

IT TAKES A PLANET



Retina specialists tend to think of themselves as part of a global community. We see this reflected in the (soon-to-return, we hope) meeting circuit. Access to annual meetings for national or continent-wide organizations (eg, American Academy of Ophthalmology, Euretina) are not restricted to residents of the meeting's respective country or geographic region. Further, international meetings (eg, Retina World Congress, World Ophthalmology Congress) are growing in numbers and influence.

International problem solving is an outgrowth of that model, and that has not slowed during the COVID-19 era. That's why this issue of *Retina Today* features a collection of global authors.

Medicine has spent plenty of time communicating effective safety measures when managing disease in patients at risk of COVID-19 complications. This is particularly useful in our field, where we often see patients who have systemic disease or are of advanced age. But what do we do when treating children? María A. Martínez-Castellanos, MD (Mexico); Judith A. Espinoza-Navarro, MD (Mexico); Lisseth Chinchilla, MD (Venezuela); Heber Galarza, MD (Mexico); and Paulina Ramirez-Neria, MD (Mexico), offer direction for safely navigating pediatric patient care, relying on the latest data to drive their protocols.

Sometimes, however, the latest data simply take too long to reach the clinician. That is where clinical decision-making becomes key. By relying on the guidance from various ophthalmic societies, a panel of retina specialists—Ashish Sharma, MD (India); Nilesh Kumar, MD (India); Nikulaa Parachuri, MD (India); Rohini Sharma, MDS (India); Barbara Parolini, MD (Italy); Sengul Ozdek, MD, FEBO (Turkey); Baruch D. Kuppermann, MD, PhD (United States); Francesco Bandello, MD, FEBO (Italy); and Anat Loewenstein, MD, MHA (Israel)—offer their protocol for intravitreal injection.

Continuing that conversation, Fred Y. Chien, MD (United States), and Theodore Leng, MD, MS (United States), explore

methods for keeping patients and physicians safe during intravitreal injections—particularly in those patients who might be positive for COVID-19. In their estimation, the data suggest that mere masking is not enough.

The disruption that COVID-19 has caused in the professional aspects of our field are coming into focus. In his contribution to this issue, Ravi R. Pandit, MD, MPH (United States), urges his colleagues to begin thinking more completely about the relationship retina has to medicine as a whole. As the crisis pushes us toward thinking more purposefully about the complete patient (rather than just their eyes), Dr. Pandit suggests that we reconsider interspecialty communication methods and our narrow clinical concerns.

Rounding out the discussion of the pandemic's lasting consequences, Michael Venincasa, MD (United States), and Jayanth Sridhar, MD (United States), propose a future in which interviews for residencies and fellowships rely on digital platforms rather than in-person interactions, perhaps saving time and money for applicants and institutions. Erol Eri Verter, MD, MS (United States); Patrick Coady, MD, MBA (United States); Deven Huang (United States); and John J. Huang, MD, MBA, CPE (United States), break down recent data from a survey sent to members of the American Society of Retina Specialists that may help us assess to what degree patients and practices have been set back during this crisis.

Thanks for being with *Retina Today* through all of this. We appreciate you. ■

CHIEF MEDICAL EDITOR

ASSOCIATE MEDICAL EDITOR