WILLIAM L. RICH III, MD, BEGINS TERM AS 2016 PRESIDENT OF THE AAO

William L. Rich III, MD, began his term as the 119th president of the American Academy of Ophthalmology (AAO) on January 1 after being elected by the Academy's membership of eye physicians and surgeons, according to a news release.

Dr. Rich brings more than 20 years of experience in health policy, health care financing, and clinical quality metrics to his leadership of the Academy. He has previously served the AAO in a number of capacities, including medical director of health policy. He is also chair of the AAO's IRIS Registry Committee, which is guiding the implementation of the largest clinical data registry within any medical specialty. Dr. Rich will continue to serve the Academy in these capacities during his term as president.

Dr. Rich's experience also includes serving as chair of the American Medical Association's Resource-Based Relative Values Scale Update Committee, which recommends how Medicare should pay doctors. He has consulted with the Robert Wood Johnson Foundation, the National Health Policy Forum, and the Institute of Medicine. In addition, Dr. Rich remains actively involved in patients' care; he practices general ophthalmology as the senior partner at Northern Virginia Ophthalmology Associates.

During his presidential year, Dr. Rich plans to focus on strengthening ophthalmology's engagement with the government and policymakers by demonstrating how their actions directly affect patients' care.

"To ensure that our patients can get the best possible care, ophthalmologists must play a more active role in the Academy's government advocacy initiatives," Dr. Rich said in a news release. "Lawmakers need to hear directly from ophthalmologists about how their policies have deep, long-lasting impacts on our patients. During my term as president, I hope to help mobilize more of our members and raise their voices so that government can more clearly understand the key issues that impact patient care and physicians' ability to deliver it in a sustainable manner."

Prevent Blindness Announces Call for Applications for the 2016 Joanne Angle Investigator Award

Prevent Blindness is accepting applications for its 2016 Joanne Angle Investigator Award. The award is a grant provided annually to a public health research project that seeks to put an end to unnecessary vision loss.

More than $1 million has been awarded to eye and vision research projects since the grant's inception in 2003. The award is named for Joanne Angle, who served on the National Board of Directors for Prevent Blindness and both its Government Affairs and Audit committees, in addition to her work with the Association for Research in Vision and Ophthalmology.

The deadline for applications is March 7, 2016, 12 PM EST. Grants are for a 1-year period and for up to $30,000. They are reviewed by a panel of scientists and commence on July 1, 2016.

The 2016 Joanne Angle Investigator Award provides funding for research investigating public health related to eye health and safety. Applications will be accepted in the following priority areas in adult vision, children's vision, or eye injury:

- burden/economic aspects of eye disease/vision loss on society
- best practices to integrate vision screening/follow-up care to system care access
- vision program effectiveness/evaluation

All research grants need to promote the core mission of Prevent Blindness, which is preventing blindness and preserving sight. Basic laboratory science research will not be supported under this program.

The 2015 Investigator Award was provided to Gayathri Srinivasan, OD, MS, FAAO, an assistant professor at the New England College of Optometry, for her study, "Approaches for Identifying Children, Birth to Three Years of Age, at Risk of Having Vision Problems: Novel Visual Development Assessment Tool; Behavioral Screening; Photoscreening—a Pilot Study."

For more information or to submit an application for the 2016 Joanne Angle Investigator Award, visit www.preventblindness.org/investigator-awards, or call Prevent Blindness at (800) 331-2020.

Glaucoma Expert Appointed Chair of the Department of Ophthalmology at NYU Langone Medical Center

Clinician-scientist Joel S. Schuman, MD, whose work has led to significant advances in the detection and treatment of glaucoma, was appointed chair of the Department of Ophthalmology at NYU Langone Medical Center on January 1, according to a news release.

Prior to joining NYU Langone, Dr. Schuman was a professor and chair of ophthalmology at the University of Pittsburgh School of Medicine and the director of the UPMC Eye Center. Dr. Schuman also held appointments at the university's McGowan Institute for Regenerative Medicine and the Center for the Neural Basis of Cognition, and he was a professor of bioengineering at the Swanson School of Engineering.

A National Institutes of Health-funded researcher, Dr. Schuman and his colleagues were the first to discover a molecular marker for glaucoma. To aid in early detection, Dr. Schuman was a member of the team that developed optical coherence tomography. This quick and noninvasive procedure allows eye care providers to measure the thickness of the retina and better diagnose retinal diseases. Dr. Schuman and coworkers continue to improve this technology, which has revolutionized research and treatment in the fields of glaucoma and retina.

International Study Demonstrates Potential for Titratable Treatment With Multiple Microbypass Stents in Open-Angle Glaucoma

Glaukos announced that patients in a new international study achieved a significantly greater reduction in IOP at 18 months with the use of each additional iStent Trabecular Micro-Bypass Stent. According to the company, these results demonstrate the potential of implanting one or more iStents as titratable therapy to achieve different levels of IOP reduction. In this prospective, randomized study conducted by multiple surgeons at a single investigational site, 119 subjects with open-angle glaucoma and a preoperative unmedicated IOP between 22 and 38 mm Hg received one, two, or three iStents in a standalone procedure. The number of devices was based on randomization and not on each glaucoma patient's specific needs.

The study design included a primary efficacy endpoint of at least a 20% reduction in IOP at 12 months from baseline unmedicated IOP without the use of prescription eye drops or secondary glaucoma procedures. The secondary efficacy endpoint was an IOP of 18 mm Hg or less at 12 months without the use of prescription eye drops or secondary glaucoma procedures.

Approximately 89%, 90%, and 92% of the one-, two- and three-stent groups, respectively, reportedly met the primary and secondary endpoints. Importantly, nearly two-thirds of patients on single-stent therapy alone achieved postoperative pressures of 15 mm Hg or lower without medication at 12 months. Moreover, at 18 months, the mean unmedicated IOP was 15.9 mm Hg, 14.1 mm Hg, and 12.2 mm Hg in the one-, two- and three-stent groups, respectively. No adverse intraoperative ocular events occurred, and safety data were similar across all stent groups. By month 18, four eyes had undergone cataract surgery due to progression of cataract.

Sponsored by Glaukos, this study was intended to comparatively assess one, two, and three stents as a sole therapy in open-angle glaucoma patients, and could be the first ophthalmic medical device study to randomize subjects to receive single versus multiple surgical devices. The research is designed for 5 years of postoperative follow-up.

Interim Results Show Favorable Efficacy and Safety for Sustained-Release Implant

Based on interim results of a phase 1/2 clinical trial, bimatoprost sustained-release implant (bimatoprost SR; Allergan) has demonstrated favorable efficacy and safety. It may change the treatment paradigm for glaucoma by addressing the problem of nonadherence, according to data presented by Richard A. Lewis, MD, at the American Academy of Ophthalmology Annual Meeting in Las Vegas.[1]

Each of the 75 participants received an intracameral injection of bimatoprost SR in one eye and daily topical bimatoprost 0.03% in the fellow eye. Through month 4, the mean IOP reduction from baseline was 7.3, 7.3, 8.1, and 9.4 mm Hg for implants containing doses of 6, 10, 15, and 20 mg—results similar to that of pooled fellow eyes (8.3 mm Hg). At month 6, 79% of patients did not require additional therapy. The most common ocular adverse effects were conjunctival hyperemia and foreign body sensation. ■

Richard Lewis, MD, is a consultant to Allergan.

1. Lewis R, Christie WC, Day DG, et al. Bimatoprost sustained-release implants for glaucoma therapy: interim results from a 24-month phase 1/2 clinical trial. Paper presented at: The AAO Annual Meeting; November 15, 2015; Las Vegas, NV.