



February 2-5, 2024 | Kempinski Hotel Cancún

2024 CARIBBEAN EYE MEETING

The Annual ACES/SEE Caribbean Eye Meeting delves into hot topics for anterior segment surgeons and health care professionals.

From February 2 to 5, 2024, the upcoming Caribbean Eye Meeting promises to be as engaging as previous years. This one-of-a-kind meeting, held at the Kempinski Hotel Cancun, will gather well-known leaders in ophthalmology to discuss important topics in eye care. The American College of Eye Surgeons (ACES) and the American Board of Eye Surgery (ABES) were started in 1989, with ACES as the educational arm. Together, ACES, ABES, and SEE share a commitment to the belief that the primary focus for today's ophthalmologist must and should be to promote, encourage, and enhance quality ophthalmic surgical care for the benefit of all patients.

PAST, PRESENT, AND FUTURE OF EYE CARE

Thoughts from thought leaders.

MODERATORS

Robert J. Weinstock, MD | Private practice, The Eye Institute of West Florida

William F. Wiley, MD | Private practice, Cleveland Eye Clinic, Ohio

PANELISTS

J. Andy Corley | Flying L Partners

Steven J. Dell, MD | Private practice, Dell Laser Consultants, Austin, Texas

Tom Frinzi | Chairman and CEO, STAAR Surgical

William Link, PhD | Cofounder, Versant Ventures

Stephen G. Slade, MD | Private practice, Slade & Baker Vision, Houston, Texas

Eric Weinberg | Chief Commercial Officer, RxSight

William F. Wiley, MD: What was one of the most impactful moments in ophthalmology that affected your career path?

J. Andy Corley: In my Allergan training class taught by Irving Leopold, we were told that IOLs were ticking time bombs. Over the years, however, I learned truth takes time. Now, according to Bill Freeman, Executive Vice President, Market Scope, data indicates that the 700 millionth IOL will be implanted sometime this year. If there's a greater contribution to mankind, I'm not aware of it.

Steven J. Dell, MD: I've learned the hard way that it can be easy to dismiss the first generation of a technology and to withhold my judgment until more iterations come down the pipeline. It can take a while for a technology to catch up to our desires. Some of the first IOLs probably were ticking time

bombs. The first femtosecond lasers for flap creation were inadequate, too.

Stephen G. Slade, MD: Our acceptance of new technologies has changed. We have as much conservatism, hesitancy, and doubt against new technologies now as in past decades. The regulatory and financial hurdles still exist, but I think fewer people are averse to change. I know I am.

Eric Weinberg: I've learned that innovation is two or three times more demanding and more expensive today to bring to market.

Robert J. Weinstock, MD: That is true, and not everything comes to market. What can we do to keep innovation happening?

William Link, PhD: One positive, in my view, is that the cycle of innovation in ophthalmology is more rapid than almost any other medical surgical specialty. Is it hard to keep innovating? Absolutely. Do we embarrass ourselves periodically? Yes. It takes standing up, dusting ourselves off, and trying again to keep innovation happening.

Tom Frinzi: It also requires reinvention. In the past 5 to 7 years, a lot of young industry talent has emerged with new ideas. These individuals understand the value of relationships with surgeons. These relationships make a difference in the products and devices we produce.

Dr. Dell: For young ophthalmologists looking to become involved in innovation, start talking with your local reps. It can lead to an invitation to an ad board or a dinner and eventually an invitation to become an investigator in a clinical trial.

Mr. Frinzi: I benefited a lot from great mentors. If you have a mentor, nurture the relationship and take advantage of it. If you don't, find one because it can have an unbelievable impact on your life.

Dr. Weinstock: We're facing some headwinds right now, including the economy, FDA, private equity, and practice consolidation. How can we make sure we keep going toward what's best for patients?

Dr. Slade: I'm hopeful the pendulum will start to swing back. I think a lot of it will right itself. I think we all just need to remain optimistic.

Dr. Dell: We're about to enter the golden age of ophthalmology. The IOLs we have can deliver on presbyopia correction and refractive accuracy. Laser vision correction has been refined. And demographics are working in our favor; a tremendous tailwind of millennials are just starting to be able to afford LASIK, refractive lens exchange is exploding for the 50+ crowd, and a population over the age of 65 require cataract surgery. You couldn't craft a better scenario if you tried. There are regulatory challenges, but wow, what a great time to be an ophthalmologist.

Mr. Corley: We have an incredible mixture of treatments that stabilize ophthalmology through the long period, which other medical fields don't enjoy. We have ICLs, LASIK, and SMILE. We have advanced technology IOLs. We have glaucoma innovation. The growth in the field is a result of innovation, delighting customers, and favorable demographics that just cannot be denied. ■



To learn more about the 2024 Caribbean Eye Meeting and register to attend, visit

CaribbeanEyeMeeting.com

