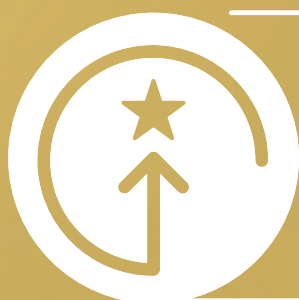


the Ophthalmologist®



the Ophthalmologist POWER *List*

Our annual celebration of ophthalmology's most
influential and inspirational leaders

6 - 27



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NORTH AMERICA

the Ophthalmologist®

Power Personified

Congratulations to Bascom Palmer Eye Institute's outstanding members of the 2025 Power List. Their contributions and leadership to the field continue to transform ophthalmology and improve sight-saving treatments for patients worldwide.



Kendall E. Donaldson, M.D., M.S.
Professor of Clinical Ophthalmology



Harry W. Flynn Jr., M.D.
Professor of Ophthalmology



Philip J. Rosenfeld, M.D., Ph.D.
Professor of Ophthalmology



Ranya Habash, M.D.
Voluntary Assistant Professor of Ophthalmology



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Power Personified

We applaud our doctors who are recognized on the Ophthalmologist Power List. Their dedication to excellence in ophthalmology through patient care, education, and innovation makes us proud.

2014

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Philip J. Rosenfeld, M.D., Ph.D.

2016

Power List

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Philip J. Rosenfeld, M.D., Ph.D.

2017

Rising Star

Ranya Habash, M.D.

2018

Power List

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Harry W. Flynn Jr., M.D.
Richard K. Parrish II, M.D.
Philip J. Rosenfeld, M.D., Ph.D.
Sonia Yoo, M.D.

2019

Power List

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Philip J. Rosenfeld, M.D., Ph.D.

2020

Power List

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2021

Women in Ophthalmology

Audina M. Berrocal, M.D.
Hilda Capó, M.D.
Janet L. Davis, M.D., M.A.
Kendall E. Donaldson, M.D., M.S.
Anat Galor, M.D., M.S.P.H.
Alana Grajewski, M.D.
Ranya Habash, M.D.
Carol L. Karp, M.D.
Sonia Yoo, M.D.

2022

Power List

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Zelia Correa, M.D, Ph.D.
Kendall E. Donaldson, M.D., M.S.
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Anat Galor, M.D., M.S.P.H.
Steven J. Gedde, M.D.
Ranya Habash, M.D.
Philip J. Rosenfeld, M.D., Ph.D.

2023

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Harry W. Flynn Jr., M.D.
Anat Galor, M.D., M.S.P.H.
Ranya Habash, M.D.
Carol L. Karp, M.D.
Richard K. Parrish II, M.D.
Philip J. Rosenfeld, M.D., Ph.D.
Sonia Yoo, M.D.

2024

Hall of Fame

Felipe A. Medeiros, M.D., Ph.D.

Rising Star

Rahul Tonk, M.D.

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Byron L. Lam, M.D.
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Sonia Yoo, M.D.

2025

Power List

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Pacesetters and Pioneers: The Power List 2025

Welcome to our annual celebration of the world's leading figures in ophthalmology and vision research

The results are in!

Once again, we asked readers to nominate individuals whose influence and achievements are a continuing source of inspiration and admiration. The resulting names were pared down by our international judging panel to a final Top 50, this year divided into five categories – **Cataract & Refractive, Glaucoma, Retina, Research, and Innovation**. This allows for some new leaders to appear on the list, and for us to glean additional insights into the issues, challenges, and opportunities that are affecting these areas of the field.

Among the trends highlighted by our 2025 Power List are the use of artificial intelligence (AI) and machine learning (ML) – now beginning to make a real impact in revolutionizing diagnostics, surgical planning, and patient management. Advancements in intraocular lenses (IOLs) and refractive surgery continue apace. In retina and glaucoma, gene therapy and regenerative medicine is making strides; sustained-release drug delivery systems are reducing the need for frequent dosing; and minimally invasive and non-surgical interventions are improving patient outcomes while reducing reliance on eye drops. Meanwhile, sustainability remains a key focal point, supported by the streamlining of processes to improve efficiency in high-volume surgical settings.

Start your deep dive into this year's Power List on page 6!

Julian Upton,
Group Editor




Feel free to contact any one of us:
first.lastname@conexiant.com

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Leading with Vision

From AI and robotics to next-gen surgical solutions, Terry Kim outlines the innovative products and trends shaping the future of ophthalmology and redefining patient care



Terry Kim, MD, is Professor of Ophthalmology at Duke University Eye Center, Durham, NC, where he served as Chief of the Cornea and External Disease Division, Director of the Refractive Surgery Service and Director of the Duke Sports Vision Center. As Past President of ASCRS, member of the AAO's Annual Program Committee and the Cornea Society Board of Directors, he was also principal and co-investigator on a number of clinical trials and research grants from the National Institutes of Health and other industry sponsors.

In 2024, Kim became Chief Medical Officer (CMO) and Head of Global Medical Safety at Alcon, where he works to integrate scientific and clinical priorities across the Surgical and Vision Care franchises, support the development of Surgical and Vision Care clinical evidence, and represent the company to academic, scientific and industry communities, and government agencies. The Ophthalmologist sat down with Kim for his take on how breakthrough technologies and a spirit of collaboration and innovation are combining to transform the future of eye care.

What are the most exciting areas of ophthalmology right now?

The pace of innovation happening across eye care is extraordinary, and Alcon is leading the charge. I am excited about this year's innovations across several key areas, including cataract, refractive, retina and glaucoma with the launches

of UNITY® VCS, DSLT, Clareon® PanOptix® Pro, wavelight® plus and Adi Practice Solutions.* I believe that each of these innovations has the potential to shape the future of eye care.

I'm also very optimistic about the innovative advances in cell therapy, including endothelial and retinal pigment epithelial cell therapy, which can significantly change our approaches to the management of blinding conditions like Fuchs dystrophy and geographic atrophy (1, 2).

How do you see disruptive innovations in robotics, AI and digital health changing the landscape?

Some of the most exciting advancements in ophthalmology will be robotics, personalized medicine, virtual reality (VR) and digitalization/artificial intelligence (AI).

Robotics is set to revolutionize ophthalmology by enhancing precision and expanding access to advanced eye care (3). Surgeons are already utilizing robot-assisted technology in laser refractive surgery and femtosecond-laser assisted cataract surgery procedures (3). This approach will increase as we find ways to use AI-driven robotics technology to help with disease detection, teleophthalmology and remote surgery by enhancing visualization and automating surgical steps in the hopes of reducing complications and decreasing the surgeon's workload (4, 5).

Today's patients and physicians are also looking for more personalized treatment and care without compromising on

efficiency. Alcon has recently introduced new technologies across its Surgical and Vision Care portfolios to meet this demand. Specifically, in Vision Care, we have launched MARLO and introduced a new contact lens, PRECISION7®, to meet the preferences and pricing needs of our consumers. In Surgical, we're rolling out wavelight® plus across the globe, the first fully personalized refractive treatment (6-11).*

In addition, the Fidelis Virtual Reality Ophthalmic Surgical Simulator is a learning tool that replicates the operating room environment using immersive, haptic VR simulation to improve training outcomes and increase surgeon confidence (12).* And digital health products and offerings such as Adi Practice Solutions are designed to connect and streamline the data passing between the clinic and the operating room – delivering complete, connected care to patients, surgeons and staff.*

“Robotics is set to revolutionize ophthalmology by enhancing precision and expanding access to advanced eye care.”

I believe that generative AI will play a pivotal role in these technologies in the near future, especially for the early detection of eye diseases and development of patient treatment plans.

How do you see Alcon's new offerings making an impact on the industry?

Alcon has a long-standing legacy of involving customers throughout the R&D process, allowing eye care professionals to help to shape the types of products that are coming to market. For our upcoming product launches, we collaborated closely with our customers to ensure they are designed to meet the unmet needs that they face in their practices on a daily basis. These technologies will help address needs for increased efficiency and greater accessibility, while enabling excellent patient outcomes.

Alcon's R&D team, led by Franck Leveiller, is always investing significant time and resources on upstream cutting-edge research opportunities that will continue to innovate and advance ophthalmology to bring the best technologies to our patients. I believe that 10 years from now we will be able to look back and say that the work and care put into developing these products was the catalyst for the next generation of eye care.

What makes a great leader in ophthalmology?

I've learned some valuable pearls on leadership from three of my colleagues, who have all mastered the "leadership through service" approach that I believe yields a lasting impact in our field. Richard Lindstrom has been a tremendous mentor to me and so many other leaders in ophthalmology, and he has always guided

his ophthalmic career based on three principles to drive excellence in the field: education, innovation and investment. David Chang exemplifies excellent service to international ophthalmology through so many of his efforts, including his past leadership of the ASCRS Foundation as well as his sustainability campaign, which has really gained traction here in the U.S. and abroad. And Thomas Kohnen's expertise in the field has driven excellence not only in his clinical practice but also in his research endeavors, which have brought innovative intraocular lens (IOL) technologies to the forefront for so many patients.

What advice would you give to ophthalmologists who are just starting out?

My advice would be simple: find a mentor, who can be a senior resident, fellow, junior or senior faculty member or practice partner. I would recommend finding someone you respect and who embodies similar professional/personal goals and viewpoints as you. A few things that I love about our field are the collaborative spirit, the understanding that we are only as good as those who came before us, and how seriously we take our responsibility to steward the next generation of eye care professionals. There are so many ways to get involved in our professional and scientific communities – and I am a better ophthalmologist because of them.

###

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P O W E R
L i s t

Welcome to the Power List – a celebration of the most inspirational and influential figures in ophthalmology!



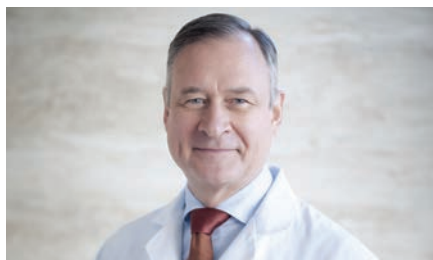
For the 2025 Power List, we again asked readers to nominate individuals whose influence and achievements are a continuing source of inspiration and admiration among their peers. The nominations were pared down by our international judging panel to

a final Top 50, this year divided into five categories – Cataract & Refractive, Glaucoma, Retina, Research, and Innovation. This allows for some new names to appear on the list, and for us to glean additional insights into the issues, challenges, and opportunities that

are affecting these areas of the field.

For a deeper dive into this year's Power List – their views on the key issues impacting their respective areas of interest, their take on AI and machine learning, and the advice they would give to their younger selves – please read on!

Cataract & Refractive



Boris Malyugin

Professor of Ophthalmology, Joan & Jerome Snyder Endowed Chair in Cornea Diseases, The Jules Stein Eye Institute, University of California, Los Angeles, USA

What currently excites you about the cataract and refractive space?

First is the evolution of intraocular lens (IOL) optics with various multifocal profiles having a wide range of functional distances, as well as the availability of implants that we can modify postoperatively. That can be done with the UV light or femtosecond laser. Postoperative fine-tuning allows us to better match the functional outcomes of surgery with the expectations of the increasingly demanding patient population.

Second is the trend of dropless cataract surgery. We are now seeing a growing body of evidence showing that antibiotic and steroid use can be limited by relatively short perioperative periods without affecting the procedure's safety and surgical outcomes.

David F. Chang

Clinical Professor, University of California, San Francisco; Private practice, Los Altos, California, USA

What cataract and refractive trends are catching your attention?

I am pleased to see increased focus on the sustainability of high-volume services, such as cataract surgery. If per case revenue can be maintained (e.g., click fees), industry has been willing



Damien Gatinel

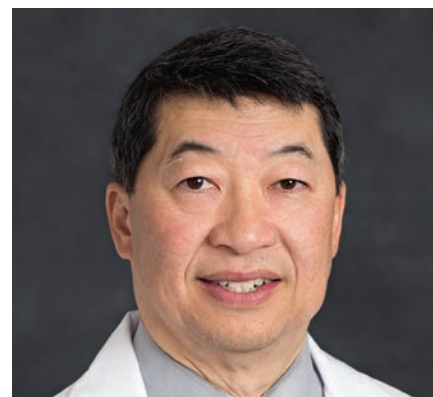
Head of Refractive and Anterior Segment Surgery Department, Rothschild Foundation, Paris, France; Associate Professor, Abulcasis International University of Health Sciences, Rabat, Morocco

What cataract and refractive trends are catching your attention?

I'm consistently fascinated by the inventiveness of implant manufacturers who manage to conjure up clever semantic twists to position their lenses as singular, groundbreaking

advancements. In reality, most of these so-called "innovations" are simply variations on the same core themes – whether refractive, diffractive, or hybrid optical systems. I find it both amusing and commendable how adept they've become at highlighting incremental enhancements, ensuring that our field is rarely short on new acronyms or exciting marketing buzzwords. That said, it does keep us on our toes, prompting us to carefully evaluate the genuine clinical benefits behind each "next big thing."

to collaborate on developing multi-use phaco cassettes/tubing, to reduce the unnecessary amount of plastic and packaging waste that we currently generate. An all-day phaco cassette would reduce case turnover time, shelf storage requirements, waste, and carbon footprint. As we've now surpassed 30 million global cataract operations per year, I believe this to be the biggest unmet need in phacoemulsification technology.



Eric D. Donnenfeld
*Affiliation Clinical Professor of
Ophthalmology, NYU, New York, USA*

*What cataract and refractive trends
are catching your attention?*

I believe the next generation of refractive intraocular lenses (IOLs) in the extended depth of focus (EDOF) family will dramatically reduce dysphotopsias and loss of contrast while providing markedly improved midrange and even near vision. These lenses will increase the penetration of presbyopic IOLs to ophthalmologists who were not comfortable with the adverse events associated with multifocal IOLs.

*What advice would you give to your
younger self?*

If I was going to give myself a little advice I believe I would worry less about the little things and spend more time developing relationships with colleagues, industry and, most importantly, friends and family.



Gerd U. Auffarth

*Professor and Chairman of The
Department of Ophthalmology, Ruprecht-
Karls University of Heidelberg; Director
of the IVCRC and The David J. Apple
International Laboratory of Ocular
Pathology at The University-Eye Clinic of
Heidelberg, Germany*

*What cataract and refractive trends are
catching your attention?*

A major trend in the refractive business is KLex (keratorefractive lenticule extraction). Over 15 years we only had the SMILE procedure from Zeiss. There are now several other companies offering a similar lenticular refractive procedure, and we will see a lot of competition in this area. Femtosecond laser technology has improved greatly, and in particular the imaging of the anterior segment has become more precise. This will be a very interesting development.

Jorge L. Alió

*Professor and Chairman of
Ophthalmology, University Miguel
Hernandez; Founder of Visum Miranza
Alicante, Spain*

*In what ways do you think AI and
machine learning will impact cataract &
refractive surgery?*

It is still early to see the applications of this new technology, which seems to be unlimited. We are at

H. Burkhard Dick

*Full Professor and Chairman, Director
at Ruhr University Eye Hospital,
Bochum, Germany*

*What cataract and refractive trends
are catching your attention?*

The variety of IOLs has increased immensely, and most likely will continue to do so. Fortunately, at ESCRS we introduced a new, function-based terminology that will help keep track of new concepts. In the future we will likely see a truly accommodative IOL, and better, more successful techniques to treat high hyperopia with corneal refractive interventions.



the beginning of a process that will change a lot of the practice of medicine, and doctors will be verifying evidence-based data, which is analysed by AI and later confirmed by the surgeons with touch-ups for the medical applications. The practice of refractive surgery will be almost completely automatized in the calculation stage and probably in the follow-up controls. An extremely exciting area of development.



Kendall E. Donaldson

President, American European Congress of Ophthalmic Surgery (AECOS); Rodgers Clark Endowed Chair in Ophthalmology; Professor of Clinical Ophthalmology; Cornea/External Disease/Cataract/Refractive Surgery; Medical Director, Bascom Palmer Eye Institute in Plantation, Florida, USA

What currently excites you about the cataract and refractive space?

I am very interested in making cataract surgery less “traumatic” to the patient, which includes advances toward improvements in fluidics and increasing efficiency to reduce the use of ultrasound during cataract surgery. I am also very interested in the trend toward bilateral same day surgery and in-office cataract suites, which will certainly be the way we deliver care in the future.

Soosan Jacob

Director and Chief of Dr. Agarwal’s Refractive and Cornea Foundation; Senior Consultant, Cataract and Glaucoma Services, Dr. Agarwal’s Group of Eye Hospitals, Chennai, India

How do you think AI and ML will impact cataract & refractive surgery?

AI and ML will become more and



Nicole Fram

Managing Partner, Advanced Vision Care, Los Angeles, CA; Adjunct Assistant Professor, Moran Eye Center, University of Utah, Salt Lake City, Utah, USA

How will AI and machine learning impact cataract & refractive surgery?

AI has already begun its impact with generative solutions, in-office assistants/scribes, and IOL formulae/testing. The use is not only to improve

efficiency, but to also give the surgeon back time. During the course of a day, I use an AI scribe that captures all my real-time visits accurately and generates an immediate note and correspondence. I then use AI formulae to increase my accuracy in Intraocular lens power calculations, and look forward to our diagnostics to be able to analyze imaging quickly for diagnosis that could be easily overlooked.

more integrated into the way we practice and do surgeries. Right from the use of AI/ML in history taking, analysis of history, findings and data to the integration of all of this in order to maximize results for our patients. This has already started happening.

A digital twin will be another great revolution, not just in ophthalmology but medicine in general.



Glaucoma



Anthony Khawaja

Professor of Ophthalmology and Honorary Surgeon at Moorfields Eye Hospital and UCL, London, UK

What advice would you give to your younger self?

Be bold and ambitious, and do not be afraid to challenge long-standing dogma. For years I just believed

what I was told about Goldmann appplanation being the best form of tonometry, though clearly newer technologies have superseded this. Soon, I hope we will move away from bowl perimeters. We need newcomers to the glaucoma space to challenge the standards set by the previous generation, so we can progress for the benefit of our patients.



Helen Danesh-Meyer

Sir William and Lady Stevenson Professor of Ophthalmology, University of Auckland, New Zealand

Make a bold prediction for the future of glaucoma treatment?

Five areas that I see will transform glaucoma care are:

AI-driven early detection & risk prediction. Smart drug delivery systems: long-acting, implantable drug devices or nanotechnology-based eye drops will minimize patient adherence issues and ensure continuous IOP control. **Minimally invasive & non-surgical interventions.** **Non-IOP targeted therapies:** future treatments will shift focus beyond IOP reduction, targeting mitochondrial health, oxidative stress, neuroinflammation, and vascular dysregulation. **Gene therapy & regenerative medicine:** advances in gene editing and stem cell therapy will allow targeted repair of damaged optic nerve cells and even regeneration of retinal ganglion cells.



Gus Gazzard

Director of Surgery and Consultant Ophthalmic Surgeon at Moorfields Eye Hospital NHS; Professor of Ophthalmology at University College London, UK

What is the most exciting thing happening in glaucoma right now?

In therapeutics, I'm excited by the move away from the dominance of drug-based IOP lowering with the recognition that non-pharmacological therapies may have even greater advantages than we had realized. In the trials arena, more robust detection of visual field progression is bringing us access to field-based primary outcome measures in trials that are shorter, more affordable and more meaningful.



I. Paul Singh

President, Head of Glaucoma, The Eye Centers of Racine and Kenosha, Wisconsin, USA

What is the most exciting thing happening in glaucoma right now?

The most exciting thing happening is the mindset change amongst doctors. We

use the term "interventional glaucoma" to describe this paradigm shift. Due to better diagnostics and multiple safe and effective therapeutic interventions, we are now treating much earlier in the disease process and addressing patient compliance related issues that can negatively affect disease progression. Doctors are thinking of the patient journey and appreciating we may need to use multiple technologies along this journey to aggressively reduce the IOP and yet still maintain high quality of life. Our definition of "controlled glaucoma" has also evolved in this new paradigm. No longer are we defining "control" by just the static IOP, visual field (VF), and optic nerve head (ONH) analysis.

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Iqbal "Ike" K. Ahmed

John R. and Hazel M. Robertson Presidential Endowed Chair and Professor, Department of Ophthalmology and Visual Sciences, University of Utah, Director, Alan S. Crandall Center for Glaucoma Innovation, John A. Moran Eye Center, Utah, USA; Director, Glaucoma & Advanced Anterior Segment Surgery (GAASS) Fellowship, University of Toronto, Canada; Visiting Professor, University of São Paulo, Brazil

Make a bold prediction for the future of glaucoma treatment.

Like many other eye diseases, we will be able to detect glaucoma using smartphones and wearables just by the way a human interacts with and uses their devices. Access will be significantly improved and provide for earlier intervention to reduce the morbidity from glaucoma. This will allow for gene therapy, which is on the horizon, to be deployed to "normalize" ocular outflow at early stages of dysfunction, thereby preventing the cascade of further outflow and optic nerve disease progression.

Joel S. Schuman

Kenneth L. Roper Endowed Chair, Vice Chair for Research Innovation, Vickie and Jack Farber Vision Research Center, Co-Director (Glaucoma Service), Wills Eye Hospital; Professor, Department of Ophthalmology, Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia; Professor of Biomedical Engineering, Drexel University School of Biomedical Engineering, Science and Health Systems, Philadelphia, PA, USA

Advice to your younger self?

Do what you love and consider important and needed. Pay attention to your patients – they are trying to tell you something. Keep an open mind.





Jonathan Crowston

Professor of Ophthalmology, University of Sydney, Australia

Make a bold prediction for the future of glaucoma treatment.

Neuroprotective treatments that increase optic nerve resilience are a real possibility. Such therapies will reduce the need for very low IOPs in our most vulnerable glaucoma patients and thereby improve outcomes from current IOP-lowering therapies.

Advice to your younger self?

Watch carefully to what is happening in the broader fields of neuroscience and aging research and engage more deeply. This will elevate the prominence of glaucoma as an age-related neurodegenerative disease.

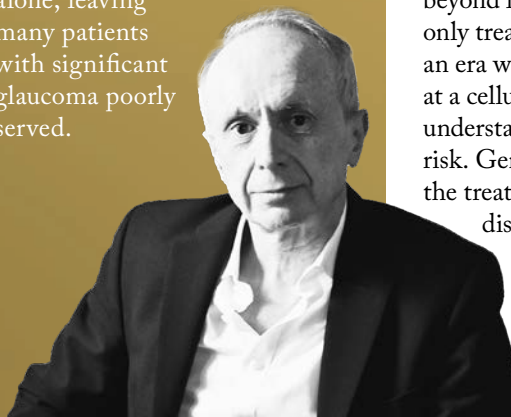
Keith Barton

Professor of Ophthalmology, University College London; Consultant Ophthalmic Surgeon, Glaucoma Service, Moorfields Eye Hospital, London, UK

What is the most exciting thing happening in glaucoma right now?
The explosion in surgical innovation, not just the canal space but the subconjunctival space as well.

Advice to your younger self?

Get good broad, in-depth surgical training. Too many new glaucoma specialists are limited in their ability to deal with cases that are not amenable to cataract surgery and minimally invasive glaucoma surgery (MIGS) alone, leaving many patients with significant glaucoma poorly served.



Keith Martin

Ringland Anderson Professor and Head of Ophthalmology, University of Melbourne; Managing Director, Centre for Eye Research Australia

What is the most exciting thing happening in glaucoma right now?

One of the most exciting developments is progress towards treatments that directly protect and even regenerate retinal ganglion cells. We are moving beyond lowering eye pressure as the only treatment for glaucoma and into an era where we can target the disease at a cellular level based on a detailed understanding of individual genetic risk. Gene therapy is revolutionizing the treatment of inherited retinal

diseases, several clinical trials are using similar technology for macular degeneration, and I believe glaucoma will not be far behind despite the considerable challenges.



Malik Y. Kahook

The Slater Family Endowed Chair in Ophthalmology; Professor and Vice Chair, Department of Ophthalmology; Chief, Glaucoma Service, University of Colorado School of Medicine, Aurora, Colorado, USA

Make a bold prediction for the future of glaucoma treatment.

I predict that within the next decade, we'll see a significant move towards personalized glaucoma care driven by genetic profiling, AI, and drug delivery systems. We'll be able to identify

individuals at high risk much earlier, and tailor treatments based on their specific genetic predispositions and likelihood of disease progression. Furthermore, gene therapy will be a viable option for many patients – maybe 15 years for this one! – and the need for daily eye drops will be significantly reduced, if not eliminated, through long-lasting drug delivery implants and other technologies. I also believe that we will have effective methods to regenerate optic nerve tissue – maybe 20 years for this one! – thus reversing vision loss.

TAKE THE **FAST TRACK** TO RELIEF



VEVYE® is the **first and only** water-free cyclosporine dissolved in a semifluorinated alkane (SFA) for the treatment of the signs and symptoms of dry eye disease.¹⁻³



Rapid onset

Demonstrated clinically and statistically significant total corneal fluorescein staining improvement by Day 15 in clinical studies.^{4,5}



High tolerability

99.8% of patients experienced no or mild instillation site pain.^{4,5}

INDICATION AND USAGE

VEVYE® (cyclosporine ophthalmic solution) 0.1% is indicated for the treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

- **Potential for Eye Injury and Contamination** – To avoid the potential for eye injury and/or contamination, patients should not touch the bottle tip to the eye or other surfaces.
- **Use with Contact Lenses** – VEVYE® should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to administration of the solution. Lenses may be reinserted 15 minutes following the administration of VEVYE®.

Adverse Reactions

- In clinical trials with 738 subjects receiving at least 1 dose of VEVYE®, the most common adverse reactions were instillation site reactions (8%) and temporary decreases in visual acuity (3%).
- You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

For additional information about VEVYE®, please see Brief Summary on adjacent page and Full Prescribing Information at vevye.com.

¹Ex-vivo porcine corneal penetration study. Clinical relevance is unknown. ²In pooled clinical studies. | 1. VEVYE® (cyclosporine ophthalmic solution) 0.1% [package insert]. Harrow IP, LLC; 2024.

2. Restasis® (cyclosporine ophthalmic emulsion) 0.05% [package insert]. Allergan, LLC; 2024. 3. Cequa® (cyclosporine ophthalmic solution) 0.09% [package insert]. Sun Ophthalmics, LLC; 2024.

4. Sheppard et al., Water-free 0.1% Cyclosporine A Solution for Treatment of Dry Eye Disease: Results of the Randomized Phase 2B/3 ESSENCE Study. *Cornea* 2021;00:1-8. 5. Akpek et al., Efficacy and Safety of a Water-Free

Topical Cyclosporine, 0.1%, Solution for the Treatment of Moderate to Severe Dry Eye Disease The ESSENCE-2 Randomized Clinical Trial. *JAMA Ophthalmol*. doi:10.1001/jamaophthalmol.2023.0709.

April 6, 2023. 6. Data on file.

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vevye[®]

(cyclosporine ophthalmic solution) 0.1%

BRIEF SUMMARY – PLEASE SEE THE VEVYE[®] PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE:

VEVYE[®] (cyclosporine ophthalmic solution) 0.1% is indicated for the treatment of the signs and symptoms of dry eye disease.

DOSAGE AND ADMINISTRATION:

Instill one drop of VEVYE[®] twice a day in each eye approximately 12 hours apart.

WARNINGS AND PRECAUTIONS

- **Potential for Eye Injury and Contamination** – To avoid the potential for eye injury and/or contamination, patients should not touch the bottle tip to the eye or other surfaces.
- **Use with Contact Lenses** – VEVYE[®] should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to administration of the solution. Lenses may be reinserted 15 minutes following the administration of VEVYE[®].

ADVERSE REACTIONS

Clinical Trial Experience - Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials with 738 subjects receiving at least 1 dose of VEVYE[®], the most common adverse reactions were instillation site reactions (8%) and temporary decreases in visual acuity (3%).

USE IN SPECIFIC POPULATIONS

PREGNANCY

Risk Summary

There are no adequate and well-controlled studies of VEVYE[®] administration in pregnant women to inform a drug-associated risk. Oral administration of cyclosporine to pregnant rats or rabbits did not produce teratogenicity at clinically relevant doses. VEVYE[®] doses are approximately 4,700 times lower than recommended oral doses, with blood concentrations being undetectable after topical administration.

Data

Animal Data: Oral administration of cyclosporine oral solution to pregnant rats or rabbits was teratogenic at maternally toxic doses of 30 mg/kg/day in rats and 100 mg/kg/day in rabbits, as indicated by increased pre- and postnatal mortality, reduced fetal weight and skeletal retardations. These doses (normalized to body weight) were approximately 7,250 and 48,000 times higher than the daily maximum recommended human ophthalmic dose (MRHD) of 0.67 mcg/kg/day, respectively.

No adverse embryofetal effects were observed in rats or rabbits receiving cyclosporine during organogenesis at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively (approximately 4,100 and 14,500 times higher than the MRHD, respectively).

An oral dose of 45 mg/kg/day cyclosporine (approximately 10,900 times higher than MRHD) administered to rats from Day 15 of pregnancy until Day 21 postpartum produced maternal toxicity and an increase in postnatal mortality in offspring. No adverse effects in mothers or offspring were observed at oral doses of up to 15 mg/kg/day (3600 times greater than MRHD).

LACTATION

Risk Summary

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. VEVYE[®] doses are approximately 4,700 times lower than recommended oral doses of cyclosporine, with blood concentrations being undetectable after topical administration. However, caution should be exercised when VEVYE[®] is administered to a nursing woman.

PEDIATRIC USE

Safety and effectiveness in pediatric patients below the age of 18 years have not been established.

GERIATRIC USE

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Evaluation of the potential carcinogenicity of cyclosporine was conducted in male and female mice and rats. In a 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In a 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats were approximately 120 times higher than the maximum recommended human ophthalmic dose (0.67 mcg/kg/day), normalized to body surface area.

Mutagenesis

In genetic toxicity tests, cyclosporine has not been found to be mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. Cyclosporine was positive in an in vitro sister chromatid exchange (SCE) assay using human lymphocytes.

Impairment of Fertility

Oral administration of cyclosporine to rats for 12 weeks (male) and 2 weeks (female) prior to mating produced no adverse effects on fertility at doses up to 15 mg/kg/day (approximately 3,600 times higher than the maximum recommended human ophthalmic dose).

PATIENT COUNSELING INFORMATION

Risk of Contamination

Advise patients to wash their hands well before each use. Advise patients not to allow the dropper tip to touch the eye or any other surface, as this may contaminate the solution.

Contact Lens Wear

Advise patients not to touch the dropper tip to any surface to avoid contaminating the contents.



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VEYE-00002 08/23

Retina



Allen C. Ho

Wills Eye Hospital Director of Retina Research and Co-Director of Retina Service; Professor of Ophthalmology, Thomas Jefferson University, Philadelphia, PA, USA

What is the most exciting thing happening in retina right now?

Multiple shots on goal based on new translational science to address unmet need. I am excited by the extensive translational science and resource investments in improving our strategies for important common retinal diseases such, as diabetic retinopathy and AMD, as well as new approaches to arguably our most neglected patients with great visual disabilities, for example, the broad array of inherited retinal degenerations. The retina innovation ecosystem is robust.



Carl Regillo

MD, Director, Retina Service, Wills Eye Hospital Professor of Ophthalmology, Thomas Jefferson University, Philadelphia, PA, USA

Make a bold prediction for the future of retina treatment.

Frequent intraocular injections will eventually be a thing of the past.



Christina Y. Weng

Professor and Alice R. McPherson Retina Research Foundation Endowed Chair in Ophthalmology; Fellowship Program Director, Vitreoretinal Diseases & Surgery, Baylor College of Medicine, Houston, USA

Make a bold prediction for the future of retina treatment.

The future of retina treatment will step into the era of personalized medicine. We have come an incredible way over the past two decades in terms of therapeutic options; for example, we now have over a dozen approved agents for wet macular degeneration with many more expected to enter the market in coming years. On the whole, they are all effective; what we aren't able to do yet is determine which therapy might work better for one patient versus

another. The ability to utilize imaging biomarkers, aqueous sampling, or genetic testing to gain insight into the individual's unique disease profile will be increasingly important as more and more drugs are available. In addition to becoming more sophisticated with drug selection, AI-assisted technologies such as home OCT may also facilitate customized treatment schedules for patients. Imagine a time when patients would receive an anti-VEGF injection when – and only when – their disease is active. We are not far off from this, and important clinical trials such as Protocol AO from the DRCR Retina Network will be critical in taking us to the next level of individualized patient care.

TL, DR? Then my bet's on personalized medicine – circle back in 10 years and hold me to it!



Eric H. Souied

*Head of Creteil University Eye Department,
University Paris Est Creteil, France*

The most exciting thing in retina right now?

One of the most groundbreaking developments in retina today is individualized medicine, particularly through gene therapy, AI-driven diagnostics, and personalized pharmacological treatments. The shift toward patient-specific solutions, including gene editing technologies, is transforming how we approach

diseases like AMD, inherited retinal dystrophies, and diabetic retinopathy.

Make a bold prediction for the future of retina treatment.

By 2035, the focus of retina treatment will shift from damage control to true prevention. Instead of waiting for diseases like AMD, diabetic retinopathy, and retinal vein occlusions to progress, we will use early genetic screening, AI-powered risk assessments, and precision lifestyle interventions to prevent retinal diseases before they start.

Harry W. Flynn Jr.

*The J. Donald M. Gass Distinguished Chair
in Ophthalmology, Bascom Palmer Eye
Institute, University of Miami Miller School
of Medicine, Florida, USA*

Make a bold prediction for the future of retina treatment.

New drugs will reduce rates of blindness through early treatment and lengthen treatment intervals. Improved technology for vitreoretinal surgery will shorten operative times and improve visual acuity outcomes.

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Kyoko Ohno-Matsui

Professor and Chair of the Department of Ophthalmology and Visual Science, Tokyo Medical and Dental University, Japan

Among Kyoko Ohno-Matsui's achievements, says her nominator, are:

Fovea-sparing ILM peeling (FSIP): reducing complications and significantly improving the outcome in myopic traction maculopathy surgeries.

Prediction of long-term visual outcomes using AI in highly myopic patients: identifying patients at risk of poor visual outcomes based on baseline data and providing intensive clinical care tailored to their needs.

Minimally invasive laser therapy for myopic traction maculopathy: relieving inner limiting membrane tension without surgery.

Emerging treatments for staphyloma: exploring clinical trials for scleral collagen crosslinking and regeneration.

Lyndon da Cruz

Consultant Ophthalmic Surgeon and Head of Vitreoretinal Surgery at Moorfields Eye Hospital; Professor of Retinal Stem Cell and Transplantation Surgery, UCL Institute of Ophthalmology; Professor of Biomedical Engineering at King's College, London, UK

The most exciting thing in retina right now?
The development of new robotic surgical devices, which could mean greater dexterity, safety, and precision during retinal surgery.

Advice to your younger self?
My advice to all junior doctors is to concentrate on excellence in everything you do and the other things will follow.



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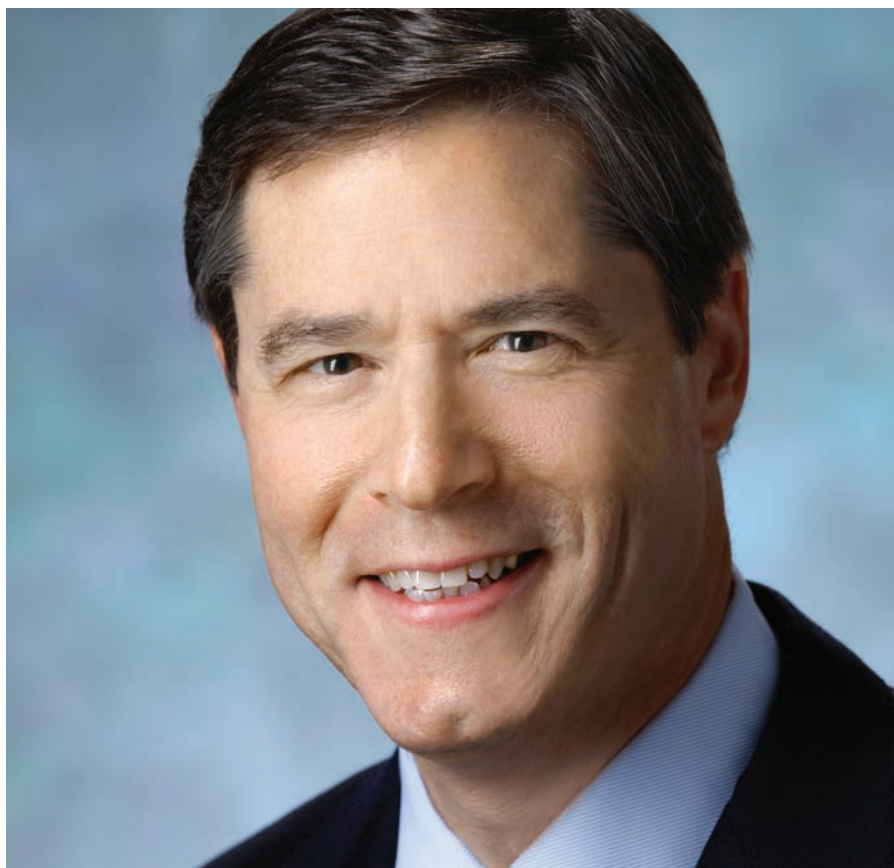


Mariya Moosajee

Professor of Molecular Ophthalmology, Consultant Ophthalmologist and Head of Genetics at Moorfields Eye Hospital NHS Foundation Trust, UCL Institute of Ophthalmology and The Francis Crick Institute, London, UK

The most exciting thing in retina right now?

The technologies of gene editing, antisense oligonucleotides, mRNA/siRNA therapy, non-viral DNA plasmid vectors, the use of lipid nanoparticles, small molecule drugs, and the dual AAV approach for larger genes, all hold great promise. I am heartened to see gene therapy being developed for AMD, with potential applications for other common conditions, such as myopia, in the future.



Neil Bressler

Editor-in-Chief, JAMA Ophthalmology; James P. Gills Professor of Ophthalmology, Johns Hopkins University School of Medicine, Baltimore, USA

Nominator comments:

"Neil Bressler has been teaching medical students, ophthalmology residents, retina fellows, and fellow colleagues since 1988. This includes

over 185 ophthalmology residents at the Wilmer Eye Institute, Johns Hopkins University School of Medicine, many of whom have gone onto leadership positions in ophthalmology around the world. To this day, he continues to meet with every second-year ophthalmology resident after clinic each week for a one-on-one session during their 10 weeks of rotation on the retina service."



Philip J. Rosenfeld

Professor of Ophthalmology, Bascom Palmer Eye Institute, University of Miami Miller School of Medicine, Florida, USA

What is the most exciting thing in retina right now? And can you make a bold prediction for the future of retina treatment?

These two questions are intertwined. The most exciting advances in retina involve the use of AI, particularly machine learning, to develop diagnostic algorithms that enhance our interpretation of retinal images

so that we can better predict disease progression. The future of retinal treatments will directly impact our ability to apply these improved retinal imaging algorithms to clinical trials. We'll be able to define new clinical trial endpoints that allow us to treat earlier and get results faster. OCT imaging will be the greatest beneficiary of these improving algorithms with the greatest impact being felt in age-related macular degeneration and diabetic retinopathy.



Daniel Ting

Chief Digital and Data Officer, Singapore National Eye Center; Senior Consultant, Surgical Retina, Singapore National Eye Center

What major trends are catching your attention?

Generative AI: OpenAI, Llama, Deepseek, Manus.

What advice would you give to your younger self?

- Learn about business and health economics.
- Build more startups at younger age.
- The sky is the limit for innovation – think big, but work hard and smart.

John Marshall

Frost Professor of Ophthalmology and Director responsible for Enterprise and Innovation, Institute of Ophthalmology, University College, London, in association with Moorfields Eye Hospital, London, UK

Nominator's Comments:

"There is nobody in our field that has innovated more than John Marshall. He has numerous innovations awards



Farhad Hafezi

Chief Medical Officer, ELZA Institute, Dietikon, Zurich; Professor of Ophthalmology, University of Geneva; Adjunct Clinical Professor of Ophthalmology, USC Roski Eye Institute; Visiting Professor, Wenzhou Medical University, Wenzhou, China; Research Group Leader, Ocular Cell Biology Laboratory, University of Zurich, Switzerland; Research Professor, NYU Grossman School of Medicine, USA

What major trends are catching your attention?

AI and machine learning. AI-driven systems are redefining diagnostics, screening, and treatment planning in ophthalmology.

Telemedicine & digital health. The rise of remote consultations, AI-assisted triaging, and digital monitoring tools is transforming patient access to care.

Personalized ophthalmology. Today, our diagnostic standards often rely on datasets from populations with different genetic backgrounds, which introduces potential inaccuracies in disease detection and treatment response.

Sustainability and greener surgical practices. There is a growing push for eco-friendly solutions to reduce the environmental footprint of ophthalmic procedures.

from various organizations around the world and has more than 70 patents in virtually all areas of the eye. He is best known for the excimer laser which produced a revolutionary change in refractive surgery. Coincidentally their first clinical trial, which was a world first, started at St. Thomas's hospital 40 years to the day from Harold Ridley's implantation of the first intraocular lens!"



Justis P. Ehlers

Vice Chair for Continuous Improvement, Cole Eye Institute; The Norman C. and Donna L. Harbert Endowed Chair for Ophthalmic Research; Director, The Tony and Leona Campana Center for Excellence in Image-Guided Surgery and Advanced Imaging Research, Cole Eye Institute at the Cleveland Clinic, USA

How do you think AI and ML will impact ophthalmic innovation?

Already we know that these technologies are being utilized for intelligent drug design, for novel analysis tools, and for enabling enhanced phenotyping of specific disease biomarkers. Given the fields' significant dependence on imaging technology, ophthalmology will likely significantly benefit from AI-enabled technologies.



Michael F. Chiang

Director, National Eye Institute, National Institutes of Health, Bethesda, MD, USA

What major trends are catching your attention?

In many industries (such as shopping, travel bookings, entertainment), key activities have shifted toward being delivered closer to people's homes. Although most healthcare is still being delivered in traditional physician offices, I see people becoming increasingly comfortable with managing their own healthcare using mobile apps, wearable devices, and other technologies.

Pearse Keane

Consultant Ophthalmologist, Moorfields Eye Hospital NHS Foundation Trust; Professor of Medical Artificial Intelligence, UCL Institute of Ophthalmology, London, UK; Director, INSIGHT Health Data Research Hub

How will AI and ML impact ophthalmic innovation?

One of the most significant impacts will be in democratizing access to eye care. In regions with limited specialist availability, AI-driven tools can extend high-quality screening and diagnosis to populations who may not have easy access to healthcare yet have high need. This democratization of care has the potential to significantly reduce preventable blindness worldwide.





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Pooja M. Khamar

Consultant and Lead Trainer, Clinician and Translational Scientist, Cataract, Cornea, and Refractive Services, Narayana Netralaya, Bengaluru, India

What major trends are catching your attention right now?

Ophthalmology is undergoing a paradigm shift driven by advancements in gene

therapy, personalized medicine, and AI.

To accelerate personalized medicine, we must prioritize translational research and encourage industry collaboration in developing advanced imaging techniques and molecular biomarkers. This synergy will bridge the gap between laboratory discoveries and clinical applications, fast-tracking precision medicine for better patient outcomes.



Ranya Habash

Voluntary Assistant Professor, Bascom Palmer Eye Institute, Miami, USA

What major trends are catching your attention?

One of the most significant trends shaping the healthcare and ophthalmic landscape is precision medicine.

Using AI, data science, and digital technology, we can detect eye and systemic diseases earlier than ever before, so we can intervene before irreparable damage occurs. We can also use predictive AI modeling to anticipate disease trends, resulting in personalized medicine. We've been using this technology for years in financial market strategy and manufacturing, so I look forward to this concept becoming the standard of care in medicine too. With AI and digital tools playing a pivotal role in democratizing access to eye care, we can enable more proactive and preventative health for patients around the world.



Roger Zaldivar

CEO Instituto Zaldivar CEO & Co-Founder of REVAI, Buenos Aires, Argentina

Nominator's Comments:

"Roger Zaldivar is deeply committed to community service. He has volunteered his time and expertise to provide free eye care in underserved communities and has been a vocal advocate for healthcare access and equity. He leads the Zaldivar Foundation, created in 1990, a non-profit institution whose mission is the ophthalmological care of children and adults who lack medical coverage. Since 2024, the Zaldivar Foundation provided free ophthalmological services to more than 10,000 underserved patients in Argentina."



Sobha Sivaprasad

Consultant Ophthalmologist, Moorfields Eye Hospital and Professor of Retinal Clinical Research, UCL, London, UK

What major trends are catching your attention?

Plenty of new therapies being trialed in retinal conditions with no available treatment.

In what ways do you think artificial intelligence and machine learning will impact ophthalmic innovation?
Inevitable.



Andrzej Grzybowski

Professor of Ophthalmology, University of Warmia and Mazury and Foundation for Ophthalmology Development, Poland

What area of research do you find most exciting right now?

Artificial intelligence (AI) has brought a lot of promise in terms of better and more accessible diagnostic tools for many eye disorders. But most exciting is the use of eye structures for the diagnosis of systemic eye disorders. I believe that the fundus camera or possibly just a photo camera will become the tool used by primary care physicians to analyze the internal or external eye pictures to diagnose conditions of the whole body.

What advice would you give to your younger self?

Find a mentor, or a few of them if possible, and try to learn from them. Be humble enough to listen to others, and try to learn every day at least one tiny thing.



Arshad M. Khanani

Managing Partner, Director of Clinical Research, Director of Fellowship, Sierra Eye Associates; Clinical Professor of Surgery, Reno School of Medicine, Nevada, USA

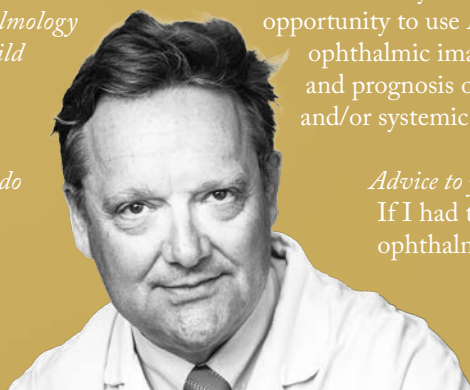
What area of research do you find most exciting right now?

Sustained-release drug delivery systems, optogenetics, and gene therapy to treat retinal diseases.

Dan Milea

Head, Neuro-Ophthalmology Department, Rothschild Foundation Hospital, Paris, France

What area of research do you find most exciting right now?



There is currently an extraordinary opportunity to use AI applied to ophthalmic imaging for detection and prognosis of neurological and/or systemic diseases.

Advice to your younger self?
If I had to start ophthalmology again, I

would definitely dedicate more time to master data science and gain more knowledge related to novel technologies and innovation.

It is a truism to state that these areas will deeply reshape ophthalmology in the next few years, but the young generations need nevertheless to be better prepared...

Ian Flitcroft

Consultant Ophthalmologist and Adjunct Professor of Vision Science, Mater Misericordiae Hospital and Technological University Dublin, Ireland

What area of research do you find most exciting right now?

My main area of research is the prevention and treatment of myopia. A particularly exciting area for me is understanding the role of the choroid in myopia development and its link to visual impairment in later life. This offers the possibility of preventing the age-related deterioration of vision we see in highly myopic eyes.

Advice to your younger self?

Take a course in AI and data science. They'll be critical career skills for any entering this speciality today.



Jakob Grauslund

Head of Department, Professor, Department of Regional Health Research, University of Southern Denmark

What area of research do you find most exciting right now?

AI really has the ability to change the

landscape of ophthalmology and to assist us address the imbalance between lack of ophthalmologists and aging populations with increasing need of ophthalmic care.

Advice to your younger self?

If you have the dedication and find the right mentor, only the sky is the limit!

James Bainbridge

Professor of Retinal Studies, UCL; Consultant Ophthalmologist, Moorfields Eye Hospital, London, UK

Nominator comments:

"James Bainbridge's aim is to reduce the prevalence of blindness using translational research to develop effective new treatments for blinding retinal diseases. His own program of research extends from the laboratory investigation of mechanisms of retinal disease in experimental models, through preclinical development of novel therapies, to clinical trials of new medical and surgical interventions. He collaborates widely in multidisciplinary research programs to develop new molecular and cellular therapies."





Jost B. Jonas

Professor and Chairman, Department of Ophthalmology, Medical Faculty Mannheim, Heidelberg University, Germany

Education of more than 200 residents at the University Eye Departments in Erlangen, Germany and Mannheim/

Heidelberg, Germany from 1987 to 2024. 935 lectures and 114 courses given at scientific meetings Mentoring >100 PhD students in China, India and Germany.

What area of ophthalmology do you find most exciting right now?
Medical retina, including myopia.



Paul J. Foster

Professor of Glaucoma Studies, Research Theme Leader – Population and Data Sciences, University College London, Institute of Ophthalmology; Consultant Ophthalmologist, Moorfields Eye Hospital Glaucoma Service, London, UK

What area of research do you find most exciting right now?

The last two decades have seen an explosion in the range and depth of data available to researchers. From the completion of the human genome project (2003), through huge cohort studies such as UK Biobank (baseline data on 500,000 people released 2012) to multimillion person datasets such as Our Future Health (5 million people across the UK) featuring genotypes, health record linkage and lifestyle questionnaire data. Combine this with the awesome potential of AI analytics such as deep learning, and I believe the next two decades promises some incredible advances in our understanding of why people get sick, and how to prevent this.



Renato Ambrósio Jr.

Professor of Ophthalmology at UNIRIO and UNIFESP; Physician CEO, BrAIN (Brazilian Artificial Intelligence Networking

in Medicine) and AVA (Ambrósio Vision Academy); Director of Refractive Surgery at Instituto de Olhos Renato Ambrósio and Rio Vision Hospital, Rio de Janeiro, Brazil

What advice would you give to your younger self?

I would highly encourage embracing a mindset of lifelong learning and resilience. Achieving excellence is not about reaching a fixed destiny but following a continuous North Star. It is crucial to remain open to new concepts and technological innovations, applying critical thinking to discern whether emerging trends are a genuine evolution or just hype. Above all, patient care must always be the highest priority, ensuring every clinical and research endeavor is anchored in safety and efficacy.



Rohit Shetty

Chairman, Narayana Nethralaya, Bengaluru, India

What advice would you give to your younger self?

Think beyond the ordinary. To look at ophthalmology should not be myopic.

From the nominator:

“Rohit Shetty published a wealth of influential studies and papers in clinical and translational research, with a particular emphasis on corneal biomechanics, keratoconus, and refractive surgery. He is acknowledged as a highly cited researcher, contributing significantly to the scientific knowledge of corneal diseases, personalized medicine, and therapeutic innovations.”



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REFERENCE

1. Glaukos Data on File.

iStent infinite® IMPORTANT SAFETY INFORMATION

INDICATION FOR USE. The iStent infinite® Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed. **CONTRAINDICATIONS.** The iStent infinite is contraindicated in eyes with angle-closure glaucoma where the angle has not been surgically opened, acute traumatic, malignant, active uveitic, or active neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrolental tumor, thyroid eye disease, or Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure. **WARNINGS.** Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualization that could lead to improper placement of the stent and pose a hazard. **MRI INFORMATION.** The iStent infinite is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details. **PRECAUTIONS.** The surgeon should monitor the patient postoperatively for proper maintenance of IOP. Three out of 61 participants (4.9%) in the pivotal clinical trial were phakic. Therefore, there is insufficient evidence to determine whether the clinical performance of the device may be different in those who are phakic versus in those who are pseudophakic. **ADVERSE EVENTS.** The most common postoperative adverse events reported in the iStent infinite pivotal trial included IOP increase ≥ 10 mmHg vs. baseline IOP (8.2%), loss of BSCVA ≥ 2 lines (11.5%), ocular surface disease (11.5%), perioperative inflammation (6.6%) and visual field loss ≥ 2.5 dB (6.6%). **CAUTION:** Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

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