

Scientific Program as of August 31, 2025

FRIDAY, MAF	CH 20, 2026	
08:30-10:00	BIG CONTROVERSIES IN RETINA AND BEYOND IN 2025	HALL A
Chairs:		
08:30-08:40	Welcome Remarks	
	Baruch Kuppermann, USA; Anat Loewenstein, Israel; Zofia Anna Nawrocka, Poland	
08:40-09:00	Keynote Lecture:	
08:40-08:55	Role of Al in Modern Vitreo-Retinal Surgery	
	Stanislao Rizzo, Italy	
08:55-09:00	Q&A	
09:00-09:30	Debate 1: Premium intra-ocular lenses can be considered for patients with macular disease	
09:00-09:10	Yes:	
09:10-09:20	No:	
09:20-09:30	Discussion	
09:30-10:00	Debate 2: Sustained Delivery for NVAMD will be the preferred therapy in the future	
09:30-09:40	Yes:	
09:40-09:50	No:	
09:50-10:00	Discussion	
10:00-10:30	Coffee Break, Visit Exhibition, View ePosters & join us in the Speaker's Corner	EXHIBITION AREA



	HALL A		HALL B
10:30-12:00	MEDICAL RETINA 1 Neovascular ("Wet") AMD Management	10:30-12:00	NEURO-OPHTHALMOLOGY 1 The Afferent Pathway
Chairs:		Chairs:	
10:30-11:00	Debate 1: Should the risk of converting to wet AMD deter use of complement inhibitors in treating GA?	10:30-11:00	Debate 1: Should we worry about "sulfa allergy" in IIH treatment with acetazolamide (Diamox)
10:30-10:40	Yes:	10:30-10:40	Yes:
10:40-10:50	No:	10:40-10:50	No:
10:50-11:00	Discussion	10:50-11:00	Discussion
11:00-11:30	Debate 2: Treat and extend will continue to be the preferred treatment strategy in the era of sustained drug delivery	11:00-11:30	Debate 2: Do GLP-1 agonists cause NAION?
11:00-11:10	Yes:	11:00-11:10	Yes:
11:10-11:20	No:	11:10-11:20	No:
11:20-11:30	Discussion	11:20-11:30	Discussion
11:30-12:00	Debate 3: Gene therapy will be the (near) future in the management of neovascular Age Relate Macular Degeneration	11:30-12:00	Case Presentations: Afferent Moderator: Panelists: All Speakers
11:30-11:40	Yes:		,
11:40-11:50	No:		
11:50-12:00	Discussion		
12:15-13:15	Industry Sponsored Luncheon Symposium (Lunch boxes served 12:00-12:15)		
13:30-14:30	Industry-Sponsored Dessert Symposium (Dessert boxes served 13:15-13:30)		
14:30-15:00	Coffee Break, Visit Exhibition, View ePosters		EXHIBITION AREA



	HALL A		HALL B
15:00-16:30	SURGICAL RETINA 1 Controversial Approaches to Common Surgical Questions	15:00-16:30	NEURO-OPHTHALMOLOGY 2 The Efferent Pathway
Chairs:		Chairs:	
15:00-15:30	Debate 1: Debate 1: In vitrectomy surgery for epiretinal membranes (ERMs), it is essential to remove the internal limiting membrane (ILM) in order to maximize visual improvement and limit recurrences.	15:00-15:30	Debate 1: Should we scan all third nerve palsies regardless of the pupil?
15:00-15:10	Yes:	15:00-15:10	Yes:
15:10-15:20	No:	15:10-15:20	No:
15:20-15:30	Discussion	15:20-15:30	Discussion
15:30-16:00	Debate 2: In the setting of a two diopter phakic macula-on retinal detachment, with a superior retinal tear, comparable successful anatomic and visual outcomes can be achieved with either a vitrectomy, or with a scleral buckle	15:30-16:00	Debate 2: Should you test for Lambert Eaton Myasthenia Syndrome (LEMS) in suspected myasthenia gravis (MG)?
15:30-15:40	Yes:	15:30-15:40	Yes:
15:40-15:50	No:	15:40-15:50	No:
15:50-16:00	Discussion	15:50-16:00	Discussion
16:00-16:30	Debate 3: Pars plana vitrectomy is safe and effective in the management of myodesopsia (symptomatic vitreous floaters).	16:00-16:30	Case Presentations: Efferent Moderator:
16:00-16:10	Yes:		Panelists: All Speakers
16:10-16:20	No:		
16:20-16:30	Discussion		



07:30-08:30	Industries Sponsored Breakfast Symposium (Light breakfast will be served from 07:00-07:30 at the entrance of t	he hall)	HALL A
	HALL A		HALL B
08:30-10:00	MEDICAL RETINA 2 Diabetic Macular Edema (DME) and Proliferative Diabetic Retinopathy	08:30-10:00	GLAUCOMA 1
Chairs:		Chairs:	
08:30-09:00	Debate 1: Can artificial intelligence safely replace human graders in diabetic retinopathy screening?	08:30-09:00	Debate 1: Glaucoma Surgical Training Should Focus on MIGS Rather Than Traditional (Trabeculectomy/Tubes) Surgery
08:30-08:40	Yes:	08:30-08:40	Yes:
08:40-08:50	No:	08:40-08:50	No:
08:50-09:00	Discussion	08:50-09:00	Discussion
09:00-09:30	Debate 2: Novel topical steroids can be an option for the treatment of DME	09:00-09:30	Debate 2: Early Glaucoma Detection Should Prioritize Structure Over Function
09:00-09:10	Yes:	09:00-09:10	Yes:
09:10-09:20	No:	09:10-09:20	No:
09:20-09:30	Discussion	09:20-09:30	Discussion
09:30-10:00	Debate 3: Sustained drug delivery can be an effective treatment for diabetic retinopathy and DME	09:30-10:00	Debate 3: GlaucOMICS Should Guide Treatment Decisions in Clinical Practice
09:30-09:40	Yes:	09:30-09:40	Yes:
09:40-09:50	No:	09:40-09:50	No:
09:50-10:00	Discussion	09:50-10:00	Discussion
:00-10:30	Coffee Break, Visit Exhibition, View ePosters & join us in the S	_	EXHIBITION AREA



	HALL A		HALL B
10:30-12:00	MEDICAL RETINA 3 Novel Technologies and Therapies in Retinal Diseases	10:30-12:00	UVEITIS 1
Chairs:		Chairs:	
10:30-11:00	Debate 1: Retinal vein occlusion is best managed with new long acting anti-VEGF therapy	10:30-11:00	Debate 1: The use of biosimilars in uveitis
10:30-10:40	Yes:	10:30-10:40	Yes:
10:40-10:50	No:	10:40-10:50	No:
10:50-11:00	Discussion	10:50-11:00	Discussion
11:00-11:30	Debate 2: Gene therapy is the best treatment option for inherited retinal diseases	11:00-11:30	Debate 2: Prophylactic laser retinopexy and early PPV for preventing RD in ARN
11:00-11:10	Yes:	11:00-11:10	Yes:
11:10-11:20	No:	11:10-11:20	No:
11:20-11:30	Discussion	11:20-11:30	Discussion
11:30-12:00	Debate 3: Photobiomodulation will be the preferred treatment for intermediate dry AMD	11:30-12:00	Debate 3: HLA - testing is mandatory in the investigation of posterior uveitis
11:30-11:40	Yes:	11:30-11:40	Yes:
11:40-11:50	No:	11:40-11:50	No:
11:50-12:00	Discussion	11:50-12:00	Discussion
12:15-13:15	Industry-Sponsored Luncheon Symposium (Lunch boxes served 12:00-12:15)		HALL A
13:30-14:30			HALL A
14:30-15:00	Coffee Break, Visit Exhibition, View ePosters & join us in the Spe	akers' Corner	EXHIBITION AREA



,	MARCH 21, 2026		
	HALL A		HALL B
15:00-16:30	SURGICAL RETINA 2 Controversies in the Utilization of Cutting Edge Vitreoretinal Surgical Technology	15:00-16:30	GLAUCOMA 2
Chairs:		Chairs:	
15:00-15:30	Debate 1: The Use of Heads Up Digital (HUD) Imaging in vitrectomy surgery has led to significant visual and anatomic improvement in surgical outcomes.	15:00-15:30	Debate 1: Glaucoma Screening Should Be Implemented as a Population-Wide Program
15:00-15:10	Yes:	15:00-15:10	Yes:
15:10-15:20	No:	15:10-15:20	No:
15:20-15:30	Discussion	15:20-15:30	Discussion
15:30-16:00	Debate 2: The use of a preoperative intravitreal anti-VEGF injection 3 to 5 days prior to surgery for a diabetic traction retinal detachment, helps to limit intraoperative complications and improves anatomic and visual outcomes	15:30-16:00	Debate 2: Novel Pressure-Lowering Pathways Should Replace Traditional IOP-Lowering Medications
15:30-15:40	Yes:	15:30-15:40	Yes:
15:40-15:50	No:	15:40-15:50	No:
15:50-16:00	Discussion	15:50-16:00	Discussion
16:00-16:30	Debate 3: In the setting of vitrectomy surgery for a macular hole with utilization of intraocular gas tamponade, postoperative face down positioning remains essential for best anatomic and visual outcomes	16:00-16:30	Debate 3: Trabecular MIGS Should Be the First Surgical Option for All Glaucoma Patients
16:00-16:10	Yes:		Yes:
16:10-16:20	No:		No:
16:20-16:30	Discussion		Discussion



	HALL A		HALL B
16:30-18:00	MEDICAL RETINA 4 Non Neovascular AMD	16:30-18:00	UVEITIS 2
Chairs:		Chairs:	
16:30-17:00	Debate 1: Should deep learning algorithms be used to predict GA progression and guide personalized treatment decisions?	16:30-17:00	Debate 1: Systemic therapy is the best option to control uveitic macular edema
16:30-16:40	Yes:	16:30-16:40	Yes:
16:40-16:50	No:	16:40-16:50	No:
16:50-17:00	Discussion	16:50-17:00	Discussion
17:00-17:30	Debate 2: Cataract surgery should be delayed in patients with dry AMD	17:00-17:30	Debate 2: Post-operative macular edema may be considered and managed as a uveitis
17:00-17:10	Yes:	17:00-17:10	Yes:
17:10-17:20	No:	17:10-17:20	No:
17:20-17:30	Discussion	17:20-17:30	Discussion
17:30-18:00	Debate 3: The future of management of geographic atrophy will continue to be complement inhibition	17:30-18:00	Debate 3: Inflammatory choroidal neovascularization may be treated by anti-VEGFs alone
17:30-17:40	Yes:	17:30-17:40	Yes:
17:40-17:50	No:	17:40-17:50	No:
17:50-18:00	Discussion	17:50-18:00	Discussion