

# Bradford J. Shingleton, MD

Dr. Shingleton is bringing a unique perspective on glaucoma and cataract to the presidency of the ASCRS.

## Why did you become an ophthalmologist?

No one in my family was involved in medicine, but, by the time I was in the seventh grade, I knew I wanted to be a doctor—specifically a surgeon. While I was in medical school at the University of Michigan, I was exposed at an early stage to all of the surgical disciplines. I fell in love with the microsurgical techniques used in ophthalmology and came to the Massachusetts Eye and Ear Infirmary in Boston for my residency. I initially thought about subspecializing in the retina, but my mentor, B. Thomas Hutchinson, MD, introduced me to the dynamics of anterior segment surgery. I have never looked back.

## How do you balance your responsibilities as a glaucoma subspecialist and a high-volume cataract surgeon?

Cataract and glaucoma are complementary conditions that frequently coexist in older patients and often require simultaneous treatment. In addition, surgery for cataract often affects glaucoma and vice versa. I restricted my practice to the surgical management of these conditions, because they blend together so well. I have built administrative, technical, and surgical teams that allow me to manage cataract and glaucoma at the highest level in the clinic and the OR.

## What is the current focus of your research?

I am interested in pseudoexfoliation (PXF), a ubiquitous problem for every surgeon who deals with cataract and glaucoma. To facilitate this research, my team and I have created a computerized database containing information on approximately 1,500 pseudoexfoliative eyes on which I performed cataract surgery. This extensive system, which I believe is one of the largest for a single surgeon, has enabled us to publish numerous articles on the surgical management of coexisting cataract and glaucoma.

Earlier this year, I published the first of several articles discussing the effect of PXF on the outcome of cataract surgery.<sup>1</sup> Future installments will cover the effect of uncomplicated surgery on IOP, the results of combined surgery, and the management of problems with IOLs in eyes with PXF.

## How has your dual focus on cataract and glaucoma prepared you to serve as president of the ASCRS?

The majority of ophthalmologists who perform cataract and refractive surgery are comprehensive clinicians, not re-

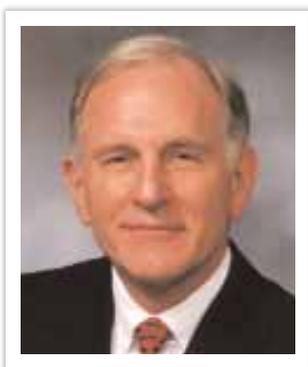
fractive subspecialists. Because older patients often have both cataract and glaucoma, comprehensive ophthalmologists must be knowledgeable about the conditions' management. For that reason, the ASCRS established the Glaucoma Clinical Committee 10 years ago. My duties as the committee's previous chair (it is now headed by Reay H. Brown, MD) included organizing the ASCRS' Glaucoma Day Symposium as well as developing multiple courses on new technology and surgical techniques. Combined with my clinical and research interests, my experience with the glaucoma committee helps me to work with members of the ASCRS' executive and programming committees to develop educational initiatives that will benefit our members.

## What issues do you intend to address as the president of the ASCRS?

I plan to focus on education, participation, and advocacy. In addition to sustaining and enhancing the quality of the ASCRS' annual meeting, my colleagues and I would like to increase the out-

reach of the society's clinical committees. These nine groups, essentially the think tanks of the ASCRS, advise the executive committee and serve as educational resources. We are also expanding Eye Space MD, a multi-dimensional Web-based ophthalmic educational portal that provides a forum for interactive collaboration among our members.

The other areas I would like to address—participation and advocacy—go together. My colleagues and I will continue to encourage more members to participate in the ASCRS Foundation. Over the past 6 years, this organization has raised more than \$5 million for scientific and humanitarian programs. The ASCRS is also taking several steps to strengthen its advocacy and presence on Capitol Hill. We will not be able to effect long-term changes in the Medicare system until we correct the flawed Sustainable Growth Rate formula. To achieve this goal, we are refocusing the efforts of the Government Relations Committee as well as forging alliances with like-minded societies. These steps and more will help us to improve the services we provide to patients and increase our chances of receiving fair payment for those services. ■



1. Shingleton BJ, Nguyen BK, Eagan EF, et al. Outcomes of phacoemulsification in fellow eyes of patients with unilateral pseudoexfoliation: single-surgeon series. *J Cataract Refract Surg*. 2008;34:274-279.