THE EPIDEMIC


There's no need to cite sources or new statistics. Everyone knows the truth about diabetes, a disease that has blazed through populations like wildfire. Some regions are affected more than others, but even in those places where the disease prevalence is relatively low, the gross number of patients with diabetes is still far too high.

And then there's the bad news: It's going to get worse before it gets better.

The importance of focusing on diabetic eye disease in *Retina Today* and other professional publications cannot be overstated. Often, urging patients to maintain metabolic control is not enough, and sometimes diabetes has already taken such a severe course by the time we see a patient that even utterly compliant metabolic control cannot undo the damage. For many patients, their disease can be managed with pharmacotherapy; others require surgery. As retina specialists, we are equipped for both.

Surgery for diabetic eye disease is complex and varied. That's why we are dedicating two articles to it in this issue. We led an all-star roundtable that we hope will serve as a resource to those who want to learn more about how laser, anti-VEGF agents, and surgery fit into the continuum of care for patients with diabetic eye disease. J. Fernando Arevalo, MD, PhD; María H. Berrocal, MD; and Tien P. Wong, MD, joined us to debate the merits of anti-VEGF injections before surgery in patients with diabetic tractional retinal detachment (TRD), whether and when laser is an effective treatment option for patients, and how best to operate in eyes in which advanced disease has created an anatomy with plenty of pitfalls.

Also in the issue, Ira H. Schachar, MD, MSc, checks in with surgical pearls specifically for diabetic TRDs. Observe how his approach to TRDs aligns and contrasts with the various views presented at the roundtable if you need further evidence (we doubt that you do) of the ongoing nature of the debate on surgical management of diabetic eye disease.

The DRCR Retina Network is a trailblazing group of clinicians with a body of research responsible for much of our recent understandings of diabetic eye disease. Two of the group's members contributed articles to this issue. Charles C. Wykoff, MD, PhD, reviews the history of grading diabetic eye disease and explains how the DRCR Retina Network Protocol AA fits into the tradition of using imaging to diagnose and grade stages of disease. Protocol AA is examining the utility of ultra-widefield imaging compared with that of seven standard field imaging in patients with diabetic retinopathy. Could this new imaging modality help us better anticipate the needs of our patients?

Chirag Jhaveri, MD, offers a review of the DRCR Retina Network Protocol V study. Clinical trials have taught our field about how pharmacotherapy affects patients with vision loss due to diabetic complications. But what about patients with diabetes who have good VA despite diabetic macular edema as demonstrated on OCT? Dr. Jhaveri breaks down the researchers' findings and helps answer the question of how early we need to intervene in patients who are asymptomatic.

Caroline R. Baumal, MD, a new member of the *Retina Today* Editorial Advisory Board, contributes a report about the use of OCT angiography in the diagnosis of high-risk diabetic retinopathy. Her submission is part photo essay and part research project, and helps illustrate the role of detecting retinal neovascularization and intraretinal microvascular abnormalities in disease management. Detecting such aberrations can help clinicians identify the patients most at risk of disease proliferation, allowing us to triage patients based on data, a founding tenet of evidence-based medicine.

We hope the suite of articles in this issue's cover focus arms you with the education you need to keep fighting the good fight. If a surgical pearl or data point you find in this issue informs your treatment decisions for the better, then the contributors to this edition of *Retina Today* have done their jobs. ■


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