# BOSTON KPro neus september 2014 | NUMBER 10

# **Exciting News for European KPro Users**

Larisa Gelfand

After nearly three years of hard work, we have received the CE marking for our Boston Keratoprosthesis (Boston KPro) device.

This means that Boston KPro now complies with all applicable mandatory European Union product directives, such as safety, health, and environmental protection, and that the implantation of the device will now be reimbursable across the EU market, making it accessible to many more people with corneal blindness.

The CE marking has been granted specifically for the current "snap-on" design, which includes front plate, titanium back plate (8.5 mm diameter only), and titanium locking ring.

Per EU regulations, we can no longer provide European users with the Kontur contact lens because this product does not have the CE marking. However, any appropriate soft bandage contact lens available in the European market can be used.

In addition, in order to comply with EU regulations, we will be making changes to our distribution policy – ordering instructions will follow shortly.

We are currently in the process of building up new inventory



with proper packaging and labeling per regulatory guidelines, which will take three to four months. In the interim, we will continue to ship the devices under the Compassionate Use Exemption.



A Boston Keratoprostnesis update from Harvard Medical School / Mass. Eye and Ear Department of Ophthalmology



DEPARTMENT OF **Ophthalmology** 



# Boston KPro *news*

# In this issue:

Exciting News for
European KPro Users 1
Boston KPro Usage 2
Coloring the Boston KPro Titanium Backplate 2
Miniature Keratoprosthesis (m-KPro) 3
Coating the Boston KPro Stem with Titanium 3
Profiles of Boston KPro Surgeons 4-5
The Boston KPro Team 6-7
Bibliography 8-10
American Academy of Ophthalmology Meeting11
Upcoming Events 11

#### The Boston KPro newsletter is published once annually.

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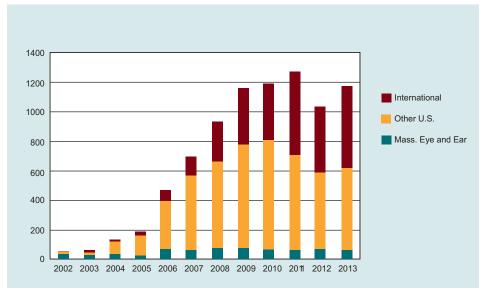
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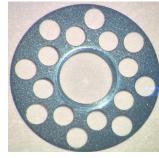
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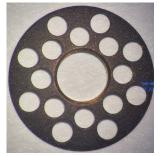
# **Boston KPro Usage**

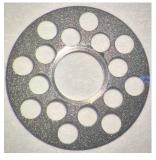


# Coloring the Boston KPro Titanium Backplate

Eleftherios Paschalis, PhD







Blue Anodized

Brown Anodized

Non Anodized

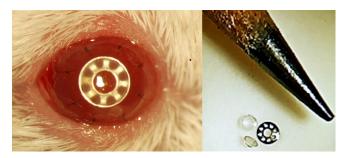
The Boston KPro titanium back plate has many advantages over the previously used polymethylmethacrylate (PMMA) back plate, but its metallic shiny silver appearance makes it less cosmetically desirable and less socially acceptable by patients. Thus, recent improvements have focused on improving the cosmetic appearance of the device.

We colored the titanium back plate with an inert and biocompatible titanium oxide layer using a surface modification technique. Subsequently, we performed *in vitro* and *in vivo* tests to assure the safety and biocompatibility of the coloring process. A preliminary human study is currently underway. Among other improvements, which are currently under evaluation, the titanium coloring will help surgeons and patients overcome a significant aesthetic barrier.

2 BOSTON KPro *news* 

# Miniature Keratoprosthesis (m-KPro)

Alja Crnej, MD



The long-term complications associated with Boston KPro implantation, such as glaucoma, optic neuropathy, epiretinal membrane, macular edema, and retinal detachment, are still a threat to the long-term safety of the Boston KPro. The causes of these complications remain unclear but may be related to chronic post-operative inflammation, which is difficult to detect. Thus, we established a mouse model for Boston KPro in collaboration with Reza Dana, MD, MSc, MPH. The model will hopefully allow us to investigate the host's immune response to KPro implantation, specifically in the chronic stage, well after the acute wound healing period.

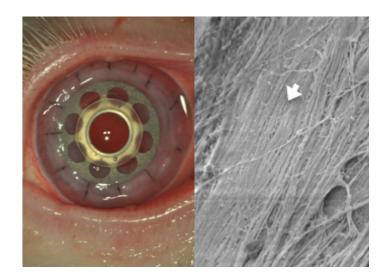
In the machine shop where human Boston KPros are manufactured a miniature keratoprosthesis (m-KPro) device was created consisting of a polymethylmethacrylate front plate and a titanium back plate, designed after the Boston KPro. The surgical procedure was identical to the implantation of Boston KPro in humans, and m-KPros were successfully implanted and retained in mice. There were no critical complications, such as endophthalmitis, corneal melting, device extrusions, leakage, or extensive inflammation. However, we observed mild to moderate donor and host corneal neovascularization. This allows us to quantify the release of inflammatory cytokines inside the eye. We anticipate that this m-KPro model will serve as a good experimental system for evaluating host responses after KPro surgery.

# **Coating the Boston KPro Stem with Titanium**

#### Borja Salvador-Culla, MD

A close interaction between the tissues in the body and implanted medical devices directly influences safety and long-term clinical outcomes. In Boston KPro, the PMMA stem and the donor cornea never truly integrate, and the stromal remodeling next to the stem can result in tissue melting. This creates a space between their surfaces and facilitates the penetration of microorganisms into the eye. Consequently, despite the use of a topical daily antibiotic prophylaxis, which have reduced the risk of endophthalmitis, severe infections can occur, especially in non-compliant patients.

We explored the use of titanium-coated stem of the Boston KPro to see if titanium could enhance the adhesion of the corneal carrier and decrease the risk of endophthalmitis. Our preliminary in vivo results in animals showed good tolerance and benign tissue reaction of a titanium sleeve around the stem after several months (see figure). Our results also demonstrated that the titanium sleeve improved adherence of the rabbit cornea to the stem. Therefore, we believe that incorporating such an approach may improve the adhesion with



the donor cornea and decrease the rate of infection and endophthalmitis in humans as well. Further experiments need to be completed before moving into a human clinical trial, but we anticipate quick progress based on our initial results [manuscript in submission].

# **Profiles of Distinguished Boston KPro Surgeons**



### Geetha lyer, FRCS

Dr. Geetha Iyer is a senior consultant at the Dr. G. Sitalakshmi Memorial Clinic for Ocular Surface Disorders and the C.J. Shah Cornea Services at Sankara Nethralaya in Chennai, India. Her clinical interests include the management of Stevens Johnson Syndrome (SJS) and

chemical injuries, keratoprosthesis, stem cell transplants, ocular surface tumors, and pediatric penetrating keratoplasty. To date, she has conducted more than 150 keratoprosthesis (KPro) surgeries, which include modified osteo odonto keratoprosthesis (MOOKP), Boston type 1 and 2 KPro, and Lucia type 1 and 2 KPro.

After completing her basic medical training at Seth GS Medical College and King Edward Memorial Hospital, Mumbai in 1999, she pursued post graduate training in ophthalmology and subspecialty training in cornea and external disease through a fellowship at Sankara Nethralaya in India. Under the mentorship of Dr. Giancarlo Falcinelli, she acquired training in the MOOKP procedure. Additionally, she completed an observership with Dr. Scheffer C. G. Tseng in ocular surface disorders and received training from Dr. Claes H. Dohlman in the Boston type 1 keratoprosthesis.

Dr. Iyer's research focuses on ocular surface disorders and improving clinical outcomes for patients with keratoprosthesis. She has a particular interest in preventing and treating laminar resorption in MOOKP by means of bone morphogenic protein. Along with clinicians in the Clinic for Ocular Surface Disorders, she is collaborating with Dr. James Chodosh at Mass. Eye and Ear/Harvard Medical School and the Boston KPro Foundation to contribute to the design and modification of the Lucia type 2 KPro. Working closely with vitreoretinal, glaucoma, oculoplasty, anesthesia, radiology and dental colleagues, this team offers a holistic approach to patients with severe ocular surface disorders. Notably, she and colleagues published clinical outcomes on 464 eyes (232 patients) with SJS in the March 2014 issue of Graefes Arch Clin Exp Ophthalmol. She shares her in-depth knowledge teaching courses and presenting at national and international meetings.



### Kimberly C. Sippel, MD

Dr. Kimberly C. Sippel is the director of the Cornea Service, co-director of the Cornea Fellowship program, and an associate professor of ophthalmology at Weill Cornell Medical College in New York City. Her clinical interests include the treatment of severe ocular surface disease, corneal transplantation, and permanent

keratoprosthesis surgery. As founder of the keratoprosthesis program at Weill Cornell/ New York Presbyterian, she has a particular interest in keratoprosthesis surgery in patients with severe ocular surface disease, a particularly challenging group, as well as in anterior segment imaging as it relates to keratoprosthesis surgery. Additionally, as a result of caring for patients in New York Presbyterian Hospital's large Burn Center, Dr. Sippel developed an interest in the optimal acute stage management of patients with Stevens Johnson Syndrome (SJS).

After graduating from Harvard College with honors in Biochemical Sciences, Dr. Sippel obtained her medical degree with the Alpha Omega Alpha distinction from Columbia University College of Physicians & Surgeons. After two years of General Surgery training at Massachusetts General Hospital, she completed her Ophthalmology residency training at Harvard Medical School followed by a Cornea fellowship at Massachusetts Eye and Ear. She has received numerous awards, including a Heed Foundation fellowship, the American Ophthalmological Society Knapp Foundation fellowship award, and the American Academy of Ophthalmology's Achievement Award.

Dr. Sippel completed several years of vision-related laboratory investigation as a Research Fellow at Massachusetts Eye and Ear in the area of ophthalmic molecular genetics and at Mass. Eye and Ear/Schepens Eye Research Institute in the area of corneal wound healing. She has authored numerous scientific publications and medical textbook chapters and has lectured on many clinical and research topics. In particular, her paper on the use of amniotic membrane in acute SJS was selected by the *American Journal of Ophthalmology* for presentation at the 'Editors' Choice Symposium' at the 2010 American Academy of Ophthalmology meeting.



### Liqiang Wang, MD

Dr. Liqiang Wang is the vice director of the Department of Ophthalmology at the Chinese People Liberty Army (PLA) General Hospital. As a specialist in cornea and refractive surgery, she possesses expertise in laser vision correction surgery, femtosecond assisted keratoplasty surgery, complex cataract surgery, and artificial cornea surgery.

In addition to being one of the highest volume corneal and refractive surgeons at Chinese PLA Hospital, she teaches residents and fellows about corneal, cataract, and refractive surgery as well as the clinical management and diagnosis of corneal and refractive conditions. She also is an experienced Boston KPro surgeon.

Dr. Wang completed her basic medical education at HeBei Medical University in China in 1994. Subsequently, she earned Master's degree and a PhD in ophthalmology from Chinese PLA postgraduate medical school before completing a two-year cornea fellowship at Massachusetts Eye and Ear. During part of her fellowship, she conducted research on biointegration of keratoprosthesis in Dr. Robert Langer's Laboratory at Massachusetts Institute of Technology .

After completing her fellowship, Dr. Wang returned to China and pioneered the use of the Boston KPro. Since returning, she has performed surgery on 85 patients, playing a vital role in restoring sight to blind patients, especially young patients with ocular burns.

As a clinician scientist at Chinese PLA general hospital, Dr. Wang continues to conduct basic science research on biointegration of KPro, tissue engineering the cornea using silk biomaterials, and stem cell transplantation. In collaboration with Dr. Claes H. Dohlman of Mass. Eye and Ear/Harvard Medical School, she is investigating the ability of messenchymal stem cells to increase the biointegration of Boston KPro. This work has been funded by a National Science Foundation of China grant.



### Samir Melki, MD, PhD

Dr. Melki is the founder and director of the Boston Eye Group. He is also a member of the Cornea Service at Mass. Eye and Ear and an Assistant Clinical Professor of Ophthalmology, Harvard Medical School. As a specialist in corneal, cataract and refractive surgery, he has performed more than 11,000 refractive procedures and is at

the forefront of utilizing novel intraocular lenses as well as femtosecond cataract surgery. .

After earning a combined MD/PhD from Vanderbilt University, Dr. Melki completed his ophthalmology residency at Georgetown University, which was followed by a fellowship in cornea and refractive surgery at Mass. Eye and Ear. In 2000, he founded the Boston Eye Group. From 2005 to 2013, he served as the medical director for ophthalmology at the UK specialist hospitals.

Active in the promotion of the use of keratoprosthesis around the globe, Dr. Melki published a retrospective analysis describing KPro clinical outcomes at Beirut Eye Specialist Hospital in Lebanon (*Cornea*, 2014). He also has long researched the use of a device that measures intraocular pressure (IOP) in patients with KPro. After working in collaboration with Dr. Claes H. Dohlman and demonstrating that the device is biocompatible in animals, Dr. Melki successfully implanted the IOP transducer in 2011 during a surgical mission in Lebanon; these data were first published in the June 2014 issue of *JAMA Ophthalmology*. Currently, Dr. Melki is working with Implandata GmbH from Germany to study the device in patients in the U.S.

A dedicated educator, Dr. Melki actively participates in the fellowship programs at both Mass. Eye and Ear and the Boston Eye Group. In collaboration with Boston University, he tutors students undergoing a Masters in Health Sciences. Additionally, Dr Melki is actively involved in instruction courses at the American Academy of Ophthalmology and the American Society and Refractive Surgery.



Claes Dohlman, MD, PhD Translational Research



James Chodosh, MD, MPH Surgery, Translational Research



Kathryn Colby, MD, PhD Surgery, Clinical Research



Roberto Pineda II, MD Surgery, Clinical Research



Samir Melki, MD, PhD Surgery, IOP Transducers



Joseph B. Ciolino, MD Surgery, Clinical Research



Eleftherios Paschalis, PhD Bioengineering



Andrea Cruzat, MD Clinical and Translational Research



llene Gipson, PhD Enzymology, Translational Research



Daniel Kohane, MD, PhD Bioengineering MIT/Boston Children's Hospital



Lucy Shen, MD Glaucoma



Borja Salvador, MD Clinical and Translational Research



Pedram Hamrah, MD Translational Research



Alja Crnej, MD Clinical and Translational Research



Reza Dana, MD, MSc, MPH Translational Research



Elise Taniguchi, MD Glaucoma, Clinical Research



Miguel Gonzalez, MD, PhD Michelle White, MD, MPH Clinical and Translational Epidemiology, Translational Research



Research



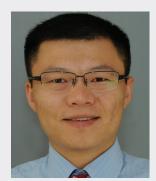
Samer Arafat, MD **Translational Research** 



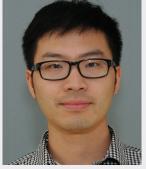
Wolfgang Haas, PhD Microbiology, Translational Research



Sylvia Odorcic, MD **Clinical Research** 



Dylan Lei, MD, PhD **Translational Research** 



Chengxin Zhou, PhD **Translational Research** 



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Swati Sangwan Volunteer **KPro Program** 



Mary Lou Moar Consulting KPro Coordinator



Larisa Gelfand **Business Manager**, **Boston KPro Program** 

# THE BOSTON KPRO TEAM

# 2013

- Adesina OO, Vickery JA, Ferguson CL, Stone DU. Stromal melting associated with a cosmetic contact lens over a Boston Keratoprosthesis: treatment with a conjunctival flap. *Eye Contact Lens* 2013; 39(3):e4-6.
- Bai H, Huang YF, Wang LQ. The study of new soft one-piece PHEMA keratoprosthesis implanted into alkali burned rabbits cornea. *Zhonghua Yan Ke Za Zhi* 2013; 49:909-913.
- Bakhtiari P, Agarwal DR, Fernandez AA, Milman T, Glasgow B, Starr CE, Aldave AJ. Corneal keloid: report of natural history and outcome of surgical management in two cases. *Cornea* 2013; 32:1621-1624.
- Basu S, Pillai VS, Sangwan VS. Mucosal complications of modified osteo-odonto keratoprosthesis in chronic Stevens-Johnson syndrome. *Am J Ophthalmol* 2013; 156:867-873.
- Chang HP, Luo ZK, Chodosh J, Dohlman CH, Colby KA. Primary Type I Boston Keratoprosthesis in non-autoimmune corneal diseases. Submitted to *Cornea*.
- Ciolino JB, Belin MW, Todani A, Al-Arfaj K, Rudnisky CJ, Boston Keratoprosthesis Type 1 Study Group. Retention or the Boston Keratoprosthesis Type 1: multicenter study results. *Ophthalmology* 2013; 120:1195-2000.
- Cruzat A, Shukla A, Dohlman CH, Colby KA. Wound anatomy after Type I Boston Keratoprosthesis using oversized back plates. *Cornea* 2013; 32:1531-1536.
- Cruzat A, Tauber A, Shukla A, Paschalis EI, Pineda R, Dohlman CH. Low-cost and readily available tissue carriers for the Boston Keratoprosthesis: a review of possibilities. *J Ophthalmol* 2013; 2013:686587. doi: 10.1155/2013/686587
- D'Amico DJ. New methods for retinal examination in eyes with a Boston Keratoprosthesis [editorial]. *Retina* 2013; 33:1097-1098.
- Fadlallah A, Jakobiec FA, Mendoza PR, Zalloua PA, Melki SA. Boston Type I Keratoprosthesis of treatment of gelatinous drop-like corneal dystrophy after repeated graft failure. *Semin Ophthalmol* 2013; in press.
- Feng MT, Burkhart ZN, McKee Y, Price FW. A technique to rescue keratoprosthesis melts. *Cornea* 2013; 32:1407-1411.
- Goldman DR, Hubschman J, Aldave AJ, Chiang A, Huang JS, Bourges J, Schwartz SD. Postoperative posterior segment complications in eyes treated with the Boston Type I Keratoprosthesis. *Retina* 2013; 33:532-541.
- Gonzalez-Saldivar G, Lee NH, Chodosh J, Freitag SK, Stacy R. Dacryops in the setting of a Boston Type II keratoprosthesis. *Ophthal Plast Reconstr Surgery* 2013;0:e73-75
- Harissi-Dagher M, Durr GM, Biernacki K, Sebag M, Rhéaume MA. Pars plana vitrectomy through the Boston Keratoprosthesis Type 1. *Eye* 2013; 27:767-769.
- Huh ES, Aref AA, Vajaranant TS, de la Cruz J, Chau FY, Cortina MS. Outcomes of pars plana glaucoma drainage implant in Boston Type 1 Keratoprosthesis surgery. *J Glaucoma* 2013; 23:39-44.

- Jašinskas V, Rudalevičius P, Miliauskas A, Milčius D, Jurkūnas UV. Keratoprosthesis surgery as an alternative to keratoplasty. *Medicina* (Kaunas) 2013; 49:291-299.
- Kang JJ, Allemann N, de la Cruz J, Soledad Cortina M. Serial analysis of anterior chamber depth and angle status using anterior segment optical coherence tomography after Boston Keratoprosthesis. *Cornea* 2013; 32:1369-1374.
- Kang JJ, Allemann N, Vajaranant T, de la Cruz J, Cortina MS. Anterior segment optical coherence tomography for the quantitative evaluation of the anterior segment following Boston Keratoprosthesis. *PLoS One* 2013; 8:1-5.
- Kim MJ, Bakhtiari P, Aldave AJ. The international use of the Boston Type 1 Keratoprosthesis. *Int Ophthalmol Clin* 2013; 53:79-89.
- Kim MJ, Yu F, Aldave AJ. Microbial keratitis after Boston Type I Keratoprosthesis implantation: incidence, organism, risk factors, and outcomes. *Ophthalmology* 2013; 120:2209-2216.
- Langenbucher A, Szentmáry N, Speck A, Seitz B, Eppig T. Calculation of power and field of view of keratoprosthesis. *Ophthalmic & Physiologic Optics* 2013; 33(4):412-9.
- Law S, Huang JS, Nassiri N, et al. Technique of combined glaucoma tube shunt and keratoprosthesis implantation. *J Glau* 2013, in press.
- Lee SH, Mannis MJ, Shapiro B, Li JY, Polage C, Smith W. Evaluation of microbial flora in eyes with a Boston Type I Keratoprosthesis. *Cornea* 2013; 32:1537-1539.
- Magalhães FP, do Nascimento HM, Ecker DJ, Sannes-Lowery KA, Sampath R, Rosenblatt MI, de Sousa LB, de Oliveira LA. Microbiota evaluation of patients with a Boston Type I Keratoprosthesis treated with topical 0.5% moxifloxacin and 5% povidone-iodine. *Cornea*. 2013;32(4):407-11.
- Magalhães FP, Hirai FE, de Sousa LB, de Oliveira LA. Boston Type 1 Keratoprosthesis outcomes in ocular burns. *Acta Ophthalmol.* 2013; 91:432-436.
- Malandrini A, Balestrazzi A, Canovetti A, Rossi F, Cortesini L, Lenzetti C, Pini R, Manabuoni L. Improving Boston Type 1 Keratoprosthesis procedure: one-touch femtosecond-assisted preparation and centration of donor carrier tissue. *Eur J Ophthalmol* 2014; 24:191-195.
- Muñoz-Gutierrez G, Alvarez de Toledo J, Barraquer RI, Vera L, Couto Valeria R, Nadal J, de la Paz MF. Postsurgical visual outcome and complications in Boston Type I Keratoprosthesis. *Archivos de la Sociedad Española de Oftalmologia* (English ed) 2013; 88:56-63.
- Panarelli JF, Ko A, Sidoti PA, Garcia JP, Banitt MR. Angle closure after Boston Keratoprosthesis. *J Glaucoma* 2013; 9:725-729.
- Paschalis EI, Chodosh J, Sperling RA, Salvador-Culla B, Dohlman C. A novel implantable glaucoma valve using ferrofluid. *PLoS One.* 2013 Jun 28; 8(6):e67404.
- Paschalis EI, Chodosh J, Spurr-Michaud S, Cruzat A, Tauber A, Behlau I, Gipson I, Dohlman CH. *In vitro* and *in vivo* assessment of titanium surface modification for

coloring the backplate of the Boston Keratoprosthesis. *Invest Ophthalmol Vis Sci* 2013 4;54(6):3863-3873.

- Poddar R, Cortés DE, Werner JS, Mannis MJ, Zawadzki RJ. Three-dimensional anterior segment imaging in patients with Type I Boston Keratoprosthesis with switchable full depth range swept source optical coherence tomography. *J Biomed Opt* 2013; 18:86002.
- Rai R, Shorter E, Cortina MS, McMahon T, Cruz JD. Contact lens surveillance cultures in Boston Type I Keratoprosthesis patients. *Eye Contact Lens* March 2013:39;175-178.
- Rixen JJ, Cohen AW, Kitzmann AS, Wagoner MD, Goins KM. Treatment of aniridia with Boston Type I Keratoprosthesis. *Cornea* 2013; 32:947-950.
- Robert MC, Eid EP, Saint-Antoine P, Harissi-Dagher M. Microbial colonization and antibacterial resistance patterns after Boston Type I Keratoprosthesis. *Ophthalmology* 2013, 120:1521-1528.
- Robert MC, Pomerleau V, Harissi-Dagher. Complications associated with Boston Keratoprosthesis Type I. *Br J Ophthalmol* 2013; 97:573-577.
- Sati A, Sangwan VS, Basu S, Kalaiselvan P. Boston Keratoprosthesis for visual rehabilitation in porphyria cutanea tarda. *BMJ Case Rep* 2013. pii: bcr2012008267. doi: 10.1136/bcr-2012-008267.
- Sayegh RR, Dohlman CH. Wide-angle fundus imaging through the Boston Keratoprosthesis. *Retina*. 2013;33(6):1188-1192.
- Shapiro BL, Cortés DE, Chin EK, Li JY, Werner JS, Redenbo E, Mannis MJ. High-resolution spectral domain anterior segment optical coherence tomography in Type I Boston Keratoprosthesis. *Cornea* 2013; 32:951-955.
- Sivaraman KR, Aakalu VK, Sajja K, Cortina MS, de la Cruz J, Setabutr P. Use of a porous polyethylene lid spacer for management of eyelid retraction in patients with Boston Type II Keratoprosthesis. *Orbit* 2013; 32:247-249.
- Sivaraman KR, Hou JH, Allemann N, de la Cruz J, Cortina MS. Retroprosthetic membrane and risk of sterile keratolysis in patients with Type I Boston Keratoprosthesis. *Am J Ophthalmol* 2013 May;155(5): 814-22.
- Yang M, Du GP, Wang LQ, Wang XP, Cui FZ, Lu YJ, Huang YF. The expression level of MMP-2 and collagen of hydroxyapatite modified titanium for keratoprosthesis in the corneal stroma of rabbits. *Zhonghua Yan Ke Za Zhi* 2013; 49:914-920.
- Zellander A, Gemeinhart R, Djalilian A, Makhsous M, Sun S, Cho M. Designing a gas foamed scaffold for keratoprosthesis. *Mater Sci Eng C Mater Biol Appl* 2013; 33(6):3396-3403.
- Zellander A, Wardlow M, Djalilian A, Zhao C, Abiade J, Cho M. Engineering copolymeric artificial cornea with salt parogen. *J Biomed Mater Res Part A* 2013:00A:000-000.
- Ziai Š, Rootman DS, Slomovic AR, Chan CC. Oral buccal mucous membrane allograft with corneal lamellar graft for the repair of Boston type I keratoprosthesis stromal melt. *Cornea* 2013; 32:1516-1519.

## 2014

- Alio JL, Abbouda A, Vega-Estrada A. An innovative intrastromal keratoprosthesis surgery assisted by femtosecond laser. *Eur J Ophthalmol* 2014; 24:490-493.
- femtosecond laser. *Eur J Ophthalmol* 2014; 24:490-493.
  Arafat SN, Robert M-C, Shukla AN, Dohlman CH, Chodosh J, Ciolino JB. UV crosslinking of donor corneas confers resistance to keratolysis. *Cornea* 2014; 33(9): 955-959.
- Arafat SN, Suelves AM, Spurr-Michaud S, Chodosh J, Foster CS, Dohlman CH, Gipson IK. Neutrophil collagenase, gelatinase B and myeloperoxidase in tears of Stevens-Johnson syndrome and mucous membrane pemphigoid patients. *Ophthalmology* 2014; 121:79-87.
- Basu S, Sureka S, Shukla R, Sangwan V. Boston Type 1 based Keratoprosthesis (Auro KPro) and its modification (LVP KPro) in chronic Stevens Johnson syndrome. *BMJ* 2014, in press.
- Behlau I, Martin KV, Martin JN, Naumova EN, Cadorette JJ, Sforza JT, Dohlman CH. Infectious endophthalmitis in Boston Keratoprosthesis: incidence and prevention. *Acta Ophthalmol* 2014, in press. doi: 10.1111/aos.12309.
- Brown CR, Wagoner MD, Welder JD, Cohen AW, Goins KM, Greiner MA, Kitzmann AS. Boston Keratoprosthesis Type l for herpes simplex and herpes zoster keratopathy. *Cornea* 2014; 33:801-805.
- Cade F, Paschalis EI, Regatieri CV, Vavvas D, Dana R, Dohlman CH. Alkali burn to the eye: protection using TNF-α inhibition. *Cornea* 2014; 33:382-389.
- Ciolino JB, Stefanescu CF, Ross AE, Salvador-Culla B, Cortez P, Ford EM, Wymbs KA, Sprague SL, Mascoop DR, Rudina SS, Trauger SA, Cade F, Kohane DS. In vivo performance of a drug-eluting contact lens to treat glaucoma for a month. *Biomaterials* 2014;35(1):432-9.
- Črnej A, Omoto M, Dohlman TH, Graney JM, Dohlman CH, Drnovsek-Olup B, Dana R. A novel murine model for keratoprosthesis. *Invest Ophthalmol V is Sci* 2014; 55:3681-3685.
- Crnej A, Paschalis EI, Salvador-Culla B, Tauber A, Drnovsek-Olup B, Shen LQ, Dohlman CH. Glaucoma progression and role of glaucoma in patients with Boston keratoprosthesis. *Cornea*. 2014 Apr;33(4):349-54.Cornea 2014; 33:349-354.
- de la Paz MF, Stoiber J, de Rezende Couto Nascimento V, de Toledo JA, Seyeddain O, Hitzi W, Grabner G, Barraquer RI, Michael R. Anatomical survival and visual prognosis of Boston Type I Keratoprosthesis in challenging cases. *Graefes Arch Clin Exp Ophthlmol* 2014; 252:83-90.
- de Rezende Couto Nascimento V, de la Paz MF, Rosandic J, Stoiber J, Seyeddain O, Grabner G, Alvarez de Toledo J, Barraquer RI, Michael R. Influence of primary diagnosis and complications on visual outcome in patients receiving a Boston Type 1 Keratoprosthesis. *Ophthalmic Res* 2014; 52:9-16.
- Dong Y, Yang J, Wang L, Ma X, Huang Y, Qiu Z, Cui F. An improved biofunction of titanium for keratoprosthesis by hydroxyapatite coating. *J Biomater Appl* 2014; 28: 990-997.

- Fadlallah A, Atallah M, Cherfan G, Awwad ST, Syed ZA, Melki SA. Gamma-irradiated corneas as carriers for the Boston Type I Keratoprosthesis: advantages and outcomes in a surgical mission setting. *Cornea* 2014; 33:235-239.
- Farias ČC, Ozturk HE, Albini TA, Berrocal AM, Amescua G, Betancurt C, Parel JM, Oliveros MC, Gibbons A, Vargas JM, Perez VL. Use of intraocular video endoscopic examination in the preoperative evaluation of keratoprosthesis surgery to assess visual potential. *Am J Ophthalmol* 2014; 158:80-86.
- Gilbert AL, Jakobiec FA, Chodosh J, Eliott D. A comparison of retrokeratoprosthetic membrane and conjunctival inflammatory responses to silicone oil. *J Ophthalmic Inflamm Infect* 2014; in press.
- Hassanaly SI, Talajic JC, Harissi-Dagher M. Outcomes following Boston Type 1 Keratoprosthesis implantation in aniridia patient at the University of Montreal. *Am J Ophthalmol* 2014; 158:270-276.
- Hou JH, Sivaraman KR, de la Cruz J, Lin AY, Cortina MS. Histopathological and immunohistochemical analysis of melt-associated retroprosthetic membranes in the Boston Type 1 Keratoprosthesis. *JAMA Ophthalmol* 2014; in press.
- Iyer G, Srinivasan B, Agarwal S, Shanmugasundaram S, Rajan G. Structural & functional rehabilitation in eyes with lamina resorption following MOOKP: can the lamina be salvaged? *Graefes Arch Clin Exp Ophthalmol* 2014; 252:781-790.
- Kammerdiener LL, Aquavella JV, Harissi-Dagher M, Lynch ML, Dohlman CH, Chodosh J, Ciolino J. Soft contact lens retention after Boston Keratoprosthesis: the importance of preoperative diagnosis. *Am J Ophthalmol*; in press
- Kanellopoulos AJ, Asimellis G. Long-term safety and efficacy of high-fluence collagen crosslinking of the vehicle cornea in Boston keratoprosthesis type 1. *Cornea* 2014; 33: 914-918.
- Kolovou PÉ, Ksander BR, Wilson BJ, Saab KR, Guo Q, Ma J, McGuire SP, Gregory MS, Vincent WJ, Perez VL, Cruz-Guilloty F, Kao WW, Call MK, Tucker BA, Zhan Q, Murphy GF, Lathrop KL, Alt C, Mortensen LJ, Lin CP, Zieske JD, Frank MH, Frank NY. ABCB5 is a limbal stem cell gene required for corneal development and repair. *Nature*. 2014 Jul 17;511(7509):353-7.
- Lim JM, Bang GM, Cortina MS, de la Cruz J, Setabur P. Successful Müller muscle-conjunctival resection in patients with Boston Keratoprosthesis Type I. *Cornea* 2014; 33:240-242.
- Lin CC, Chen A, Jeng BH, Porco TC, Ou Y, Han Y. Scleral intraocular pressure measurement in cadaver eyes pre- and post-keratoprosthesis implantation. *Invest Ophthalmol Vis Sci* 2014; 55:2244-2250.
- Malandrini A, Balestrazzi A, Canovetti A, Rossi F, Cortesini L, Lenzetti C, Pini R, Manabuoni L. Improving Boston Type 1 Keratoprosthesis procedure: one-touch femtosecond-assisted preparation and centration of donor carrier tissue. *Eur J Ophthalmol* 2014; 24:191-195.
- Mori Y, Nejima R, Minami K, Miyata K, Kamiya K, Fukud M. Long-term outcomes of Boston Keratoprosthesis. *Nihon Ganka Gakkai Zasshi* 2013; 117:35-43.

- Muñoz-Gutierrez G, Alvarez de Toledo J, Barraquer RI, et al. Postsurgical visual outcome and complications in Boston Type I Keratoprosthesis. *Archivos de la Sociedad Española de Oftalmologia* (English ed) 2013; 88:56-63.
- Najem K, Sebag M, Harissi-Dagher M. Boston keratoprosthesis type 1 device leak. *Can J Ophthalmol* 2014, 49:106-108.
- Nau AC, Drexler S, Dhaliwal DK, Mah F, Raju L, Deschler E. Contact lens fitting and long-term management for the Boston Keratoprosthesis. *Eye Contact Lens* 2014; 40: 185-189.
- Navas A, Hernandez-Camarena JC, Serna-Ojeda JC, Ramirez-Miranda A, Graue-Hernández EO. Boston Type I Keratoprosthesis assisted with intraprosthetic amniotic membrane (AmniotiKPro sandwich technique). *Acta Ophthalmol* 2014; in press.
- Nguyen P, Chopra V. Glaucoma management in Boston Keratoprosthesis Type I recipients. *Curr Opin Ophthalmol* 2014; 25:134-140.
- Oliveira LA, Pedreira Magalhães F, Hirai FE, Sousa LB. Experience with Boston Keratoprosthesis Type 1 in the developing world. *Can J Ophthalmol* 2014; 49:351-357.
- Palioura S, Kim B, Dohlman CH, Chodosh J. The Boston Keratoprosthesis Type I in mucous membrane pemphigoid. *Cornea*. 2013;32(7):956-61.
- Paschalis E, Cade F, Melki S, Pasquale LR, Dohlman CH, Ciolino J. Reliable intraocular pressure measurement using automated radiowave telemetry. *Clin Ophthalmol* 2014; 8:177-185.
- Phillips DL, Hager JL, Goins KM, Kitzmann AS, Greiner MA, Cohen AW, Welder JD, Wagoner MD. Boston Type 1 Keratoprosthesis for chemical and thermal injury. *Cornea* 2014; 33:905-909.
- Puri S, Robinson SB, Wang J, Sikder S. Vision-related impact on quality of life in an elderly patient population after corneal transplantation. 2014 *Cornea*, 33:119-124.
- Rootman DB, Kim MJ, Aldave AJ, Douglas R, Hwang C, Goldberg R. Ocular surface, fornix, and eyelid rehabilitation in Boston Type I Keratoprosthesis patients with mucous membrane disease. *Ophthal Plast Reconstr Surg* 2014; in press.
- Salvador-Culla B, Behlau I, Sayegh RR, Stacy RC, Dohlman CH, Delori F. Very low risk of light-induced retinal damage during Boston keratoprosthesis surgery: a rabbit study. *Cornea* 2014 Feb;33(2):184-90.
- Salvador-Culla B, Jeong KJ, Kolovou PE, Chiang HH, Chodosh J, Langer R, Dohlman CH. Titanium coating of the Boston Keratoprosthesis. In submission.
- Srikumaran D, Munoz B, Aldave AJ, Aquavella JV, Hannush SB, Schultze R, Belin M, Akpek EK. Longterm outcomes of Boston Type 1 Keratoprosthesis implantation: a retrospective multicenter cohort. *Ophthalmology* 2014; in press.
- Wang L, Huang Y, Chodosh J, Dohlman CH. Boston Keratoprosthesis in China (in Chinese). *Zhonghua Yan Ke Za Zhi* 2014; 50:307-312.

# You're invited... Please join us!

### American Academy of Ophthalmology Meeting

October 18-21, 2014 Chicago, IL, McCormick Place

## SCHEDULE OF EVENTS

#### Monday, October 20

#### Boston Keratoprosthesis Users Breakfast

7:00am - 8:30am Place: Hyatt Conference Center McCormick Place. Clark Room (second floor) If you plan to attend please e-mail mlmoar@verizon.net

#### AAO Boston KPro Course

#### 2:00pm - 4:15pm Course Number: 383 / Room S103D

**Course Title:** The Boston Keratoprosthesis: Case-Based Presentations Highlighting the Essentials for Beginning and Experienced Surgeons.

Senior Instructor: Kathryn A. Colby, MD, PhD

Associate Instructors: Anthony J. Aldave, MD Esen K. Akpek, MD James V. Aquavella, MD Andrea Cruzat, MD James Chodosh, MD, MPH Claes H. Dohlman, MD, PhD Sadeer B. Hannush, MD

### Tuesday, October 21

## AAO Boston KPro Skills Transfer Course Lab

1:30pm - 3:30pm Course Number: LAB150A / Room N227B Course Title: Surgery for Severe Corneal and Ocular Surface Disease

*Course Directors:* Ali R Djalilian MD Gunther Grabner MD

### SAVE THE DATE

### 29th Biennial Cornea Conference

October 16-17, 2015 Boston, MA

Since the 1960s, the Biennial Cornea Conference has explored current basic and translational research developments of the cornea and anterior ocular surface, promoting interaction and discussion among leaders in the field of Cornea.

The Cornea Conference, hosted by Harvard Medical School Department of Ophthalmology Cornea Center of Excellence, is one of the leading conferences of its type in the world. This premier anterior segment eye research conference leads to new insights into the pathogenesis and therapy of disease of the ocular surface by exploring current clinical and laboratory research devoted to the cornea, and to build links between this exciting new information and the numerous disease entities that afflict this portion of the eye.

For more information: schepens.harvard.edu/ cornea2015



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