

Oct & Nov 2008: email discussions on the Scope of ISCEV¹

arising from the letter to the Board of Directors from Geoffrey Arden, Thomas Berninger and Hannes Wildberger

From: "McCulloch, Daphne" <D.L.McCulloch@gcal.ac.uk>

Date: Thu, 16 Oct 2008 21:36:35 +0100

To: Thomas Berninger... other authors and the ISCEV Board of Directors

Subject: RE: Scope of ISCEV

Dear Thomas and al

Thank you for your inquiry about the scope of ISCEV. I agree the Society should determine its direction and evolve. Indeed we have included substantial sessions of structure and function in each of our recent symposia. In 2006 the Board discussed the scope of ISCEV. Below is the brief summary of that discussion for your information.

As things have certainly advanced in the past two years, it is a good idea to revisit the scope of ISCEV. This will require input from the membership as well as from the Board. CEVnet is one mechanism for open discussion and David is setting up a web-based discussion forum for ISCEV that should be announced soon. I suggest that will be a good way to initiate this discussion. (There is little time at our annual symposium meetings of the Board and Membership to complete our essential business and voting, so realistically we need online discussion and/or a working party to consider, form a consensus and implement any changes to the scope of our society.)

I hope you will move forward with your suggestions and engage the ISCEV membership as a whole.

Best regards Daphne McCulloch

Minutes of the 2006 ISCEV Board Meeting (Fontevraud, France) ITEM 6:
(See introduction to the Wiki page 'Scope of ISCEV')

From: Pierre Lachapelle <pierre.lachapelle@mcgill.ca>

Date: Mon, 20 Oct 2008 14:26:38 +0100

It is for that reason that I had suggested to our President a few years ago to change the definition of our society's acronym to International Society for Comprehensive Evaluation of Vision.

¹ Note that signatures and peripheral comments and greetings have been deleted. Headers indicate the author and date.

From: Michael Marmor <marmor@stanford.edu>

Date: Mon, 20 Oct 2008 15:02:22 +0100

These will be ongoing discussions, for very good reason. But I would tread cautiously. We DO need to incorporate anatomic and other indices in evaluation--but some of these disciplines, particularly imaging, could overwhelm our society, our knowledge and our technology within weeks!

We are unique for our physiologic knowledge that gives us functional insight. We must not bury our heads and cry foul. But that does not mean that we should take the "government bailout" or cell to CitiBank. Electrophysiology will have new applications, some linked to imaging and other modalities such as OCT, MRI, etc. We will thrive if we openly encourage exchanges and integration of knowledge, but also retain our focus, identity and expertise that (even if occasionally obscure) is recognized as very special in this world.

From: Ulrich Kellner <kellneru@mac.com>

Date: Mon, 20 Oct 2008 21:13:15 +0100

As many of you know, I as a a clinician have a marked interest in electrophysiology and retinal imaging. At present, for me electrophysiology is an important tool to understand the results of advanced imaging. On the other side, molecular genetics enhance or understanding of retinal disorders. Science and clinic require a combination of electrophysiology, imaging and, if applicable, molecular genetics. ARVO clearly shows how each of these fields diversifies when additional knowledge is acquired. Not all of this information can be accumulated in one society.

Growth in itself is not a purpose. The primary focus should be to define what the purpose of ISCEV is, and to my understanding it was always to further methods for evaluating function. Growth of the society might endanger what we have accumulated (not talking about the money this time): we have standardized all methods in our field and provided basics for research use of our methods. Just imagine the task to standardize all 5+ different types of fdOCTs - and exchange our standardizing ambitions with other imaging societies.

If a certain technique (e.g. PERG) has less clinical value than a morphological method (e.g. HRT/GDx) and we cannot prove otherwise - so be it. Only good studies will show whether electrophysiology has its merits. Duration of examination and pay-off have additional impact.

ISCEV is a forum to discuss in detail electrophysiology, as other societies discuss in detail imaging, and I feel that these specialized talks happen at the right place. If someone finds a new electrophysiologic/imaging method that changes ophthalmology, to be honest, it will not be discussed first at ISCEV and published in Documenta.

In summary, it is important to re-evaluate our focus and purpose. In addition,

we should be aware of our place in the scientific (publishing and congress) world. Quoting: Bob Dylan: 'The times, they are a-changing' and 'Things have changed'. But he also wrote: 'May you stay forever young'

I prefer the latter

From: Colin Barber <colin.barber@gmail.com>

Date: Tue, 21 Oct 2008 09:01:30 +0100

I'm so glad that I held back from writing about this topic. Between them, Mike and Ulrich have summed up the situation perfectly and completely. There is no need to say anything more!

From: Marko Hawlina <marko.hawlina@mf.uni-lj.si>

Date: Wed, 22 Oct 2008 14:43:28 +0100

Dear Colin 'and you summed-up my opinion, and perhaps of many others'...

From: "Holder, Graham" <Graham.Holder@moorfields.nhs.uk>

Date: Tue, 21 Oct 2008 13:03:49 +0100

Ulrich and Mike, as Colin said, make excellent points. There are imaging techniques here at Moorfields, but the retinal specialists, paediatric ophthalmologists and neuro-ophthalmologists still find functional assessment invaluable to management. Indeed, electrophysiological data has enabled the significance of some changes seen on imaging, particularly autofluorescence, to be established. Many ISCEV members incorporate the latest imaging techniques in their presentations. I, and my colleagues, see imaging as enhancing our ability to contribute to patient care rather than threatening the role of electrophysiology. But, as Ulrich says, if evidence based medicine suggests that there is no longer a role for electrophysiology in a particular aspect of management, then so be it. Life moves on. I don't see that we need to change the name or aims of the Society, but we do constantly need to make sure we haven't become complacent.

Incidentally, in relation to the content of the letter, I have never believed that the PERG is a great way of "diagnosing" glaucoma, and nor do our glaucoma specialists. Why try and "convince" clinicians of something that's not supported by the evidence base? That surely won't enhance the reputation of electrophysiology and probably does us a disservice.

From: Carol Westall <carol@sickkids.ca>

Date: Tue, 21 Oct 2008 14:56:58 +0100

There have been many good ideas passing backward and forwards. Yes we want to move forward with imaging studies and the clinical practice of imaging. And the linking of structure and function is a valuable addition to our work. However, the field of visual electrophysiology is still growing. We are getting better and better at finding more precise functional markers. In short I agree with the suggestions of the last few emails ie concentrating on "staying forever young".

From: Michael Bach <michael.bach@uni-freiburg.de>

Date: Thu, 30 Oct 2008 16:12:47 -0000

... I am here summarizing the many good ideas you threw into the discussion without citing origin, to save space

Around when I started the presidency we played around with renaming our society to indicate the rising importance of imaging; there were even witty acronyms. But we're good at what we're doing, we are not standing still, and if electrophysiology goes down, so be it – and with flying colours. But we're certainly not at that point: One of the key OCT papers [Bizheva, K. et al (2006) Optophysiology: Depth- resolved probing of retinal physiology with functional ultrahigh- resolution optical coherence tomography. PNAS 103(13): 5066-5071] used the ERG as a comparison (though with slightly strange traces). That latter aspect underlines the possibility that inviting too many imaging people might get us trampled down, were they to come. In fact, that is what rather happened with the German Retinitis pigmentosa society, when they enlarged scope.

I conclude: we are living in interesting times, and we are learning new ideas and techniques everyday -- no need to suddenly and hectically change what we are doing. So I see no need for direct action arising from this topic, but we turn it over in our hearts anyway. Stand out and reach out is the motto.

Best regards, Michael.

From: David Keating <d.keating@clinmed.gla.ac.uk>

Date: Mon, 3 Nov 2008 17:28:29 -0000

'Just a couple of comments: I have an interest in the Optophysiology work and I think Yao's work shows more convincing comparisons with ERGs. There is a difference between fast intrinsic optical signals and the slow changes seen in Bizheva's papers. It's exciting stuff promising non-contact physiological imaging direct from individual layers including ganglion cells. However, I spoke to Bizheva last year at ARVO and the big concern is that the changes may be due to swelling and contraction of cellular membranes and have been shown to be present from dead photoreceptors !!!! So, although exciting and something we are keen to look at, I would be surprised if it became a clinical tool in our lifetimes !

I agree completely with your summary. We specialise in electrophysiology and that is what our society is. We don't ignore other techniques but other groups such as ISIE specialise in OCT.

Von: D.L.McCulloch@gcal.ac.uk
Datum: 20.10.2008 23:55

Dear Hannes

Thank you for raising the importance of recent advances in imaging to our Board and for offering your educational CD to ISCEV members *[via CEVnet]*

The letter from you and your colleagues about the importance of high resolution OCT was circulated has started a very interesting exchange of opinion amongst the Board members. In addition, David has just this evening let me know that the new interactive website (Wiki) is undergoing its initial testing so that soon it will be linked to the ISCEV website so we can engage with the whole membership; starting with your letter.

You have also asked to change the focus of the 2009 ISCEV Symposium. Please realise that the content of our symposium sessions will depend on the abstracts submitted. I am certain that as in all recent years there will be a growing number of abstracts and sessions that involve structure and function together. The 'topics' selected for this Symposium in 2007 are chosen to highlight the guest speakers and are based on the recommendations of the local organiser. These cannot be changed at this time but they will certainly be supplemented by sessions focusing on the areas of interest to our members.

From: Hannes Wildberger <eyemile@bluewin.ch>
To: "McCulloch, Daphne" <D.L.McCulloch@gcal.ac.uk>
Conversation: The Scope of ISCEV
Subject: AW: The Scope of ISCEV

Dear Daphne,
thank you very much for this letter which supports our hopes and visions. We are here in Zurich preparing a nice contribution dealing with electrophysiology and OCT for Padova. Kind regards Hannes Wildberger.