MEANINGFUL INNOVATION

A roundtable discussion on the significance of collaboration with industry.

PANELISTS


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IN YOUR EXPERIENCE, WHY IS THE RELATIONSHIP BETWEEN INDUSTRY AND CLINICIAN/SURGEON SO IMPORTANT TO INNOVATION?

Iqbal Ike K. Ahmed, MD, FRCSC: Innovation is a collaborative experience. It is about bringing in ideas from multiple perspectives and experiences to provide the best improvement in or change to current practice.

Kaweh Mansouri, MD, MPH: Collaborating with industry allows clinicians to improve approaches to diagnosis and management of patients. It permits us to be actively involved in innovation, to shape it, and to identify areas or needs. The industry point of view may be more financially driven, whereas our point of view tends to center on the patients themselves.

Cathleen M. McCabe, MD: The more I collaborate with industry, the more I understand its importance. Both parties—industry and surgeons—continue to learn how important it is to keep the end user in mind during the early stages of innovation. When new products are developed and engineered without the early involvement of surgeons and others who will interact with the product, we invariably find things that could have been engineered more intuitively to simplify the procedure and make it more effective.

Additionally, we surgeons can help industry pinpoint techniques and tools we desire to have and disease processes we wish we could diagnose earlier or treat more effectively. We may have thoughts on how this might be done, but without industry collaboration, we often can't take the idea through the R&D process to get it into physicians' hands.

Constance Okeke, MD, MSCE: A great deal of innovation is spurred by problems that require solutions. We clinicians and surgeons can identify the obstacles to patient care we experience. We have keen insight into unmet needs and where we need help. Industry has a huge roster of talented people in engineering, manufacturing, marketing, and business and the financial backing to take an idea through research and development and into the marketplace. When industry and physicians collaborate, they can develop innovative solutions that change the field for the benefit of patients.

Shamil S. Patel, MD, MBA: As demographics evolve, I expect certain fields in medicine such as glaucoma will see substantial growth. With that will come unique opportunities. Our industry partners have the infrastructure and capital resources to take a clinical idea from research to development more efficiently than we clinicians can.

The capital investment focused on glaucoma innovation has led to the rapid development of surgical techniques, including the proliferation of MIGS and now minimally invasive conjunctival surgery. Industry uses these advances to compete for market attention, which can lead to safer and earlier disease intervention.

The challenge we face is to ensure a greater depth of development rather than a breadth of options. This depth should include improved diagnostics for IOP measurement and disease progression, a longer duration of action for medications, and the development of surgical interventions that minimize risk while lowering IOP to a similar range as filtration procedures. I believe this is something that we can achieve with the help of our industry partners.

Leonard K. Seibold, MD: I view the relationship between industry and surgeon as a back-and-forth interaction. Patient care starts with the patient-physician relationship. Industry needs to hear about the struggles with and limitations of current diagnostic and therapeutic options. This helps focus their efforts on developing novel solutions. Physicians depend on innovations to deliver safer, more effective patient care. Ongoing collaboration is vital to fine-tuning developments

and recognizing and addressing their limitations.

Oluwatosin Smith, MD: We clinicians are the ones who see patients, so we recognize the current and future needs in patient care. We are not, however, the ones to carry innovative ideas all the way through to a finished, marketable product. That is industry's role. We need industry, and industry needs us. That is the way I see it.

WHAT DOES THE CLINICIAN/SURGEON BRING TO THE TABLE TO HELP BRING MEANINGFUL INNOVATION TO MARKET?

Dr. Ahmed: Industry's perspective on innovation is to bring a benefit to society and to be profitable in the process. Our perspective as physicians is to provide meaningful improvements to the quality of patient care. Some of the best consultants are also able to look at the financial piece and understand what drives innovation. Most important, however, is that we clinicians and surgeons serve as advocates for our patients. We are looking for ways to improve their quality of life—be it by preserving vision, making postoperative management easier, providing more long-lasting and effective treatment, facilitating adherence to and persistence with prescribed therapy, or offering a lifestyle benefit.

Most innovations, moreover, require our insights to be successful. We are the ones to use the technology and can thus convey the parameters of adoption. For example, how easy or difficult will it be to incorporate into practice? How disruptive will it be? What are the barriers to adoption, and how should surgeons be trained?

Dr. Mansouri: Companies often lack a clinician's understanding and experience. Many innovations are initiated by PhDs in engineering, biologics, and the neurosciences. Working with clinicians early in the process helps them to elucidate the need and determine how to proceed, including designing the product and studies, conducting clinical trials, and identifying with whom to collaborate. In my experience, when startups partner with experienced clinicians early on, the pathway to clinical approval is shorter.

Dr. McCabe: Surgeons help define the need from the perspective of the end user. Then, once a prototype is ready for testing or a product is on the market, our role is to give feedback on how it can be made better. It's rare for the first iteration of an innovative technology to be the final version. Innovations are improved by closing the feedback loop between the developer and the user.

Dr. Okeke: We bring real-world experience to the table. We are also able to articulate why something does or does not work well, and we can identify concepts that are redundant. Based on our feedback, a company can make changes to a product or procedure or scrap it to devote resources to something else. Further, we can often spot trends and share insight into where the field is going so that industry can respond. Another thing we bring to the table is investigator-initiated research, which provides real-world knowledge that can help our peers make better decisions on how best to use certain products or tools.

Dr. Patel: The surgeon's clinical and intellectual contributions are often seen as the most valuable aspect of the partnership. I, however, believe our biggest contribution is the preservation and development of the physician-patient relationship. Our oath is to patients first. We are vested in them and have their best interests in mind, including the development of earlier, safer, and more effective treatments for glaucoma.

When physicians are included in the development of patient applications and technologies, it helps ensure that industry keeps the patient as the central focus. As partnerships develop, different interests (ie, shareholders) are included in the partnership process, and our duty is to maintain the focus of development on our patients primarily.

Dr. Seibold: Clinicians/surgeons bring their frustrations and those of their patients to the table to illustrate unmet needs in medicine. Examples include diseases for which no effective therapy exists, medications with intolerable side effects or poor efficacy, insufficiently effective surgical methods and procedures associated with sight-threatening complications, and diagnostic imaging that is prone to error and time-consuming.

Dr. Smith: We bring expertise in the form of clinical experience, a basic knowledge of disease entities, and recognition of the gaps in patient care. Of these, identifying the gaps is especially important because we provide industry with the insight needed to overcome common unmet needs. What you discuss or the work you do with one company should be separate from what you do with another. It is important to maintain confidentiality and provide honest opinions when asked.

WHAT WERE SOME OF YOUR EARLIEST EXPERIENCES WITH INDUSTRY, AND HOW HAVE THOSE EXPERIENCES CHANGED/GROWN OVER THE YEARS OF COLLABORATION?

Dr. Ahmed: Some of my earliest experiences were sitting in on or speaking about a particular product or technology at industry meetings and interacting with representatives who visited my office—typical first experiences for clinicians and surgeons. For me, that evolved into consulting and serving as a primary investigator or medical monitor for clinical trials. Later, I became involved in the research and development of early-stage devices and pharmaceuticals, preclinical work, and even idea creation at startup companies.

> **"THE CHALLENGE WE FACE IS TO ENSURE A GREATER DEPTH OF DEVELOPMENT RATHER THAN A BREADTH OF OPTIONS."**
>
> –Shamil S. Patel, MD, MBA

Fairly recently, I changed my schedule to allocate more hours and days to my work with industry. I still prioritize clinical care, but now I devote 10% to 20% of my time to nonclinical activities, including collaborating with industry.

Dr. Mansouri: I was fortunate to start working with industry during residency. Two doctoral students at the Swiss Federal Technology School had an idea for a smart contact lens. We met by chance, shared ideas, and went our separate ways. I met them again 2 to 3 years later after they had their first prototype and were thinking about how to design clinical trials. A few years later, after the device received regulatory approval and became commercially available, they started a company, Sensimed, and hired me as their chief medical officer. That was my first serious experience with industry. I remained on the team for almost 10 years.

The experience showed me how to bring a product to market and the challenges of doing so. I learned that having an innovative, functional product does not guarantee commercial success. Other factors come into play. We had developed a smart contact lens, the Triggerfish. It was safe and efficacious, and it was better at collecting IOP data than Goldmann applanation tonometry. The technology was also expensive, and it was hard to convince health authorities and insurance providers in many countries to offer reimbursement. Additionally, the device did not make clinicians' lives easier. It produced a lot of data that they had to spend more time interpreting compared to simple tonometry. The product was innovative but not a commercial success.

A few months ago, I became the chief medical officer of iStar Medical, which developed the Miniject, a promising silicone device that is implanted in the suprachoroidal space. It is currently approved in Europe, and FDA trials of the device are ongoing.

Dr. McCabe: One of the earliest ways to get involved with industry is by participating in advisory board discussions. Early in our careers, we are more likely to be invited to consult on products that are already on the market. These early engagements are a great opportunity to develop relationships with and a direct line of communication to industry. After the relationship-building stage, the real collaboration begins. At that stage, there should be more opportunities to help advance ideas and products in earlier phases of development. Sometimes, this requires having hard conversations when you may not agree with how things are being done.

Dr. Okeke: My work with industry dates back to medical school. I participated in the National Medical Association's Rabb-Venable Excellence in Research Program for 2 years, during which time I won an award sponsored by Alcon. The experience introduced me to people at the company who were committed to supporting young doctors, researchers, and underrepresented minorities in medicine.

Soon after I began practicing medicine, I discovered MIGS in the form of the Trabectome, which is currently manufactured by MicroSurgical Technology but was owned by NeoMedix at the time. I became a consultant for the latter company. It was a small company and could not offer the support to doctors that a larger company can, but the experience of helping to improve patient care through the development of less invasive surgical options was exciting. I delivered lectures, trained other surgeons, and shared with the company my feedback about the product and ideas on how to get it into the hands of more surgeons. It was an inspiring experience. I wrote a book called *The Building Blocks of Trabectome Surgery*. The partnership led to my collaboration with MicroSurgical Technology on both that device and other products.

My early years consulting led me to work with numerous pharmaceutical companies and device manufacturers on clinical trials. My first participation in a clinical trial was with Glaukos.

Dr. Patel: I'm relatively new to working with industry. I work with a few companies that manufacture some of the surgical glaucoma treatments I offer to patients. Early on, this collaboration provided the additional resources I needed to evaluate my surgical outcomes and refine my techniques. I found this level of involvement to be exciting. It was almost a personal laboratory, where I could evaluate how minor changes in technique affected outcomes. The data were not valuable externally, but they helped me refine my surgical technique.

Over time, my partnership with industry has grown. I teach surgical techniques to other surgeons, which expands patient access to glaucoma technologies and procedures. I love the discussions and friendships that I have with colleagues and industry partners as a direct result of collaboration. These relationships were unexpected and have been refreshing.

Dr. Seibold: My earliest experiences with industry focused on surgery and

MIGS devices that were just coming onto the market. It was an exciting time in glaucoma when industry and physicians seemed to be learning right alongside each other. A collaborative relationship was vital to figuring out how and when to use the technology and procedures.

I continue partnering with industry as new devices come to market, but now the collaboration centers on the nuances of each procedure and where it fits best in the surgical paradigm.

Dr. Smith: I started working with industry about 15 years ago. My first appointment was on a medical advisory board. Board meeting discussions aided the evolution of some of the medications that we currently use in glaucoma.

Since then, my focus has shifted not only in how I interact with industry but also in the things that I collaborate on. I transitioned to discussing current and future developments in MIGS, alternate medication delivery platforms, disease diagnostic tools, and lastly, new and future treatments for glaucoma. We have more in-depth discussions, such as acquisitions—my thoughts on various products and how I think they will work in the market. What do you think about a product? How do you think it will fare in the market? These questions help industry decide on the next step in the process.

HOW DO YOU CHOOSE WITH WHOM TO PARTNER?

Dr. Ahmed: I am generally open-minded. I look at any potential opportunity that someone approaches me with. I feel lucky and grateful that people approach me to collaborate on innovations in our field. It is an honor to be asked to be involved. That said, I have to be excited about and believe in a project to commit to investing my time in its development. That usually means the product or procedure is different and disruptive. I also must feel comfortable working with the people who are behind the partnership. If the first experience is good, I always consider working with the company or individual again.

Dr. Mansouri: My approach has changed over the years. I am an active clinician-scientist and surgeon. I cannot accept every invitation I receive, even if I am interested, because my time is limited.

Two criteria have guided my partnership decisions since I began my career. First, I must find the technology or product exciting and innovative. Second, it must have the potential to improve disease management or diagnosis and have a positive impact on patients' lives.

Two newer criteria are based on my experience. They have to do with the company itself. How well is it structured? Also, are the people with whom I will be working—the management team, R&D team, and/or the marketing group—competent and agreeable to work with, and do they have a vision similar to mine? I was once involved with a company whose board members had a different mindset than mine. They wanted to drive the commercial aspect aggressively before I, as a clinician-scientist and chief medical officer, thought enough clinical trials had been performed to understand how to use and present the technology.

The last criterion is whether I think the company will be a loser or a winner. I have been associated with both, and I hope my experience gives me a better sense today of which companies will succeed. If I decide to work with an entity, I want it to be a winner.

Dr. McCabe: Initially, it feels flattering to be asked your opinion at all, and you may feel like you want to say yes to everyone. I keep three basic principles in mind when deciding whom I partner with. First, I want to believe in the product. If I am asked for my input because a company assumes I am an expert in that area, I am honest about what I can and cannot offer. Second, I consider confidentiality agreements I have with other companies and am honest about competing relationships from the beginning. Third, I look for a partner that I feel will respect and value my time, communicate well, and not take advantage of my contribution to the specific innovation. We physicians are thrilled to help advance the field of ophthalmology, so a lot of times we'll jump head first, giving a lot of our time and expertise, without understanding what the relationship will be. It is important to make sure the relationship and the associated compensation are well defined.

Dr. Okeke: I tend to choose collaborators that value education and honest, critical feedback. I am not going to tell someone that a product is great if I do not feel that way. I typically partner with companies whose products I use, but I have worked with companies whose products I do not like and explained where I felt improvements were needed. If I feel I can bring value to a collaboration, then I will proceed.

Dr. Patel: My choices are natural fits given the surgeries I perform. I ask the following questions when evaluating a partner.

- Is the partner's primary focus on patients?
- Will the partner provide the administrative and structural support to help physicians innovate over time?
- Has the partner shown a strong commitment to patient care and research?
- What is the partner's 5- to 10-year plan?

I like to partner with companies that have cultivated a deep and growing interest in the disease and its treatment.

Dr. Seibold: I want to offer patients the best possible therapies in a timely manner. I choose industry partners

that are developing innovations I think have the potential to improve patient care. I prefer companies that emphasize patient-centered innovation but also genuinely care about their employees and the physicians with whom they partner.

Dr. Smith: Initially, you may not have a lot of choice. At my stage of experience, however, one thing I look at is the product. I need to believe in it and be excited about it to agree to a collaboration. How will the product affect patient care? Will it cause a big change? How safe is the device? If I have a concern, a partnership may present an opportunity for discussion. I can recommend a change to make a product safer, more effective or efficient, or easier to use.

After working with a company for many years, a relationship develops, and it becomes easy to talk about potential new projects. Alternatively, a new, less established company may bring exciting ideas to the table, and it is easy to agree to work together.

HOW DO YOU BALANCE WORKING WITH MULTIPLE COMPANIES?

Dr. Ahmed: I am blessed to have consulted with more than 60 companies, ranging from tiny, early-stage organizations with four employees to billion-dollar corporations. The balancing act can be tricky when competition is involved. My first rule is to be open about what I am doing. The second is to establish trust with the companies, honor confidentiality, and provide high value.

Some people in industry do not feel comfortable with somebody who works with many companies, and that is their right. Generally, however, I find that those in industry see the value of a consultant or surgeon who can bring broad experience to the table. Ultimately, it is about character, but it also demands being careful and organized. Additionally, it is important to draw a line and not get involved if you think there could be a conflict of interest.

Dr. Mansouri: At one point, I was the chief medical officer of two companies simultaneously, Sensimed, manufacturer of the Triggerfish continuous ocular monitoring system, and Implandata, manufacturer of the Eyemate implantable sensor for long-term IOP monitoring. Some people within the companies viewed each other as competitors. I had been approached by one when I was already the chief medical officer of the other. The expectation of the second company was that I would leave the first. I did not want to, however, because I believed in the first company and felt a sense of loyalty to it. I also believed in the new company.

I felt that my experience could help both companies, and I did not view them as competitors because, although they were in the same field, there were differences in their products' target audiences and durations of action. Integrity and reputation are always important but even more so in a situation such as this. The contracts and nondisclosure agreements oblige you to respect confidentiality, but that is not enough. You must also be perceived as ethical and respectful of each company's interests and expectations. I believe that, if these guidelines are followed, it is sometimes possible to work with competitors. The other big issue is time management. Can your schedule accommodate the assignments?

Dr. McCabe: I don't see anything wrong with consulting for a lot of different companies. I consult with many companies that manufacture presbyopia-correcting IOLs, femtosecond lasers, and drugs, for instance, that compete with each other. The key is to be honest about your relationships with competitors and honor all confidentiality agreements. As with all relationships, transparency and honesty help me navigate the waters of industry collaboration.

Dr. Okeke: I tell companies upfront that I am a physician and surgeon first and an educator second. I always want to choose what is best for my patients, and I am unwilling to form an alliance that requires I use only one company's products. When choosing companies to work with, I am open about my consulting relationships and my prioritization of patient care and education.

Dr. Patel: Industry influence is the greatest concern. We clinicians want patients to trust our judgment, and we strive to remain unbiased while working with industry partners. I am cognizant that even the smallest gesture of goodwill can influence behavior, so I have instituted safeguards. Additionally, the time required to partner with a company can be significant. I like to be sure I can devote enough time and energy to each partner with the appropriate help to achieve their goals. Partnership with industry provides many national and international travel opportunities, but these must fit into my busy clinical and family schedules.

Dr. Seibold: I think you must limit how much you work with any one company to avoid becoming biased. By working with multiple companies, you can stay more impartial and patient-centered in your daily care. It is also important to focus on how you can help each industry partner maximize the benefits that their products can provide to patients.

Dr. Smith: I prefer to have conversations with industry rather than exchange email messages back and forth because we get more done. Juggling can be hard. Sometimes at national meetings, marrying the academic commitment to industry interaction can make it really busy the entire time. My schedule is usually

booked from the second I land until the second I leave. I have somebody help me with my calendar to make sure there are no conflicts, and I try to set aside a particular time in my schedule for industry meetings.

It is also important to balance your home life with the work that you do, and sometimes that requires you to find help from other sources so that all bases are covered.

WHAT BENEFITS HAVE YOU ENJOYED THROUGH YOUR COLLABORATION WITH INDUSTRY?

Dr. Ahmed: It is a joy to help patients and feel a part of bringing new technology and disruptive innovation to the field. I can help a patient with my own hands, which is great, but helping create something that could affect millions of people indirectly is highly gratifying. Early access to technology is another benefit. Collaborating with industry gives me a peek into the future, which is exciting and allows me to prepare for what's to come. Having a say in how things are brought to the field is exciting.

Lastly, some of my closest friendships are with industry colleagues. My greatest motivation in doing things is the ability to bring people and ideas together.

Dr. Mansouri: One benefit is gaining access to technologies before they are commercialized, such as during clinical trials or a soft launch. This allows me to give my patients access to technology before others can. Working closely with a company entails getting to know its people. Sometimes they are willing, when I ask, to provide the technology for free or at a reduced price to patients who need but cannot afford it or for a mission in a developing country.

Another advantage is that I learn by doing research. I improve my clinical abilities, and the collaborations can make my day-to-day work even more interesting. Participating in these research projects can also draw younger colleagues to my center to train with me. I can help select colleagues, including former fellows, for clinical trials.

A more personal benefit is when colleagues view me as an innovator and become more likely to refer patients to me because they believe their patients could benefit from technologies that I can offer early on or from my insight into technologies that may be available only outside the country.

The disadvantages are less free time and more headaches because not only am I managing my clinic and employees, but I am also assisting with the management of people in different settings.

Dr. McCabe: Collaborating with industry has enriched my experience as a physician more than most things because I've had insight into and helped shape new developments and advanced our field in ways that can benefit patients. Some of my best friends are people from the industry side whom I've gotten to know well and spent a lot of time with on projects that we mutually care about. This adds a new dimension to the impact I can have on ophthalmology and future patients.

Dr. Okeke: One benefit is being at the forefront of technological advances. Another is feeling that I am contributing positively to the care of large populations—more patients than I could ever see by myself. A third is networking opportunities, which I find fulfilling (Figure 1).

My creative ideas, including my iGlaucoma YouTube channel, have also benefitted from industry support. All in all, my work with industry allows me to enjoy a lot of variety in my career.

Dr. Patel: I enjoy seeing an idea develop into a treatment or product. As an end-user physician, I was unaware of all the development and business work required to bring a product to market until I partnered with industry. Navigating the innovation process, federal regulations, and reimbursement issues helped me understand why industry partnership is valuable.

Figure 1. Dr. Okeke providing wet lab instruction to an attendee at BMC's MillennialEYE Live, now YoungMD Connect Live.

Collegial interaction has been one of the best unexpected benefits. The exciting clinical conversations have opened new pathways of support for some of my most challenging cases. Some of my collaborations have led to opportunities to develop and evaluate glaucoma technologies. Being an early adopter of certain technologies has also been valuable to my clinical practice and reputation.

Dr. Seibold: One benefit has been my interactions with other physicians. They are often some of the greatest surgeons in our field, and I learn so much from them. Some of my most treasured friendships with colleagues were formed through my collaborations with industry. Another benefit is early access to novel innovations through device testing and preclinical studies.

Dr. Smith: I love working with industry. Some people say that you work with industry to get paid, but for me, that is not it. The first benefit I would

Figure 2. Dr. Ahmed (left) with fellow Interventional Glaucoma Consortium (IGC) Program Chairs Arsham Sheybani, MD (middle), and Richard Lewis, MD, at the 2021 annual meeting.

identify is the ability to help improve and enhance the quality of care we are able provide to patients through innovation for my profession. The second is exposure and opportunities to participate in clinical research. This gives me some expertise by the time a product hits the market.

A third benefit is relationships. Because I know members of industry personally and have made myself available for discussions, it is easy to reach out to them when I am seeking a sponsor for an event or a partner on a project. For instance, New World Medical partnered with the Care Glaucoma Foundation on a pilot study a couple of years ago.

Lastly, I have greater access to information. When I need slides or study information for a presentation, for example, I can contact someone at a company I have worked with for assistance.

WHAT ARE SOME OF THE MOST MEMORABLE COLLABORATIONS YOU'VE HAD AND WHY?

Dr. Ahmed: Changing the field of glaucoma dramatically and disruptively—and we are still in the middle of it—into an interventional specialty with MIGS and other approaches has been a collaboration between clinicians and surgeons, industry, engineers, and banks and investors. All have their own motivations, but we continue to come together to change the field (Figure 2). I do not want to be negative, but glaucoma was traditional for decades and surgical innovation was sparse. Now it is a large field that is changing and drawing a lot of interest, including from medical students and residents and from entities investing millions of dollars.

Dr. Mansouri: The most memorable—in part because it was the longest and I was young when the collaboration started—was with Sensimed. The Triggerfish was innovative. We could really see what happened with patients' IOP while they were at home and during their daily activities. We learned a lot about patients, including things we did not expect, and the epigenesis of glaucoma. It led to my delivering the first TEDx Talk in ophthalmology (Figure 3).

Dr. McCabe: I enjoy trying to help companies realize their ideas. Specifically, I like to work with small companies with novel ideas as well as

WHAT DOES IT TAKE TO BE INVOLVED IN A CLINICAL TRIAL?

By Cathleen M. McCabe, MD

A surgeon's first involvement with clinical trials can be an eye-opener. Much more goes into participating than simply collecting data. Luckily, most companies have programs that educate individuals on the nuances of clinical trial work before they get started. Below are four pointers I learned from attending one of these programs.

- **No. 1: Level-set your team.** Involve your team in the learning process. When a company invites me to a clinical trial seminar, my entire team goes with me. Some companies will also travel to a practice to help train new members of the research team.
- **No. 2: Appoint a research team.** This includes a research coordinator, who interacts with the trial sponsor and keeps track of the data and other trial requirements, and a staff member who is responsible for the collection of preoperative data. Sometimes, the research team consists of people already within your organization; other times, new team members must be added.
- **No. 3: Negotiate a budget.** Calculate the overhead costs of running a clinical trial in your practice and negotiate with the clinical trial sponsor to cover the budget.
- **No. 4: Learn how to identify and enroll patients.** Communicating with patients that they are good candidates for clinical trial enrollment takes practice. You must learn how to explain the trial to them in a way that is comprehensive and transparent and entices them to enroll.

larger companies that I believe to be on the cutting edge. In particular, I am passionate about presbyopia-correcting IOLs and have participated in several early research studies for Alcon (see *What Does It Take to Be Involved in a Clinical Trial?*). I also enjoy contributing to the thought process for communicating the benefits of new technology to my colleagues. Through my experiences with both basic science and marketing teams, I have helped bridge the knowledge gap—science to simplification, if you will.

Dr. Okeke: Some of the most memorable were the earliest collaborations. My first real consulting role was with NeoMedix, which expanded to so many different opportunities. My early clinical trial work with the iStent (Glaukos) helped me to become more innovative.

Another memorable experience was traveling to the Alcon Experience Center for the company's strategic advisory council meeting. It was the first time I was ever invited to something like that, and I was honored. I was still early in my career and contemplated not going because I did not want to miss a surgery day. In the end, I decided to attend, and I felt proud of myself that I came into the space and contributed to the conversation. I remember one of my peers saying, "You deserve to be here. You are a major contributor to this meeting." These words still stick with me today because it is a great reminder to never undervalue your contributions.

Dr. Patel: My initial collaborations brought quantifiable but superficial returns, whereas the later ones have deepened and broadened my professional life.

Partnership with Nova Eye Medical has been a lasting experience. Initially, it helped me refine my surgical technique and postoperative outcomes with the iTrack and Molteno shunt. Over the years, I also became involved in the development of protocols for the company's national and international studies. One of my greatest memories is spending time with fellow surgeons and members of the company in Panama, where we all helped refine the surgical technique for the iTrack Advance, a new handpiece for internal canaloplasty (Figure 4). Outside the OR, the casual clinical conversations around the dinner table or during shuttle rides were riveting and memorable.

Understanding the sophisticated and logical thought processes of colleagues provides an opportunity for growth. Industry partnership is another channel through which I can lean into growth, all for the benefit of patients.

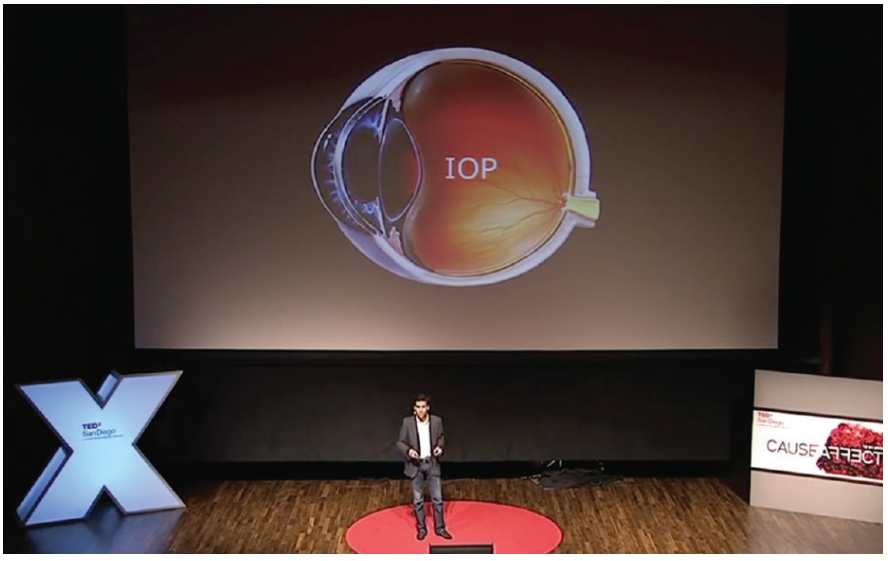

Figure 3. Dr. Mansouri delivering his TEDx Talk, "Your Eyes Are the Gateway to Your Soul - Affect/Possibility."

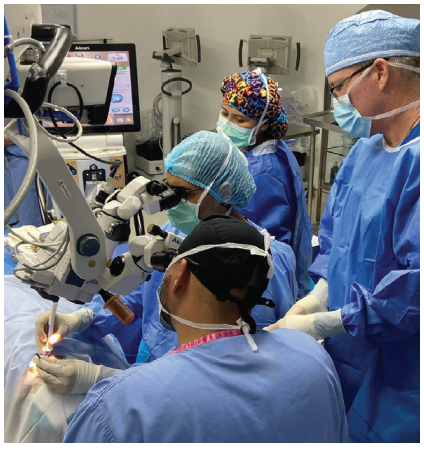

Figure 4. Dr. Patel operates on a patient in Panama.

Figure 5. Dr. Smith operates on a patient in Panama.

Dr. Seibold: My most memorable collaborations have been in the MIGS space. These procedures are the most exciting and meaningful part of what I do for patients, so having early access to the procedures and helping to guide revisions and future directions in the space have been meaningful.

Dr. Smith: One of my most memorable collaborations is working with Allergan. During our partnership, I have seen glaucoma treatment evolve from primarily medication to a mix of pharmaceutical and surgical interventions. It is satisfying to know that I am helping to advance patient care.

I also get great satisfaction from the aforementioned pilot study with New World Medical. The research and humanitarian outreach are making a difference in the education of glaucoma surgeons worldwide, and through these efforts the company is supplying drainage implants for patients in need.

I've also been fortunate to travel to other countries to try out new surgical devices (Figure 5). The marriage of gaining a new skill set, learning from peers, and seeing a new place is rewarding. I always come home excited about the possibilities for the technology.

When industry listens to us physicians and makes the changes that need to be made for better patient care—whether that is changing how an applicator works or the concentration of a drug—knowing you were part of the improvement gives you satisfaction. ■

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