

# Interaction, Innovation Set VBS 2.0 Apart

WITH THOMAS A. ALBINI, MD; AUDINA M. BERROCAL, MD; AND R. ROSS LAKHANPAL, MD, FACS

Last month, the Vit-Buckle Society (VBS) hosted its second annual meeting, dubbed VBS 2.0, in Las Vegas. The program featured scientific sessions on retinal detachment repair, membrane peeling, medical retina, uveitis, surgery from the Pan-American Retina Society, relationships in retina, and surgical complications. Also featured were the VBS Lifetime Mentorship Award Lecture, which was given by Harry W. Flynn Jr, MD, and the VBS Keynote Lecture, delivered by William S. Tasman, MD. As at the first annual meeting, Friday night was devoted to retina fellows, who were given the opportunity to present cases to attendees.

There was plenty of time for interaction—either via the discussion and Q&A portions of the scientific sessions or during the social programs that included receptions and a closing dinner.

Karen Baranick, President of Medical Conference Planners, Inc., told Retina Today that registration for VBS 2.0 was robust, with 128 registered attendees, an increase from last year. Following this year's meeting, I spoke with 3 members of the VBS steering committee to find out what their thoughts were about the success of the meeting and to gain insight into how they designed the program.

—Rachel M. Renshaw  
Editor-in-Chief

**Retina Today:** How did you take your experiences from last year's VBS meeting and past smaller dinner meetings to shape the design of VBS 2.0?

**R. Ross Lakhanpal, MD, FACS:** There were several things that we did different this year in comparison to last. This year, we had the involvement of more fellowship program directors nominating cases from their fellows. There was much more of a "buzz" about this, and we may have even had too many cases. We held the Foray in a bit more formal meeting setting this year so that attendees would devote their attention to the presentations, which were outstanding. The cases that were presented last year were of as high quality, but due to the more social setting they did not get the attention they deserved.

We also designed the program to have more involvement from the session moderators, and we gave everyone access to the presentations ahead of time to further encourage discussion among the presenters, moderators, and audience. Having the information available for



review prior to the meeting helped to lower the intimidation level in asking questions. Having good moderators was important also in that regard.



**Audina M. Berrocal, MD:** Charlie [Charles C. Wykoff, MD, PhD] was instrumental in helping to design sessions that were relevant and in bringing in faculty who would help us make this program the way we wanted it—lots of surgical videos and lots of discussion. We put a lot of thought and time into every session in terms of the presenters and moderators,

which we may have not had the time to do last year.

**Dr. Lakhanpal:** We also had the advantage this year of having many presenters returning from 2013, so we knew



Left to right: Audina M. Berrocal, MD; John W. Kitchens, MD; R.V. Paul Chan, MD; Charles C. Wykoff, MD, PhD; William S. Tasman, MD; Alice Lea Tasman; Harry W. Flynn Jr, MD; Geeta A. Lalwani, MD; Thomas A. Albini, MD; R. Ross Lakhanpal, MD; Derek Kunimoto, MD, JD; and Charles W. Mango, MD

what to expect in terms of quality. In general, we had the advantage of perspective—what worked last year and what did not.

**Thomas A. Albini, MD:** In any effort, you try your best, and the second time you hope you learn from whatever mistakes were made the first time. We became a more cohesive unit when planning for VBS 2.0, and each of us had more defined roles. The Fellows' Foray was definitely held in an atmosphere more conducive to presenting.

In general, we had a good team of people who knew what their jobs were, and they performed them really well. I also think that this year we were better as a group at delegating, which we plan to carry over to next year's meeting.

**RT:** How did the meeting space differ this year from last?

**Dr. Lakhanpal:** Our space was a little bit tight last year, so we were looking for something bigger. This year we may have had too much space, which we tried to adjust for by spacing out the seating. If anything, however, I would rather have more space than less.

**Dr. Berrocal:** Refining exactly how much space we need is a work in progress. We are continuing to find the ideal setup for an intimate, more informal discussion during the presentations.

**RT:** Which session was your personal favorite?

**Dr. Lakhanpal:** The surgical complications session was my favorite. There are very few meetings where people will show videos of procedures that did not go well, and, in my opinion, these scenarios are the ones from which the most is learned. Some of the cases were just really interesting, and I think that it's great that there were surgeons (some anonymous) who were willing to give their complications cases to be presented.



Left to right: Steve Charles, MD; Jorge A. Fortun, MD; Brian Chan-Kai, MD; Andreas K. Lauer, MD



Left to right: Carl Danzig, MD; Ryan F. Isom, MD; Justin Townsend, MD; Andrew M. Schimel, MD



Left to right: Lisa Olmos de Koo, MD; Tom Harper, MD; Charles C. Wykoff, MD, PhD; Paul Hahn, MD, PhD

**Dr. Berrocal:** The Pan-American session, in my opinion, was great because it showcased techniques that are being used outside the United States. Because they don't have as much regulation in Latin America as we do here in the United States, they can be more innovative and think out of the box. These surgeons also had impressive presentations.

**RT:** Is there a trickle-down effect of US surgeons learning these new techniques from their Pan-American colleagues? Meaning, do you think that you will try some of these maneuvers?

**Dr. Berrocal:** Yes. For instance, we have been using fibrin glue for years in the United States, but one of the Latin American surgeons discussed using fibrin glue to tag the retina in a giant retinal tear, which is a very creative use.

**Dr. Albini:** I would say my favorite sessions besides the 2 already mentioned would be the mentorship

award lecture [Harry W. Flynn Jr, MD] and the keynote speech [William S. Tasman, MD]. Dr. Flynn's presentation, which was really part of the complications section, was remarkable in that he showed a series of his worst cases, how they turned out, and how he learned from them; in the spirit of education, he was willing to share his experience in order for others to learn. The presentation delivered by Dr. Tasman, from his many years of experience in retina, was invaluable.

**RT:** What were your overall impressions regarding the discussions that took place among the presenters, panels, and audience?

**Dr. Albini:** The discussion that followed the presentations was respectful, yet engaged. If there were issues with the information that was presented, I believe that the presenters did not feel limited in the way that they responded. The discussions were honest and open. The overall spirit of this meeting is that one can feel free to disagree, but in a positive, nonconfrontational manner.

I think it's great when you can have a discussion in which those involved don't feel like they're being personally attacked just because somebody is disagreeing with them, or where disagreement is fostered. I find that those moments are engaging.

**RT:** What is your vision for VBS in the coming years?

**Dr. Lakhanpal:** We want more participation from the fellows, in terms of making it easier and more enticing for them to join in the discussion. It is always difficult to schedule a meeting that doesn't conflict with the Ophthalmology Knowledge Assessment Program exams, but we are going to try to step up the number of fellows and young postgraduates that can come to the meeting.

**Dr. Berrocal:** We want to keep a dynamic so that our meeting is not the same year after year, and mostly so that we don't just become 1 more retina meeting. We want to be different, every year.

**Dr. Albini:** We definitely want to grow, but at the same time we don't want to grow so much that we lose our identity. We want to maintain our vision.

**RT:** From an industry standpoint, this meeting is a great environment to interact with physicians, which is invaluable on many different levels. What was the feedback that you received from industry sponsors of the meeting?

**Dr. Albini:** In general, I think that our industry partners were happy with the setup, in that they met people every day. The smaller size of the meeting facilitated an inclusive environment that allowed many 1-on-1 conversations that wouldn't normally occur at a larger meeting.

**Dr. Lakhanpal:** We have been careful not to cross a line of inappropriateness, but I feel it's important to acknowledge the industry members who support our education. ■

*Editor's note: Look for coverage of the presentations from VBS 2.0 throughout the next several issues of Retina Today in this column.*

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