The better beats the good. The SAoO claims to support anyone who is practically involved.
Refreshing our homepage

Our homepage has undergone a first update or refresher. The aim is an attractive web presence and an easier way to see and use what is on offer. This process is ongoing. Quite naturally we are always grateful for suggestions or ideas for improvement.

Quiz

There was a quiz in our latest newsletter – here are the solutions.

SOLUTIONS QUIZ NEWSLETTER JULY 2017

1 d  2 c  3 a  4 d  5 b  6 c  7 b  8 a
9 a) Acanthamöben, b) HSV1, c) Pseudomonas, d) Fusarium
10 d  11 a) european, b) asian  12 c  13 d  14 e
15 b) IN 1971  16 c (11%)  17 a

We would like to point out that our next newsletter after the 2018 convention will contain another quiz and the main prize will be free entry to our next convention.

We are grateful for some feedback on this: info@saoo.ch
Probing for congenital nasolacrimal duct obstruction

The incidence of nasolacrimal duct obstruction in early childhood ranges from 5% to 20% and often resolves without surgery. Treatment options for this condition are either conservative therapy, including observation (or deferred probing), massage of the lacrimal sac and antibiotics, or probing the nasolacrimal duct to open the membranous obstruction at the distal nasolacrimal duct. Probing may be performed without anaesthesia in the office setting or under general anaesthesia in the operating room.

In was the objective of this study to assess the effects of probing for congenital nasolacrimal duct obstruction.

Two randomized clinical trials and no ongoing studies were identified. The studies reported on 303 eyes of 242 participants who had unilateral or bilateral congenital nasolacrimal duct obstruction. For both included studies, the interventions compared were immediate office-based probing to remove the duct obstruction versus deferred probing, if needed, after 6 months of observation or once the child reached a certain age.

**MAIN OUTCOMES**

- 77 of 117 (66%) eyes randomized to deferred probing had resolved without surgery 6 months after randomization and 40 (34%) eyes did not resolve without probing.
- For children with unilateral NLDO, those randomized to immediate probing treatment was successful more often than those who were randomized to deferred probing.
- Nine percent of children with unilateral NLDO and 13% with bilateral NLDO required secondary procedures after immediate probing.

Determining whether to perform the procedure and its optimal timing will require additional studies with greater power and larger clinical trials to help our understanding of the comparison.

Carisa Petris, Don Liu, Cochrane Database Syst Rev. 2017 Jul 12

Conjunctival Autograft Versus Amniotic Membrane Transplantation for Treatment of Pterygium: Findings from a Cochrane Systematic Review

It was the aim of this Cochrane systematic review to summarize key findings from a systematic review of the effectiveness and risks of conjunctival autograft (CAG) compared with amniotic membrane transplant (AMT) for pterygium.

Only randomized controlled trials (RCTs) in which CAG and AMT had been compared for primary or recurrent pterygia. The primary outcome was recurrence of pterygium ≥1 mm onto the cornea by 3 and 6 months after surgery. Twenty RCTs with 1866 participants (1947 eyes) were included.

**MAIN OUTCOMES**

- Three-month recurrence rates were similar for CAG and AMT based on data from 538 eyes.
- Estimated risk ratios from meta-analysis indicated that CAG-treated eyes had a 47% lower risk of recurrence 6 months after surgery compared with the AMT group.

Scientists look closely at how zebrafish regenerate eye tissue

In an article recently published in Proceedings of The National Academy of Sciences, researchers at John Hopkins have found evidence that the natural ability of zebrafish to regenerate retinal tissue can be accelerated by controlling the fish’s immune systems. The researchers say the new findings may one day advance efforts to combat degenerative eye disease damage in humans, because evolution likely conserved this mechanism of regenerative potential in other animals.

“Humans have an evolutionary block on their ability to regenerate certain tissues,” Jeffrey Mumm of the research team said. “but they still have the genetic machinery needed to regenerate retinal tissue, if we can activate and control it.”

The research team found evidence that microglia affect the Müller glia’s regenerative response and can be harnessed to accelerate the growth of new tissue in the retina.

https://hub.jhu.edu/2017/07/17/zebrafish-eye-tissue-renewal/

Lampalizumab could slow down the progression of geographical atrophy (AMD)

Results from this Phase-2 study (MAHALO) show that Lampalizumab, a human monoclonal antibody to complement factor D, could significantly reduce the progression of geographical atrophy (GA) in a particular group of patients.

120 randomized patients received Lampalizumab or placebo either monthly or every second month.

After 18 months, the monthly treatment group showed a reduction of 20% of the area of GA compared to the control group (p = 0.117), which reached the previously defined significance limit of p <0.2. Further analysis of these results showed that a 44% reduction in GA progression was achieved (p = 0.0037), especially in the subgroup of complement factor I (CFI) risk allele carriers.

However, the best-corrected visual acuity deteriorated in all three groups (range: 1.4-4.9 ETDRS letters). There were no serious safety risks.

Science Translational Medicine, June 21 2017
Systemic Pharmacokinetics and Pharmacodynamics of intravitreal Aflibercept, Bevacizumab and Ranibizumab

Intravitreal anti-VEGF therapy seems safe in the general population. But there may be select at-risk populations, such as patients with diabetes or a history of recent MI or cerebrovascular incidents, in whom there may be increased systemic risk to sustained suppression of systemic VEGF levels. The clinical implications of suppression of systemic VEGF after intravitreal anti-VEGF therapeutic administration are not known. From clinical experience in oncology, VEGF suppression after systemic administration of anti-VEGF agents has been associated with cardiovascular, arterial thromboembolic, renal, and GI adverse effects and wound-healing complications.

Few head-to-head studies have been conducted between ranibizumab and aflibercept. In the VIEW I and II clinical trials, the ocular and systemic safety profiles of ranibizumab and aflibercept in patients with AMD were found to be similar.

During this prospective, open-label, nonrandomized clinical trial, patients received 3 monthly intravitreal injections of aflibercept 2.0 mg, bevacizumab 1.25 mg, or ranibizumab (0.5 mg for AMD/RVO, 0.3 mg for DME). The main outcome measures were serum PKs and plasma free-VEGF concentrations after the first and third injections. A total of 151 patients were enrolled in this study, 57 in the AMD group, 46 in the DME group, and 48 in the RVO group. This study provides evidence that aflibercept, bevacizumab, and ranibizumab exhibit different systemic exposures and effects on systemic VEGF after intravitreal injection. Systemic exposure of each anti-VEGF drug did not seem to differ by indication and was consistently highest with bevacizumab and lowest with ranibizumab. Concerning systemic VEGF levels, aflibercept resulted in the greatest suppression of plasma free-VEGF.

Furthermore, the authors state that, according to the manufacturer, the binding assays used in the presence of an anti-VEGF binding partner are not suitable for measuring total VEGFs in the serum or plasma because of the binding properties of the capture and detection reagents used in the assay. However, this assay is commonly used for measuring free-VEGF levels in samples from patients treated with anti-VEGF therapeutics.

Although clinically meaningful differences in the systemic safety profiles have yet to be elucidated, these differences could provide a plausible biological explanation for potential differences in systemic safety risks among aflibercept, bevacizumab, and ranibizumab.

Averay RL et al, RETINA 0:1–12, 2017
**Space Flight-Associated Neuro-ocular Syndrome raises concern**

Astronauts living on the International Space Station (ISS) experience changes to the visual system that raise concerns about the possibility of vision loss during future manned missions, for instance to Mars. New pathologic neuro-ocular responses have been documented in astronauts during and after long-duration space flight. The clinical findings have included unilateral and bilateral optic disc edema, globe flattening, choroidal and retinal folds, hyperopic refractive error shifts, and nerve fiber layer infarcts. The syndrome shares some similarities with terrestrial idiopathic intracranial hypertension despite the lack of typical symptoms like bilateral occurrence, chronic headache and tinnitus in sync with the pulse. A hypothesis proposed to account for SANS is a shift of cerebro-spinal fluid in the zero-gravity environment of space. However, changes are highly variable, and most seem to emerge early in the flight, progress slowly, and correlate with flight duration. Further study of SANS is ongoing for consideration of future manned missions to space, including return trips to the moon or Mars.


**Randomized Controlled Trial Evaluating a Standardized Strategy for Uveitis Etiologic Diagnosis (ULISSE)**

The etiologic diagnosis of uveitis is important for prognosis and therapeutics, yet the etiology remains uncertain or unknown in 30-70% of cases. ULISSE is a multicentre, prospective, randomized study evaluating the effectiveness of a standardized strategy compared to an open strategy. The first strategy was an “open strategy” in which the ophthalmologist, after determining the anatomic type of uveitis, was free to order any investigation they thought necessary and to refer the patient to an internist. The second strategy was a “standardized” one. The first step was the same for all types of uveitis. An ophthalmologist and an internist examined the patient, determined the anatomic type of uveitis, and prescribed a minimal evaluation regardless of the type of uveitis (CBC, ESR, C-reactive protein, tuberculin skin test, syphilis serology, and chest radiograph). They could also order extra diagnostic tests guided by clinical or paraclinical findings. The per-protocol population comprised 676 patients (standardized 303; open 373). Main outcome was the percentage of etiologic diagnoses at 6 months. An etiologic diagnosis was established in 54.4% of cases in the open group and 49.5% in the standardized group. Among classified uveitis in the 2 groups, the most frequent forms were systemic diseases (60.8%), followed by infections (25.1%), ocular-specific disorders (10.7%), masquerade syndromes (1.7%), and medications (1.4%). The most common entities included HLA-B27-associated uveitis (22%), sarcoidosis (18%), spondyloarthitis (11%), tuberculosis (10.7%), and herpes virus infections (8.5%). These 5 entities accounted for 70% of all diagnoses. On the other hand, Behcet disease and syphilis accounted for only 4.2% and 1.7% of cases, respectively. There were more investigations in the open group than in the standardized group (5371 vs 3759, P < .0001). The standardized strategy appears to be an efficient diagnostic approach for the etiologic diagnosis of uveitis, although it was neither inferior nor non-inferior to the open strategy.

Risk Factors for Rapid Glaucoma Disease Progression

It was the aim of this retrospective case-control study to determine the intraocular and systemic risk factor differences between a cohort of rapid glaucoma disease progressors and nonrapid disease progressors. Forty-eight rapidly progressing eyes (defined by progression ≥1 dB mean deviation [MD]/year) and 486 non–rapidly progressing eyes (defined by progression <1 dB MD/year).

RESULTS

- Rapid progressors were older, had significantly lower CCT, and baseline IOPs and were more likely to have pseudoexfoliation, disc haemorrhages, ocular medication changes, and IOP-lowering surgery.
- They also had significantly higher rates of cardiovascular disease and hypotension. Subjects with cardiovascular disease were 2.33 times more likely to develop rapidly progressive glaucoma disease despite significantly lower mean and baseline IOPs.

Finally, we would like to point out that you are always welcome to support our foundation financially. Any donation, however small it may be, is welcome – and tax deductible!

If you see that your patients are satisfied, please make them aware of the Swiss Academy of Ophthalmology! You can order our free brochure including a paying-in slip here: info@saoo.ch