

The Interventional Glaucoma Congress is developing consensus statements that support safe, early glaucoma intervention.

The origin of the belief that glaucoma is a surgical disease is debatable. Should it be attributed to David Campbell, MD, who shared the perspective during a talk at an annual meeting of the American Glaucoma Society years ago? To S.D. Risley, AM, MD, PhD, who wrote about the surgical treatment of chronic glaucoma in 1907?¹ Why not credit Albrecht von Graefe, who performed the first surgical treatment for glaucoma—an iridectomy—in 1856? Regardless of the true source, these individuals and others paved the way for many evolutions in glaucoma management. Now, we are on the brink of a new era—the era of early intervention.

I remember talking to Iqbal Ike K. Ahmed, MD, FRCSC, and Richard Lewis, MD, years ago about the importance of intervening in the disease course early instead of waiting for an outcome like visual field loss. Granted, intervention is meaningless without the ability to predict accurately when patients will begin experiencing vision loss. In the past 20 years, however, surgical options to treat patients early in the disease course have emerged. Ab interno goniotomy with the Trabectome (NeoMedix, now MicroSurgical Technology) paved the way, not because the procedure was the first of its kind but rather because manufacturers found a way to get the device into the hands of more glaucoma specialists. Goniotomy then opened the door for trabecular meshwork-based procedures.

Ike and Rick have had a significant impact on the field of glaucoma. They both understand that intervening early in the course of glaucoma requires a proper diagnosis of the disease and safer procedures. They also understand what it takes to bring together glaucoma specialists with varying opinions and empower them to effect change. With these ideas in mind, Ike and Rick formed the Interventional Glaucoma Congress (IGC). The annual IGC meeting is a think tank where progressive glaucoma specialists exchange innovative ideas and promote a proactive rather than reactive approach to patient care. For the past 3 years, I have been their co-chair on the planning committee (Figure 1).



Figure 1. The 2022 IGC program chairs, from left to right, Dr. Lewis, Dr. Sheybani, Dr. Ahmed, and Rachel Simpson, MD.

Figures courtesy of Laura Kinser

A profile of three organizations helping cultivate cultural responsiveness in the ophthalmic community.

Student National Medical Association Ophthalmology Specialty Interest Group

TEMITOPE ADELEKE

The ophthalmology community does not currently represent the patient population adequately. Underrepresented minority groups compose only approximately 6% of practicing ophthalmologists.¹ Similarly, 6.3% of incoming residents in the 2019–2020 academic year were underrepresented in medicine (URiM) students.² Some reasons for underrepresentation in ophthalmology include a low level of interest, late exposure to the field, lack of racially diverse role models, and competitive residency programs. Several organizations, however, are resolving to change these issues.

The Student National Medical Association (SNMA) Ophthalmology Specialty Interest Group (OSIG) is a safe and supportive community for minority future ophthalmologists. The SNMA OSIG helps URiM students interested in ophthalmology become exceptional residency candidates. The

goals of the student-run organization are to introduce the field of ophthalmology to URiM premedical and medical students and provide mentorship, residency application assistance, access to research opportunities, surgical skills workshops, and networking opportunities so that students begin to see a career in ophthalmology as attainable.

The SNMA OSIG promotes diversity in ophthalmology and aims to reduce disparities in eye care. It is hosting an in-person program for premedical and medical students attending the 2023 SNMA Annual Medical Education Conference, including a panel discussion, skill set workshop, and networking opportunities. For information about serving as a speaker or mentor, email ophthalmology@snma.org.

1. Xierali IM, Nivet MA, Wilson MR. Current and future status of diversity in ophthalmologist workforce. *JAMA Ophthalmol.* 2016;134(9):1016-1023.
2. Atkuru A, Lieng MK, Emami-Naeini P. Trends in racial diversity among United States ophthalmology residents. *Ophthalmology.* 2022;129(8):957-959.

LGBTQ+ PEARLS FOR COLLEAGUES

Experts share ways to foster inclusivity in the workplace and work toward inclusive policies.



A conversation with Jessica Weinstein, MD; Roberto Diaz-Rohena, MD; Steven Sanislo, MD; and Brandon Johnson, MD, and moderated by Vivienne S. Hau, MD, PhD, and Basil K. Williams Jr, MD



LISTEN NOW

"It's also easy to fall into the habit of just ignoring the topic altogether, especially as a gay man. The medical community was so conservative when I was training, and I didn't talk much about my personal life. I kept to myself for the most part. That does so much damage not only to the person who is keeping those secrets but also to the greater community that doesn't realize the pressures that they're putting on underrepresented groups. That's

why it is important to have representation and talk about these issues so that the next generation doesn't have to be afraid to be authentic."

— BRANDON JOHNSON, MD

Surgical retina specialist, New York Retina Center

Minority Ophthalmology Mentorship

CATHERINE ANDERSON-QUIÑONES, BM

Diversity and inclusion matter for patient care and outcomes. Studies have shown that patients are more likely to comply with medical advice and treatment when cared for by physicians who look like them and share their cultural competency.¹ The Minority Ophthalmology Mentoring (MOM) program was established in 2018 to increase diversity in ophthalmology by helping qualified students who are underrepresented in medicine become competitive ophthalmology residency applicants.

MOM is open to first-year medical students in Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation programs. Applicants submit college and medical school transcripts, a letter of recommendation from someone in their academic or work life, and a personal statement. Students who are selected for the program are paired with an ophthalmologist mentor who will help guide them through decision making and medical career planning. MOM members are expected to engage with their mentors three to four times per year. (To learn more about MOM, scan the QR code on pg 69.)

AN INTERVENTIONAL MINDSET

What's the vision behind the IGC? Understanding that requires revisiting the role von Graefe played when he treated the potentially devastating disease before the availability of any medical therapies. (Pilocarpine was not used until approximately 1875, and timolol was commercialized in 1978.) Medical glaucoma treatments have benefited patients, but side effects are problematic. The bigger issue, however, is that the availability of glaucoma drops made it easier for practitioners to ignore our inadequacy at treating the disease. We started to blame patients for noncompliance, but isn't that another way of saying that our therapies are inadequate?

The IGC is pushing the boundaries of glaucoma care by examining the role and timing of surgical intervention. The annual meeting challenges our thinking and inspires the next generation of glaucoma surgeons to find better ways to care for patients (for a fellow's perspective on the 2022 IGC meeting, see the accompanying sidebar). The members of the IGC are intimately involved in developing the content and format of the meeting, and each year, the conference has a different feel. From the inaugural congress in 2019, to a virtual meeting during the pandemic, to the incorporation of a fellows program in 2022 (Figure 2), the program continues to improve.



Figure 2. Dr. Sheybani lectures during the fellows course at the 2022 IGC meeting.

The IGC is currently developing consensus statements that support safe, early glaucoma intervention. The statements will tackle the following issues:

- Reimbursement challenges;
- Regulatory challenges;
- The unmet needs in clinical trials; and
- Surgical glaucoma training.

Glaucoma is a progressive disease. Without consensus on how to manage the incurable, noncompliant disease, we are wandering aimlessly. The mission of the IGC has always been and will continue to be to inspire an interventional mindset, where we treat the disease early before it has a functional impact on patients' vision and quality of life. ■

1. Ritsley SD. The surgical treatment of chronic glaucoma. *JAMA*. 1907;XLIX(4):291-299.