

Shaping the Narrative

In myriad ways, CRST's chief medical editors—past, present, and future—have had and continue to have a considerable impact on ophthalmology.

BY JOHN F. DOANE, MD, FACS; DAVID F. CHANG, MD; STEPHEN G. SLADE, MD, FACS; ERIC D. DONNENFELD, MD; STEVEN J. DELL, MD; ROBERT J. WEINSTOCK, MD; WILLIAM F. WILEY, MD; AND CATHLEEN M. MCCABE, MD



FOREWORD

Today, the term *influencer* is most often used in the social media world to describe an individual who promotes brands and has influence over others' buying decisions. Long before the days of Twitter, Facebook, and Instagram, however, *CRST* had its own army of influencers. Serving as chief medical editors, these individuals have not only promoted our brand but also painstakingly helped to shape the narrative of *CRST* while making a considerable impact on ophthalmology.

In the following article, *CRST*'s past, present, and future chiefs share their thoughts on and favorite memories from their tenure with the publication. I've had the pleasure of working with all these individuals over the years, and I couldn't be more grateful for their guidance, insights, and forethought. Cheers to them and cheers to all our editorial board members and past and future contributors! *CRST* is 20 years strong because of the fine individuals who have helped us keep our finger on the pulse of ophthalmology.

—Laura Straub, Editor-in-Chief

A Serendipitous Meeting

John F. Doane, MD, FACS | *CRST* Chief Medical Editor, 2001–2007

At the ASCRS Annual Meeting more than 20 years ago, Trudy Larkins, who at the time was working for Bausch + Lomb, told me that David A. Cox, whom I did not know, “wants to talk to you about something. I think you would be great.”

After chasing each other around for a few days, David and I finally found each other. He unabashedly told me he was looking for a chief medical editor for a new monthly ophthalmology publication. He told me it was going to look slick—like



Time magazine—and provide timely information on new techniques and technologies. As David described his vision, I abruptly said, “I’ll do it!”

In my first editorial, I stated something to the effect that cataract and refractive surgeons needed another publication like they needed a hole in their heads but that *CRST* was offering a new concept in print (and subsequently digital) education that would be an asset to readers. With David and his business partner, Adam Krafczek Jr, Esq, we would provide more intimate conversations about topics and drill down into refractive cataract surgery and corneal refractive surgery. We delivered in a big way!

For a few years, I was the sole chief medical editor. This was a chore! *CRST*’s early editorial board meetings, however, were a fantastic experience. We sat around a large table with 20 or so of the world’s

most notable surgeons and discussed cutting-edge topics.

We had the good fortune to convince David F. Chang, MD, to join me as chief medical editor to lead the cataract side of the publication in 2004, and his work in that role was a tremendous asset. Over the years, the chief’s baton has been passed several times to physicians who have each done a wonderful job.

David and Adam also collaborated with industry thought leaders to develop the nonprofit society known as American-European Congress of Ophthalmic Surgery (AECOS). AECOS hosts several outstanding educational meetings each year—the Winter Symposium in Aspen, Colorado; the Summer Symposium in Deer Valley, Utah; and the European Symposium—which are chaired by giants in the field such as Stephen G. Slade, MD, FACS, and Steven J. Dell, MD. The

AECOS meetings are well-known and annual favorites on the meeting circuit, and the content curated for them emphasizes the importance of sharing and collaboration between medical professionals and industry.

What began as a game of tag at a major meeting 2 decades ago has evolved into an amazing collection of thoughtful print and digital contributions and superb live meetings for which all cataract and refractive surgeons should be thankful and proud. I know I am!

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From Separate Worlds to Intertwined Specialties

David F. Chang, MD | *CRST* Chief Medical Editor, 2004–2008

After I joined John F. Doane, MD, as chief medical editor in January 2004, we alternated oversight of *CRST*’s cover series. He focused every other issue on refractive surgery, and I concentrated on cataract surgical content. At that time, cataract and refractive surgeons occupied seemingly separate worlds with distinctly different types of patients, practices, and clinical challenges. *CRST* was among the first publications to recognize the importance of integrating the education of cataract and refractive surgeons, and it was BMC President and Cofounder David A. Cox’s vision to pair and focus on these two specialties in a single trade journal.

Today, these same two specialties are more intertwined than ever because cataract patients constitute our largest refractive surgical population worldwide.

Directing the clinical content of a relatively new journal was exciting—it brought with it an opportunity to be different, to innovate, and to brainstorm new ways to educate and inform colleagues. Starting in 2005, we were the first to organize an annual refractive cataract continuing medical education meeting focused on premium IOLs, and the curriculum generated much of our print content. The availability of premium IOLs meant that purely keratorefractive surgeons suddenly

wanted to resume performing phacoemulsification and that cataract surgeons needed to master the arts of refractive surgery and refractive practice management.

In the issues of *CRST* that I oversaw, we covered a single cataract subject in depth. Each series included up to 10 articles written by the top international experts from whom I most wanted to learn. The level of quality was superb, and we eventually compiled 200 of the best articles from my 5-year term as chief medical editor into a comprehensive 420-page textbook.¹ Through a generous industry grant, this hardbound textbook was distributed at no charge to US ophthalmology residents.



Also during my tenure, we initiated regular columns in *CRST* to discuss surgical complications, phacodynamic pearls and tips, global cataract blindness, and surgical history. The cover series of the March 2004 issue was devoted to the history of modern cataract surgery and featured 10 articles written by the pioneers themselves. (Scan the QR code to the left to read the March 2004 issue.) That edition of *CRST* is a collector's item in which Hall of Fame forerunners

who are no longer with us—Steven P. Shearing, MD; Robert Sinskey, MD; Richard P. Kratz, MD; David J. Apple, MD; and Charles D. Kelman, MD—all described personal historical contributions to the field.

When I started my term as chief medical editor of *CRST*, every ophthalmology trade journal was disseminated in print only, spawning

the *throwaway* moniker. It was necessary to clip and save articles for future reference. By the end of my term, *CRST* had pioneered a web-based publication with archives of every issue and launched Eyetube.net, a novel platform allowing any ophthalmologist to upload surgical teaching videos. For my final issue as chief medical editor in November/December 2008, I enlisted 10 of the most respected and admired cataract surgeons to join me in describing our single most challenging cataract cases ever. Featuring the worst nightmares of Robert J. Cionni, MD; I. Howard Fine, MD; James P. Gills, MD; Howard V. Gimbel, MD; Douglas D. Koch, MD; Stephen S. Lane, MD; Richard L. Lindstrom, MD; Richard J. Mackool, MD; Samuel Masket, MD; Robert H. Osher, MD; and myself, this issue is another that I consider to be a collector's item. (Scan the QR code

to the right to read the November 2008 issue.) That concept was the genesis of a recurring monthly column in *CRST* for which I served as section editor.

Today, I could not be more impressed with how *CRST* has continued to evolve and improve under the creative leadership of the succeeding chief medical editors. Happy 20th anniversary to David A. Cox's brainchild!

1. Chang DF, ed. *Cataract Surgery Today: The Best Cataract and Refractive IOL Articles From Cataract & Refractive Surgery Today*. Bryn Mawr Communications; 2009.

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You Can't Make It Up

Stephen G. Slade, MD, FACS | *CRST* Chief Medical Editor, 2007-2012

In 2006, David A. Cox and Adam Krafczek Jr, Esq, business partners and cofounders of BMC, the publisher of *CRST*, asked me to step into the role of chief medical editor starting in 2007. I knew it would be challenging to fill the shoes of John F. Doane, MD, who had done a marvelous job of leading the publication since its launch. I accepted the position knowing that it brought the opportunity to work with David F. Chang, MD, a *CRST* chief medical editor since 2004. One year later, as David ended his tenure, I was joined in the chief's position by the uber-wit, Eric D. Donnenfeld, MD. As I expected, our

collaboration was dynamic, and it was so much fun trying to manage his big personality. (After I stepped down, Steven J. Dell, MD, took over trying to manage Eric.)

As a chief medical editor, I had complete freedom to write my editorials on the topic of my choosing. The subject matter was wide-ranging, and I shared my thoughts on politics, world events, and even ophthalmology. The letters I received from readers—supportive and discouraging—made all my efforts worthwhile.

During my tenure with *CRST*, I enjoyed many successes. Each issue we published, the countless articles and



Figure 1. Dr. Slade and his wife, Cyndi, are godparents to the Krafczek's son, Adam.

editorials I wrote, and the book we published¹ were all accomplishments, but none compared to the friendships I made. Making friends gets harder as time goes by—there simply is not as much opportunity to spend lazy days getting to know new people

Courtesy of Stephen G. Slade, MD, FACS



like we did when we were teenagers. But the friends I made through CRST, including David, Adam, John, Eric, and Steven, came easily. We found time to travel together, to go on biking trips, to stay up late sharing stories. Some would say we were reliving our teenaged years together.

I've shared many things with my new friends—things that changed our lives, including health scares, broken relationships, marriages, everyday stories, great meals, successes, and failures. I loved

hearing about each new baby and every fiancée and meeting the ones I could. All these memories and, more importantly, all these friendships are mine to keep. About 13 years ago, Adam and his wife, Daniella, asked my wife Cyndi and me to be godparents to their son, Adam (Figure 1). It's the best symbol of the magic of my years with everyone at CRST.

I want to share my congratulations to CRST, David, Adam, and their superb staff. What they created

makes a difference in our field and in our lives, which is not very common nowadays.

1. Slade SG. *Laser Refractive Cataract Surgery: Science, Medicine, and Industry*. Bryn Mawr Communications and ACOS; 2012.

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Maintaining the Level of Excellence

Eric D. Donnenfeld, MD | CRST Chief Medical Editor, 2009-2014

Having the opportunity to serve as chief medical editor of CRST for 5 years was one of the highlights of my professional career. My tenure followed that of David F. Chang, MD. I shared the role with Stephen G. Slade, MD, FACS (Figure 2), and worked closely with BMC Cofounders David A. Cox and Adam Krafczek Jr, Esq. These are four of my favorite people in ophthalmology, and as chief medical editor, I simply tried to maintain the level of excellence they brought to the publication.

Every month, my mission was to work with our editors and physicians to bring the latest, most important stories in the world of cataract and refractive surgery to our readers. I also tried to emphasize the joy and privilege it is to be an ophthalmologist, a profession that provides an opportunity to improve patients' vision and

quality of life with the technology and techniques discussed in every issue of CRST. During my tenure, CRST highlighted several disruptive technologies, including MIGS, laser cataract surgery, multifocal IOLs, and wavefront- and topography-guided laser corneal ablation. These technologies and procedures changed the profession, and our contributors provided cutting-edge analyses to bring these advances from CRST into our readers' practices—an incredible honor.

Congratulations to the entire team at CRST for 20 years of excellence! You have changed the way cataract and refractive surgeons learn about new technology and advancing patient care.

ERIC D. DONNENFELD, MD

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Figure 2. Dr. Donnenfeld receiving the Dulaney Award from Dr. Slade during the AECOS Winter Symposium in Aspen, Colorado.

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Courtesy of Eric D. Donnenfeld, MD



A Willingness to Go Deep

Steven J. Dell, MD | CRST Chief Medical Editor, 2014–Present

CRST has produced many stellar issues over the past 20 years. Thinking about my favorites, I naturally began to reflect upon some of the issues released during my tenure as chief medical editor. However, one issue stands out in my mind as having put CRST on the map. The July 2002 issue is truly extraordinary simply because it contains a piece of groundbreaking



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medical journalism, the article “Anatomy of a Lawsuit,” written by attorney and BMC Cofounder, Adam Krafczek Jr, Esq (scan the QR code to read the article).¹ Adam’s

article describes in great detail the lawsuit *Post v. University Physicians*, Civil Action No. C20011817 (Pima County, Superior Court of Arizona, 2002). This landmark case involved a commercial pilot who underwent LASIK and subsequently complained of night vision abnormalities. A \$4 million judgment was reached for the plaintiff. This case sent shockwaves through the LASIK world.

The level of detail in Adam’s article is amazing. Key sections of testimony are quoted with insightful and balanced interpretations. This long-form, in-depth reporting is a type of journalism not typically found in ophthalmology. CRST demonstrated a

willingness to go deep and thoroughly explore topics important to our readership in many subsequent issues. The committed involvement of the chief medical editors and the editorial advisory board ensures the continued excellence of CRST. I’m looking forward to the next 20 years!

1. Krafczek A. Anatomy of a Lawsuit. *Cataract & Refractive Surgery Today*. July 2002. Accessed August 20, 2021. https://crstoday.com/articles/2002-jul/crst0702_09.php

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An Awakening

Robert J. Weinstock, MD | CRST Chief Medical Editor, 2015–Present

When I entered residency in 1997, I had no idea how little I knew about the world of ophthalmology. Everything was new, including how I was learning and my exposure to the field outside of my program. Besides the AAO’s Basic and Clinical Science Course series, I initially thought textbooks such as *Duane’s Ophthalmology* and peer-reviewed publications such as *Ophthalmology* and the *American Journal of Ophthalmology* were my only written resources with which to keep up with our field. As a senior resident, I realized that cataract and corneal refractive surgery appealed to me the most. At the same time, LASIK was beginning to boom in the private sector, and refractive corneal fellowships were coming into vogue. I also became

aware of *throwaway* journals at this time. This negative label affected my perception of their content; many of my mentors had an inherent distrust of their content and concerns about industry bias and scientifically unproven information.

Nonetheless, I found the content of these publications interesting. They opened my eyes to the real world of ophthalmology, which was fascinating and exciting to me. Very little of their content, however, was devoted to premium cataract surgery or LASIK, and *refractive surgery* wasn’t even a widely accepted term or subspecialty.

When I first read CRST in 2001, the experience was an awakening—a progressive publication devoted entirely to my passions. Articles written by

Richard L. Lindstrom, MD; Stephen G. Slade, MD, FACS; Daniel S. Durrie, MD; Eric D. Donnenfeld, MD; John F. Doane, MD, FACS; Kerry D. Solomon, MD, and



Figure 3. Dr. Weinstock with William B. Trattler, MD, at the American-European Congress of Ophthalmic Surgery (AECOS) Summer Symposium.

Figures 3 and 4, courtesy of Tamara Boggett, MBA



many others resonated with me and broadened my mind, and the progressive mindset, along with the new technology and procedures discussed, was addictive. Over the years, I have been honored to be asked to contribute, and it has been an immense pleasure to be a part of its extended family and now to call my mentors friends.

In 2015, when BMC's Cofounders, David A. Cox and Adam Krafczek Jr, Esq, asked me to serve alongside Steven J. Dell, MD, as chief medical editor and fill the giant shoes of Eric D. Donnenfeld, MD, it was one of the greatest honors and responsibilities ever bestowed upon me. I am indebted and grateful to the entire BMC team for their help and support over the years. The amount of time and energy, creativity, thoughtfulness, and commitment from the staff and editors behind CRST has been inspirational. For me, CRST continues to be the best of the best resources for our evolving subspecialty, and I know it will continue to evolve.

Some of my fondest memories are the in-person strategic planning sessions we have had at the major meetings. Brainstorming, creativity, and a collaborative atmosphere are at the core of the publication's philosophy. As CRST's 20th anniversary is upon us, I cannot help but realize how great an impact it has had on my career and how important a role it plays for us all (Figure 3). The next 20 years in ophthalmology will undoubtedly bring exponential changes, and I know CRST will be there to guide us through them.

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A Parallel Trajectory

William F. Wiley, MD | CRST Chief Medical Editor, 2020–Present

I started practicing ophthalmology in July 2002. In that same month, CRST published what I believe to be one of its most decorated articles, “The Anatomy of a Lawsuit.”¹ I remember sitting in my office, eating lunch—back when I wasn’t too busy to eat in between cases—and reading the piece and its companion articles in their entirety. The content was comprehensive, and it struck a perfect balance between maintaining scientific integrity and injecting thought-provoking surgeon commentary. That style of reporting, which was nothing like I’d seen before in a medical trade publication, struck a chord with me that continues to resonate with each subsequent issue.

To this day, I can’t help but think that CRST and I are on the same trajectory in our development, me in my own journey in ophthalmology and CRST as a trailblazer not only in print but now also in digital media. In the past 20 years, CRST has helped me establish proper practice patterns, become a better surgeon and clinician, and grow as an entrepreneur. I look to CRST to keep myself on the cutting edge. The publication presents information on new technologies and procedures in an exciting format that is relevant and personable. The articles share true thoughts from peers that resonate with me and often inspire me to try them in my own practice. I also believe that CRST was integral in transforming refractive surgery and cataract surgery from two separate specialties

into one specialty. It helped me to navigate that change in my own practice.

CRST is the foundation of BMC’s company culture. It paved the way for other educational resources to emerge with the same relevant, personable feel that CRST is known for. This format has been threaded through to other ancillary resources that BMC produces at the highest level



Figure 4. Dr. Wiley (center) with BMC President and Cofounder David A. Cox (right) and William B. Trattler, MD (left), at MillennialEYE Live, a meeting produced and hosted by BMC.



and on the leading edge. BMC was the first to provide a video resource for ophthalmologists (Eyetube.net), it was the first to offer a meeting geared toward young surgeons (MillennialEYE Live), and it was the first to provide a mentorship and educational platform for aspiring and young ophthalmologists (YoungMD

Connect). When BMC is involved in something, I know that it will be successful and topical and that it will resonate with me. That all started with *CRST* 20 years ago!

I'm proud that I share a parallel path with *CRST*, and I am excited to see what the future holds for both of us (Figure 4).

1. Kraficzek A. Anatomy of a Lawsuit. *Cataract & Refractive Surgery Today*. July 2002. Accessed August 20, 2021. https://crstoday.com/articles/2002-jul/crst0702_09-ph

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Past, Present, and Future

Cathleen M. McCabe, MD | Incoming *CRST* Chief Medical Editor, 2022

I am absolutely thrilled to be segueing into my new role on *CRST* as an incoming chief medical editor. It has been my great pleasure to participate as a section editor for the Cataract Surgery Case Files column and, before that, the Refractive Surgery Case Files column. These columns provide real-world examples of the dilemmas surgeons face routinely and the breadth of approaches and thought processes involved in caring for these often quite complicated cases. I have learned so much through my involvement with these columns, and I have come to look at complications in my practice with the eyes of an educator as well as a physician. Now, I often realize midsurgery that I will present that patient's situation in the case files section, and I then eagerly await the input of the contributors who have agreed to provide comments on their preferred strategies for a successful outcome.

I was a year into my private practice career when *CRST* debuted in 2001. All these years later, I continue to look to its pages to discover novel procedures and technologies, read thoughtful commentary from peers, and get a peek at future innovations. Some of my favorite articles come at

the end of the year, when *CRST* survey results consistently show similarities among the respondents and highlight some interesting pearls, techniques, or articles I missed in the preceding year. It calms my FOMO (fear of missing out) regarding something new and exciting and helps highlight the responses that garner the most consensus in our field. *CRST*'s editorial board has kept the content fresh, current, and actionable.

In my practice today, I am examining patients not only to determine the current status of their eye health and needs but also with thoughtful consideration as to how these may evolve in the future. What is the best refractive solution for the lifetime of the patient? What will the treatment path look like for presbyopia or glaucoma? Will early signs of disease today affect the wisdom of treatment choices if their eye health worsens in the future? Will a management choice today preclude a future necessary treatment?

If only I had a crystal ball. What I do have, however, are the ideas and strategies presented in articles and publications that serve as a light in the fog, a map in uncharted territory, and a collaborative superpower for

divining how to serve our patients best. *CRST* has proved to be an exceptional resource.

We are facing challenges in ophthalmology like I have never before seen in my career. Staffing shortages, a global pandemic, decreasing reimbursement, increasing regulatory and payer hoops to jump through, and physician burnout are stressing the system, physicians, staff, and patients in ways not previously encountered. There are additional hurdles ahead, with a growing population and decreasing number of providers. We need each other more than ever, and effectively sharing our collective experience and wisdom is the secret weapon to our continued success. I take this mission seriously and am honored to be a part of the team carrying this torch forward. ■

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SAY ANYTHING

WHAT IS YOUR FAVORITE ISSUE OF CRST FROM THE PAST 20 YEARS, AND WHAT ARE YOUR FAVORITE MEMORIES FROM MEETINGS?



LISA BROTHERS ARBISSER, MD

Emeritus position, Eye Surgeons Associates, the Iowa and Illinois Quad Cities

“ I would be remiss if I did not choose the January 2019 edition of *CRST* as my favorite (scan the QR code to read it). I had the privilege of acting as guest medical editor for this issue, titled ‘Mastering the Posterior Capsule.’ It contains contributions from most of the leading surgeons on this topic nationally and internationally. The issue covers the history of posterior capsulorhexis back to the 1990s, the anatomy of the retrolenticular space, techniques for posterior capsulotomy, the efficacy of posterior capsulotomy with posterior optic capture for eliminating secondary cataract in patients of all ages, and, most importantly, the safety of this technique. These topics are essential to achieving the best outcomes in complicated situations, and their application to primary planned surgeries should be encouraged. In keeping with *CRST*’s cutting-edge content, the articles in total invite cataract surgeons to open their minds and hone their skills for the benefit of their patients. Moreover, the issue encourages surgeons to consider an entirely new routine paradigm that has the potential to allow a single cataract procedure to offer optimal, permanent visual rehabilitation to all.”



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JAY S. PEPOSE, MD, PHD

Medical Director, Pepose Vision Institute, Chesterfield, Missouri

“ My favorite issue of *CRST* is the July 2021 ‘The Disruptors’ installment (scan the QR code to read it). The cover series helps one appreciate that we are truly at the inception of a revolution in ophthalmic care. Advances in surgical robotics, laser technology, and phacoemulsification and photoemulsification will lead to the forthcoming availability of seamless cataract workstations. AI will become an integral aspect of home monitoring for patients with glaucoma and wet age-related macular degeneration and of diagnostic imaging and patient management. New pharmacological formulations and sustained drug delivery systems under development are targeting unmet or underserved needs for patients with presbyopia, keratoconus, and wet and dry age-related macular degeneration. We are seeing paradigm shifts in accommodating IOL technology, and the list goes on. I have witnessed so many innovations in ophthalmology in my more than 30 years in practice, and the only constant is that the rate of change continues to accelerate. This gives me great hope for the future of vision restoration.



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I always enjoy seeing BMC at industry events. This summer’s American-European Congress of Ophthalmic Surgery (AECOS) meeting in Deer Valley, Utah, was a highlight. After so much isolation and the myriad Zoom meetings since the onset of the COVID-19 pandemic, it was refreshing to be back at a live event and to spend quality time learning and interacting with new and old friends and colleagues.”



O. BENNETT WALTON IV, MD, MBA

Refractive, cataract, and cornea surgeon, Slade & Baker Vision, Houston

“ The June 2018 issue of *CRST*, ‘White Glove Service,’ is my favorite issue (scan the QR code to read it). In a field with constantly evolving technology, it’s important to be reminded that patient experiences and interactions form the backbone of what makes refractive and cataract surgery successful. Best practices and collegial advice are relevant to the interpersonal side of our field, too.

BMC’s smaller meetings, such as MillenniaEYE Live, lend themselves to far more interaction and real-world relevance relative to the larger meetings of the ASCRS and AAO. I enjoy meeting likeminded colleagues dedicated to innovation and futurism. The environment at smaller meetings lends itself to continued conversation, whereas attendees at larger meetings are rushing across a large convention center to set up for their next talk or meeting.” ■



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