# **ASCRS**·ASOA UPDATE

Insightful news from the ASCRS Foundation

## Alan Crandall, MD, is the inaugural ASCRS Foundation Chang Humanitarian Award winner

by Roger Furlong, MD, and Natalie Zundel ASCRS Foundation Development Director



Dr. Crandall with a young Ethiopian patient named Temesgen

#### *David and Victoria Chang endow \$50,000 award to honor outstanding volunteers*

ndowed by a generous gift from **David and Victoria Chang**, the ASCRS Foundation Chang Humanitarian Award has been established to honor and recognize outstanding humanitarian work with a focus on cataract blindness and disability. **Alan Crandall**, **MD**, embodies this purpose with his extensive humanitarian work both in the U.S. and abroad. The award will be presented to Dr. Crandall at the 2018 ASCRS•ASOA Annual Meeting in Washington, D.C.

Dr. Crandall was one of 66 nominees submitted for the inaugural award. After nominators completed a detailed submission form, the ASCRS Foundation Nominating Committee spent many hours reviewing the nominations and supporting documents. The field of nominees was richly diverse and deserving of recognition. The Nominating Committee, which includes members of the Foundation's Board and International Committee, sent a handful of finalists to the ASCRS Foundation Board of Directors, who further reviewed the nominations and selected the ultimate winner. A description of the award and the nominating committee can be found at www.ascrsfoundation.org/ changaward.

"Alan has dedicated his career to humanitarian service, often in remote and sometimes dangerous parts of the world," said board member **Douglas Koch, MD**, "and his loving, generous spirit permeates all that he does, whether it be with patients, colleagues, students, friends, or family."

Dr. Crandall started his outreach work in Kumasi, Ghana in response to a request for help from a patient. With that first trip, he unofficially launched the John A. Moran Eye Center's Global Outreach Program. At first, Dr. Crandall's endeavors involved performing surgery himself and providing procedures not otherwise available in West Africa. Next came his dedication and persistence, training local surgeons to begin providing quality care and increasing the number of patients receiving treatment. In 2012, Dr. Crandall helped arrange funding for the construction of the Eye Center at Komfo Anokye Teaching Hospital. Staffed with experienced surgeons, it is the only dedicated eye hospital in the region and impacts eyecare in all of West Africa.

The list of places where Dr. Crandall has donated his time and skills is long: Ghana, Ethiopia, South Sudan, Tanzania, Kenya, Nepal, India, China, Guatemala, Egypt, Micronesia, Tonga, Rwanda, Haiti, and Cuba, as well as domestic efforts in Utah. The nature of these outreach efforts are as varied as the list itself. In Guatemala, Dr. Crandall performed hundreds of surgeries and trained the country's only ophthalmologist. In remote locations like Micronesia and South Sudan, the main objective was to perform as many vision-restoring procedures as possible.

In 2013, he turned his attention to those in need in the U.S. Dr. Crandall helped develop the Navajo initiative, which regularly provides cataract and retinal surgery, postoperative care, comprehensive vision screenings, and custom eyeglasses to the Navajo Nation.

"If you aspire to be the best physician possible, and the best human being possible, you need look no further for a role model than Alan Crandall," said nominating committee member **I. Howard Fine, MD**.

As if his extensive humanitarian work was not proof enough, Dr. Crandall insists that every outreach trip include a physician training component. He enthusiastically shares his knowledge and experience with all, but specifically with local physicians in the resource strapped areas he visits. He thinks mentoring inexperienced surgeons is the key to ending global blindness and shares his skills in adult and pediatric cataract surgery, adult and pediatric glaucoma surgery, and all manner of intraocular lens related issues.

As of this writing, Dr. Crandall was on an international humanitarian eyecare trip but communicated the following about being named the inaugural winner: "First I was shocked, then I felt honored and joy that our [Moran Global Outreach Division, ASCRS Foundation, Himalayan Cataract Project, the Aravind Hospitals] passion to reduce curable blindness in the world is making a difference. [I feel] deep humility that I was chosen, and I will continue to work for that goal. We should remember that we are all brothers and treat all with compassion and love."

After Dr. Crandall was selected by the ASCRS Foundation Board of Directors to receive the Chang Humanitarian Award, Dr. Chang issued this statement: "It is very fitting that the Foundation Board selected Alan to be the inaugural recipient of this award. He embodies the compassion that we should all emulate, and his career has been defined by teaching, mentoring, and inspiring so many others while quietly tackling the most difficult cases in the most challenging of settings."

To celebrate Dr. Crandall's commitment to making the world a better place through humanitarian eyecare and to learn more about his inspiring efforts, register for the 2018 ASCRS•ASOA Annual Meeting, and don't miss the Opening General Session.

## About the Chang Humanitarian Award

For more than 15 years, the ASCRS Foundation has fostered programs to alleviate the worldwide backlog of cataract blindness and has even worked in partnership with Dr. Crandall's efforts through the Moran Eye Center. These efforts extend not only internationally but in the U.S. as well. The Foundation's work is only possible because of the many individuals and partner organizations who volunteer their time, expertise, and financial support to treat cataract blindness around the world.

"David and Victoria's generosity and leadership is deeply appreciated because it allows us to highlight and perpetuate the noble volunteer efforts of our colleagues within ophthalmology who are trying to alleviate treatable global blindness,"

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Dr. Crandall surveys a crowded waiting room in Salama, Guatemala, during a Moran Eye Center charitable cataract surgery mission.



Dr. Crandall, his wife, Julie, and others visited Kenya in conjunction with Weill Cornell to teach local physicians and perform surgeries.

Source (all): Alan Crandall, MD

said **Stephen Lane**, **MD**, co-chair of the ASCRS Foundation.

The award will be made each year at the ASCRS•ASOA Annual Meeting, and a \$50,000 prize will be granted in the recipient's honor to a charitable ophthalmology organization of his or her choice. Dr. and Mrs. Chang hope the \$50,000 grant will not only help fund the great work being done now but allow the honoree to publicly highlight a deserving charitable organization before ASCRS' vast international audience.

"As the world's population ages, the backlog of cataract blindness in developing countries will continue to climb," Dr. Chang said. "There are proven, cost-effective solutions that need to be scaled and many dedicated individuals and organizations that merit our collective support." **EW** 

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## JCRRS Journal of Cataract & Refractive Surgery

In the journal

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Comparison of macular parameters after femtosecond laser-assisted and conventional cataract surgery in age-related macular degeneration *Tim Enz, MD, Livia Faes, MSc, Lucas Bachmann, MD, Michael Thiel, MD, Jeremy Howell, MD, Sophie Boehni, MD, Mario Bittner, MD, Martin Schmid, MD* In this retrospective case series, investigators compared how patients with AMD fared after femtosecond laser-assisted versus conventional cataract removal. Included here were 140 eyes of 110 consecutive AMD patients who underwent cataract removal between January 2010 and December 2015. Investigators found that central macular thickness, central macular volume, visual acuity, and the number of needed anti-VEGF injections postoperatively were the same in both groups. However, with aid of optical coherence tomography, which was used in 33 eyes, investigators found that in the femtosecond group at the 2-week postoperative mark there was a significantly lower central macular volume. Investigators concluded that the femtosecond laser-treated eyes were less likely to have subclinical macular edema during early follow-up, which for those with macular vulnerability could be a benefit. Otherwise both groups fared equally over the wet AMD postoperative treatment course.

### Histopathological trabecular meshwork remodeling after cataract surgery detected with an advanced image analyzer

Pablo Zoroquiain, MD, Christina Mastromonaco, Msc, Matthew Balaszi, PhD, Jade Lasiste, MD, Sultan Aldrees, MD, Nabil Saheb, MD, Miguel Noel Burnier Jr., MD

Using advanced image analyzer technology, investigators in this retrospective case series compared the trabecular meshwork and ciliary processes of pseudophakic versus phakic eyes. Included here were 35 pseudophakic and 25 phakic eyes. Investigators found that for those in the pseudophakic group the trabecular meshwork area was larger, with a trend of larger trabecular space in this group noted. Another difference was for those in the pseudophakic one. There was a correlation between this and the larger trabecular meshwork area found. There was also a higher degree of fibrosis detected in the ciliary processes in the pseudophakic group. Investigators concluded that in the pseudophakic eyes there were significant trabecular meshwork changes and more fibrosis in the ciliary processes. They think this bolsters the idea that after cataract surgery, remodeling of the trabecular meshwork is involved in lowering IOP.

### Direct measurement of anterior corneal curvature changes attributable to epithelial removal in keratoconus

#### Mohammed Ziaei, FRCOphth, Jay Meyer, MD, Akilesh Gokul, Boptom (Hons), Hans Vellara, Boptom (Hons), Charles McGhee, FRCOphth

What happens to eyes with moderate to severe keratoconus that undergo epithelial debridement? In a recent prospective case series, investigators took 30 eyes of 30 patients with moderate to severe keratoconus and compared the tomography of the corneal epithelium and Bowman's layer. They determined that the central and midperipheral corneal zones, which went from 0 to 7 mm, were significantly thinner following epithelial removal. The central zone decreased by 21 microns and the midperipheral by 35 on average. Meanwhile, the anterior axial flat keratometry increased by 1.71 D, the steep K by 2.14 D, and the maximum K by 2.13 D. Likewise, following epithelial debridement, corneal astigmatism grew by 1.11 D and total corneal power by 2.03 D, while asphericity decreased by a mean of 0.31. Investigators concluded that in cases of moderate to severe keratoconus, after epithelial debridement Bowman's layer became significantly steeper than the epithelium. This means that the magnitude of anterior corneal keratometry, astigmatism, and prolateness all increased as a result of the epithelial debridement. This suggests that underlying irregularities in Bowman's layer in those with keratoconus are smoothed by corneal epithelium.