

A RETINA RENAISSANCE



While working on this issue, we were also bustling around ARVO in Seattle, one of ophthalmology's biggest conferences. This year, we found ourselves

stretched thinner than usual with the onslaught of sessions, posters, exhibits, and meetings. That's when we noticed something interesting: Of the many subspecialty sections listed in the planner, retina was the largest with 40 posters/papers/minisymposia (cornea came in second with 36, in case you were wondering). What's even more telling is that the retina section didn't even include preclinical work. So much is going on in the research space that retinal cell biology got its own section with another 32 posters/papers/minisymposia. That's a *lot* of retina.

And we are here for it all. Our specialty is booming with innovations in technology, pharmaceuticals, and surgical techniques. Attending meetings like ARVO reminds us just how much *fun* it can be to be a retina specialist. Yes, we might find the injection clinic a bit tedious at times, but our practices are never stagnate; we are constantly trying new approaches, investigating different therapies, and picking up tips and tricks from colleagues. Maybe that's why more and more medical students and residents are interested in retina. Take YoungMD Connect as an example. Bryn Mawr Communications' flagship mentoring and education platform started in 2020 with a focus on anterior segment docs. Now, it has grown to more than 2,000 members, and the largest area of interest isn't anterior segment anymore—it's retina.

This issue, dedicated to innovation in the AMD space, showcases exactly why everyone is clambering to join the retina bandwagon. We have several new therapeutics to integrate into our wet AMD treatment paradigms, including faricimab (Vabysmo, Genentech/Roche) and high-dose aflibercept (Eylea HD, Regeneron). Check out *Integrating Next-Generation Wet AMD Therapies* to see how clinicians at Wills Eye Hospital are making treatment decisions with these new drugs on the formulary. New IOLs may be expanding

the candidate pool for premium lenses (spoiler alert: You shouldn't rule them out for some patients with AMD). Stephanie B. Engelhard, MD, and Daniel Su, MD, provide an excellent rundown of the latest advances and research in *IOLs and AMD: The Current Landscape*. As a companion piece, one of our international authors, Ali Erginay, MD, wades through the murky data linking cataracts, cataract surgery, and AMD progression in his article, *Cataract Surgery Implications for AMD*.

The last article discussing approved treatments focuses on the unique challenges introduced by the advent of complement inhibition for patients with geographic atrophy. We are excited to have something for these patients, but the increased patient education and risk profile is likely giving many of us pause. Mathew W. MacCumber, MD, PhD, and his team at Rush University Medical Center contributed a wonderful article on *Handling Complications of Complement Inhibition*—a must-read if you have time for nothing else.

Beyond the clinic, several innovations are in the pipeline, poised to shake up the clinical workflow even more. Douglas Matsunaga, MD; Rahul Iyengar, MD; and David S. Boyer, MD, discuss a new class of therapeutics, tyrosine kinase inhibitors, that is under investigation for the treatment of wet AMD. The novel mechanism of action just might help some patients who don't improve with anti-VEGF therapy (we all have a few of those in our clinics). Finally, Richard B. Rosen, MD, provides an overview of photobiomodulation for early AMD and where this novel treatment approach might take us.

We are perpetual students, and conference halls are our classrooms. Hopefully we have captured some of that innovation within these pages to help you expand your horizons and improve your practice, a few clinical pearls at a time. ■

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