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Liebe Kolleginnen und Kollegen

An eventful year with many challenges and setbacks lies behind us.

It shall not prevent us from starting 2019 with courage and confidence. We have never been able to offer such high-quality diagnostics and such diverse and sophisticated therapy options. Interesting and exciting research projects are underway....

We would like to report on all this at the SAoO Congress from 6 to 8 March 2019 and keep you up to date on everything important and practice-relevant.

We are pleased to welcome you to the third edition of our annual congress in Lucerne. Details on the further refined and ingenious programme, registration and accommodation can be found in the newsletter below.

On behalf of the Board of Trustees and the Programme Commission, I wish you a successful start to 2019 and good luck and blessings in your private life as well.

Your

Dietmar Thumm
PRESIDENT OF THE FOUNDATION
Congress Specials

Among other things, this year we will be offering a separate French plenary session in addition to the previous programme. We hope for numerous participation, so that we can include this again in the coming years.

The keynote lectures this year will deal with ophthalmology in Austria (Prof. Oliver Findl), an exciting keynote lecture by the Paralympics supervisor and regional president Dr. János Weber-Várzségi, and the psychology of vision (Prof. Lutz Jäncke). As usual, we also prepared a Consilium Diagnosticum and a final quiz with prizes.

Further Highlights are:

- **The all-day FEBO course** on Wednesday
- **The Surgery and Anaesthesia** Program on Wednesday Afternoon
- **The refraction course** led by Arnd Graf-Beilfuss on Thursday afternoon, followed by the **Skiaskopie-Session** under the direction of Prof. André Roth
- **Concert of the Festival Strings Lucerne at the KKL (incl. dinner) on Thursday evening**
- **And once again we are able to offer the half-day OCT course** by Dr. Katja Hatz for beginners and advanced. Attention: Limited number of participants! (Please register at the secretary's office info@saoo.ch)

**ATTENTION:**
The early bird discount expires on 18 January 2019! Book now for the special price!


No efficacy proven for Lampalizumab in geographic atrophy

Although the pathophysiology of GA is incompletely understood, dysregulation of the complement cascade, a component of the innate immune system has been implicated in AMD and in geographic atrophy specifically. Overall, genetic factors are estimated to account for up to 80% of the risk of advanced AMD.

Given this genetic link, complement factor D was selected as a therapeutic target because it is the rate-limiting enzyme of the alternative complement pathway and is present in comparatively low abundance. Lampalizumab is an antigen-binding fragment of a humanized monoclonal antibody that is directed against, and inhibits, complement factor D.

As a phase 2 trial suggested that lampalizumab, a selective complement factor D inhibitor, reduced the rate of GA enlargement, warranting phase 3 trials.

In 2 identically designed phase 3 trials (double-masked, randomized, sham-controlled with nearly 1000 participants in each trial), lampalizumab did not reduce the enlargement of GA lesions vs sham. Results highlight the substantial and consistent enlargement of GA, at a mean of approximately 2 mm² per year.

Holz, FG et al; Efficacy and Safety of Lampalizumab for Geographic Atrophy Due to Age-Related Macular Degeneration: Chroma and Spectri Phase 3 Randomized Clinical Trials; JAMA Ophthalmol. 2018 Jun 1;136(6):666-677

Do Patients with Retinal Artery Occlusion Need Urgent Neurologic Evaluation?

Since embolism is the most common factor causing retinal artery occlusion, to manage these patients, immediate evaluation and management of the source of embolism is critical to prevent further episodes. Whether patients with central or branch retinal artery occlusion should undergo a detailed neurologic evaluation for ischemic stroke is controversial. The author remarks that when considering the risk of developing ischemic stroke, patients with retinal artery occlusion, transient ischemic attack (TIA) and amaurosis fugax are usually lumped together, although these 3 conditions are not synonymous. Additionally, CRAO is of 2 types: arteritic and non-arteritic whereas the studies of the author have shown that it is only the non-arteritic CRAO which is usually embolic in nature and carries the main risk of ischemic stroke. Furthermore TIA is not the same as amaurosis fugax, because TIA is due to transient cerebral ischemia, whereas amaurosis fugax is an ocular phenomenon.

According to the author the logical, immediate action to manage patients with retinal artery occlusion is evaluation of the carotid artery and heart for embolism, fasting lipid levels and a complete blood count, rather than neurological evaluation, unless, of course, there are neurological symptoms.

Factors Associated with Graft Rejection in the Cornea Preservation Time Study

The Cornea Preservation Time Study was a large, prospective, randomized, double-masked clinical trial designed to examine the relationship between donor preservation time (PT), graft success and endothelial loss.

A total of 1330 eyes of 1090 subjects undergoing Descemet stripping automated endothelial keratoplasty (DSAEK) were randomized to receive a donor cornea with preservation time (PT) of 0-7 days (n = 675) or 8-14 days (n = 655) and followed for 3 years.

Whereas younger recipient age was associated with graft rejection, PT, donor-recipient sex mismatch, recipient diagnosis, recipient race, graft size, discontinuation of topical corticosteroids and immune-modulators, prior immunizations within 3 months, and prior glaucoma surgery were not. Twelve of 44 eyes (27%) with definite graft rejection subsequently failed, comprising 15% of the 79 failures in the Cornea preservation time study. Cumulative probability of definite graft rejection was 3.6% after DSAEK and more likely with younger age, in a study cohort mostly > 50 years old. Rejection increases ECL, but it is not a leading cause of DSAEK failure.


The effect of cold tetracaine on the severity of burning sensation upon instillation

Tetracaine is one of the most common eye drops that are used for local analgesia in clinical practice. However, it causes ocular burning sensation when instilled.

This study aimed to compare the effects of the cold and room temperature tetracaine on burning sensation.

The authors conducted a prospective, double-blinded, randomized controlled trial with 424 consecutive patients (those with a history of keratopathy or neuropathy were excluded) were randomized to receive cold tetracaine (4°C) in one eye and room temperature tetracaine (22.5°C) in the other eye.

Patients reported less burning sensation on the eye that received cold tetracaine. In the subgroup analysis, young patients (≤40 years old), female subjects, patients who received tetracaine for the first-time and those who had no previous ocular surgery reported more benefit from cold tetracaine. The subgroup of patients who had normal corneal sensation, identified by using a Cochet–Bonnet esthesiometer, also showed greater benefit from cold tetracaine compared to those with impaired corneal sensation.

As a summary in this study, cold tetracaine caused less burning sensation than room temperature solution.

Wiwan Sansanayudh et al, the effect of cold tetracaine on the severity of burning sensation upon instillation, Clinical Ophthalmology 2018:12 2377–2382