



International Press Conference during the World Ophthalmology Congress (WOC® 2010)

Date: Tuesday, 8 June, 2010, 12.15 pm to 1.15 pm

Place: International Congress Center (ICC) Berlin, Conference Room 43
Neue Kantstraße/corner Messedamm, 14057 Berlin, Germany

- held in English -

Topics and Speakers:

World Ophthalmology Congress 2010 – Highlights and Perspectives

Professor Dr. med. Gerhard Klaus Lang

President of the German Society of Ophthalmology (DOG), President of the World Ophthalmology Congress 2010, Chairman of the Department of Ophthalmology and University Eye Hospital, University of Ulm, Germany

Latest Developments in the Treatment of Retinal Vascular Diseases

Professor Dr. med. Gabriele E. Lang

Program Director and Co-Chair of the World Ophthalmology Congress 2010, University Eye Hospital, University of Ulm, Germany

Pressure-independent Factors in Glaucoma

Robert Ritch, MD

Professor of Clinical Ophthalmology, New York Medical College, Chief of Glaucoma Service and Surgeon Director, New York Eye and Ear Infirmary, USA

Vision 2020 – The Right to Sight: 10 years on, 10 years to go

Professor Hugh R. Taylor AC

Vice President, International Agency for the Prevention of Blindness, University of Melbourne, Australia

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Contents:

Press releases: World Ophthalmology Congress in Germany
German Academy of Ophthalmology (AAD) also
to meet under the umbrella of the international congress

Macular edema related to diabetes and venous thrombosis:
New therapies improve visual acuity for the first time

One US Dollar can save eyesight
Initiative VISION 2020 fights avoidable blindness

Manuscripts : Professor Dr. med. Gerhard Klaus Lang
Professor Dr. med. Gabriele E. Lang
Robert Ritch, MD
Professor Hugh R. Taylor AC

Curriculum Vitae of the speakers

Order form for photographs of the speakers

*If you require the material in a digital format, please feel free to contact
us via email: spirgat@medizinkommunikation.org.*

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World Ophthalmology Congress in Germany

German Academy of Ophthalmology (AAD) also to meet under the umbrella of the international congress

Berlin, 8 June, 2010 – In June, Germany plays host to the largest international congress on the topic of ophthalmology; the World Ophthalmology Congress (WOC® 2010). From 5 to 9 June 2010, eye specialists from all over the world will discuss the latest ophthalmological research findings. In the run-up to the international program, the German Academy of Ophthalmology (AAD) meets under the umbrella of the WOC® 2010. The German Academy of Ophthalmology offers a wide-ranging training program in German from 3 to 6 June 2010.

WOC® 2010 is organized by the International Council of Ophthalmology (ICO), the German Society of Ophthalmology (DOG) and the German Academy of Ophthalmology (AAD). The World Ophthalmology Congress takes place every two years. After the world congress in 1888 in Heidelberg and in 1966 in Munich, Germany hosts the WOC® 2010 for the third time. "As a bridge between East and West and twenty years on from reunification, Berlin is the ideal venue for this important international congress," states Professor Dr. med. Gerhard K. Lang, Congress President of the WOC® 2010 and director of the University Eye Hospital, Ulm. Our aim is to gather and discuss knowledge and research approaches from all over the world and to make them usable for everyone.

Integrated in the congress, the German Academy of Ophthalmology (AAD) meets in Berlin, arranged by the Professional Association of Ophthalmologists in Germany (BVA, first Chairman Professor Dr. med. Bernd Bertram) and the German Society of Ophthalmology (DOG). Prior to the international courses and symposia, numerous training events in German held by the AAD take place from 3 to 6 June 2010. In exchange for an attendance fee participants at the AAD have entry to the international program of the entire world congress. "In 2010, German ophthalmologists have the unique opportunity of attending the most important ophthalmological congress and the AAD at the same time," says Lang. The organizers of WOC® 2010 are expecting some 10,000 attendees.



Macular edema related to diabetes and venous thrombosis: New therapies improve visual acuity for the first time

Berlin, 8 June 2010 – New therapy approaches for patients suffering from swelling of the central retina (macular edema) associated with diabetic retinopathy and vein occlusion are available. Ophthalmologists inject an antibody or a small cortisone implant into the patients' eyeballs. This brings about a notable improvement in their visual performance. The German Society of Ophthalmology (DOG) calls attention to this on the occasion of the World Ophthalmology Congress (WOC® 2010). The world's largest congress on the topic of ophthalmology takes place in Berlin at the beginning of June.

There is only one single "drain" for the blood coming from the retina: the central vein. If this vein or one of its branches is blocked by a thrombosis, it leads to severe visual impairments and even blindness. "After diabetic retinopathy, retinal vein occlusion is the most common disease of the blood vessels in the eye," states Professor Dr. med. Gabriele Lang of the University Eye Hospital in Ulm/Germany and program director of the WOC® 2010. This disease is particularly prevalent in old age. "Beyond the age of 80, 4.6 per cent of the population is affected," Lang declares. Laser therapy is currently the standard therapy. However, this has only a limited impact.

The results of treatment with the antibody ranibizumab are significantly more favorable. "It was developed as an inhibitor of the vascular endothelial growth factor (VEGF) associated with age-related macular degeneration," the expert explains at the WOC® 2010. When a vein occlusion occurs, blood components escape from the vessels and lodge themselves in the retina. This causes swelling of the macula, the area which produces the sharpest vision on the retina. As a result, visual acuity is impaired.

In two recently published studies, ranibizumab was tested on vein occlusion. In both studies the patients were given injections with the antibody or placebo injections over a period of six months. 397

patients with a branch vein occlusion took part in the BRAVO Study. Here, the antibody injections noticeably improved visual acuity. "After six months, those patients who received a dosage of 0.5 mg of ranibizumab were able to read 18.3 letters or 3.7 lines more on the vision chart on average. Those patients who received placebo injections gained seven letters or 1.4 lines on average," Lang reports. In the CRUISE Study, carried out on 392 patients with central vein occlusion, there were also clear improvements.

Under the name of Lucentis[®], ranibizumab is approved for the treatment of age-related macular degeneration (AMD) in Germany. "Ophthalmologists are able to use Lucentis[®] off-label on their patients suffering from retinal vein occlusion," Lang states. Patients must wait for the second therapy approach, however. The drug dexamethason with the brand name Ozurdex[®] was already approved in the USA in 2009. The expert definitely expects the European Medicines Agency (EMA) to follow suit soon. "It is a small implant which is also injected into the eye," Lang explains. There, it constantly releases an extremely effective cortisone-like drug that reduces swelling in the macula. "In 20 to 30 per cent of 1,300 patients visual acuity increased by three lines on the vision chart after two months," says Lang.

In May 2010 the manufacturers of Lucentis[®] announced that according to the 1-year data of the so-called RESTORE Study, therapy for diabetic macular edema using ranibizumab is significantly more effective than laser therapy. Experts from around the world discuss these promising new developments in the treatment of retinal diseases at the WOC[®] 2010.

Literature:

BRAVO-Studie: Campochiaro PA et al: Ranibizumab for macular edema following branch retinal vein occlusion, *Ophthalmology* 2010 Apr 14. [Epub ahead of print]

CRUISE-Studie: Brown DA et al: Ranibizumab for macular edema following central retinal vein occlusion, *Ophthalmology* 2010 Apr 8. [Epub ahead of print]

Haller JA et al: Randomized, sham-controlled trial of dexamethasone intravitreal implant in patients with macular edema due to retinal vein occlusion. *Ophthalmology* 2010 [Epub ahead of print]

Germany plays host in 2010 to the largest international ophthalmologic congress with the World Ophthalmology Congress (WOC[®] 2010). In addition to the International Congress of Ophthalmology (ICO), the Annual Congress of the German Society of Ophthalmology (DOG) and the German Academy of Ophthalmology (AAD) will take place under the umbrella of WOC[®] 2010. From 3 to 6 June, 2010, AAD courses will be held in German. The international program in English will follow from 5 to 9 June. The organizers expect over 10,000 attendees from some 120 countries.



One US Dollar can save eyesight Initiative VISION 2020 fights avoidable blindness

Berlin, 8 June 2010 – Worldwide there are over 30 million blind people; around one million of them are children. 80 per cent of all causes of blindness are avoidable, often without great financial outlay. Under the auspices of the World Health Organization (WHO), Initiative VISION 2020 has been working for the past ten years to overcome avoidable blindness by the year 2020. Ophthalmologists review the first interim results at the World Ophthalmology Congress (WOC® 2010) taking place in Berlin in June.

VISION 2020 is a joint program run by the World Health Organization (WHO) and the Agency for the Prevention of Blindness (IAPB). The initiative receives support from non-governmental organizations from all over the world. “The initiative has three main aims: on the one hand, it is all about getting eye diseases under control worldwide. Closely connected with this aim are the establishment of effective infrastructure for ophthalmological care and treatment, and the training and re-training of doctors and specialist staff,” explains Professor Dr. med. Günther Rudolph, senior physician at the University Eye Hospital, Ludwig Maximilians University (LMU) in Munich. 2020 stands not only for the time schedule of the initiative but also for 20/20, a term used by ophthalmologists for 100 per cent visual acuity.

The initiative places particular emphasis on the prevention of blindness in children. Prevention and therapy would have saved the eyesight of every second blind child,” Rudolph states. For these children blindness is not only a matter of not being able to see. It is associated with the additional risk of higher mortality in the early years of life. Moreover, the majority of these patients are denied the opportunity of a school education or vocational training.

The causes of childhood blindness differ in poor and developed countries. In poor countries the main causes are corneal scarring caused by Vitamin A deficiency, cataract and glaucoma. Further, many children go blind as a result of a dysfunction of the optic nerve

or after a measles infection. "In the sub-Saharan region and in parts of Asia, blindness and associated premature mortality could be reduced significantly by the twice-yearly administration of Vitamin A," Rudolph reports. "The cost per child is only about one US Dollar."

In industrial countries the most common causes of blindness are retinal damage in premature babies, so-called premature retinopathy, genetic eye diseases and glaucoma. According to Rudolph, progress has been made here too. "The chance of successful therapy can be enhanced by the administration of drugs directly into the eye," the expert explains. Premature retinopathy is prevalent in infants born before the 32nd week of pregnancy or who weigh less than 1,500 grams at birth.

"Since its inception ten years ago, VISION 2020 has made notable progress," states Rudolph, who reviews the interim results with his colleagues at the WOC[®] 2010. German doctors have for some time also been deeply engaged in the transfer of knowledge to developing countries. The German Society of Ophthalmology (DOG) has provided the means for the training of African ophthalmologists, for example. The LMU Munich cooperates with the University of Nairobi. "Since 1978, more than 100 ophthalmologists from more than ten African states have received training through this partnership, which was set up and is supported in the main by Professor Volker Klauß," explains Rudolph.

Germany plays host in 2010 to the largest international ophthalmologic congress with the World Ophthalmology Congress (WOC[®] 2010). In addition to the International Congress of Ophthalmology (ICO), the Annual Congress of the German Society of Ophthalmology (DOG) and the German Academy of Ophthalmology (AAD) will take place under the umbrella of WOC[®] 2010. From 3 to 6 June, 2010, AAD courses will be held in German. The international program in English will follow from 5 to 9 June. The organizers expect over 10,000 attendees from some 120 countries.

World Ophthalmology Congress 2010 – Highlights and Perspectives

Professor Dr. med. Gerhard Klaus Lang, President of the German Society of Ophthalmology (DOG), President of the World Ophthalmology Congress 2010, Chairman of the Department of Ophthalmology and University Eye Hospital, University of Ulm, Germany

WOC® 2010 is sponsored by the International Council of Ophthalmology (ICO), hosted by the German Society of Ophthalmology (DOG) and co-hosted by the Augenärztliche Akademie Deutschland (AAD). Therefore one particular highlight is that three congresses are being held under the umbrella of WOC® 2010. We have four days of German-speaking AAD sessions and five days of WOC organized by ICO and DOG with lectures, instruction courses and symposia on all important subjects given by outstanding lecturers from all over the world.

At the WOC® 2010 we have 738 sessions and 1120 posters presenting the latest data. It is difficult to define the highlights, because the whole program is excellent and covers all fields of ophthalmology. The program was drawn up by the various program committees with the help of coordinators and 55 supporting organizations.

The days devoted to subspecialties address a number of hot topics such as the retina, glaucoma, cataract, refractive surgery and pediatric ophthalmology giving a comprehensive overview. Especially interesting are new developments in keratoplasty, keratokonus, LASIK, and presbyopia correction. The minimally invasive surgery addresses new surgical approaches. Innovative developments in retinal pharmacotherapy and drug delivery are discussed. Future approaches will involve gene therapy and nanotechnology and new aspects of proteomics and genomics in uveitis are also very interesting.

(The spoken word prevails!)
Berlin, June 2010

Latest Developments in the Treatment of Retinal Vascular Diseases

Professor Dr. med. Gabriele E. Lang, Program Director and Co-Chair of the World Ophthalmology Congress 2010, University Eye Hospital, University of Ulm, Germany

Novel pharmacological approaches will be available shortly for the management of retinal vascular diseases and the newest data relating to the studies are presented at the WOC® 2010 in Berlin. This development will revolutionize our therapeutic approaches to the challenge of preventing avoidable blindness.

The two most common retinal vascular diseases are diabetic retinopathy and retinal vein occlusions. Diabetic retinopathy is the leading cause of blindness in the working-age population. An estimated eight million people in Germany and 24 million people in the United States suffer from diabetes mellitus. After individual patients have suffered from this problem for 15 years nearly 90 per cent of them with Type 1 and 84 per cent of them with Type 2 develop diabetic retinopathy. The relative risk of people in Germany going blind amounts to 5.2 per cent of the population.

Laser photocoagulation of clinically significant diabetic macular edema and proliferative diabetic retinopathy is still the standard procedure. In patients with vitreous hemorrhage and vitreomacular traction syndrome, vitrectomy or membrane peeling are the surgical methods of choice.

The newest development in the treatment of diabetic macular edema involves inhibitors of the vascular endothelial growth factor (VEGF). VEGF is the major player in the development of diabetic macular edema (DME) and proliferative diabetic retinopathy. Lucentis®, Macugen® and Avastin® are VEGF inhibitors. Lucentis® and Macugen® are approved for intravitreal injection in the treatment of age-related macular degeneration, Avastin® is approved for use in cancer treatment. All compounds have been used off-label recently for intravitreal DME treatment.

The latest results of the two studies on DME with Lucentis®, RESOLVE and RESTORE, were presented at the WOC® 2010 Symposium on 6 June, 2010 (12:30 pm–13:30 pm in the Abu Dhabi room, ICC Berlin). The data are promising and will improve the treatment results of DME.

Retinal vein occlusions are caused by a thrombosis of either the central retinal vein or one or more venous branches. Currently laser treatment is the standard technique for dealing with macular edema in branch retinal vein occlusions (BRVO) and neovascular complications in BRVO as well as central retinal vein occlusion (CRVO).

The latest data on Lucentis® for macular edema in BRVO (BRAVO study, 397 patients) and CRVO (CRUISE study, 392 patients) were published recently. Intraocular injections of 0.3 and 0.5 mg Lucentis® provided rapid improvement in 6-month visual acuity and macular edema following RVO. In BRVO the mean visual gain from baseline level was 16.6–18.3 letters and in CRVO 12.7–14.9 letters in the treated groups.

The first drug therapy that was approved for the treatment of RVO by the Food and Drug Administration (FDA) in the United States last year is a sustained-release dexamethasone intravitreal implant (0.7 mg, Ozurdex, Allergan Inc). EMEA approval is expected in the near future. Ozurdex is a highly potent corticosteroid for the treatment of BRVO and CRVO and is administered via intravitreal injection with a polymer delivery system. As a result of the extended release of the dexamethasone macular edema associated with RVO is reduced. Of 1,300 patients 20 to 30 per cent experience a 3-line improvement of visual acuity with an onset within the first two months.

Literature:

- Brown DA et al: Ranibizumab for macular edema following central retinal vein occlusion, Ophthalmology 2010
- Campochiaro PA et al Ranibizumab for macular edema following branch retinal vein occlusion, Ophthalmology 2010

(The spoken word prevails!)
Berlin, June 2010

Pressure-independent Factors in Glaucoma

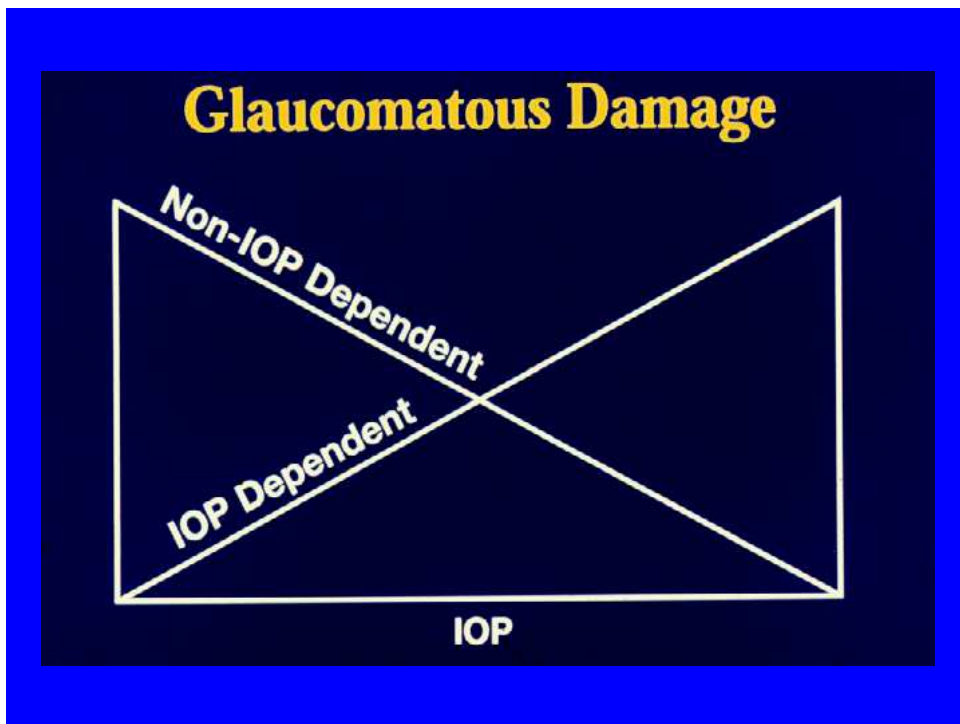
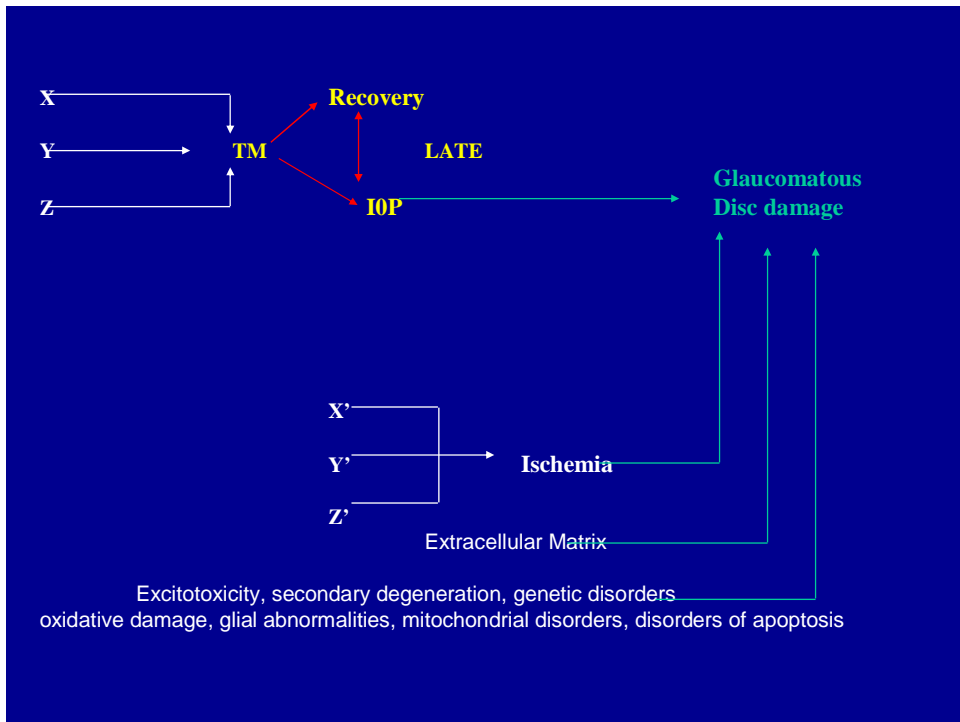
Robert Ritch, MD, Professor of Clinical Ophthalmology, New York Medical College, Chief of Glaucoma Service and Surgeon Director, New York Eye and Ear Infirmary, USA

Glaucoma is an end stage, analogous to congestive heart failure or liver failure. It is a progressive disease of the optic nerve cells (retinal ganglion cells) which carry the visual impulses from the eye to the brain. It is characterized by a specific pattern of optic nerve head and visual field damage, which represents a final common pathway resulting from a number of different conditions which can affect the eye. Not long ago, glaucoma was equated with elevated intraocular pressure (IOP). This is the most important risk factor for the development or progression of glaucoma, but it is only a risk factor and not the disease itself. Some of the entities which lead to glaucoma are becoming well characterized, although most related conditions remain to be discovered or fully elucidated.

Glaucoma often exists and progresses at normal or even low IOP levels, on the basis of IOP-independent risk factors. Pressure-independent risk factors have only begun to be explored. Normal-tension glaucoma (NTG) is not a distinct disorder, but a portion of the spectrum of primary open-angle glaucoma. The difference between normal-tension and high-tension glaucoma lies, for practical purposes, in the weight given to IOP-dependent and IOP-independent risk factors for optic nerve and visual field damage. NTG was once thought to be extremely rare. We now know that this was largely a failure on the part of ophthalmologists to make the diagnosis successfully. It accounts for an astounding 90 per cent of the open-angle glaucoma in Japan, 80 per cent in Korea, about 50 per cent in Hong Kong, and about 30 per cent in the USA and Europe.

Although lowering IOP may be helpful in NTG, because this allows improved blood circulation to the eye, the causes of glaucoma can include many other factors which are unrelated to IOP. Many of these factors come into play at night during sleep, and I look at NTG as a disease which progresses largely at night. These factors can be systemic (low blood pressure, sleep apnea, atrial fibrillation, low cerebrospinal fluid pressure, migraine, cold hands and feet) or local (pressure on the eyeball by the hand or pillow). Other risk factors just beginning to be investigated include generalized cerebrovascular disease, autoimmune disorders, mitochondrial dysfunction, low-grade inflammation, oxidative stress, and genetic disorders predisposing to retinal ganglion cell death.

At the present time, there are no proven pharmaceutical methods for the treatment of these factors, and all commercial glaucoma therapy involves lowering IOP. There are, however, many available natural compounds which have actions which offer the potential for neuroprotection, anti-oxidant activity, and anti-inflammatory activity, which affect neuronal stability and inhibit apoptosis. Many of these are found in traditional Chinese and Ayurvedic medicine. Among these are Ginkgo biloba extract, resveratrol, pycnogenol, fish oil, curcumin, and aerobic exercise.



(The spoken word prevails!)
Berlin, June 2010

Vision 2020 – The Right to Sight: 10 years on, 10 years to go

Professor Hugh R. Taylor AC, Vice President, International Agency for the Prevention of Blindness, University of Melbourne, Australia

The theme of World Sight Day 2010 (14th October 2010) is the Countdown to 2020. The theme draws attention to the achievements of the international collaboration, VISION 2020: The Right to Sight, since its launch in 1999, and challenges remaining in the way of giving everyone in the world “The Right to Sight”.

VISION 2020: The Right to Sight is the global initiative for the elimination of avoidable blindness, a joint program of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) with an international membership of NGOs, professional associations, eye care institutions and corporations.

The many successes of VISION 2020: The Right to Sight have been achieved through a unique, cross-sector collaboration, which enables public, private and non-profit interests to work together, helping people to see, all over the world.

World Sight Day 2010 KEY MESSAGES:

The treatment and prevention of blinding conditions contributes to poverty alleviation and efforts toward the 1st Millennium Development Goal:

- 314 million people live with blindness or vision impairment.
- 80 per cent of blindness is avoidable.
- 90 per cent of blind people live in developing countries.
- Another 517 million cannot see normal type for want of a pair of reading glasses.
- Sight restorations are among the most cost effective interventions in health care.
- Prevalence of cataract has been reduced from a projected 25m to 17.3m.
- Blinding trachoma has been reduced from 5.9m to 1.9m.
- Blinding onchocerciasis has been reduced from 0.9m to 0.4m.
- 15 million fewer people are blind, compared to projections at the time of VISION 2020's launch.
- Infectious causes of blindness are decreasing as a result of public health interventions and socio-economic development. Blinding trachoma now affects fewer than 80 million people, compared to 360 million in 1985.
- However, ageing populations and lifestyle changes mean that chronic blinding conditions such as diabetic retinopathy, age-related macular degeneration and glaucoma are likely to rise exponentially.
- There will be an estimated \$ 310 billion increase in productivity over 20 years if VISION 2020 is implemented.

(The spoken word prevails!)
Berlin, June 2010

Curriculum Vitae

Professor Dr. med. Gerhard Klaus Lang
President of the German Society of Ophthalmology (DOG),
President of the World Ophthalmology Congress 2010,
Chairman of the Department of Ophthalmology and University Eye Hospital,
University of Ulm

* 1951



Biography:

Professional Data:

Medical Education at the Medical School University Erlangen-Nürnberg

Ophthalmological training at the Department of Ophthalmology and University Eye Hospital
Erlangen (Professor Dr. G.O.H. Naumann) and The Johns Hopkins Hospital Baltimore, MD, USA
(Professor Dr. E. Maumenee) and Ocular Pathology (Professor Dr. W.R. Green)

Since 1990 Chairman of the Department of Ophthalmology and University Eye Hospital
Ulm

International Appointments:

International Council of Ophthalmology (ICO):

1989–1994 Member of the Advisory Committee of the ICO
2000–2002 Chairman of the ICO Task Force EDUCATION Committee
Since 2002 President of the World Ophthalmology Congress 2010
Since 2006 Member of the International Council of Ophthalmology

Academia Ophthalmologica Internationalis (AOI):

2006 Election as Member of the Academia Ophthalmologica Internationalis

European Board of Ophthalmology (EBO):

1994–2000 Member of the Education Committee of the EBO
2000–2003 General Secretary of the EBO

Editorial Appointments:

1991–1996 Section Editor of “Corneal and Conjunctival Disorders” of “Current Opinion
in Ophthalmology”
Since 2002 Chief Editor of „Klinische Monatsblätter für Augenheilkunde“
(oldest continuously – since 1863 – published ophthalmological journal
worldwide)

Curriculum Vitae

Professor Dr. med. Gabriele E. Lang
Program Director and Co-Chair of the World Ophthalmology Congress 2010,
University Eye Hospital, University of Ulm, Germany



Biography:

Gabriele Lang, MD, is Professor of Ophthalmology at the Department of Ophthalmology at the University Eye Hospital Ulm. She is Director of the Section of Medical Retina and Laser Treatment. She qualified from the Medical School at the University Erlangen-Nürnberg, Germany. She trained in Ophthalmology at the Department of Ophthalmology, University Erlangen-Nürnberg and did a fellowship at the Wilmer Eye Institute, Baltimore, USA.

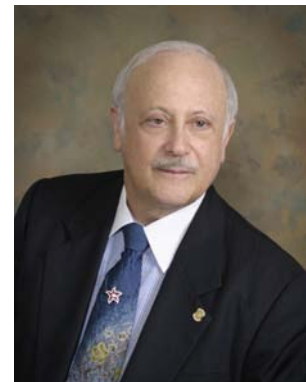
Her major clinical interest is diagnosis and treatment of retinal diseases. Her major research fields are preclinical and clinical studies concerning diabetic retinopathy and age-related macular degeneration. She is member of the Executive Committee of the German Society of Ophthalmology since 1999. She was president of the German Society of Ophthalmology from 2001–2002. She was president of the German Initiative Group Of Early Detection Of Diabetic Eye Disease (IFDA) from 2003–2007 and vice president of the German Retinological Society from 2004–2008. She is scientific program director of the World Ophthalmology Congress 2010, Berlin.

Since 2002 she is chief editor of “Klinische Monatsblätter für Augenheilkunde”, the oldest ophthalmological journal. She has authored and co-authored over 150 articles in peer-reviewed journals. She has written several book chapters and published a book on diabetic retinopathy this year. She is principal investigator and investigator in several clinical trials and member of advisory boards, steering committees and safety committees.

Curriculum Vitae

Robert Ritch, MD

Professor of Clinical Ophthalmology, New York Medical College,
Chief of Glaucoma Service and Surgeon Director, New York Eye
and Ear Infirmary, USA



Biography:

Dr. Robert Ritch holds the Shelley and Steven Einhorn Distinguished Chair in Ophthalmology and is Surgeon Director and Chief of Glaucoma Services at the New York Eye & Ear Infirmary, New York City and Professor of Ophthalmology at The New York Medical College, Valhalla, New York. He has devoted his career to broadening our understanding of the nature of glaucoma and innovation in the medical, laser and surgical treatment of glaucoma.

Dr. Ritch received his B.A. cum laude from Harvard College and an M.A. in cell biology from Harvard University. He received his M.D. from Albert Einstein School of Medicine and, after an internship at St. Vincent's Medical Center and a residency in Ophthalmology at Mount Sinai School of Medicine, he received fellowships in glaucoma from the Heed Foundation and the National Institutes of Health. A Diplomate of the American Board of Ophthalmology, he is a Fellow of the American Academy of Ophthalmology, the American College of Surgeons, the International College of Surgeons, the Royal College of Ophthalmology, the Association for Research in Vision and Ophthalmology, and the New York Academy of Medicine, and is a member of more than 35 scientific and medical societies.

Dr. Ritch has been President of the Ophthalmic Laser Surgical Society, the New York Glaucoma Society, the Section on Ophthalmology of the New York Academy of Medicine, and the New York Society for Clinical Ophthalmology. He serves on numerous medical and scientific advisory and editorial boards and is a member of the Glaucoma Research Society, the Steering Committee of the World Glaucoma Association, the Advisory Board of Helen Keller International, and the Board of Governors of the International Society for Imaging in the Eye.

In 1996, Dr. Ritch received the Heed Ophthalmic Foundation Ophthalmologist of the Year award and in 1998, the Gold Medal of Merit and Honor from the Greek Glaucoma Society and the Ophthalmology Times Achievement in Ophthalmology Award. In 1999, he was one of the winners of the Louis Rudin Award for research in ophthalmology. In 2000, he received the Jesse H. Neal

Award for Editorial Achievement. In 2002, Dr. Ritch was appointed to the Advisory Committee to the Board of Directors of the International Council of Ophthalmology and was elected Chairman of the Committee in 2009 and appointed to the Board of Directors of the International Council. He was elected to the Board of Trustees of the Association for Research in Vision and Ophthalmology and in 2006 was elected Vice-President. In 2006 he was also recipient of the Albion O. Bernstein, MD Award of the Medical Society of the State of New York for outstanding contributions to medicine. In 2007, he received the Lifetime Achievement Honor Award and the Leadership in Education in Ophthalmology (LEO) Award from the American Academy of Ophthalmology and the Dean's Distinguished Research Award from the New York Medical College. In 2008, he is the first recipient of The Glaucoma Foundation Award for Innovation and Excellence in Glaucoma, and also the TKC Liu Memorial Award for Leadership in Ophthalmology. He received the Dominick Purpura Distinguished Alumnus Annual Award from Albert Einstein College of Medicine for 2009, the ARVO Distinguished Service Award, and ARVO Gold Fellowship.

Dr. Ritch has co-authored or edited seven textbooks and over 1400 medical and scientific papers, book chapters, articles and abstracts. He has given over 600 lectures, including 30 named lectures. In 1985, he founded the Glaucoma Foundation and has served as Secretary, Medical Director, and Chairman of the Scientific Advisory Board. In 1994, he initiated the annual Optic Nerve Rescue and Regeneration Think Tank, which has attracted numerous successful researchers from other fields into glaucoma research. He also co-founded the New York Glaucoma Research Institute, a not-for-profit foundation to sponsor clinical research in glaucoma, the alt.support.glaucoma Internet newsgroup, the New York Glaucoma Support and Education Group, and the Association of International Glaucoma Patient Organizations. He was one of the three organizers of the first annual World Glaucoma Day in 2008. He was co-founder of the Ophthalmic Laser Surgical Society, the New York Glaucoma Society, and the Lindberg Society, an international organization dedicated to the eradication of exfoliation syndrome; the ARVO Host-a-Research Program, the ARVO U.S.-Russia Ophthalmology Task Force, the Von Graefe Society, an international organization dedicated to the study of risk factors for glaucoma other than intraocular pressure.

Dr. Ritch has trained over 130 clinical and research fellows, many of whom occupy academic positions worldwide. The international training program that he established at the New York Eye and Ear Infirmary has hosted 17 ICO fellows and over 80 observers from nearly 40 countries. He has worked and lectured extensively at the international level and has organized many symposia and conferences both in the United States and abroad. He has organized meetings, established teaching programs and helped to modernize ophthalmology in Thailand, Malaysia, the Philippines, Laos, Myanmar and other countries in Asia.

Curriculum Vitae

Professor Hugh R. Taylor AC
Vice President, International Agency for the Prevention of Blindness,
University of Melbourne, Australia



Biography:

Professor Taylor has been actively involved in ophthalmic research and teaching for over 30 years. In 2008, the Harold Mitchell Chair of Indigenous Eye Health was established for him in the Melbourne School of Population Health at the University of Melbourne. Prior to this, he was the Professor of Ophthalmology and Head of Department at the University of Melbourne and the founding Managing Director of the Centre for Eye Research Australia.

Professor Taylor received his medical degree from the University of Melbourne in 1971 and his Doctorate in 1978. He was on the Faculty of the Wilmer Institute at The Johns Hopkins University from 1977 to 1990 with joint appointments in Epidemiology and International Health.

Professor Taylor's research interests include blindness prevention strategies, infectious causes of blindness and the relationship between medicine, public health and health economics. His current work particularly focuses on Aboriginal eye health and trachoma.

Professor Taylor has written 16 books, including a recent publication on trachoma, and more than 500 papers. He has sat on many advisory committees and boards and consulted for the World Health Organization (WHO) for 30 years.

He is Vice President of the International Agency for the Prevention of Blindness, Treasurer of the International Council of Ophthalmology, a Board Member of Vision 2020 Australia, and a member of the Academia Ophthalmologica Internationalis.

He has received the Helen Keller Prize for Vision Research, the Paul Harris Award from Rotary International, the Melvin Jones Fellowship from Lions International, the International Blindness Prevention Award from the American Academy of Ophthalmology and the Gold Medal from the International Organization against Trachoma. In 2001, he was made a Companion in the Order of Australia for his contributions to the prevention of river blindness, to academia through research and education related to the prevention of eye disease, and to eye health in Indigenous communities.

He has delivered the Doyne Memorial Lecture (Oxford Ophthalmological Congress), the Jackson Lecture (American Academy of Ophthalmology), the Mildred Weisenfeld Lecture (Association for Research in Vision and Ophthalmology, USA), the Lang Lecture (Royal Society of Medicine, London), the Holmes and De Ocampo Lectures (Asia Pacific Academy of Ophthalmology), the Council and Hollows Lectures (Royal Australian College of Ophthalmologists), and the EA Baker Lecture (Canadian Ophthalmic Society).

Curriculum Vitae

Professor Dr. med. Christian Ohrloff
Press Officer German Society of Ophthalmology (DOG),
Director of the Eye Clinic, Johann Wolfgang Goethe University,
Frankfurt am Main



Biography:

- | | |
|------------|---|
| Since 1988 | Director of University Eye Clinic, Frankfurt/Main |
| Since 2005 | Vice President of the German Chinese Society of Medicine (DCGM) |
| Since 2004 | Member of the working group University Medicine of the German Association of University Professors and Lecturers (DHV) |
| Since 2001 | Press Officer, German Society of Ophthalmology (DOG) |
| Since 1997 | Liaison lecturer for the German Research Foundation (DFG) at Goethe University, Frankfurt |
| 2006–2009 | Member of the Supervisory Board, University Clinic, Bonn |
| 2006 | Honorary member of the German Society of Intraocular Lens Implantation and Refractive Surgery (DGII) |
| 2004 | Honorary member of the Ukraine Ophthalmologic Society |
| 1999–2000 | President of the German Society of Ophthalmology (DOG) |
| 1996–2001 | Member of the board of directors, University Clinic, Frankfurt/Main;
Vice Dean of the Faculty of Medicine |
| 1996–2000 | President of German Society of Intraocular Lens Implantation and Refractive Surgery (DGII) |
| 1991–2009 | Editor in chief of the scientific journal "Ophthalmologica", published by Karger Verlag, Basel |
| 1986 | Declined offer for Chair of Ophthalmology, University Eye Clinic, Graz, Austria |
| 1982–1983 | Visiting Professor in the Department of Ophthalmology, University of Utah, Salt Lake City (Professors: David Apple und Randall Olsen); Mayo Clinic, Rochester (Professor William Bourne); LSU School of Medicine, New Orleans (Professor Herbert Kaufmann); Cornell University, New York (Professor Harvey Lincoff) |
| 1982 | Appointment as C 3 professor, University of Bonn |
| 1981 | Declined appointment as C 3 Professor of Ophthalmologic Surgery at Free University of Berlin |

1979	Consultant at University Eye Clinic, Bonn
1979	Postdoctoral thesis on "Ophthalmology and Experimental Ophthalmology", University of Bonn
1978	Awarded prize by the Association for Eye Research (AER), Paris
1972	Research assistant at University Eye Clinic, Bonn
1970–1972	Research assistant at the Physiological Chemical Institute, University of Freiburg/Breisgau (Professor Dr. Karl Decker). Graduated here as Dr. med. (M.D.) with "summa cum laude"
1968	State examinations, University of Freiburg/Breisgau
1963	Studies in medicine in Frankfurt/Main, Vienna, Freiburg/Breisgau, Berlin and Munich

Main focus:

- Cataract, glaucoma and corneal surgery
- Plastic and reconstructive surgery of the eyelids

Main fields of research activity:

- Biochemistry and toxicology of cataract
- adverse drug reaction in the eye
- microsurgery of the cataract

237 scientific publications and book contributions



International Press Conference during the World Ophthalmology Congress (WOC® 2010)

Date: Tuesday, 8 June, 2010, 12.15 pm to 1.15 pm

Place: International Congress Center (ICC) Berlin, Conference Room 43
Neue Kantstraße/corner Messedamm, 14057 Berlin, Germany

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