

Childhood Glaucoma Research Network

UKPGS · January 25, 2019



**CHILDHOOD
GLAUCOMA**
RESEARCH NETWORK



**200+ members
in 48 countries**



International association of physicians & scientists with an interest in childhood glaucoma



Membership is free and open to physicians and scientists with an interest in pediatric glaucoma



Our mission is to collaborate for clinical treatment & research and to promote care for pediatric glaucoma

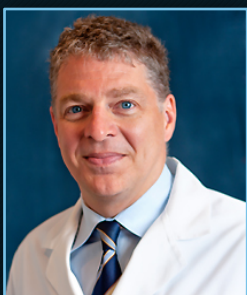


Guiding Principles: Support, Trust, Leadership, Transparency, Confidentiality, & Communication



Headquartered at The Samuel & Ethel Balkan International Pediatric Glaucoma Center at Bascom Palmer Eye Institute

CGRN • Leadership



Allen D. Beck, MD

Emory Eye Center
Atlanta, GA



James D. Brandt, MD

UC Davis Health System
Sacramento, CA



**Sharon F.
Freedman, MD**

Duke Eye Center
Durham, NC



Alana L. Grajewski, MD

Bascom Palmer Eye Institute
Miami, FL



Peng T. Khaw, PhD, FRCS

Moorfields Eye Hospital
London, United Kingdom



**Maria Papadopoulos,
MB, BS, FRACO**

Moorfields Eye Hospital
London, United Kingdom

Robison D. Harley, MD CGRN
International Pediatric
Glaucoma Registry



Registry ● About the Registry



Demographics – Etiology – Diagnosis – Management - Outcomes

De-identified database

Populated by users
across the world

Secure and
confidential

No cost to users

Participating users
may use data for own
research

Leverages large
amounts of data on a
rare disease for
research purposes

Board Members:

Alex V. Levin, MD, MHSc

Sharon F. Freedman, MD

George L. Spaeth, MD

Allen D. Beck, MD

Vanessa Rangel Miller

Alana L. Grajewski, MD

David Mackey, MD

Please update the patient details. After you submit this form, you will then answer a survey about this person. Please page through the entire survey to the end to record your answers. You may add additional patients at the conclusion of the survey.

If you do not know the answers to any of the questions, you may return at any time and update or complete the profile or to add additional patients.

Center Number: 01
Patient Number: 3713
Last Name of Person Entering Data: Yassin

Birth Year:
Age:
Gender:
Current Country:
Country of Origin:
Country of Origin:
Country of Origin:
Country of Origin:

Glaucoma Diagnosis:
Age of Onset:
Age of Diagnosis:
Family History of same Glaucoma: ☐ Yes
☐ No
☐ Unknown
Parent Consanguinity: ☐ Yes
☐ No
☐ Unknown but suspected constricted gene pool
☐ Unknown

Referred by (Select all that apply): ☐ Pediatric Ophthalmologist
☐ General Ophthalmologist
☐ Pediatrician/Family Physician
☐ Glaucoma Specialist
☐ Optometrist
☐ Non-Physician
☐ Not referred

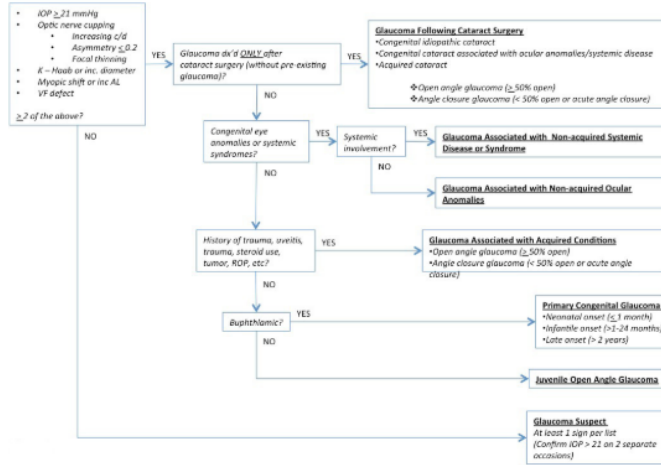
Other referral (specify):

Select other centers where the patient has been previously seen

Demographics

Progress 0%

CGRN Classification Diagnosis



Enter glaucoma diagnosis based on the CGRN classification system outlined above:

- ☐ Glaucoma Following Cataract Surgery. Open angle glaucoma (>50% open)
- ☐ Glaucoma Following Cataract Surgery. Angle closure glaucoma (<50% open or acute angle closure)
- ☐ Glaucoma Associated with Non-acquired Systemic Disease or Syndrome
- ☐ Glaucoma Associated with Non-acquired Ocular Anomalies
- ☐ Glaucoma Associated with Acquired Conditions. Open angle glaucoma (>50% open)
- ☐ Glaucoma Associated with Acquired Conditions. Angle closure glaucoma (<50% open or acute angle closure)
- ☐ Primary Congenital Glaucoma. Neonatal onset (<1 month)
- ☐ Primary Congenital Glaucoma. Infantile onset (1-24 months)
- ☐ Primary Congenital Glaucoma. Late onset (>2 years)
- ☐ Juvenile Open Angle Glaucoma

Next

CGRN Classification Diagnosis

Progress 5%

Diagnosis

Date of Diagnosis

Select month and year of diagnosis Month Year

1. IOP AT DIAGNOSIS

Value
Right Eye
Left Eye

Method Used

- ☐ Goldman
- ☐ Perkins
- ☐ Tonopen
- ☐ Icare
- ☐ Do not know
- ☐ Not applicable
- ☐ Other method (specify):

2. Examination Under Anesthesia (performed at diagnosis)

- ☐ No (continue to 3)
- ☐ Yes
- ☐ Do not know (continue to 3)

Anesthetic Used (Select all that apply)

- ☐ Not applicable
- ☐ Do not know
- ☐ Chloral Hydrate
- ☐ Fentanyl
- ☐ Isoflurane
- ☐ Ketamine
- ☐ Propofol
- ☐ Sevoflurane
- ☐ Other anesthesia used (specify):

3. OPTIC NERVE AT DIAGNOSIS

	Visibility	Cup-to-Disk Ratio	Localized Rim Notch	Location of Notch (by clock hours)
Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis

Progress

80%

Filtering Procedures

Date of Filtering Procedures with scleral flap (Trabeculectomy) - First procedure

	Month	Year
Right Eye	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>

Filtering Procedures with scleral flap (Trabeculectomy) - First procedure

	Flap	Quadrant	Antifibrotic agent Used	Antifibrotic agent
Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Filtering Procedures with scleral flap (Trabeculectomy) - Second Procedure

	Month	Year
Right Eye	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>

Filtering Procedures with scleral flap (Trabeculectomy) - Second Procedure

	Flap	Quadrant	Antifibrotic Agent Used	Antifibrotic Agent
Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Filtering Procedures with scleral flap (Trabeculectomy) - Third Procedure

	Month	Year
Right Eye	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>

Filtering Procedures with scleral flap (Trabeculectomy) - Third procedure

	Flap	Quadrant	Antifibrotic Agent Used	Antifibrotic Agent
Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filtering Procedures without scleral flap - Right Eye

	Number of times performed	Month of surgery	Year of surgery
Trephination	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thermal Sclerostomy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Iridencleisis	<input type="text"/>	<input type="text"/>	<input type="text"/>
Posterior lip Sclerectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filtering Procedures without scleral flap - Left Eye

	Number of times performed	Month of surgery	Year of surgery
Trephination	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thermal Sclerostomy	<input type="text"/>	<input type="text"/>	<input type="text"/>

Progress

97%

Medical Treatment

Medications - Right Eye

	First Visit	3 months after 1st visit	6 months after 1st visit	12 months after 1st visit	2 years after 1st visit	3 years after 1st visit	4 years after 1st visit
Timolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levobunolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metipranolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carteolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betaxolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipivefrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apraclonidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brimonidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetazolamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methazolamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dorzolamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brinzolamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latanoprost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unoprostone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travoprost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bimatoprost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miochol E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilocarpine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenylephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclopentolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tropicamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids (topical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAIDs (topical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications - Left eye

Progress

99%

Post-Treatment Follow-up

Post-treatment Follow-up - Right Eye

For corneal thickness, round measures ending with 5 or higher to the next 10.

	Visual Acuity	IOP	Corneal Thickness
3 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 years	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post-treatment Follow-up - Left Eye

For corneal thickness, round measures ending with 5 or higher to the next 10.

	Visual Acuity	IOP	Corneal Thickness
3 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 years	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Next](#)

Registry ● Get Involved



Contact Dr. Alex Levin
alevin@willseye.org
expressing interest



We send:
protocol,
informed
consent/assent,
Wills Eye
Hospital IRB
approval letter



Apply to
your
institution
IRB



Send us
your IRB
approval
letter



Username and
password will
be created



Start entering
patient
information



**Use for
research!**

Global Eye SITE®

Changing the way the world treats children with glaucoma



Global Eye SITE® ● About



The Global Eye Site® curriculum includes the workup and management of childhood glaucoma, ocular syndromes, and ocular genetics. Participants are given the opportunity to work with leading specialists in pediatric glaucoma, pediatric ophthalmology, and genetics from the University of Miami at The Balkan Center

Global Eye SITE® promotes a culture of continuous learning, ultimately increasing the availability of physicians in an area dedicated to saving the sight and changing the lives of children with glaucoma. This allows Global Eye SITE® to have a lasting and growing impact on reducing preventable blindness due to glaucoma worldwide

Identify **Passionate**
Anterior Segment
Surgeon(s) from an Area
of Need (USA *and*
Worldwide)



2 Week to 3 Month
Observership **at** Bascom
Palmer Eye Institute in the
Treatment & Management
of Pediatric Glaucoma



Return Home to Provide
Care & Train Others to
Increase Availability of
Specialized Care





**Tina
Damarjian**



**Catherine
Thuruthumaly**

Dr. Damarjian was the first domestic observer to participate in Global Eye SITE®. At the time of her observership, she was the only physician in the state of Wisconsin treating patients with childhood glaucoma. Dr. Thuruthumaly then participated in a Global Eye SITE® observership and will be assisting The Balkan Center with the creation of a pediatric uveitis and glaucoma clinic in Miami.

Global Eye SITE®
observerships are open
to surgeons from ALL
areas of the globe, not
only outside the United
States.

Both Dr. Damarjian and
Thuruthumaly practice
in rural midwestern USA,
where there is a need
for physicians who treat
pediatric glaucoma.



Lucas Nicacio

São Paulo
Brazil

Dr. Nicacio left his home and practice in rural Brazil to be the first observer to spend 3 months in Miami immersing himself in the training and education of pediatric glaucoma. He has since returned home, caring for Nicolly (who's treatment for her pediatric glaucoma made viral news) and pediatric glaucoma patients of his area.



Blind Girl Sees Mom For First Time



Like



Comment



Share



NowThis

+ Follow



830K

24K Comments

619,631 Shares

56M Views · about 3 years ago · 🌐

Michael Siban

Suriname Eye Centre
Suriname

Dr. Siban joined us from the Caribbean nation of Suriname to become the first pediatric glaucoma specialist in his country. He was joined by his wife during the 3 month stay in Miami .

Since his return home, he has been able to provide pediatric glaucoma care. Dr. Siban is now a key investigator in CGRN's Pediatric Preventable Blindness Initiative in Suriname.



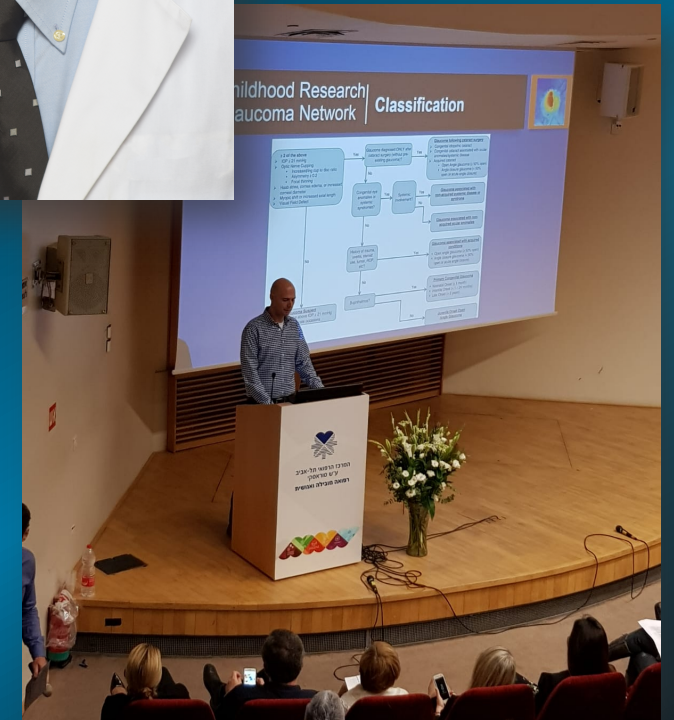
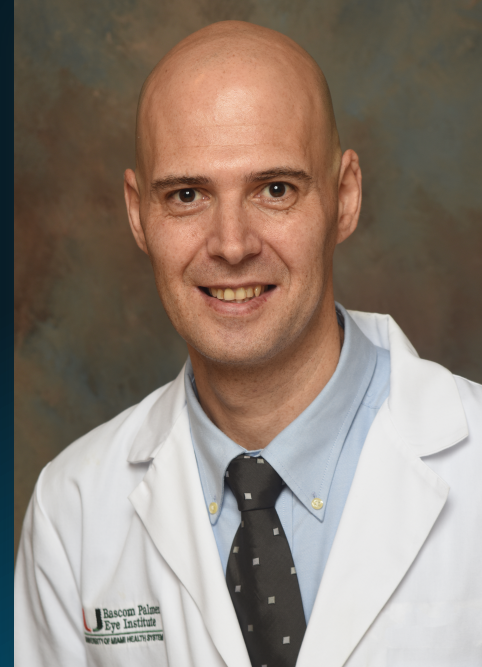
Eldar Rosenfeld

Tel Aviv
Israel

Dr. Rosenfeld joined us for 3 months from the Tel Aviv Sourasky Medical Center and the University of Tel Aviv.

Israel has ones of the highest rates of pediatric glaucoma.

Dr. Rosenfeld is formalizing a Center dedicated to Pediatric Glaucoma Center at his home institution, collaborating with others in his region.



Angelina Ampong & Doreen Amankwaa- Frempong

KNUST School of Medical Sciences
Ghana

In collaboration with Orbis, we recently hosted 2 physicians from Ghana to receive specialized pediatric glaucoma training.

They then joined Dr. James Brandt at the UC Davis Medical Center.



Our Next Observer:

Sylvia Groth

Vanderbilt University
Nashville, Tennessee



Pediatric Preventable Blindness

Our mission to reduce preventable blindness in children, worldwide



PPB ● Introduction



The primary objective of Pediatric Preventable Blindness (PPB) is to address preventable blindness by developing and implementing a sustainable framework of early vision screening in infants and children that can be applied globally.

This initiative is being conducted in conjunction with the University of the West Indies.

Phase 1: The Suriname Project will build on the country of Suriname's pre-existing childhood vaccination infrastructure to provide vision screenings to infants and children.

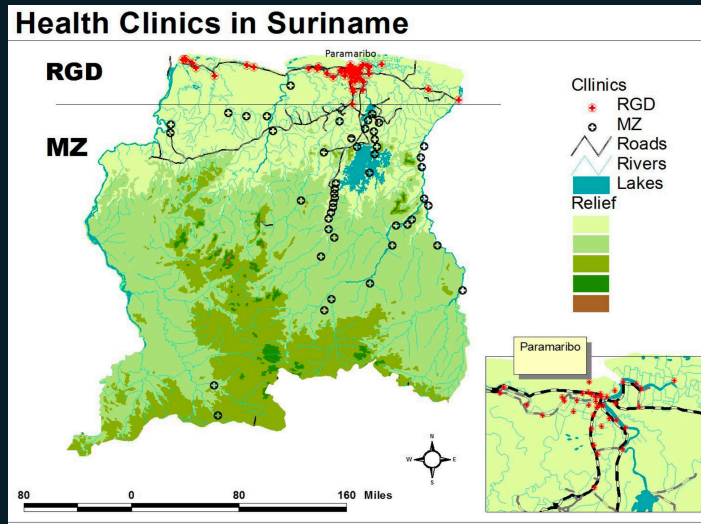
After Phase 1: Our goal is to implement this method of early vision screening throughout other areas of the Caribbean

PPB ● Phase 1: Suriname



- The Republic of Suriname is a sovereign nation on the Atlantic Coast of South America, bordering French Guyana, Guyana, Brazil, and the Atlantic Ocean at a size of 63,252 square miles. Suriname was colonized by the Dutch from 1647 until independence in 1975.
- Suriname is considered to be a Caribbean nation
- Population: 568,300
 - 31% are children with approximately 10,000 births per year
 - 90% live on the northern coast or near the capital city Paramaribo - the remaining 10% live in the interior districts

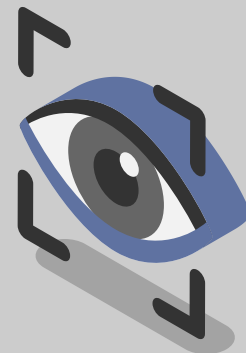




In collaboration with ophthalmologists at the Suriname Eye Centre, The Suriname Project will build on the current well-established infrastructure that provides mandatory vaccinations for infants through community health workers in private and government-sponsored clinics.

Community health workers will be taught to use a hand-held vision screening device.

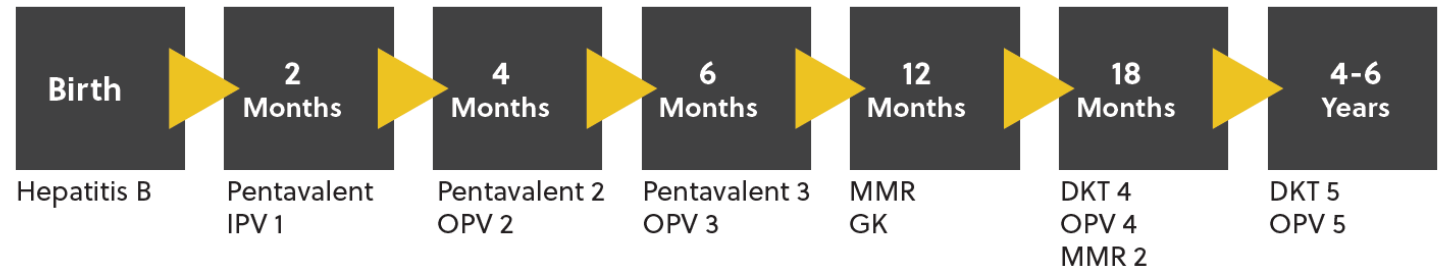
No previous knowledge on vision screening or eye diseases is needed to do this. Patients will be referred the pediatric ophthalmologist for a comprehensive vision exam if any risk factors are identified.



Due to the high vaccination rates in Suriname, we believe providing vision screenings while children are in clinics receiving vaccines is the best method of execution.

By capitalizing on the current program, we aim to maximize the long term sustainability of The Suriname Project by limiting the need for more time, staff, and resources.

Vaccination Schedule for Ages Birth to 6 Years¹⁷



Vaccination Rate in Suriname: An Average from 2015 to 2017¹⁸

Vaccine Type	Birth	2 Months	6 Months	12 Months
Hep B	75.00%			
IPV 1		65.33%		
Pentavalent 1		90.67%		
OPV 3			82.67%	
Pentavalent 3			87.00%	
GK				81.33%
MMR 1				96.00%
Grand Total	75.00%	78.00%	85.92%	91.11%

As shown above, across a 3 year average, 84.80% of children received their necessary vaccinations.

Children have 6 points of contact with community health workers for vaccinations from birth until 18 months, falling within the acceptable range for early vision screening.

Description of Vaccinations

Pentavalent: Diphtheria, Pertussis (Whooping Cough), Tetanus, Hepatitis B and Haemophilus Influenzae Type B (Hib)
IPV: Inactivated Polio
OPV: Oral Poliovirus
MMR: Measles, Mumps, and Rubella
GK: Yellow Fever

Severity Staging System of Childhood Glaucoma



SSSCG ● Introduction



Purpose: Conduct a “Severity Staging System of Childhood Glaucoma” through the retrospective review of the medical records of children with glaucoma, constructing a model to predict outcome

Importance: Disease severity scales are an important adjunct to disease classification and an important part of stratification for clinical trials. A severity scale allows prediction of patient outcome, comparison of quality-of-care, improvement in clinical decision-making and stratification for clinical trials.

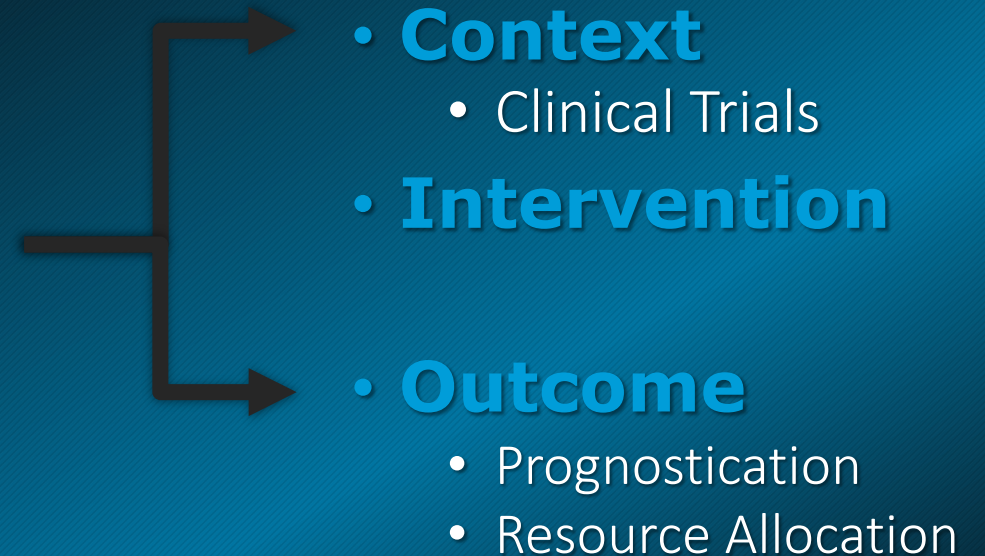
Impact: Severity Scale will assist the physician caring for children with glaucoma in clinical decision-making. It sets the stage for stratification for future collaborative CGRN clinical trials.

SSSCG • Health Outcome Measurements



The purpose of this study is to calibrate and validate a proposed “**Severity Staging System of Childhood Glaucoma**” (SSSCG) by conducting a retrospective review of medical records

Disease Severity Staging System



SSSCG ● Get Involved



<http://bit.ly/SSSCG>

Link is case sensitive

Visit the link above for info

Contact:

Huda Sheheitli

hxs691@med.miami.edu

Johnathan Pangborn

jpangborn@miami.edu

SSSCG ● Prospective Participants



Send contact information @ hxs691@med.miami.edu &
<http://bit.ly/SSSCG>

Schedule a phone conference with Dr. Chang, Dr.
Sheheitli, and Dr. Grajewski

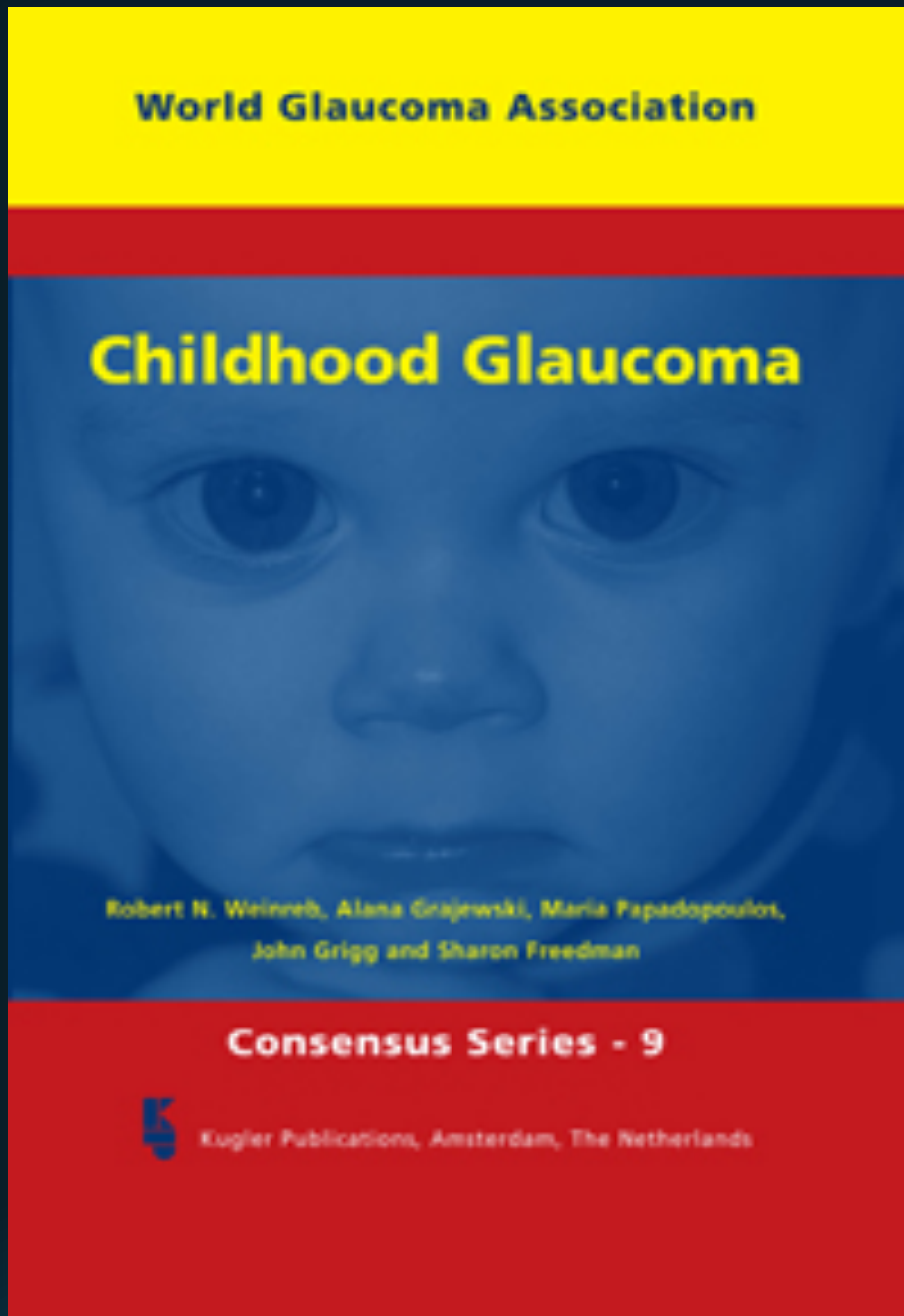
Get Institutional Review Board Approval. We will
assist with this!



Review records and upload data

Publications





WGA CONSENSUS FOR PURCHASE

KUGLERPUBLICATIONS.COM

► Childhood Glaucoma

Edited by: R.N. Weinreb & A.L. Grajewski & M. Papadopoulos & J. Grigg & S. Freedman

Also available in Spanish!

► Childhood Glaucoma Compendium

Edited by: A.L. Grajewski, E. Bitrian, R.N. Weinreb, M. Papadopoulos, J. Grigg & S. Freedman



The purpose of this spiral bound publication is to collect in a visual and practical format useful content from the Consensus Series 9 book. Perfect for the clinic and a great quick reference.

Surgical Management of Childhood Glaucoma

Clinical Considerations
and Techniques

Alana L. Grajewski
Elena Bitrian
Maria Papadopoulos
Sharon F. Freedman
Editors

 Springer

EXTRAS ONLINE

NOW AVAILABLE ON SPRINGER.COM

Editors: Alana Grajewski, Elena Bitrian, Maria Papadopoulos, Sharon Freedman

- Practical and illustrative guide for ophthalmologists
- Dozens of surgical videos and color illustrations and intraoperative pictures
- Surgical techniques from angle surgery to trabeculectomy, glaucoma drainage devices or cycloablation procedures
- Guides the reader step-by-step along the surgical procedures

Publications • CGRN Classification System



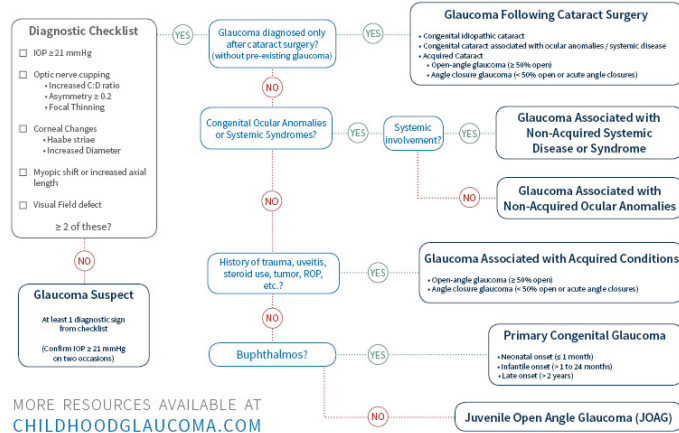
REVIEW



New classification system for pediatric glaucoma: implications for clinical care and a research registry

Avrey Thau^{a,b}, Maureen Lloyd^{a,b}, Sharon Freedman^c, Allen Beck^d, Alana Grajewski^e, and Alex V. Levin^{a,b}

CHILDHOOD GLAUCOMA CLASSIFICATION SYSTEM CHILDHOOD GLAUCOMA RESEARCH NETWORK + WORLD GLAUCOMA ASSOCIATION



Purpose of review

The Childhood Glaucoma Research Network (CGRN) has created a new classification system for childhood glaucoma that has become the first International Consensus Classification. The purpose of this review is to present this classification system and share its use to date.

Recent Findings

The diagnoses of the classification system include glaucoma and glaucoma suspect. The primary glaucomas include: primary congenital glaucoma and juvenile open-angle glaucoma. The secondary glaucomas include: glaucoma following cataract surgery, glaucoma associated with nonacquired systemic disease or syndrome, glaucoma associated with nonacquired ocular anomalies, and glaucoma associated with acquired conditions. This system reached consensus agreement at the Ninth World Glaucoma Association Consensus, which has been adopted by the American Board of Ophthalmology, and has been implemented in outcomes research, incidence studies, and review articles. The new Robison D. Harley, MD CGRN International Pediatric Glaucoma Registry uses this classification system as a shared language, allowing international clinicians and researchers to collaborate and make large-scale investigations of this otherwise rare disease possible.

Summary

The diagnoses in this system are assigned by following a logical and systematically approachable path. The ability to easily adopt and implement the system lends itself to international research.

Keywords

childhood glaucoma, international, international classification, pediatric glaucoma, research

Thank You!

