

FELLOWS' FOCUS

HIGHLIGHTS FROM VANCOUVER



Favorite moments and tidbits from the 2018 ASRS annual meeting.

BY DURGA BORKAR, MD; PHILIP STOREY, MD; AND DANIEL SU, MD

The 2018 Annual Meeting of the American Society of Retina Specialists (ASRS) took place July 20-25 in Vancouver. As usual, this largest annual meeting of retina specialists provided an action-packed several days full of interesting talks, instructional courses, and panel discussions. Here we highlight a few of our favorites from the meeting.

FIT PANEL

On Saturday, Thomas J. Wubben, MD, and Wendy Zhang, MD, members of the Fellows-in-Training (FIT) section of ASRS, organized a panel discussion on the role of industry in retina. The panel consisted of leaders in the field who have a wealth of experience working with industry. Panelists included Robert L. Avery, MD, of California Retina Consultants; Sophi J. Bakri, MD, of the Mayo Clinic; Jonathan L. Prenner, MD, of NJ Retina; Carl D. Regillo, MD, of Wills Eye Hospital; and Christina Weng, MD, MBA, of Baylor College of Medicine (Figure 1).

The main question posed to the

panel was, “Why did you get involved with industry?” For most of the panelists, the decision seems to have stemmed from their desire for additional intellectual stimulation, career diversification, and working with like-minded physicians.

When asked how to get involved with industry, the panelists highlighted participation in clinical trials as a starting point. Once a relationship with industry

is established and clinical trial know-how is acquired, deeper involvement can be cultivated by designing and running investigator-sponsored trials.

Alternatively, retina specialists in their early careers can participate as advisory board members for commercial companies. Some of the panelists suggested that these may be good educational opportunities in the beginning of a career to learn about a



Figure 1. A Fellows-in-Training panel discussed working with industry.

Photo courtesy of Kevin Caldwell

specific segment of industry.

The panel concluded that, for the most part, industry and retinal physicians' motivations are aligned; both are seeking to bring the best product to market for the benefit of patients. As long as practitioners stay true to their training and to the science, working with industry can add to an already fulfilling and satisfying career.

AWARDS CEREMONY

Pyron Award

On Sunday, the annual Awards Ceremony took place. The Pyron award, presented by Timothy G. Murray, MD, MBA, president of ASRS, was given to Joan W. Miller, MD. Dr. Miller's award lecture, titled "Treating AMD: Back to the Future," took the audience through the history of age-related macular degeneration (AMD) research, from studies investigating the pathogenesis of both dry and wet forms of the disease to potential new treatments now in the development pipeline.

Dr. Miller emphasized that neuroprotection is key in preventing geographic atrophy, and that neuroprotection combined with anti-VEGF treatment is key in the treatment of neovascular AMD. She also discussed the exciting new area of metabolomics, in which researchers are investigating how patient profiles can be predictive of different disease courses and trying to use this information to identify new drug targets. The long-term goal, she said, will be to deliver personalized medicine for AMD.

Founders Award Lecture

Mark Humayun, MD, PhD, presented the Founders Award to Wiley A. Chambers, MD. Dr. Chambers' award lecture, "Playing your Part in Drug Development," detailed the role of the US FDA in the process of drug development. Dr. Chambers, who has worked on clinical review of ophthalmic drug products at the FDA for more than 30 years, emphasized that the key to safety is in the numbers.

He said it is the FDA's responsibility to

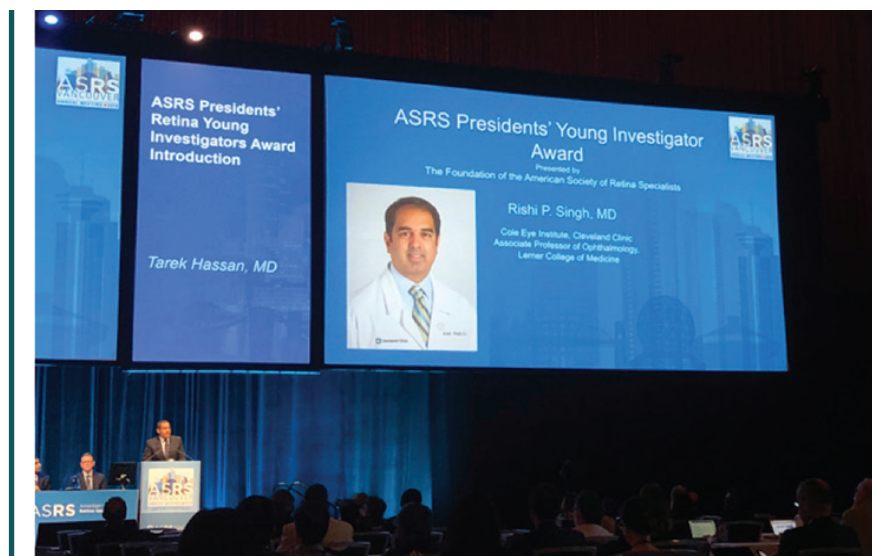


Figure 2. During the Awards Ceremony Dr. Hassan presented Dr. Singh with the ASRS Presidents' Young Investigator Award.

Photo courtesy of Kevin Caldwell

identify all adverse events of a drug that occur at a rate of 1% or higher, but that it is vital for physicians in practice to report adverse events that are more rare than this.

Dr. Chambers also explained the process of reporting adverse events to the public. He stated that clinicians can help identify patient needs and serve as investigators to help improve protocols and recruit patients, in addition to monitoring safety and following established protocols. He pointed out that, although the FDA plays a key role in the oversight of the safety of drugs for the American people, the individual impact on patients is in the hands of physicians engaging in clinical care.

Early Career Section Mentorship Award

Audina M. Berrocal, MD, was presented the Early Career Section Mentorship Award by Dr. Weng and Lisa C. Olmos de Koo, MD, MBA, who highlighted the impact Dr. Berrocal has had on the careers of many young retina specialists.

ASRS Presidents' Retina Young Investigators Award

The ASRS Presidents' Retina Young Investigators Award was presented to Rishi Singh, MD, by Tarek S. Hassan, MD

(Figure 2). In his lecture, Dr. Singh discussed advances in insights into diabetic eye disease. He noted that, with his interest in clinical informatics, the electronic medical record is his "laboratory" in many of the large-scale clinical studies in which he participates.

PREFERENCES AND TRENDS SURVEY

The ASRS Preferences and Trends (PAT) Survey offers an in-depth view of the practice patterns of ASRS members across the United States and around the world. This year, more than 1,000 ASRS members participated—approximately 40% of members—including members in 59 countries. The survey revealed numerous differences among different regions.

For example, bevacizumab (Avastin, Genentech) use is substantially more prevalent in the United States than in the rest of the international community. For initial therapy for a central or branch retinal vein occlusion with macular edema, approximately 70% of US respondents said they would use bevacizumab first, compared with 40% of those in other countries. Similarly, 70% of US respondents said bevacizumab would be their first-line treatment for neovascular AMD, compared with 36%

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of other respondents. Aflibercept (Eylea, Regeneron) was the preferred first-line treatment among non-US respondents, with a plurality of 44% of respondents indicating a preference for the medication.

Other interesting differences between US respondents and the rest of the international community included these:

- Home monitoring programs for macular degeneration are more prevalent in the United States; 25% of US participants reported that some of their patients use monitoring programs, compared with 0.3% of other international participants.
- Preoperative use of bevacizumab for proliferative diabetic retinopathy and nonclearing vitreous hemorrhage is routine in the United States; 71% of US physicians reported its use, compared with 54% of non-US respondents.
- The use of physician extenders appears to be more common abroad, with 75% of non-US respondents reporting their use, most commonly physician assistants or nurse practitioners (32%), whereas 38% of US respondents reported using any form of physician extenders, most commonly optometrists (30%).
- Pneumatic retinopexy appears to be more commonly performed in the United States than elsewhere; 85% of US respondents reported using the procedure, compared with 65% of non-US physicians.
- The primary practice setting for a retina specialist differs substantially across the globe; 45% of US respondents said they practice in a retina-only group practice, compared with 8% elsewhere. A university or hospital setting is the most common setting for non-US respondents (40%). ■

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