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The 2nd SAoO Congress was hardly over when we started planning for the next event again.

In cooperation with the extended board and taking into account the feedback and suggestions of our previous participants, the program committee has created another exciting program.

Among other things, this year we are able to offer a separate French plenum in addition to the usual program. Like last year, there will be lunch symposia for all interested parties, and for all those who would like to have a say, we will be holding the second general assembly of the SAoO association.

This year’s special lectures deal with ophthalmology in Austria (Prof. Oliver Findl), an exciting keynote lecture by Dr. János Weber-Várszegi (Paralympics supervisor and regional president), and the psychology of vision (Prof. Lutz Jäncke). As usual, we are also preparing a Consilium Diagnosticum and a final quiz with prizes.
Once again, we have put together a good mix of theoretical and practical knowledge, supplemented by the one-day program for anaesthetists and ophthalmic surgeons. After last year’s success, the orthoptists will once again be able to attend the OCT course, which will also be available for the practice personnel as a hands-on and a presentation (“how do I interpret an OCT?”) including a visual field examination, as well as many other topics.

As this year’s cultural highlight we would like to invite you to a gala dinner in the KKL (Culture and Congress Centre Lucerne) followed by a concert.

In addition to our annual congress in Lucerne, we cordially invite you to our Réunion exclusive romande on November 8 in Fribourg, a one-day event completely in French. We look forward to your participation!

Finally we would like to thank our paying members. At our first General Assembly on March 2, it was decided that from this year onward the SAoO Association may ask for membership fees. The request for membership fees went out in May and was extremely successful with over 200 paying members. We hope to live up to your trust.

For further information, please contact our administration (info@saoo.ch).

On behalf of the Board of Trustees and of the Program Commission, I wish you a pleasant summer!

Dietmar Thumm
PRESIDENT
Conservatively Treated Orbital Blowout Fractures - Spontaneous Radiologic Improvement

It was the purpose of this prospective non-comparative study to determine if conservatively treated blowout fractures of the orbit undergo spontaneous treatment based on radiological findings.

With a mean time of follow up of 4.6 months, the study comprised 41 patients, with 3 bilateral and 38 monolateral cases. All orbits showed changes in bony contour from initial to follow up CT, including smoothing of the orbital contour (88.6%), joining of bony edges (90.9%), and reduction in herniation of orbital contents (65.9%). Most of the orbits (n = 41; 92.2%) showed features of neobone formation. Of the 44 orbits, 91.4% showed a decrease in orbital volume, whereas 94.3% showed a decrease in fracture volume. The reduction in volume was statistically significant for both orbital as well as fracture volumes from initial to follow-up scans, respectively.

A large proportion of patients showed improvement in radiologic findings despite being treated conservatively.

Conservatively Treated Orbital Blowout Fractures, Spontaneous Radiologic Improvement

Stephanie Ming Young et al

The XEN45 Gel Stent as a minimally invasive procedure in glaucoma surgery

This is a retrospective single center study investigating the IOP lowering potential, the risk profile and success rate of the XEN45 Gel Stent (a flexible hydrophilic tube placed under the conjunctiva via the anterior chamber) with a mean follow-up time of 8.5 months.

261 eyes underwent surgery. Intraocular pressure was lowered from 24.3 mmHg to 16.8 mmHg.

The primary success rate was 66% (which means a rate of surgical revision of 34% after a mean time of 5 months) and the overall success rate 90%.

After a first revision, intraocular pressure was lowered to 14.0 mmHg.

The primary success rate was higher in pseudophakic eyes (73%) than in phakic eyes (53%) or combined surgery (55%).

Epithelium-on photorefractive intrastromal cross-linking (PiXL) for reduction of low myopia

It is the purpose of this study to present early clinical results of epithelium-on PiXL, a novel application of cornea cross-linking with customized control of topographic distribution of ultraviolet (UV)-fluence, for reduction of low myopia.

Fourteen myopic eyes (mean manifest refraction spherical equivalent -1.62±0.6D; range -0.75 to -2.65D) of 8 subjects (mean age 30 years) were enrolled in the study. At 12 months post-procedure, a mean manifest refraction spherical equivalent reduction of 0.72±0.43D (P<0.001) was observed, with a corresponding gain in uncorrected visual acuity of 0.25 logMAR and mean K-mean flattening of 0.47±0.46D.

All patients achieved best corrected visual acuity of 20/20 or better from 1 month onward.

The epithelium-on PiXL procedure was safe and effective in reducing myopic refractive error in this study with up to 12 months follow-up.

Epithelium-on photorefractive intrastromal cross-linking (PiXL) for reduction of low myopia.
Efficacy and Safety of Intravitreal Aflibercept for Polypoidal Choroidal Vasculopathy in the PLANET Study

Polypoidal choroidal vasculopathy (PCV) is common in Asian populations, but an optimal treatment approach remains to be confirmed.

This 96-week, double-masked, sham-controlled phase 3b/4 randomized clinical trial was conducted at multiple centers worldwide, and included 318 adults 50 years or older with symptomatic macular PCV and a best-corrected visual acuity of 73 to 24 ETDRS letters.

Participants received 2 mg of IAI at weeks 0, 4, and 8. At week 12, participants with a suboptimal response were randomized 1:1 to receive IAI plus sham PDT (IAI monotherapy) or a “rescue” of IAI plus rescue PDT (IAI/PDT). Participants who did not qualify for rescue received IAI every 8 weeks; those qualifying for rescue received IAI every 4 weeks plus sham/active PDT. When the rescue criteria were no longer met, injection intervals were gradually extended to 8 weeks.

Monotherapy with IAI was noninferior to IAI/PDT for the primary end point (+10.7 vs +10.8 letters), with few participants requiring rescue therapy (19 [12.1%] vs 23 [14.3%]).

Participants in both treatment groups had similar reductions in central subfield thickness from baseline to week 52 (−137.7 [IAI monotherapy] vs −143.5 μm [IAI/PDT]).

At week 52, 49 (38.9%) and 60 participants (44.8%) had no polypoidal lesions observed on indocyanine green angiography in the IAI monotherapy and IAI/PDT groups, respectively. Furthermore, 116 (81.7%) and 136 (88.9%), respectively, had no polypoidal lesions with leakage. The most frequent ocular adverse events were conjunctival hemorrhage and dry eye.

Improvement in visual and/or functional outcomes was achieved in more than 85% of participants who were treated with IAI monotherapy, with no signs of leakage from polypoidal lesions in more than 80%. As fewer than 15% met the criteria of a suboptimal response to receive PDT, whereas the potential benefit of adding PDT cannot be determined.

Efficacy and Safety of Intravitreal Aflibercept for Polypoidal Choroidal Vasculopathy in the PLANET Study
Won Ki Lee et al, JAMA Ophthalmol. Published online May 2018
Evaluation of the Macular Ganglion Cell-Inner Plexiform Layer and the Circumpapillary Retinal Nerve Fiber Layer in Early to Severe Stages of Glaucoma: Correlation with Central Visual Function and Visual Field Indexes

One hundred forty patients were included in this prospective cross-sectional study. Subjects diagnosed with chronic open-angle glaucoma and 20/40 or better vision were recruited and classified as having early, moderate, or severe VF defects based on Hodapp-Parrish-Anderson criteria. cpRNFL and macular GCIPL were measured using Cirrus high-definition OCT. Central retinal sensitivity and visual acuity were recorded.

All OCT measurements differed significantly between patients with early and severe VF defects (p < 0.001). Correlations between central vision and VF indexes with OCT measurements were moderate but significant; better-correlated OCT parameters were the inferior cpRNFL quadrant, average cpRNFL thickness, inferior and inferior temporal GCIPL sectors, and minimum GCIPL thickness.). Visual acuity was not correlated with either circumpapillary or macular OCT measurements.

Inner macular parameters performed as well as cpRNFL in patients with different stages of glaucoma. Inferior macular GCIPL sectors, minimum GCIPL thickness, and the inferior cpRNFL quadrant best differentiate disease severity and correlate with central visual function and VF indexes.

Real-World Vision in Age-Related Macular Degeneration Patients Treated with Single Anti-VEGF Drug Type for 1 Year in the IRIS Registry

The purpose of this study is to compare real-world visual acuity (VA) in patients with neovascular age-related macular degeneration (nAMD) treated with a single anti-vascular endothelial growth factor (VEGF) drug monotherapy for 1 year from the American Academy of Ophthalmology (AAO) Intelligent Research in Sight (IRIS) Registry.

In this retrospective, non-randomized, comparative study nearly 14000 patients were enrolled who received bevacizumab, ranibizumab, or aflibercept only for 1 year between 2013-2016.

This study suggests that all 3 drugs improve VA similarly over 1 year of monotherapy.

Real-World Vision in Age-Related Macular Degeneration Patients Treated with Single Anti-VEGF Drug Type for 1 Year in the IRIS Registry, Rao P et al, Ophthalmology. 2018 Apr;125(4):522-528

Real-life clinical data for dexamethasone and ranibizumab in the treatment of branch or central retinal vein occlusion over a period of six months

This study evaluates the therapeutic outcome for dexamethasone implant (DEX) or intravitreal ranibizumab (IVR) injections over 6 months in patients with macular edema due to branch or central retinal vein occlusion (BRVO, CRVO), in a real-life setting.

A total of 107 patients included into this retrospective single-center observational study.

Patients were treated with monotherapy consisting of DEX or three monthly IVR injections following a pro re nata regimen.

In a clinical setting, comparable improvement in BCVA and CRT were observed after DEX and IVR injections for treatment of BRVO. CRVO patients showed greater benefit with IVR.

Additive effects of orthokeratology and atropine 0.01% ophthalmic solution in slowing axial elongation in children with myopia: first year results

In this prospective randomized clinical trial it is the purpose to investigate the additive effects of orthokeratology (OK) and atropine 0.01% ophthalmic solution, both of which are said to be effective procedures to slow axial elongation in children with myopia.

A total of 41 participants (Japanese children aged 8-12 years with a spherical equivalent refractive error of -1.00 to -6.00 diopters) were included. They had been wearing the OK lenses successfully for 3 months were randomly allocated into two groups to receive either the combination of OK and atropine 0.01% ophthalmic solution (combination group) or monotherapy with OK (monotherapy group). Subjects in the combination group started to use atropine 0.01% ophthalmic solution once nightly from 3 months after the start of OK. Axial length was measured every 3 months using non-contact laser interferometry (IOL Master), and the axial length measurement at month 3 of OK therapy was used as the baseline value in both groups. The increase in axial length over 1 year was compared between the two groups.

A total of 40 consecutive subjects divided in the two groups were followed for 1 year. The increase in axial length over 1 year was 0.09±0.12 mm in the combination group and 0.19±0.15 mm in the monotherapy group (P=0.0356, unpaired t test).

As a conclusion during the 1-year follow-up, the combination of OK and atropine 0.01% ophthalmic solution was more effective in slowing axial elongation than OK monotherapy in children with myopia. Additive effects of orthokeratology and atropine 0.01% ophthalmic solution in slowing axial elongation in children with myopia: first year results, Kinoshita N et al, Jpn J Ophthalmol. 2018 Jul 4. [Epub ahead of print]