

Observations From the AAO's Annual Meeting

Having just returned from Las Vegas, I find myself refreshed and excited about glaucoma. Registration for the AAO's annual meeting topped 32,000 people—a record for the organization. What was most surprising, however, was that more than 2,000 people attended glaucoma subspecialty day—perhaps the biggest meeting ever about our field. The Academy's symposia on glaucoma were also remarkably well attended. During one such session that I co-chaired with Dennis Lam, MD, from Hong Kong on "The Latest Developments and Challenges Ahead on Angle Closure Glaucoma," the auditorium was full, and people were standing three deep in the aisles and exits to hear internationally recognized speakers address issues ranging from the prevalence to the diagnosis and treatment of glaucoma.

As a result, I was surprised to hear from my colleagues of residents' limited interest in specializing in glaucoma. Fellowship applications to glaucoma programs from US residencies are down. Of the 100 residents listening to a presentation I gave at a symposium specifically for them that was sponsored by Bausch & Lomb, only one indicated an interest in specialized training in glaucoma. At the lectern, I played David Letterman and gave 10 reasons to specialize in our field:

10. Fellowship openings are available (at some of the best institutions).

9. Everyone talks about the optic nerve; you may have a chance to do something about it.

8. As Medicare reimbursement collapses, clinical trials may supplement your income.

7. You won't have to get into marketing Botox (Allergan, Inc.) and customized LASIK.

6. Innovation and technology in glaucoma surgery have nowhere to go but up.

5. Drug companies appreciate you.

4. The corneal and retinal specialists really appreciate you.

3. Patients appreciate you.

2. You end the day feeling appreciated!

1. It's a good thing you feel appreciated, because the glaucoma patients are with you forever!



As glaucoma specialists, we try to make sense of a poorly understood disease, so the appreciation I described is real. Perhaps attendees of the AAO's annual meeting recognized that innovative diagnostic tests and surgeries are at hand in our field, and residents at the conference may have learned that it is a great time to be in glaucoma. As always, *Glaucoma Today* will strive to share new information with readers as it becomes available. Enjoy this issue and be sure to read our January/February 2007 special edition, which will be devoted to fresh surgical topics. □

Richard A. Lewis, MD
Chief Medical Editor