

FDA-APPROVED CORNEAL CROSS-LINKING: THE WHAT AND THE WHY

Cornea education at the 2022 iEducation Residents and Fellows Course, an expansion of Glaukos' efforts to support young ophthalmologists, focused on the real-world impact of treating keratoconus.



BY RAHUL TONK, MD

The availability of corneal cross-linking (CXL) as a treatment for keratoconus offers an opportunity to significantly reduce the risk of vision loss associated with the corneal disease, but its successful implementation into practice may require new ways of thinking, according to a panel of cornea experts at the 2022 iEducation Residents and Fellows Course.

Focused tracks on CXL and keratoconus were added to this year's iEducation course, part of Glaukos' overall commitment to supporting young ophthalmologists with unique and engaging learning opportunities. The format of the cornea track followed the same model Glaukos used in designing MIGS education for iEducation: invite top faculty, set an agenda of hot topics, and provide a blend of informative didactic lectures and hands-on, small-group dry labs where attendees can interact with leaders in the field.

The expansion of educational offerings to those interested in pursuing cornea fellowships is also practical: the FDA's approval of iLink (Glaukos) introduces a viable treatment option for a disease that is historically the leading indication for penetrating keratoplasty in the United States.¹ Yet the market availability of iLink also engenders several prominent questions:

- When is the right time to intervene?

- Why does FDA approval matter? Is it simply a reimbursement and insurance issue or are there potential legalities involved? (Hint: there may be!)
- How will these patients enter the clinic, and at what stage of their keratoconus?
- How can ophthalmologists work with the referral network to grow early recognition of keratoconus for prompt referral and potential early intervention?

Led by cornea expert Rahul Tonk, MD, of Bascom Palmer Eye Institute in Miami, the course offered a deep dive on several topics one would expect to find around conversations related to CXL: the nuances of patient selection, the role of diagnostics and which ones offer the best data, and considerations for insurance coverage. To round out the education, Dr. Tonk offered perspectives on how he finds candidates, introduces the procedure, educates patients, and manages expectations.

The iEducation cornea course also offered education on some topics that might seem out-of-scope, but which are nevertheless critical in addressing some of the practical implications of offering CXL in a practice. For instance, a session on "Best Practices for MD/OD Collaboration" explored the crucial do's and don'ts of working with the referral network. Because CXL is most effective



An attendee learning new techniques under the supervision of Dr. Tonk.

in early keratoconus, ophthalmologists will have to work closely with professional peers in optometry to identify patients for referral—and that, in turn, will necessitate careful thinking about how to educate and empower the referral network to inspire trust. The bottom line: if patients aren't entering the clinic at the right time, CXL may not be an option, so it is incumbent on practitioners to help grow awareness.

Other features of the cornea course also emphasized an understanding of the bigger picture to help patients individually. Providing information on financial modeling, practice resources, and sources for patients' education assured attendees received a comprehensive perspective on the ins and outs of adopting CXL in practice.

Glaukos has already confirmed it will be hosting the iEducation Residents and Fellows Course in 2023 as part of its ongoing commitment to supporting young ophthalmologists with unique and engaging educational offerings. The in-person event will again offer an exclusive opportunity to interact with and learn from major thought leaders in ophthalmology in a relaxed and engaging atmosphere. ■

1. Eye Bank Association of America Statistical Report, 2016.

RAHUL TONK, MD

■ Bascom Palmer Eye Institute, Miami