Amalgamation of the International Society of Refractive Surgery and the American Academy of Ophthalmology

ISRS/AAO! For many ophthalmologists loyal to both organizations, putting these letters together has a magical ring. The amalgamation is now a reality.

ISRS (initially International Society of Refractive Keratoplasty—ISRK) was formed in late 1979 when the emerging field of refractive surgery was not generally accepted as a bona fide subspecialty in ophthalmology. At that time, refractive surgery consisted of a small number of surgeons trained by José Barraquer in cryolathe keratomileusis, and the Society was formed as a keratomileusis study group, with the goal of sponsoring meetings and fostering education. Although established in the United States, from its inception the group was strongly international.

The advent of radial keratotomy (RK) in the early 1980s in the United States propelled refractive surgery ahead rapidly, greatly increased membership in ISRS, and fostered similar societies, such as the Keratorefractive Society (disbanded in the mid-1980s) and the mutation of the American Intraocular Implant Society to become the American Society of Cataract and Refractive Surgery in 1986, the name change heralding more general acceptance of refractive surgery. The American Academy of Ophthalmology received its baptism into refractive surgery in 1982 and 1984 by being named as a co-defendant in two anti-trust lawsuits concerning radial keratotomy, which were filed by some disgruntled ophthalmologists and were settled in favor of the Academy and other defendants at both jury trial and on appeal.

In the 1980s, the clinical practice of refractive surgery consisted primarily of RK surgery, but the idea of operating on structurally normal eyes to simply correct refractive errors was controversial and not generally accepted by the majority of ophthalmologists. Nevertheless, the few surgeons who performed thousands of RK procedures, the heavy marketing of RK, and the proliferation of industry-sponsored RK courses increased the visibility and popularity of refractive surgery. In 1980, The National Eye Institute funded the Prospective Evaluation of Radial Keratotomy (PERK) Study, which—over the next 10 years and through some 30 peer-reviewed publications—helped establish the safety and effectiveness of RK; still the majority of ophthalmologists remained on the sidelines.

The first description of excimer laser corneal surgery in 1983, followed by the first FDA approval for the clinical use of the excimer laser in 1995 slowly led to the development of LASIK internationally and then its general adoption in the US—firmly establishing refractive surgery as an accepted subspecialty in North American ophthalmology, as it is today.

What was happening with ISRS and AAO during this revolution? The ISRS meetings in the 1980s had small audiences with a heavy international composition reporting primarily on radial keratotomy. The Journal of Refractive Surgery (JRS) was established as the official journal of ISRS in 1985, offering refractive surgeons an opportunity to have their work in a peer-reviewed journal at a time when traditional journals had little interest in refractive surgery. ISRS’s most important annual meeting was held just prior to the American Academy meeting, with increasing attendance each year. ISRS awarded the Barraquer lecture as its senior honor for contributions in refractive surgery, the Lans lecture that acknowledged contributions by an outstanding younger refractive surgeon, and the Richard Troutman award for the best paper in JRS.

Meanwhile, the AAO stayed quietly on the sidelines. It finally established a “Refractive Laser Committee” around 1990, charged with presenting a symposium at the annual meeting. For the initial offering, the Academy allocated a room holding 200 to 300 people, but as the session commenced, the aisles were packed and the hallways were so congested that the fire marshall appeared to clear safe passage. The Academy got the message—their members were intensely interested in refractive surgery. AAO took two steps: 1) established a joint session with ISRS in the annual meeting, which included the Barraquer lecture, invited lectures, and free papers, and 2) established the Refractive Surgery Interest Group (RSIG) in 1995 derived from the “Refractive Laser Committee,” which was charged with presenting a comprehensive 1-day refractive surgery review meeting immediately prior to the general AAO meeting. Well over 1000 members attended the first meeting, and it has grown since.

Competition emerged for the pre-AAO refractive surgery meeting spot, ISRS holding onto its time-honored program of presenting the latest advances. More than half of the speakers were from outside the US, presenting emerging work that was far ahead of that in the US, where FDA constraints greatly limited new refractive technology. The AAO
barrelled ahead with excellent highly structured programs of exclusively invited papers and a thick comprehensive syllabus—all assembled a few months before the meeting. The conflict of the two groups was apparent largely because of the differing content: those ophthalmologists who sought a survey of reasonably established information attended the RSIG, and those who sought breaking information and new techniques attended the ISRS. Leaders in both groups had persistent conversations about amalgamating and sharing meeting space, which would allow attendees to move easily from one venue to the other—especially speakers with obligations at both meetings. Political considerations curtailed concrete planning and the two groups met successfully but separately.

A major impetus to advance refractive surgery within the AAO came in the summer of 2001, when an ad hoc study group convened to advise AAO on incorporating refractive surgery into its programs and structure. As a result, a new volume of the Basic and Clinical Science Course on refractive surgery and refractive management will be issued in 2004, with plans to incorporate refractive surgery information into modules for medical students and paramedical personnel. During that meeting, the light finally went on! Why not combine ISRS and RSIG into a major world-class refractive surgery meeting and combine the societies to recognize the strengths of each. Goodwill emerged on both sides, and after many months of negotiating, the joint venture has become a reality.

The formal signing of papers was held on April 14, 2003, at AAO headquarters in San Francisco. The ISRS office is now shut down, and the AAO has purchased all the assets of the debt-free ISRS to create the new ISRS/AAO. For the first time, the annual meetings will be combined on November 14-15, 2003, immediately prior to the Academy meeting in Anaheim, CA. ISRS will maintain its traditional program with presentation of the Barraquer and Lans lectures, and acknowledgment of other award recipients. Part of the program will be a classical and structured review, the other part will be presentation of new and emerging technologies; the overall program will combine both invited and free papers. There will be a single registration fee for members of both groups.

The final structural amalgamation of the two groups will be the work of the ISRS/AAO Executive Committee, with six representatives from each group (Jorge Alio, Francesco Carones, Dan Durrie, Akef El Maghraby, Jack Holladay, Michael Lawless, Terry O'Brien, Jim Salz, Steve Schallhorn, George Waring III, Steve Wilson, and Helen Wu). ISRS/AAO will continue active international involvement through the International Council, now constituted by representatives from over 83 countries.

The Journal of Refractive Surgery will continue to be published by SLACK, Inc., and will be the official organ of ISRS/AAO, with continuation of its peer-reviewed status for original papers. JRS will also publish proceedings and special sections, as appropriate. Manuscripts presented at the pre-AAO meeting are not embargoed by the AAO, as are papers presented at the main meeting, and therefore can be submitted directly to the Journal of Refractive Surgery. JRS is an important organ for this group because the journal potentiates publication, in a timely fashion, of new and advanced information in refractive surgery—information that might be rejected by larger journals with a broader base of subject matter and a broader constituency. For the remainder of 2003, ISRS members will continue to receive the print version of JRS and RSIG members can access JRS full text online. Beginning in 2004, all members of ISRS/AAO will receive the print version and online full text access to JRS.

Hardy congratulations to the dogged perseverance of the ISRS officers, the AAO executives, and the combined Executive Committee for facilitating a positive and important confluence for world ophthalmology.

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