

Getting by With a Little Help From My Friends

It is with very mixed emotions that I am retiring as co-chief medical editor of *Cataract & Refractive Surgery Today*. I have thoroughly enjoyed the experience of helping to shape this unique specialty publication, but, after 5 exciting years, I have decided that it is time to bring in fresh editorial leadership for the cataract side. It has been an honor and a privilege to share the medical editorship with my friends and refractive counterparts, John Doane, MD, and Stephen Slade, MD. Their insight, imagination, and personalities have made this collaboration a lot of fun, and they have taught me a lot.

When *CRSToday* was launched in 2001, cataract and refractive surgeons occupied seemingly separate worlds with very different types of practices and concerns. Back then, corneal topography and wavefront analysis were of as much interest to cataract surgeons as biometry and IOL formulae were to keratorefractive surgeons—which is to say very little. *CRSToday* was among the first publications to recognize the importance of integrating the education of cataract and refractive surgeons, and it was publisher David Cox's vision to pair and to focus on these two subspecialties in a single trade journal. The first annual *CRSToday* Refractive IOL Symposium in 2004—planned a year before the 2005 ruling by the Centers for Medicare & Medicaid Services—mirrored the journal by mixing together cataract and refractive topics, faculty, and panel discussions. The seismic paradigm shift in our practices brought about by new refractive IOLs and the Centers' ruling has validated *CRSToday's* vision and mission. Now, more than ever, cataract and refractive surgeons need to learn from each other.

All along, David has been the charismatic leader who continues to inspire the innovation and creativity that so characterize *CRSToday* and its three sister publications. Vice President Adam Krafczek, Jr, and the rest of BMC Group work long hours but always manage to have fun in the process. Whether it is *CRSToday's* Web site, Eyetube.net, a CME event or meeting, or a social reception—their trademark is a quality and first-class product. Finally, *CRSToday* publishes original articles written by ophthalmologists rather than by staff reporters conducting physician interviews. Although this greatly multiplies the amount of edit-

ing and deadlines to manage, Gillian McDermott and her editorial team are true professionals, and Gillian is the best I have ever worked with. Kudos and my personal thanks go to Sara Smith, Alicia Fagan, Julia Lewandowski, and, on *CRSToday Europe*, Laura Suarez.



My special thanks go to David and Gillian for the opportunity to try out so many different ideas in *CRSToday*. When I wanted to provide international ophthalmologists with free online access to the best of our cataract content, they allowed me to create the first *Virtual Textbook of Cataract Surgery* at <http://www.crstoday.com>. Another new tradition was publishing an annual IOL roundtable discussion without industry sponsorship. Seeking controversy rather than consensus, we tried to gather opinion leaders who had very different product

preferences and experiences. Creative freedom is one thing, but executing these ideas was another matter. For this, I must thank and praise the following section editors, who took these ideas and ran with them. The Cincinnati Eye trio of Robert Cionni, MD; Robert Osher, MD; and Michael Snyder, MD, produce a regular column inviting several guest experts to manage a cataract surgical complication. William Fishkind, MD, has been producing a second multiexpert column on phaco tips and pearls. The ageless Herve Byron, MD, has organized a regular feature on the history of cataract surgery written by physicians who, like Herve, are themselves living legends. Finally, while travelling together in Nepal, I realized that, as a journal for cataract surgeons, *CRSToday* needed Geoffrey Tabin, MD, to produce a regular column highlighting international humanitarian efforts to cure blindness from cataracts. I am happy to see other trade journals also devoting space to this cause. The current issue of *CRSToday* highlights the important and unsung work that Dennis Lam, FRCS, FRCOphth, and Nathan Congdon, MD, MPH, are doing in China with Project Vision.

In an early editorial,¹ I outlined our desire at *CRSToday* to complement rather than replace the role of peer-reviewed journals. Our goal was to provide what I called the *four Cs of content*: information that was current (timely), concise (summarizing), credible (evidence based), and clinically relevant (practical). Although challenging for the editorial staff to manage, every other month, we have devoted the issue

to a special cover series focusing on an important topic in IOLs or cataract surgery. TASS, IFIS, CTRs, MICS—whatever the hot topic or acronym was, we assembled at least 10 different articles to cover it with unparalleled depth and balance in a single issue. This would not have been possible without the generous voluntary efforts of the more than 200 authors who accepted our invitation to write original articles on every variety of cataract-related topics. My job was easy, simply to select the topics and the individuals whose opinions I most wanted to read. We and our readership thank you. The educational quality of all of these efforts is so high that *CRSToday* will be publishing the best of our cataract/IOL content in a stand-alone textbook.

For my farewell issue as chief medical editor, I have called upon 10 friends who are each an elite cataract surgeon that I have long admired. The assignment was to join me in describing our single most challenging cataract case ever. Let there be no doubt that we surgeons all lose sleep over certain patients, and I hope you enjoy and learn from these candid accounts. I plan to continue this series as a monthly column for *CRSToday*. My favorite cover focus, however, was on the history of modern cataract surgery, which featured articles written by many of the key pioneers themselves. Published in March 2004, that issue included the last ophthalmologic article written by Charles Kelman, MD,² along with numerous tributes to him³ that he was able to read just months before he passed away.

I have saved the best news for last, which is that Eric Donnenfeld, MD, has agreed to be my successor. Like the rare five-tool baseball player, Eric is unique as a thought leader in the disciplines of cataract, refractive, and cornea surgery, external disease, and ocular pharmacology. Few can match his academic productivity and credibility, but, more impressively, you will not find a nicer person. To these attributes, add that Eric has one of the most inquisitive, innovative, and witty minds in ophthalmology, and I cannot imagine *CRSToday's* having a brighter future.

In closing, I want to thank all of my friends in the cataract and refractive surgical teaching community for their support and their dedication to clinical research and education. Your voluntary contributions to *CRSToday* have been but one more example of your commitment to sharing your experience, wisdom, and enthusiasm with your colleagues. ■



David F. Chang, MD, Chief Medical Editor

1. Chang DF. My four cherished Cs of content. *Cataract & Refractive Surgery Today*. February 2005;5(2):7. <http://www.crstoday.com/PDF%20Articles/0205/Medpg.html>. Accessed October 15, 2008.

2. Kelman CD. The genesis of phacoemulsification. *Cataract & Refractive Surgery Today*. March 2004;4(3):57-59. http://www.crstoday.com/Old%20Archives/0304/crst0304%20art/crst0304_f3_kelman.pdf. Accessed October 17, 2008.

3. Dodick JM, Bechert CH, Gimbel HV, et al. Reflections on Charles Kelman and the early days of phaco. *Cataract & Refractive Surgery Today*. March 2004;4(3):62-64. http://www.crstoday.com/Old%20Archives/0304/crst0304%20art/crst0304_f4_reflections.pdf. Accessed October 17, 2008.