The Official Congress News of APAO 202 #1

09 | 06 | 21 VIRTUAL CONGRESS

by **Vie**magazine & **Cal**temagazine

HIGHLIGHTS

06 Innovations in cataract surgery are coming to Asia!

08 Anti-VEGFs and wide-field OCTA dominate updates in DR treatment and imaging.

09 We are still in a COVID-19 era ... new approaches in patient management come in handy...

Published by



Matt Young CEO & Publisher Hannah Nguyen

COO & CFO Robert Anderson Media Director

Gloria D. Gamat Chief Editor

Brooke Herron Editor

Brandon Winkeler International Business Development

Writers Andrew Sweeney Elisa DeMartino Hazlin Hassan Jillian Webster Joanna Lee Sam McCommon Tan Sher Lynn

Maricel Salvador Graphic Designer

Media MICE Pte. Ltd.

6001 Beach Road, #19-06 Golden Mile Tower, Singapore 199589 Tel. Nos: +65 8186 7677 | +1 302 261 5379 Email: enquiry@mediamice.com mediaMICE.com

> piemagazine.org cakemagazine.org cookiemagazine.org

APAO 2021 Opening Day Highlights Named Lecture Awards by Tan Sher Lynn

he award lectures are a major highlight of the 36th Asia-Pacific Academy of Ophthalmology Virtual Congress (APAO 2021). Below, we delve into the presentations from those experts recognized for their vast contributions toward ophthalmic advances in the Asia-Pacific (APAC) region.

Jose Rizal Medal Award Lecture: Challenges and Opportunities in Scaling ROP Services in the Asia-Pacific Region

In this lecture, Prof. Rajvardhan Azad from India talked about the Asia Retinopathy of Prematurity (ROP) study, participated by nine countries: Bangladesh, China, India, Indonesia, Mongolia, the Philippines, Taiwan, Thailand and Vietnam.

According to him, good human resources can be found in China, Thailand and India, with the number of doctors who can screen for ROP being 200, 900 and 200, respectively. "Nonetheless, this is not enough to meet the demand for services required for the management of ROP," he said.

With the results of the study, Prof. Azad and his team tried to establish the guidelines for ROP screening in APAC, based on criteria such as existing healthcare, geographical location and accessibility to care, awareness, and clinical picture.

He noted the challenges that exist in the region. These include barriers to effective screening, early detection and treatment; awareness among parents, neonatologists and ophthalmologists; and lack of trained manpower to tackle the disease. "Our study showed that the lack of screening underlines most stage 5 retinopathy cases in a large tertiary care center in India. Among 354 infants, 115 are in stage 5. The mean principal component analysis (PCA) at first visit is 54.6 weeks and the mean delay is 24.7 weeks. A common risk factor is oxygen therapy (103 babies; 89.6%), and 109 babies were never screened (89.8%).

"Another challenge is the understanding of the disease among ophthalmologists. Even though 86% of babies were referred by ophthalmologists, the correct diagnosis is only 4.3%," he said.

"ROP screening is an essential part of modern neonatal care. The mean period to develop treatable ROP is variable across the world and APAC region. Screening guidelines vary from country to country, and developing countries do not recommend screening of larger babies. Current international screening guidelines need to be modified according to local scenarios. For a more focused approach to ROP care, we need to have training and manpower, education and awareness, advocacy, documentation on pediatric fundus cameras, and accessibility for ROP regression," he stressed.

Holmes Lecture: Prospective on ROP Care in China

Prof. Xiaoxin Li from the People Eye Center of Peking University People's Hospital in China, noted that the incidence of ROP increased in China after 1990 because at that time neonatal awareness was expanding and improving. The use of unmonitored supplemental oxygen was common and some babies received oxygen unnecessarily.

To promote ROP prevention, Prof Li

performed studies on the risks for ROP, wrote editorials in journals, provided training for ROP screening and treatment, and held conferences with neonatal intensive care units (NICU). Three ROP incidence studies in Beijing were done in 1993, 2002 and 2005, respectively, showing a decrease from 20.3% (1993) to 17.3% (2002) and 10.8% (2005).

"With the guideline for ROP screening in 2004, oxygen concentration control has been improved, but just in big hospitals. Birth weight remained at 1000-1500g. We realized that there had been an unbalanced improvement of NICU in China. So, we requested the Ministry of Health hold a meeting with the NICU experts for discussion and then generated new guidelines separately," she said.

The new ROP screening guidelines in 2014 included maintaining the screening criteria of 2004, with initial exams starting from 4-6 weeks after birth (gestational age 31-32 weeks). Intervention criteria includes threshold lesion or pre-threshold lesion of Type 1, within 72 hours. The guidelines also included follow-up intervals and criteria for stopping follow-up.

To evaluate whether laser or anti-VEGF is better at treating ROP, Prof. Li did



a study and found that intravitreal bevacizumab (IVB) monotherapy, as compared with conventional laser therapy, showed significant benefits for infants with zone I ROP. However, no statistical differences were found for zone II lesions. Unfavorable outcomes (progressing into stages 4 and 5) is 18.5% for the laser group, and 3.7% for the IVB group.

It was also found that fibrosis occurred in the eye just one week after the administration of anti-VEGF. Hence, Prof. Li and her team did a study on the relationship between anti-VEGF and fibrosis cells in order to obtain a better understanding of it. Based on the studies, they are currently developing an expert consensus for ROP treatment, which includes terminology, indication for single treatment of anti-VEGF, indication for combination treatment with laser, indication for iris neovascularization, and para-intravitreal injection systemic care.

ICO Mark Tso Golden Apple Award Lecture: Treatment of Intra-Ocular Tumor with Local Resection Combined with Vitreo-Retinal Surgery

Prof. Wenbin Wei from the Beijing Tongren Eye Center, Capital Medical University, China, said that local resection is effective for the treatment of intraocular tumors as it reduces the rate of enucleation. However, experienced surgical skill and good psychological endurance is required.

He presented a few cases of local resection combined with vitreoretinal surgery and said that before the surgery, the surgeon should evaluate the patient's ocular condition and conduct an individualized surgery design. "One must also be aware of the complications that can happen during surgery, such as bleeding, extremely low IOP and suprachoroidal hemorrhage; as well as post-surgery, such as retinal detachment, proliferative vitreoretinopathy, tumor recurrence and metastasis.

"In general, the prognosis for this treatment is good. Basic vision is preserved, the patient retains normal appearance and has good living quality, as well as stable long-term outcomes," he concluded.



veritas

>> Cont. from Page 1

Veritas True Ease. Total Control.

Your surgical day just got easier.

From safety to efficiency to design – VERITAS[™] Vision System puts you comfortably in control of every case.

- Less Surge, More Stability.
- Glide Through Any Lens Density.
- A Difference You Can Feel.

Experience true ease and total control – say yes to a demo today

For Healthcare Professionals Only. Please reference the Instructions for Use for complete list of indications and important safety information. Contact a representative in case of any questions.

© Johnson & Johnson Surgical Vision, Inc. 2021

PP2021CT5526

Going Above & Beyond

Next Generation Phaco with the VERITASTM Vision System by Elisa DeMartino



cutting-edge phacoemulsification device was rolled out by Johnson & Johnson Vision (Santa Ana, California, USA) just this summer and what better time to present it to Asia's eye surgeons than the first day of the 36th Asia-Pacific Academy of Ophthalmology Virtual Congress (APAO 2021)?

With the company's Whitestar Signature[®] Pro released only a few short years ago, practitioners may find themselves wondering what makes their newest VERITAS™Vision System so innovative. To address that question, this industry-sponsored session featured Dr. Brian Schwam, senior director of Medical Affairs at Johnson & Johnson Surgical Vision (JJSV), and Mr. Adam Toner, senior R&D manager for System Integrations at JJSV, along with two ophthalmic surgeons who have already tested out the product.

"Your surgical day just got easier"

Despite the overall success of

phacoemulsification systems, Dr. Schwam and his cohorts at Johnson & Johnson know that safety and stability remain a challenging priority. That's why the R&D team "emphasized ergonomics and human factors" during development. The device focuses on surgeon comfort and well-being, ensuring comfort and avoiding muscular strain.

Part of this is accomplished by an industry-first lightweight swivel handpiece, accompanying foot pedal with programmable top and side switches, Advanced Tubing System (ATS), and surge-minimizing technology. These are all new features in comparison to the company's previous comparable device. Naturally, the company carried over its leading WHITESTAR technology for ultrasmooth cutting, even in dense cataracts.

What do surgeons and professional athletes have in common?

Mr. Adam Toner posed the question during his panel — and he didn't leave us to wonder. "Both need to maintain a level of physical ability and stay on top of their nutrition and physical health to be at their best. And sometimes, both end up sacrificing their bodies for their professions." However, this doesn't have to be the case for the modern ophthalmologist.

Oftentimes people forget the ergonomic sacrifices surgeons make for their patients. Those people might also be the ones designing products for surgeons! Ergonomics play a vital role in a surgeon's well-being — and, consequently, in a patient's.

If you perform lots of procedures in a dedicated time block and experience musculoskeletal pain, you aren't alone. Seventeen percent of surgeons report hand or wrist pain, 52-80% report back or neck pain, and 15% report being limited in their work due to pain.

In the case of phacoemulsification systems for cataract surgery, the hand piece and foot pedals should require only minimal movement; meanwhile, audible cues or tones are needed to manipulate the tools, because a surgeon can't be watching the screen while they operate.

The VERITAS[™] system, Mr. Toner asserts, boasts all of these features, complete with an 18-inch touch screen monitor that has 15-degree up and down tilt and 40-degree side-to-side rotation.

"Veritas maximizes comfort and reduces fatigue, so surgeons feel a noticeable difference," he said.

The verity in VERITAS™

Dr. Marco Tavolato, head of the Eye Centre at Chioggia Hospital (Italy), takes pride in his expertise using the various phaco machines in today's market. In fact, he frequently — sometimes daily switches between devices in order to, as he puts it, "stay in alert mode."

This cataract refractive and vitreoretinal surgeon agrees that during phaco surgery, one of his bigger issues is that of ergonomics. "I, by myself, perform 30 cataract surgeries every day. The position for the surgeon is not so good ... the surgeon has to stop many times," he explained during his panel. "It's a very short surgery, but you have to stay in a very strict position." With the lightweight swivel handpiece, he can find the correct position for his hands. Plus, Dr. Tavolato recalled, the first handpiece for such equipment was 2.5 kilograms. "I don't know how we did that!" It's easy for him to laugh about the old days when he has the most comfortable tool at hand (literally) now!

But the biggest difference for him, he said, is actually in the new tubing system. He found it less pliable to work with, and more stable. "We also have a pressurized infusion technology that gives us more stability of the anterior chamber. But the big advance is given by the new tubing system," Dr. Tavolato explained.

It's like riding first class

Dr. Steven Dewey, eye surgeon at the Colorado Springs Eye Clinic and creator of the Dewey Radius Tip, chimed in on the Advanced Tubing System with Hybrid fluidics technology, which he asserted delivered exceptional chamber stability through a combination of ATS, dual pump and advanced infusion. "There's less fluid volume so you can control the anterior chamber much more precisely than you could before." The Hybrid fluidics technology removes surge, too. Meanwhile the elliptical ultrasound and WHITESTAR micropulse technology give it exceptional efficiency. "This thing can go through any density lens, and that's the beauty of it," Dr. Dewey chimed.

He demonstrated a recording showing precise peristaltic efficiency with hardware control during surgery. On screen next to the show was an aspiration graph and foot pedal graph. As the machine applied higher levels of vacuum and higher levels of aspiration, major chamber stability was evident.

Dr. Dewey has worked with WHITESTAR Signature Pro for the past six years. While the chamber stability was good, with the VERITAS[™] he can run 50 ccs of aspiration, or a vacuum of 600 mmHg, which he wasn't able to do previously. Moreover, with the VERITAS[™] he doesn't see any chamber bounce whatsoever.

The biggest benefit is the effectiveness of the machine, he pointed out, because after all, the less time you spend in the operating room — the less chance of an adverse incident.



Innovative Cataract Technologies and Technologies and Techniques ursting with new tips on things like lenses to surgical techniques, any ophthalmologist who manages cataract patients will find these items to be essential knowledge in the quest for better vision and patient satisfaction.

Advances in capsulotomy devices

In Capsulotomy — Where Are We *Now?*, Prof. Dr. H. Burkhard Dick from University Eye Hospital in Bochum, Germany, asked if continuous circular capsulorhexis (CCC) could be the evolutionary endpoint in capsular opening techniques? He discussed three types of capsulotomy (CT) devices: the Precision Pulse CT (Zepto, Minnesota, USA), CAPSULaser (Beye, Pennsylvania, USA) and femtosecond laser CT, but focused attention on the advantages of femtosecond laser CT. "It's effective on white intumescent cataracts and outstanding for pediatric cataracts, and has perfect capsulotomy quality," he said, adding it has already had an impact on femto-IOLs.

This CT could also be used for biomorphometric alignment for toric IOLs where toric IOLs are centered according to capsule marks. "The primary posterior laser-assisted capsulotomy is safe with no single PCO over the years of follow up. It is easy to include at the end of the procedure. You don't need manual capabilities and can keep the anterior hyaloid membrane intact," he said.

IOLs lead the way

Dr. Robert Ang, from the Asian Eye Institute in the Philippines, said there

have been innovations in monofocal and presbyopia-correcting lenses, with toric options now available and with hybrids of both categories in sight. He cited a few new innovations in the market including the Clareon IOL (Alcon, Geneva, Switzerland), which boasts one of the lowest levels of surface glistenings and haze. Other innovations include the Tecnis Toric II IOL (Johnson & Johnson Vision, Florida, USA) which was developed to improve the rotational stability of its first generation toric IOL lens using frosted and squared haptics for increased friction in the capsular bag. He also discussed the TECNIS Eyhance IOL, AcrySof and Vivity (all from Alcon) and the ISOPURE (BVI Medical, Massachusetts, USA). While this is still a field in constant development, he said: "There is still a limitation in terms of optical properties wherein a delicate balance is reached between quantity and quality of vision."

Continuing the train of thought on lenses, Prof. Dr. Gerd Auffarth, from Heidelberg University Hospital, Germany, shared on what's new with extended depth of focus (EDOF) and multifocal IOLs, zeroing in on monofocal+ IOLs, EDOFs and trifocal (hybrid) lenses. He said the new next-generation type of enhanced monofocal+ lens may give the EDOF

category a bit of a competition, but are still inferior although they have advantages in the dysphotopsia profile (like monofocal IOLs). New EDOF lenses like Alcon's AcrySof IQ Vivity attempt to reduce side effects of distal focus, while hybrid optical technology combining EDOF/multifocal diffractive pattern like Johnson & Johnson's Tecnis Synergy gives strong near vision performance and optimized vision in low light conditions. Hybrid EDOFs like Belgium-based Physiol's FineVision Triumf, without lateral chromatic aberration (LCA), improves night vision and reduces dysphotopsia.

Premium IOLs (and other technologies) are coming to Asia

The light adjustable (LAL) IOL by RxSight (California, USA) allows surgeons to change the shape of the lens postoperatively using specific patterns of UV light. It is not available yet in Asia, but it is still exciting to hear about its potential — especially in removing barriers to greater adoption of premium refractive IOLs. Dr. David Chang expounded on the advantages of the LAL IOL which includes the ability to achieve LASIK-like outcomes and having no side effects from diffractive IOLs. There's no need for UV glasses and they're able to preview minimonovision and bilateral visual acuity. He also discussed refractive counseling, why he might choose trifocal lenses versus LAL mini-mono's depending on patients' personalities. For his practice, they offer LAL as a bilateral same day surgery.

Another interesting development came from India in the form of pinhole pupilloplasty (PPP), "a technology without cost."

"For achieving the pinhole effect, pupilloplasty is a cost-effective and efficient method and has no specially designed devices needed," Dr. Amar Agarwal said. This method of making the pupils less than 1.5 mm is effective for corneal astigmatism and high astigmatism that occur due to radial keratotomy, penetrating keratoplasty, corneal injuries, and intracorneal ring segments or keratocones. The pinhole pupilloplasty operates on several principles: First, the pinhole blocks light emanating from the peripheral cornea and allows the passage of central and paracentral rays that enhance visual acuity and image quality. Second, the Stiles-Crawford effect is a phenomenon when light entering the eye near the edge of the pupil produces lower photoreceptor response compared to light of equal intensity entering near the center of the pupil, while vignetting was another principle. "The principles of small aperture optics have been placed at the level of the cornea and at the level of the lens to correct presbyopia by enhancing the depth of focus," Dr. Agarwal explained. Using these principles, they created this surgical technique which was demonstrated during this session while also discussing its limitations.

The double flanged prolene Canabrava technique

Capping the session was Dr. Sergio Canabrava who demonstrated his

"double flanged polypropylene technique" by sharing 10 surgical tips. His innovative technique first debuted in 2017 when he won an award for the double flanged haptic and capsular tension ring or segment for sutureless fixation in zonular instability. In 2018, he introduced the double flanged transscleral bag fixation method. It was only in 2019/2020 that the double flanged prolene Canabrava technique became more widely used. Showing the ropes with the suturing, his tips covered the basics like the materials needed, polypropylene testing, and marking 2mm from the limbal. He also emphasized the importance of creating a long scleral tunnel and the need to push the prolene into the eye when removing it with the needle. One must also hold the base of the polypropylene with some tension, and thereafter, cut 1.2 mm or 1.5 mm and dry the prolene. His other tips were to use a small flange, the need to bury the flange and to be careful when piercing the IOL.



Diabetic Retinopathy Treatment and Imaging

by Tan Sher Lynn

Experts discussed the use of anti-VEGF and wide-field optical coherence tomographic angiography (OCTA) in diabetic retinopathy (DR) on the first day of the 36th Asia-Pacific Academy of Ophthalmology Virtual Congress (APAO 2021).

Anti-VEGF therapy

Dr. Srinivas Sadda from the Doheny Eye Institute, USA, talked about anti-VEGF therapy and retinal non-perfusion (RNP), as investigated in the RECOVERY Study.

"Anti-VEGF therapy has been suggested to slow RNP progression but does it reverse it?" he asked.

He shared that the Phase 2 RECOVERY trial shows that at the primary 1-year endpoint, in eyes with proliferative diabetic retinopathy (PDR) without diabetic macular edema (DME), monthly administration of aflibercept 2mg was associated with less RNP progression compared with quarterly treatment.

"Overall, non-perfusion progresses despite apparent improvement in diabetic retinopathy severity scale (DRSS) score. Despite overall progression of RNP, some zones of apparent reperfusion were noted both on ultrawidefield (UWF) fluorescein angiography (FA) as well as OCTA. OCTA was limited to the macula and did not identify changes in RNP within the macular region," he said.

Meanwhile, Dr. Michael Ip from the University of California, USA, shared about updates of DRCR Retina Networks' Protocol W, which investigates the use of intravitreal aflibercept for the prevention of vision-threatening complications of DR.

The DRCR Retina Network was formed in 2002 and funded by the National Institutes of Health (USA). It currently includes over 160 participating sites with over 500 physicians throughout the U.S. and Canada, and has been responsible for landmark clinical trials, including Protocols I, T and S.

"Anti-VEGF treatment can improve DR, but can it prevent vision-threatening complications in high-risk eyes, and if so, is there any benefit (2 and 4 years) associated with preventing these complications?" he asked.

Protocol W is a randomized multicenter clinical trial across 64 sites involving patients who are 18-years-old and older with type 1 or 2 diabetes and severe non-proliferative diabetic retinopathy (NPDR) in at least one eye. Three hundred and ninety-nine eyes were randomized to receive 2 mg intravitreal aflibercept versus sham injection. The primary outcome investigates the cumulative probability of developing PDR or center-involving diabetic macular edema (CI-DME) with vision loss.

"Results show that among eyes with moderate to severe NPDR, the proportion that developed PDR or CI-DME was lower with periodic aflibercept treatment compared with sham through at least 2 years. However, through 2 years, preventative treatment with aflibercept did not confer visual acuity (VA) benefits compared with anti-VEGF initiated after PDR or DME development. Four-year results will be important for determining whether preventing PDR and CI-DME improves long-term VA benefit," he said.

Potential of wide-field OCTA

According to Dr. Gavin Tan from the Singapore National Eye Centre (SNEC), OCTA is a non-invasive technique for the visualization of retinal microvasculature. "It can be used to quantify retinal capillary microvasculature in diabetes, microvascular and macrovascular complications, and potentially its outcomes," he said.

"We now have newly available wide-field OCTA that provides more information. The extended field imaging (EFI) sweptsource (SS)-OCTA could image additional areas of non-perfusion as well as fundus fluorescein angiography (FFA)."

Limitations to this technology include variable reproducibility and repeatability, poor inter-machine comparability of quantitative metrics, image artifacts that can lead to inaccurate image interpretation, and poor vision associated with poor image quality.

Nevertheless, he noted that wide-field OCTA can replace FFA in evaluating diabetic macular ischemia and peripheral retinal perfusion, as well as identifying neovascularization. Changes on wide-field OCTA also correlates well with DR severity and other microvascular complications.

"OCTA in diabetic retinopathy may have prognostic significance for DR progression and the development of DME. The role of wide-field OCTA remains to be determined. In this aspect, much more research and longitudinal prospective studies are required before these biomarkers will become the standard of care," he commented.



New Approaches to Patient Management in the Era of COVID-19

by Joanna Lee

Social distancing, constant vigilance in personal hygiene and avoiding close contact have certainly created unprecedented challenges for patient care. Perspectives from around the world might lend a broader understanding of how ophthalmologists are facing the challenges of providing quality eye care and managing patients' needs.

Virtual triage finds its footing

The "power of virtual triage" seems to be the way to go at Moorfields Eye Hospital in the United Kingdom. Dr. Dawn Sim, consultant ophthalmologist, director of telemedicine and associate professor at the UCL Institute of Ophthalmology, shared how the hospital is using "forward triage" to improve access to care. This method hinges on good risk stratification based on a clear minimum dataset. For ophthalmology, they included elements of clinical history, objective measurements (like visual acuity, intraocular pressure), and imaging (photographs, OCT, visual field) to determine the criteria. One of their most successful endeavours during the pandemic was their asynchronous and synchronous telemedicine efforts

which saw video consultations for emergency teleophthalmology care and telepharmacy, like providing drops through mail with scheduled follow-ups.

Telemedicine and home monitoring

Photography of patients' eyes with clipped-on lenses on their phones enabled second opinions for senior opinions to be monitored remotely. A slit lamp adapter, smartphone and secure cloud-based video conferencing software has enabled second opinion services as well. Dr. Sim also cited the example of the drive-through IOP clinics in Belfast, Ireland. Telemedicine has also seen success in the area of periocular lesion assessment, in oculoplastic and adnexal surgery. She also spoke about remote monitoring and self-care via apps like the Alleye (Oculocare, Zurich, Switzerland) home vision test.

In Guangzhou, the "internet hospital" has created an important role for ophthalmic patients in China, covering areas like medical treatment, public health, family doctors, drug supply, medical insurance settlement, medical education and popularization, and Al applications. Prof. Dr. Haotian Lin said the "ZOC Internet Hospital" concept implemented at the Zhongshan Ophthalmic Center of the Sun Yat-sen University suspended patient visits but allowed emergency cases to be admitted. The internet hospital involved AI prescreening using a medical chatbot, virtual live consultation, and an online pharmacy. They found that patients had three major demands: new symptom complaints (mostly young patients), chronic disease management, and prescription renewals (mostly elderly patients). Their AI consultation recorded three times more night time "visits" than at daytime and four times of face-toface clinic consultations. Primary health institutions should also be included in the loop. Future explorations include seeing first-visit patients online, fully securing operation supervision and internet security, and turning short-term services into long-term solutions as the pandemic continues.

In discussing how to manage AMD better during a pandemic, Dr. Raymond Wong, from the Chinese University of Hong Kong, reminded attendees that administering anti-VEGF injections at appropriate intervals is crucial to prevent progression and improve vision in wet AMD patients. Delays or discontinuation of treatment can lead to permanent vision loss. Fear and anxiety over contracting the virus during clinical visits, especially among the elderly patients, is something that eye care professionals should be aware of, Dr. Wong said, in order to better tailor their approaches. Some measures proposed include counseling over phone or during clinical visits, and stricter measures implemented surrounding health facility visits. For telemedicine, smartphone fundus photography images could aid in the monitoring or detection of AMD, as well as the use of digital monitoring devices such as ForeseeHome (Notal Vision, Virginia, USA), myVisionTrack (Vital Art and Science Inc., Texas, USA) and Alleve.

Home monitoring during COVID-19

Dr. Kelvin Teo from the Singapore Eye Research Institute (SERI) shared the Singaporean perspective on a study of home-monitoring risky group patients for acute vision loss during the first

COVID-19 lockdown period in April 2020. They used Alleye with backend support provided by the Singapore National Eye Center (SNEC) Ocular Reading Center (SORC). When an alert was triggered, personnel from SORC arranged access to SNEC retinal clinics. Their study observed that younger patients living with family who have poor vision with one eye with longer deferment, who receive active treatment and have a diagnosis of AMD, were more likely to sign up for the service. Knowing about the profile of the groups less likely to sign up would allow them to use better strategies to target them in the future. The study's result also suggested the monitoring program was sensitive enough to detect changes before a significant drop in vision.

In *Glaucoma Management in COVID-19*, Dr. David Friedman from Massachusetts Eye and Ear's Glaucoma Center of Excellence, part of the Harvard Medical Teaching Hospital, shared about the American experience in telemedicine for glaucoma care. For monitoring glaucoma patients, the key data necessary are visual acuity, eye pressure, functional (like visual field) and structural testing (OCT). The options for tele-glaucoma visits include treatment compliance checks, like using the phone or mobile apps. Home tonometers are not easy to distribute and are also expensive. Another challenge for glaucoma care telemedicine is the difficulty in obtaining IOP measurements and other testing. In the future, Dr. Friedman said we could consider methods like drive-by fundus photography. "Telemedical and in-person care for different patient groups are both needed along with a care-delivery model based both on disease and patient factors," he said. However, he cautioned that we have to be mindful of potential exacerbation of disparities.

To capture a worldwide view of how ophthalmology has been practiced during the pandemic, Dr. Tan Tien-En shared findings from his study *Global Ophthalmology Practice Patterns in COVID-19: What Has Changed in 2021?* The study, an update from its 2020 version, spanned from mid-2020 to May 2021, tracing the development of COVID-19 discoveries, especially related to the eye (like conjunctivitis) and

TITT

detectable SARS-CoV-2 RNA in ocular secretions.

The study covered how centers from about 50 countries around the world protected their ophthalmologists and patients, and the digital health solutions they used. "We saw there was a general de-escalation of measures in 2021, particularly in PPE requirements, and many centers have ceased routine temperature monitoring for ophthalmologists and patients," he said. However, certain measures remained universal like the masks and use of slitlamp shields.

Beyond 2021, Dr. Tan said significant challenges are ahead with resurgent infection waves, unequal access to vaccines, and emergent new variants. "But we believe it is still possible to provide high quality ophthalmic care while safely mitigating risks related to COVID-19," he said. "We feel the best way to do this is to greater international collaboration, sharing of best practices between institutes, as well as continued innovation primarily in the digital health sphere."

A LASER TREATMENT FOR EACH GLAUCOMA STAGE

or . First Line Treatment **SLT** Visit the Quantel Medical | Ellex APAO Virtual Exhibit to learn the latest technologies in glaucoma treatment!

GLASS™

Glaucoma Laser Assisted SolutionS



Last Resort Treatment

THERMOCYCLO

Second Line Treatment

REALEMENT OF THE REPORT OF THE

The 36thAsia-Pacific Academy of Ophthalmology Congress

5-11 September 2021 https://2021.apaophth.org/

VISION BEYOND FRONTIERS



For further details, please visit the event website: http://2021.apaophth.org/







PAAO Participation by Special Invitation

NTROL





CONTENT MARKETING + ADVERTISING + MEDICAL WRITING

Request our 2021 Media Kit Now! Write enquiry@mediamice.com for a copy





www.piemagazine.org



www.cakemagazine.org



www.cookiemagazine.org



www.expo.mediamice.com

6001 Beach Road, #19-06 Golden Mile Tower, Singapore 199589 Phone: +65 8186 7677 | U.S.: +1 302 261 5379 E-mail: enquiry@mediamice.com Web: www.mediamice.com