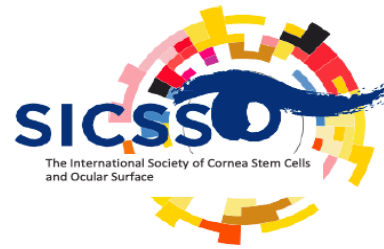


S.I.C.S.S.O.

**“The International Society of Cornea,
Stem Cells and Ocular Surface”**

Cornea Transplant Foundation for Developing Countries



MINUTES OF THE FIRST S.I.C.S.S.O. INTERNATIONAL BOARD

June 21st 2018, Paestum, Italy

- Board member present:
- M.W. Belin (USA)
 - E.J. Holland (USA)
 - M. Macsai (USA)
 - D. Ponzin (Italy)
 - M. Terry (USA)
 - E.Y. Tu (USA)
- Ambassadors present:
- T. Katamish (Egypt)
- Board member absent:
- R. Barraquer (Spain)
 - G. Covelli (Italy)
 - D. Dementiev (Italy, Russia)
 - R. Fogla (India)
 - J.L. Guell (Spain)
 - S. B. Hannush (USA)
 - M. Mannis (USA)
 - V. Perez (USA)
- Ambassadors absent:
- L. Ramazanova (Russia)
- S.I.C.S.S.O. staff member:
- V. Sarnicola (Italy)
 - C. Sarnicola (Italy)
 - E. Sarnicola (Italy)
 - F. Sarnicola (Italy)

MEETING AGENDA

1. History of S.I.C.S.S.O. and purpose of the new mission
2. Issue to be addressed to make the mission successful
3. Pilot project
4. Second Board meeting and tasks
5. Testimony of ambassadors

1. History of S.I.C.S.S.O. and purpose of the new mission

At the beginning of the Board Meeting, **Dr. Vincenzo Sarnicola** made an introduction about the history of S.I.C.S.S.O. and opportunity of having new horizons: a new mission.

S.I.C.S.S.O. (Società Italiana Cellule Staminali e Superficie Oculare – Italian Society of Stem Cell and Ocular Surface) was born in 2001 with the aim of spreading in Italy new concepts about ocular surface diseases.

S.I.C.S.S.O. has played a fundamental role in the Italian evolution in the field Cornea and External Diseases. The Society is in fact accountable for introducing in Italy the newest lamellar corneal transplant techniques. The first EK, KLAL, Kpro, and AMT were performed in Italy during the live surgery of the S.I.C.S.S.O. meetings. Thanks to the growing interest in the meeting from both Italian and international delegates, S.I.C.S.S.O. has also given a significant contribution to the transition from PK to DALK in many countries and has developed an international relevance.

Given the results already achieved in Italy in the last 18 years and looking at the current status of high number of people affected by treatable corneal blindness, S.I.C.S.S.O. felt the need to change its mission.

Over 10 million of people worldwide are affected by treatable blindness but the current number of keratoplasty should grown 70 times to meet the number of those who are in needs. The newest lamellar keratoplasty surgical techniques not only can provide better results in term of graft survival and decrease of intraoperative and postoperative complications, but may consent to improve the pool of donor tissues too. In fact, one donor cornea can provide grafts for two recipients, DALK and DMEK, and even KLAL or a scleral patch.

Despite PK is becoming an uncommon procedure in advanced corneal centers, this traditional keratoplasty is still the most common adopted procedure in the world, even in industrialized countries.

Therefore the new aim of S.I.C.S.S.O. is to help surgeons in the world to learn lamellar keratoplasty techniques and to mentor and assist them during their learning curve, so that they can more easily and safely overcome the initial surgical difficulties.

For these reasons S.I.C.S.S.O. has changed its name, in Società Internazionale Cornea Staminali e Superficie Oculare (International Society of Cornea Stem cells and Ocular Surface): Cornea Foundation for Developing Countries, and is launching a new mission. This new mission and the International Board will be presented on June Friday 23rd during the XVII edition of the S.I.C.S.S.O. annual meeting.

At the end of this introduction Dr. Vincenzo Sarnicola asked to all the Board Members that were present at the meeting to express their idea for this mission to be successful.

2. Issue to be addressed to make the mission successful

Dr. Edward Holland identified three main issues: surgeons' education, financial support, and eye banking.

- S.I.C.S.S.O. can provide expert surgeons that voluntarily will participate as teachers during missions.

- Funds will be necessary to cover travel expenses and surgical supplies and the involvement of industry will be crucial.

- Ultimately there will need cooperation from the eye banks to provide free tissues for the mission and to establish a line of communication to get tissue for the surgeon once they are trained, until they built an eye bank and achieve self-sustainability with local eye bank.

The first projects should probably involve country where organ donation is not withheld by religion believes or where there are already eye banks.

- Cooperation with other Cornea Societies is desirable.

Dr. Michael Belin commented that the recipient country institutions have to show their involvement and active support by helping to fund the project. The aim of the mission should be helping surgeons that can keep performing corneal transplants also after the training project, which can be possible only with the support of the local institutions.

All Board Members agreed in considering this an important factor for the long-term results of the mission.

Dr. Michael Belin proposed that the first initiative of the Cornea Foundation for Developing Countries should be a pilot project: the Board should actively look for the right candidate/country, rather than evaluate applications that can be made through a dedicated website (<http://sicsso.org/new/cornea-transplant-foundation-2/>). All Board Members agreed.

3. Pilot project

How to select the country for the first project?

Dr. Edward Holland suggested that identifying a passionate surgeon would be the key for the long-term success of each project. All Board Members agreed.

Dr. Marian Macsai questioned whether there should be an age limit for applicants. Despite younger surgeons might probably be more likely to have the right attitude and willingness to pursue the aim of the project even after the initial teaching/mentoring phase, the board agreed that there shouldn't be an age limit for applicants. Older but valid candidates should not be excluded.

Dr. Marian Macsai suggested that the applicants should be affiliated with a university, a hospital, or a big institution with buying.

Dr. Mark Terry commented that this is important to create projects that can have an effect for the selected country and to avoid candidate that may present an application to affiliate their name with S.I.C.S.S.O. for self promotion.

Dr. Michael Belin, Dr. Marian Macsai, and Dr. Vincenzo Sarnicola identified Southeast Europe as potential location for the pilot project. Considering the geographical location, the

connection with the Southeast Europe Society, and the rising industrialization of these countries, all Board Members agreed that it could be a good location for the pilot project.

What S.I.C.S.S.O. should provide?

An observership period with one or multiple board member has been discussed, but it was considered too expensive and not that effective, in comparison of “hands on” experiences.

Dr. Marian Macsai proposed to provide surgical videos and wet labs instead. All Board Members considered this proposal more fitting than observerships.

Dr. Michael Belin suggested that S.I.C.S.S.O. could organize wet labs during local ophthalmology meetings, and **Dr. Edward Holland** proposed that S.I.C.S.S.O. could provide access to the wet labs during the major world annual meetings.

Dr. Vincenzo Sarnicola discussed that the on-site surgical tutoring may last 10 to 15 days and should include the following activities for both doctors and nurses:

- Surgery, around 20 transplants or more.
- Clinical evaluation of the patients.
- Lectures.

4. Second Board meeting and tasks

Dr. Vincenzo Sarnicola proposed to have a second Board Meeting during the ESCRS meeting in Vienna.

Dr. Edward Holland proposed to schedule the second Board Meeting on Sunday afternoon (Vienna time zone)/Sunday morning (USA ET) so that the Board Members that will not be in Vienna could participate through a conference call.

All Board Members agreed and the **second Board Meeting** has been scheduled for **Sunday September 23rd** during the **ESCRS in Vienna at 4 p.m. (10 am ET in USA) at the Sofitel Hotel, room Alato**. The Board members that will not be in Vienna can participate through **Skype**; please send us your skype contact info in advance.

At the end of the meeting, **Dr. Vincenzo Sarnicola** proposed to nominate Dr. Edward Holland as President of the Board. All the Board Members agreed.

Each Board member offered to contact his/her eye bank.

A coordinator of the relationship with the industry should be appointed between the Board members.

4. Testimony of ambassadors

Dr Tarek Katamish elucidated the three major obstacles for corneal transplantation in Egypt:

“1- Eye Banking:

We have an only one eye bank in Cairo University since 1998 (since about 20 years), in spite of that, it has a very limited numbers of corneal buttons per month to be used for university

cases only. There are still a lot of religious, cultural as well as legal issues that hinder the perfect operation of this bank. As a result of this situation importation of corneal tissues from International Eye banks, mostly from USA, remains the main source of supplying corneal tissue in Egypt, Of coarse the high cost is a real burden on the patients.

2- Financial issues:

The low economic status of most of the patients in my country is a real problem, and due to lack of a suitable medical insurance system, and due to high cost of corneal transplantation, the government has no ability to cope with the huge number of patients and the very long waiting list. That is why many of NGO started helping in this issue, but still it is a major problem.

3- Surgeons training:

The Egyptian corneal surgeons are talented and more or less well trained to perform PK. But when it comes to lamellar surgery, the situation is different. I myself on personal basis have started giving workshops and wet labs on DMEK in the last year, and I have succeeded to train about 36 corneal surgeons, I have found a great desire and enthusiasm for those surgeons to learn the new lamellar techniques. But of course my personal efforts are not enough.”