World Cornea Congress VI: An Educational Experience Not To Be Missed

World Cornea Congress VI is set to be bigger and better than in years past. The event will bring together an outstanding international faculty that will cover all aspects of medical and surgical corneal developments, as well as significant findings in basic science of the cornea that applies to clinical medicine.

Sponsored by the Cornea Society, the meeting, held every five years, will take place April 7-9, 2010, in Boston, MA. It will immediately precede the American Society of Cataract & Refractive Surgery Symposium and Congress.

Attendees can expect symposia and keynote addresses to cover the most important topics in the following titled sections: Infections and Immunology, World Health and Eye Banking, Dystrophies/Degenerations/Molecular Genetics, Keratoconus and Other Ectatic Disorders: Diagnosis and Treatment, Penetrating Keratoplasty/ Keratoprosthesis, Endothelial Keratoplasty and Other Lamellar Procedures, Refractive Surgery, Ocular Surface Disease, Biochemistry,

New Journal Website Launched

As a member of the Cornea Society, you can now access a number of exciting electronic initiatives introduced to the Cornea website—www.corneajrnl.com—over the past few months. These new features expand the available content and make it easier for you to customize the site.

Cornea’s completely revamped website allows you to:
• Access all articles published in Cornea since 1982
• Create personal article collections and save search results
• Export tables and figures to PowerPoint and articles to a citation manager
• E-mail articles to a colleague
• View lists of Most Viewed and Most E-Mailed articles
• Subscribe to the electronic table of contents
• Subscribe to an RSS feed of the Most Popular articles

An improved HTML view also makes it easier to read articles on screen, and improved search function-
Dear Colleagues:

We close 2009—certainly a rollercoaster year economically and politically—with a sense of some relief and hope for better times. During this period of economic uncertainty, the Cornea Society has maintained its level of commitment to the membership by providing a series of quality meetings in the U.S. as well as in collaboration with sister organizations in Asia and Europe, by representing the subspecialty at the Academy, and by cooperation with the AUPO Fellowship Compliance Committee. We now look forward to what will surely be an exciting World Cornea Congress VI in Boston. For half a century, the World Congress was held only every 10 years to summarize the state of the art and to prognosticate for the coming decade. The virtual explosion of new information as well as the proliferation of new techniques in cornea and external disease mandated that we organize the next world gathering only five years from the last. Hence we look forward to Boston in April. The planning committee has worked hard to construct a focused program that will provide an update on all the new developments in our field worldwide as well as a glimpse into the next decade.

Divided into 10 sections, the topics will include keynote addresses, invited speakers, and free papers. The section titles include Infections and Immunology; World Health and Eye Banking; Molecular Genetics, Dystrophies, and Degenerations; Keratoconus and Other Ectatic Disorders; Penetrating Keratoplasty and Keratoprosthesis; Selective Lamellar Keratoplasty; Refractive Surgery; Ocular Surface Disease; Biochemistry, Physiology, and Wound Healing; and Endothelial Keratoplasty. There will be topics of interest for both clinicians and basic scientists in virtually all areas of our subspecialty. It will be a meeting not to be missed.

This will be my final message to our membership as your president. As always, success is the product of a team effort. I want to thank our past president, Michael Belin, for his dedicated assistance and special interest in developing international collaborations for the Society, as well as his good counsel. Likewise, our secretary/treasurer and president elect, David Glasser, has been an important force in the growth and stability of the Society and will serve ably over the next two years. To the Board of Directors, I want to express my appreciation for your steadfastness and attendance at meetings and your thoughtful approach to the issues faced by the organization. Special thanks to Sadeer Hannush who has deftly managed the time-consuming and labor-intensive program construction for our meetings. Finally, no expression of thanks could be adequate for the amazing job done by our extraordinary executive director, Gail Reggio. Her devotion to the Society and its mission is unwavering. Her dedication is matched by her skill as an administrator. Much of the Society’s organizational success is to her credit.

In my parting words as your president, I would urge you to become active in participating in the Society’s organization and programs. Since its inception, the Cornea Society has been guided by the leaders and opinion makers in the field. I hope this will continue into the coming decades. Thank you all for your tremendous support.

Sincerely,

Mark J. Mannis, MD
President
Cornea Society News — published quarterly by The Cornea Society

World Cornea Congress VI — continued from page 1

University of Illinois Eye and Ear Infirmary, Chicago, is one of the speakers in that section and will be talking about the resurgence of parasitic infections of the cornea, namely Acanthamoeba.

There have also been reports of another parasite called Microsporidia, which are basically organisms that set up shop in the cornea, Dr. Tu said.

“There are a number of reasons that people have hypothesized as to why the increases are occurring; some feel that it may be related to climate change or environmental conditions,” he said.

Dr. Tu will explore the possible reasons for the resurgence, what surgeons might be able to expect in the next few years, and what some have been doing in response. With reference specifically to Acanthamoeba keratitis, Dr. Tu said that in western countries it’s tightly linked with contact lens wear. As a result, there’s a move by the FDA to establish standards for contact lens disinfection for Acanthamoeba.

The meetings, which have been ongoing for the last year, will be discussed during this talk.

The diagnosis of corneal dystrophies has been revolutionized by advances in molecular genetics, and the future offers great promise for gene therapy of corneal disease, Dr. Glasser said. During the two-day program, a clinical approach to the genetics of corneal diseases, diagnosis, genetic counseling for patients, and potential new gene therapies will be highlighted.

Jayne S. Weiss, MD, World Cornea Congress planning council committee member, and professor of ophthalmology and pathology, Kresge Eye Institute, Wayne State University School of Medicine, Detroit, will be delivering a keynote address on the IC3D Classification of Corneal Dystrophies.

The IC3D is a new classification system that will help clinicians diagnose corneal dystrophies, and has been modernized to include current genetic and clinical knowledge, as well as the histopathologies of the dystrophies, Dr. Weiss said. It is available online and will allow a clinician to examine a patient and immediately reference a compendium of knowledge from experts in the field that will help lead the clinician to an appropriate treatment for the patient.

A link to the classification system can be found on the Cornea Society website, www.corneasociety.org.

For attendees with particular interest in the ocular surface disease portion of the program, Edward J. Holland, MD, committee member of the planning council of the World Cornea Congress, and director of the cornea service, Cincinnati Eye Institute, Cincinnati, will speak on the recent advances in ocular surface stem cell transplantation. He will touch on new surgical techniques, the latest in immunosuppression, and protocols for patients undergoing ocular surface stem cell transplantation.

Attendees wondering about the future of endothelial surgery will be treated to a discussion about how Descemet’s membrane endothelial keratoplasty (DMEK) compares with similar procedures, lead by Francis W. Price Jr., MD, medical director, Price Vision Group, and president of the board, Cornea Research Foundation of America, Indianapolis, Ind.

“Endothelial keratoplasty (EK) has become the standard of care over the last three years for treating eyes with endothelial dysfunction,” Dr. Price said.

“Descemet’s stripping endothelial keratoplasty (DSEK) has been the predominant form ofEK for the last five years and caused the rapid adoption of EK over standard penetrating keratoplasty.”

As EK continues to evolve, the ophthalmology community is seeing rapid changes in the preparation and insertion of the donor tissue. Though most changes involve modifications in DSEK techniques, Dr. Price said, some surgeons and eye banks are working on improving results for DMEK and Descemet’s membrane automated endothelial keratoplasty (DAMAEK) where grafts only have Descemet’s membrane and endothelium transplanted over the central cornea.

At present, Dr. Price said, DMEK and DMAEK appear to be giving higher rates of 20/20 visual results than DSEK.

Each World Cornea Congress has grown larger and more popular with past attendees returning. Dr. Weiss said the conference will be a good learning experience for all. “I’d encourage people to come,” she said.

New Journal Website — continued from page 1

Publish Ahead of Print
Articles are published at Corneajrnl.com after final proofs are approved, with new articles posted every week. Publish Ahead of Print (PAP) articles are included in PubMed as soon as they are posted and remain in the PAP section until selected for a print issue.

Mobile version
The new mobile/smartphone view enables you to easily access content on the Cornea website via your mobile device. With capabilities like Current Issue Browsing, Most Popular Articles, Featured Articles, and Full Text Search, you can find content quickly and easily from wherever you happen to be.

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Easy access for members
All members who receive the print journal can access Cornea online after completing a one-time registration and subscription activation process. Simply create an account, provide your membership number, and accept the terms and conditions for immediate online access.

With these changes, there is always something new at Corneajrnl.com. Visit the site often and take advantage of the ability to customize Cornea to meet your needs.
$856 Billion Health Care Proposal Released; Key Issues For Surgical/Specialty Community Not Resolved

by David B. Glasser, MD

Background
Senate Finance Committee Chairman Max Baucus released the “American’s Health Future Act of 2009.” Although not in legislative form, Senator Baucus indicated that he intends to markup the bill in the Senate. Finance Committee on September 22. ASCRS anticipates amendments from Republicans and Democrats, so the legislation could change. There were no real changes to address any of the key issues from the preliminary draft framework that was released in early September.

Therefore, based on their policies, ASCRS and the surgical/specialty community cannot support this bill. Specifically, but not limited to, and of particular interest to ASCRS and the specialty/surgical community are the following provisions:

- **Medicare Physician Payment Framework** - Sustainable Growth Rate (SGR): The bill does not permanently replace the SGR. It replaces the scheduled 21.5% Medicare payment reduction in 2010 with a 0.5% increase. However, in 2011, Medicare payments would be cut by about 27% with significant cuts in subsequent years.

- **Budget Neutral Bonus to Primary Care**: Beginning in 2011, the bill creates a 10% bonus to primary care physicians who serve patients who participate in health professional shortage areas, 5% of which is funded by a 0.5% reduction in payment for all other services.

- **Medicare Commission**: A commission will be created comprising of 15 members appointed by the president. This commission will be made responsible to Congress aimed at extending the solvency of Medicare, slowing down Medicare cost-growth, and improving the quality of care. (Reduce Medicare spending by targeted amounts.)

- **Physician Quality Reporting Initiative (PQRI)**: The program would be extended and expanded to include eligible professionals who participate in a qualified Maintenance of Certification (MOC) program. The program is complete and qualified a MOC payment assessment. CMS would be required to establish timely feedback to participants and an appeals process. Beginning in 2011, participation would be mandatory. Physicians who do not successfully participate will not be paid for the following year.

**ASCRS response**
ASCRS and the surgical community sent a document to encourage both House and Senate for the bill to support both the House and Senate. In addition, ASCRS joined the surgical community and the Alliance of Specialty Medicine in communicating to the Senate that it cannot support the Baucus proposal, outlining the provisions in the bill that it opposes and those issues that were not addressed.
The proven penetrating quality of VIGAMOX® solution allows it to go where pathogens live,\(^1\) with proven potency against both gram-positive and gram-negative bacteria.\(^2,3\) This lethal force has made it the #1 dispensed ocular anti-infective among ophthalmologists.\(^4\)

VIGAMOX® solution is indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of the following organisms: *Corynebacterium species*\(^*\), *Micrococcus luteus*, *Staphylococcus aureus*, *S. epidermidis*, *S. haemolyticus*, *S. hominis*, *S. warneri*\(^*\), *Streptococcus pneumoniae*, *Streptococcus viridans group*, *Acinetobacter lwoffii*, *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Chlamydia trachomatis* (efficacy for this organism was studied in fewer than 10 infections). VIGAMOX® solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other fluoroquinolones, or to any of the components in this medication. NOT FOR INJECTION. VIGAMOX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye. In patients receiving systemically administered quinolones, including moxifloxacin, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. As with other anti-infectives, prolonged use of VIGAMOX® solution may result in overgrowth of non-susceptible organisms, including fungi. The dosing of VIGAMOX® solution is one drop in the affected eye(s) 3 times daily for 7 days. The most frequently reported ocular adverse events were conjunctivitis, decreased visual acuity, dry eye, keratitis, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, subconjunctival hemorrhage, and tearing. These events occurred in approximately 1%-6% of patients.

Please see prescribing information on following page.
Federal & Regulatory Update

by David B. Glasser, MD

HHS breach notification requirements
With the growing push for physicians to move to electronic formats for all of their patient data, the threat of security breaches of personal health information is becoming ever more present. The American Recovery and Reinvestment Act (ARRA) imposed data breach notification requirements for HIPAA-covered entities and their business associates. The Department of Health and Human Services (HHS) Interim Final Rule, released August 20, explains the requirements if a breach does occur. In addition, HHS provides updates to its guidance that establishes standards for securing protected health information (PHI) for purposes of the breach notification requirements.

Effective September 18, all health care providers, including physicians, will have to ensure that their health information is properly secured via encryption or destroyed via approved means. However, HHS indicates that it will use its enforcement discretion to defer the imposition of sanctions for failing to comply with the required breach notifications for a period of 180 days (until February 19, 2010) from the publication of the Interim Final Rule. This is in addition to requirements set forth in HIPAA and includes both electronic and paper records. The new rule also applies to any outside contractors used by practices, such as billing companies or couriers. Breaches of improperly secured personal health information by unauthorized individuals should be immediately reported to the patient and annually reported to HHS. However, breaches affecting more than 500 individuals should be immediately reported to both HHS and state/local media outlets. Revised guidance on what denotes encryption or destruction of secured data is also included in the rule.

Eye MDs who dispense post-cataract glasses exempt from DMEPOS surety bond, CMS says
A surety bond requirement that went into effect October 2 does not apply to practices that provide post-cataract glasses to patients, CMS recently clarified, even if the surgery was performed by another ophthalmologist. The agency issued the clarification after AAO and others raised concerns about the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) requirement. CMS said post-cataract patients would be considered part of the dispensing practice’s patient base and therefore exempt. There has been confusion since CMS’ May announcement that only physicians who provide DMEPOS for their own patients are exempt from obtaining a surety bond. NOTE: Be sure to maintain enrollment as a supplier with the National Supplier Clearinghouse and report any changes that would affect enrollment status.

Practice expense
With the 2010 Medicare fee schedule, ophthalmologists are poised to achieve the uniform, fair, and accurate update to Medicare practice expense (PE) payments that AAO has fought for over the past three years. Ophthalmology will go to a practice expense (PE) per hour rate of $170.08 in 2010, up from $103.28, with an 11% overall increase in PE payments for ophthalmology next year (due to a complicated PE formula). Even though improved payment accuracy is the collective goal of Congress, CMS, the Medicare Payment Advisory Commission (MedPAC), and the Obama administration, the correct payments are under attack by specialties that stand to lose out in 2010. They are vigorously opposing implementation and attacking the survey process.

We would like to thank all of our members who participated in the AMA Physician Practice Information Survey that made this increase possible.

MedPAC has been calling for CMS to update its PE data since 2006. In its June 2006 report to Congress, the commission said: “The data source CMS uses to estimate total practice costs is dated and may not reflect the current practice patterns.” The implementation of the AMA Physician Practice Information Survey (PPIS) would update all providers at the same time, correcting flaws and unevenly allocated payments. CMS has been using PE data that is more than 10 years out of date. The PPIS survey was a highly scientific and controlled undertaking, using a survey instrument that the AMA took great care to design, test, and implement.

Cornea Programming at ASCRS 2010

During the 2010 ASCRS•ASOA Symposium & Congress in Boston, the ASCRS Cornea Clinical Committee will sponsor a symposium titled “ASCRS Cornea Clinical Committee Highlights Session” discussing topics such as surgical management of corneal ectasia, adenovirus, pterygium, and management of corneal epithelial disorders. The brief presentations will be followed by panel discussion, allowing for robust debate. Also during the symposium, the committee will host a “lightening round” of “The Best of Cornea Papers.” Highlights from papers presented during the ASCRS•ASOA Symposium & Congress will be presented in a rapid-style format and discussed by the panel.
REGISTRATION AND HOUSING NOW OPEN—PRELIMINARY PROGRAM ONLINE

WORLD CORNEA VI CONGRESS

April 7-9, 2010
Boston Convention & Exhibition Center
BOSTON, MA

Planning Council:

Chairs:
Michael W. Belin, MD
David B. Glasser, MD
Mark J. Mannis, MD

Committee:
Edward J. Holland, MD
Marian S. Macsai, MD
R. Doyle Stulting, MD, PhD
Jayne Weiss, MD

International Advisory Committee:
Denise de Freitas, MD
Joseph Frucht-Pery, MD
Jose Guéll, MD, PhD
Charles McGhee, PhD, FR-COpht
Teruo Nishida, MD
Donald T.H. Tan, FRCS
Gabriel Van Rij, MD

Preliminary Timeline:
Wednesday Evening, April 7, 2010
Registration Opens
Welcome to Boston Reception

Thursday, April 8 and Friday, April 9, 2010
Exhibit Hall Open
Scientific and Poster Sessions
Exhibit Hall Welcome Reception

Important Dates
August 5 – November 2, 2009
Call for Submissions
September 9, 2009
Registration and Housing Opens
January 2010
Preview Program

REGISTRATION AND HOUSING NOW OPEN—PRELIMINARY PROGRAM ONLINE

Get the latest updates on...

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- Penetrating Keratoplasty/Keratoprosthesis
- Selective Lamellar Keratoplasty
- DALK
- Infections and Immunology
- Medical and Surgical Management of Ocular Surface Disease (including neoplasia)
- Biochemistry/Physiology/Wound Healing
- Molecular Genetics/Dystrophies/Degenerations
- Keratoconus, Other Ectatic Disorders: Diagnosis and Treatment
- World Health/Eye Banking

REGISTER ONLINE!
at www.corneasociety.org or www.corneacongress.org to receive meeting and program updates.
The 2nd Asia Cornea Society Biennial Scientific Meeting
December 1-3, 2010
The Westin Miyako Hotel Kyoto
Kyoto, Japan

About the Asia Cornea Society
The formation of the Asia Cornea Society (ACS) is spurred by a common vision amongst corneal subspecialists and researchers throughout Asia to foster the exchange of knowledge and information on clinical, educational and research aspects of the corneal subspecialty with particular focus and relevance to Asian corneal diseases.

Contact Information for ACS: Asia Cornea Society Secretariat
Fax: +65 6227 7291 E-mail: acs@snec.com.sg www.asiacorneasociety.org

http://2acs.jtbcom.co.jp
Website will open very soon...

The 2nd Asia Cornea Society Biennial Scientific Meeting
Registration Secretariat
c/o JTB Communications, inc.,
Fax: +81-6-6456-4105 E-mail: 2acs@jtbcom.co.jp

Organized by the Asia Cornea Society and the Department of Ophthalmology at Kyoto Prefectural University of Medicine

(Phot by Makueni)