

“New Year, New Name: What’s in a Name?”

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Eye & Contact Lens

We all know this famous quote from Shakespeare’s *Romeo and Juliet* (1597): “What’s in a name? That which we call a rose by any other word would smell as sweet.” Outside this tragic romance, most of us would disagree with Juliet because names certainly matter. A name triggers a first impression, can influence the entity’s identity, and communicates succinctly what an organization is about.

Contact Lens Association of Ophthalmologists (CLAO) has undergone an official name change to more accurately reflect its mission, current activities, and membership. We are excited to announce our new name, which matches our journal name: The Eye and Contact Lens Association (ECLA).

The journal itself has had multiple name changes to reflect the evolving ophthalmic landscape. In 1967, it was known as *The Contact Lens Medical Bulletin*; in 1975, *The Contact Lens and Intraocular Lens Medical Journal*; in 1983, *The CLAO Journal*; and in 2003, *Eye and Contact Lens*. When ECLA was founded, contact lenses were a mainstay for the correction of refractive error after cataract extraction. Once corneal and lens-based refractive surgery developed and advanced, contact lenses were not the only alternative to spectacles. Currently, there is a resurgence in contact lens interest, particularly the scleral lenses for both refractive and therapeutic purposes, which have had an impact on corneal surgery: a decrease in corneal transplant volume for keratoconus has been linked to the use of scleral lenses.¹

ECLA was founded in NYC by Abraham Schlossman MD in 1963. A fundamental driver of ECLA’s birth was the concern over medical complications from contact lens wear. More than half a century later, a primary focus of the organization remains contact lens safety. Although the scientific knowledge and technology of contact lenses continuously expands, contact lens safety is a perennial issue, especially in our modern world of Smartphones, whereby anything and everything can be obtained quickly, easily, and without adequate regulation, such as the purchase of contact lenses without a valid doctor’s prescription. Aggressive infections such as *Acanthamoeba* and fungus are on the rise,² which means contact lens safety and collaboration with regulatory and industry partners is more important than ever.

In line with our origins, we are invested in the prevention of contact lens–related infections by promoting the reporting of all cases to the Food and Drug Administration (FDA) MedWatch site (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>). Reporting adverse events with medical devices alerts the FDA to areas that require attention and interven-

tion. Contact lenses are class 2 medical devices, and extended wear contact lenses are class 3, which is the same risk category as intraocular lenses. To encourage reporting and increase awareness of its importance, we have established the ECLA Advocacy Prize this year (contact Carol Goddard at carol@goddardassociates.com for details) for the resident/fellow who reports the highest number of cases to MedWatch. The winner will be presented with a plaque of recognition and an honorarium at our symposium during the American Academy of Ophthalmology (AAO) annual meeting 2019.

ECLA’s scientific programs have encompassed contact lens content and beyond including the latest developments in cornea and intraocular surgery. We sponsor four named lectureships: The Oliver H. Dabezies Jr MD, The Richard L. Lindstrom MD (presented during the ECLA symposium at the American Society of Cataract and Refractive Surgery annual meeting), The Harold A. Stein MD, and The Whitney G. Sampson MD (presented during the ECLA symposium at the AAO annual meeting). Our most recent Whitney G. Sampson MD lecture was Kathryn A. Colby MD PhD’s “Rethinking Fuchs Dystrophy in the Era of Successful Descemet Stripping” and the next Richard L. Lindstrom MD lecturer will be Roberto Pineda II MD in May 2019.

ECLA is uniquely positioned to address topics such as contact lens discomfort and myopia control because of its multidisciplinary membership composed of ophthalmologists, optometrists, vision scientists, and contact lens fitters from all around the world through our longstanding, close international relationships with the European Contact Lens Society of Ophthalmology, Japanese Contact Lens Society, and Brazilian Ophthalmological Society of Contact Lenses and Cornea. Domestically, ECLA has been a frequent collaborator on FDA workshops for contact lens safety and myopia control,^{3,4} and the Centers for Disease Control.⁵

Another priority initiative for ECLA is to address the gap in education on contact lenses for ophthalmology residents. Although ophthalmology residents are expected to be familiar with contact lens practice, and there is contact lens content that is part of the AAO Ophthalmic Knowledge Assessment Program and American Board of Ophthalmology examinations, there is no standard and concise curriculum currently in use among the residency programs. Abdelfattah et al.⁶ performed a survey of US ophthalmology residents and found that almost 40% replied there was insufficient exposure to contact lens prescription. ECLA has undertaken a major project collaborating with MD and OD leaders from six academic institutions to create interactive, video modules, accessible as a free resource on the ECLA web site. This is intended as an updated replacement of the CLAO Pocket Guide to Contact Lens Fitting, last revised in 1998, that was given to ophthalmology residents.

From the President, The Eye and Contact Lens Association
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In summary, ECLA works at the intersection of ophthalmology, optometry, and governmental and international partners to address: patient safety through the reporting of contact lens–related infections to MedWatch; gaps in contact lens education for residents; and the study of myopia control.

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