The presence of plus disease in retinopathy of prematurity (ROP) is an important criterion for identifying ROP requiring treatment. Plus disease is classically defined by a standard published photograph selected more than 20 years ago by expert consensus. Therefore, the diagnosis of plus disease in ROP is often subjective and qualitative. In this issue, Wittenberg et al. review the available computer-based image analysis modalities that use quantitative methods to improve the objectivity of the diagnosis of plus disease. Some of these methods show promise and have the potential to improve uniformity in the recognition of plus disease. Ultimately, this research should contribute to the management of ROP using both traditional binocular indirect ophthalmoscopy and image-based telemedicine approaches. Also in this issue, the article by Akçakaya et al. reviewing the incidence and risk factors in screening for ROP in a tertiary hospital in Istanbul supports the contention that research in ROP has global implications. Of interest is that they had infants requiring treatment who were greater than 1,500 grams and older than 32 weeks’ gestational age at birth.

In regard to the inception or continuation of significant scientific investigation, I remind our readers about the grant funding available from the Knights Templar Eye Foundation for pediatric ophthalmology research. The Foundation has awarded 380 total grants for $13 million dollars over the years. The Knights Templar began giving out grants in 1956, but in the past 10 years they have become more aggressive and estimate that approximately 33 grants of $60,000 each will be awarded this year. In these difficult economic times, it is nice to see that their benevolence continues. I encourage interested parties to contact Robert W. Bigley at (214) 888-0220 or at their web site: www.knightstemplar.org/ktef/. The deadline for the receipt of the submission is Wednesday, February 15, 2012, so please act expeditiously.

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Editor