Cataract & Refractive Surgery NEWS
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ESCRS Preview: Annual Meeting Focuses on Quality of Vision/Outcomes

Quality of vision, refractive surgery outcomes and preventing endophthalmitis following cataract surgery will be among the key topics at the 24th meeting of the European Society of Cataract and Refractive Surgeons (ESCRS). Those attending the meeting at the ExCel Centre, in East London, will find a full program that is reflective of the current topics cataract and refractive surgeons are wrestling with in their daily practices.

During the congress, the main symposium each day will cover topics including E*ndophthalmitis Following Cataract Surgery* (Monday, September 11), as well as *Better Outcomes for Better Vision* (Tuesday, September 12) and *Assessing Outcomes in Cataract Surgery* (Wednesday, September 13). The main symposia take place each day from 11 am to 1 pm.

On Saturday, September 9, the clinical research symposium will also focus on quality of vision and outcome measurements in refractive surgery, as well as a section on corneal wound healing following refractive laser surgery. On Saturday, the clinical research symposium gets underway at 8:30 am and lasts until 4:30 pm at the ExCel Centre.

The free paper sessions at this year's congress are packed with interesting talks: On Saturday, the sessions will include coaxial phaco, IOLs, accommodation and refractive surgery outcomes in myopia. On Sunday, attendees can listen to free paper talks on biometry and blue-blocker IOLs, glaucoma, multifocal IOLs and the femtosecond laser. Monday, the focus will turn to cataract surgery equipment, subluxed IOLs and posterior capsule opacification, as well as a second session on glaucoma. For Tuesday, it is a veritable festival of IOL talks with sessions on phakic IOLs, aspheric IOLs and toric IOLs, along with sessions on refractive surgery outcomes and cataract surgery practice styles in Europe. On the final day of the ESCRS, the free paper sessions will cover microincision cataract surgery, quality of vision and pediatric cataract surgery.

Industry symposiums will also feature at this year's meeting. Alcon Laboratories (Fort Worth, Texas) plans to hold two satellite symposiums. Saturday's will focus on *Innovations in Ophthalmology* and will start at 6:15 pm at the ExCel Centre. Sunday's symposium will look at *Innovative Cataract and Refractive Applications* and will take place at Cabot Hall at Canary Wharf starting at 7 pm. Advanced Medical Optics (Santa Ana, California) will also hold a symposium on the Monday of ESCRS with a topic of *Merging Cataract and Refractive Surgery: Improving Visual Outcomes and Acuity with Advanced Lenticular Technology*. This symposium starts at 4:15 pm at the ExCel Centre.

A new feature this year is lunchtime symposiums. The symposiums will take place on Monday and Tuesday from 1 pm to 2 pm. Sponsors of the sessions include Ellex (Adelaide, Australia), Schwind eye-tech-solutions (Kleinostheim, Germany), Oculus (Lynnwood, Washington), Intralase (Irvine, California), Alcon Laboratories, Santen (Napa, California) and Acritec (Hennigsdorf, Germany). Please consult your final program for locations of these events and note that the symposiums do require advanced registration.

Independent Prescribing for Optometrists

Patients needing eye treatment in the United Kingdon will soon be able to get medicine more easily under plans that enable optometrists to issue prescriptions, according to a news release issued by the UK Department of Health.

The Department of Health and the Medicines & Healthcare Products Regulatory Agency (MHRA) have published proposals that will, if supported by the Commission on Human Medicines, enable optometrists to prescribe medicine for certain eye conditions.

This could mean that optometrists can treat patients with eye infections without them needing to visit their general practitioner (GP) for a prescription. If necessary, they could also refer them to a local hospital eye service. There will be a 3-month consultation on the proposals.

"Optometrists have a unique set of skills to help people who are suffering with eye problems and will often

be more knowledgeable about these conditions than the local GP," said Health Minister Lord Warner, in a news release. "We are beginning a consultation on a number of options, which, if agreed, would enable optometrist to become independent prescribers. We believe that by giving optometrists the ability to prescribe independently we would not only be enabling them to make the most of their specialist skills but also giving patients more choice about where and from whom they get their treatment." See Table 1 for the proposed options for consultation.

Currently, optometrists can supply some medicines, but these proposals enable them to develop services and allow more treatment delivery in a primary care setting. It would also allow optometrists to take on additional responsibilities and support modernization of eye care services by improving access choice and waiting times for patients.

TABLE 1. PROPOSED OPTIONS

Option 1: No Change
Option 2: Prescribing medicines for certain eye conditions from a limited formulary
Option 3: Prescribing for any eye condition from a limited formulary
Option 4: Prescribing any licensed medicine for certain eye conditions
Option 5: Prescribing any licensed medicine for any ocular condition.

Optometrists are employed directly by the NHS in the Hospital Eye Service. They will receive additional training before taking on the new roles and, just like other prescribers, they will only work with the conditions which they are competent to manage.

Brenda Billington, president of the Royal College of Ophthalmologists (RCO) said: "The [RCO] welcomes the opportunity to take part in the debate on the government's proposal to extend independent prescribing responsibilities to optometrists. The [RCO] believes that good team working between the professionals who contribute to the care of people with eye problems is essential for high quality care, and for providing an environment within which safe and effective prescribing can take place."

Bryony Pawinska, chief executive of the College of Optometrists commented: "The College of Optometrists welcomes and supports the consultation on proposals to introduce independent prescribing by optometrists. We encourage such initiatives to enhance the role of optometrists, who are highly skilled eye care professionals who, we believe, should be seen as the first port of call for the public if they have a problem with their eyes."

Visian ICL Used in China

The first Visian ICLs (STAAR Surgical Company, Monorovia, California) since the State Food and Drug Administration of the People's Republic of China approved the marketing of the product in July have been surgically implanted in China.

Professor Yuangui Wang performed the first two bilateral surgeries on August 9 at the WJ Army Hospital, in Shenzhen. One patient was a nearsighted 35-year-old male (-9.50 D) with astigmatism, and the second patient was a severely nearsighted 19-year-old female (-13.00 D) with astigmatism. Both had significantly improved vision after the procedure.

"After we implanted the Visian ICL, the first patient could see 20/15 with both eyes, and the second patient improved to 20/20 the following day," said Professor Wang, in a news release. Made of highly biocompatible collamer material, the ICL is the only minimally invasive foldable lens of its kind approved for the Chinese commercial market.

According to David Bailey, president and CEO of STAAR Surgical, China is the second largest market for LASIK. Myopia occurs more frequently in Asian countries. In May 2005, STAAR announced it received approval to market the Visian toric ICL in South Korea and the and toric ICL in Singapore. South Korea is currently the company's largest Asian market for the Visian ICL and TICL and one of the company's top two markets internationally.

AMD, Stroke Risk Linked

Middle-aged patients with early signs of age-related macular degeneration (AMD) have a higher risk for stroke, independent of traditional stroke risk factors, according to research reported in the *Annals of Internal Medicine*.

"This cohort study increases the likelihood that AMD is a risk factor for stroke," wrote Tien Yin Wong, MD, MPH, PhD, and colleagues. Dr. Wong is from the Centre for Eye Research Australia, University of Melbourne, in Victoria.

Because the risk factors for AMD are similar to that of stroke, the authors sought to determine if any relationship exists between AMD and incidental clinical stroke.

Their prospective cohort investigation was part of the Atherosclerosis Risk in Communities (ARIC) study, a population-based study that included 15,792 men and women aged 45 to 64 years at recruitment in 1987. These patients returned for follow-up at intervals of 3 years. The current study included 10,405 patients who had returned for their third follow-up exam between 1993 and 1995, when retinal photography was

performed, Dr. Wong and colleagues wrote. Investigators used a standardized protocol to evaluate the photographs for the presence of drusen and other signs of AMD; incident stroke was identified by a validated review of case records.

The investigators identified 498 cases of early-stage AMD and 10 cases of late-stage AMD (n=508). During a 10-year follow-up period, 241 patients had an incident stroke event. The authors adjusted for age, sex, ethnicity and study site and found that patients with early-stage AMD had a higher cumulative incidence of stroke than those without AMD (4.08% vs 2.14%). The presence of early-stage AMD was associated with a higher adjusted risk for stroke (hazard ratio [HR], 1.87 {95% CI, 1.21-2.88}).

When the investigators further adjusted the data for systolic blood pressure, diabetes, cigarette smoking and the use of antihypertensive agents, the association was not substantially altered (HR, 1.85 [CI, 1.19-2.87]). This is the first study to show a clear link between stroke and AMD, Dr. Wong said.

Lilly, Alcon Forge Agreement

Eli Lilly and Company (Indianapolis) and Alcon Laboratories (Fort Worth, Texas) signed a long-term agreement to copromote ruboxistaurin (proposed brand name Arxxant). Ruboxistaurin is an investigational oral drug for the treatment of moderate-to-severe nonproliferative diabetic retinopathy. The agreement is subject to US Food and Drug Administration (FDA) approval of ruboxistaurin, currently being looked at by the agency under priority review status.

"We believe combining the respective expertise of Lilly and Alcon will allow us to maximize the value of this potential new therapy for patients, physicians and our shareholders," said Khoso Baluch, vice president, US diabetes business unit, for Lilly.

Ocusoft, Alimera Sciences Copromote Eyelid Cleanser

Cynacon/Ocusoft (Richmond, Texas) and Alimera Sciences (Atlanta) announced that Alimera Sciences sales representatives may begin detailing and sampling the Ocusoft Lid Scrub family of eyelid cleansers to existing ophthalmic and optometric customers.

Cynthia L. Barratt, president and CEO of Cynacon/Ocusoft stated in a news release: "We could not be more excited about this partnership. The entire executive staff at Alimera has prior experience managing a national campaign for another brand in the eyelid hygiene category. Collectively, we have not only the No. 1 brand, but a strong experienced management team as well."

"This agreement matches Alimera Sciences' excellent practitioner relationships with Cynacon/Ocusoft's quality product line," said Dan Myers, CEO of Alimera Sciences, in the release.

Ocusoft Lid Scrub Eyelid Cleanser is recommended by eye care practitioners for the removal of oil, debris and desquamated skin from the eyelids. Ocusoft Lid Scrub is available in premoistened pads, solution and new lid scrub foam.

Occulogix To Acquire Solx

Occulogix (Toronto, Ontario) signed a definitive merger agreement to acquire Solx (Boston), pursuant to the company's previously announced diversification plans focusing on age-related eye diseases.

Solx developed the Deeplight Glaucoma Treatment system, a next-generation treatment platform that, according to a news release, may change the current approach to glaucoma therapy. The system includes the Deeplight 790, a titanium sapphire laser and the Deeplight Gold Micro-Shunt (GMS), which can be used separately or together for IOP reduction.

According to the company, the Deeplight 790 provides deeper tissue penetration versus other lasers currently used in trabeculoplasty without causing damage to the trabecular meshwork. The Deeplight GMS is a 24-karat, gold, ultrathin implant that is approximately 2.5-mm wide, 5-mm long and one-third the thickness of a human hair.

The glaucoma drainage device is a flat plate designed for implantation through a single microincision. It contains numerous microtubular channels that bridge the anterior chamber and the suprachoroidal space, maximizing uveoscleral outflow to reduce IOP.

The Deeplight 790 and the Deeplight GMS received the Conformité Européenn (CE) approval in December 2004 and October 2005, respectively. Solx is currently conducting randomized multicenter studies in the United States.

Under the terms of the agreement, Occulogix will acquire Solx by way of a merger of Solx and a newly incorporated, wholly owned subsidiary of Occulogix. The transaction will be subject to customary closing conditions including approval by the Toronto Stock Exchange. Occulogix will provide Solx with a $240,000 bridge loan. At the closing, Occulogix will issue 8.4 million shares of its common stock and pay $7 million. Occulogix will make additional payments of $3 million and $5 million on the first and second anniversaries of the closing, respectively. Finally, if Solx receives final FDA approval for the marketing and sale of the Deeplight GMS on or prior to December 31, 2007, Occulogix will pay an additional $5 million. ■