TASMANIAN EYE INSTITUTE

# PROSPECTUS 2020

Thistle Street Medical Centre

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**TASMANIAN EYE INSTITUTE LIMITED**

Tasmanian Eye Institute is an independent, charitable organisation established in 2008 to improve the delivery of the ophthalmic health services in Tasmania through Research, Education and Service. It is a registered charity with the Australian Charities and Not-for-Profits Commission (ACNC) to the highest level as a Public Benevolent Institute (PBI). All donations are fully tax deductible (ACNC Tick ✔), and all Philanthropic funds are eligible to make distributions.

Tasmanians seeking specialist health care have been at a disadvantage when compared to their counterparts on the mainland. As an isolated and semi-rural region of Australia, the availability of advanced medical technologies in Tasmania has historically been sparse, requiring costly and time-consuming interstate travel for patients wishing to access treatment. The absence of local facilities causes preventable deterioration in the health status of many individuals. For ophthalmic conditions in particular, treatment delays may result in irreversible vision loss and potential blindness. Our overriding aim is to improve ophthalmic health by developing the necessary infrastructure to support the local community. In the pursuit of this aim, we foster an environment in which clinical excellence and ethical integrity are valued highly. Our core goals are to ensure ongoing benefits for the health and wellbeing of Tasmanians: through provision of a quality statewide ophthalmic diagnostic and treatment service; through the education of medical practitioners, related health professionals and the community and patients; and by providing significant research contributions to the knowledge base and clinical treatment of ophthalmic disease which is particularly focused on the needs of the Tasmanian population.

Our overriding purpose is to discover medical evidence and clinical insights which will contribute to the management and prevention of vision loss. As a charitable trust, we rely heavily on the support of the community and organisations to ensure quality research and education by Tasmanian Eye Institute is ongoing. Tasmanian Eye Institute has full Deductible Gift Recipient (DGR) status.

For more information regarding activities conducted by the Tasmanian Eye Institute or for details concerning a donation or bequest, please contact Gaylene Cooper or Jennie Rossetto on (03) 6344 1377; or email info@tasmanianeye.org.

**MISSION STATEMENT - Research, Education and Service**

**Research:** Provide significant contributions to ophthalmic research which have a positive impact on the ophthalmic health of Tasmanians.

**Education:** Develop and preserve ophthalmic health education for clinicians, related health professionals and the community.

**Service:** Promote eye health awareness and provide improved ophthalmic services to the people of Tasmania.


**VALUES**

Initiatives run by the Tasmanian Eye Institute are guided by the following values:

- Community service
- Quality of life
- Ethical practice
- Leadership
- Excellence
- Integrity
- Independence

**GOALS**

Our primary goal is to provide a significant contribution to the eye health of Tasmanians by -

- Providing quality ophthalmic health services and infrastructure to the people of Tasmania including ophthalmic equipment and ophthalmic technician services to support ophthalmology service provision.
    - As a specific subset of this to provide ophthalmology services for members of the Indigenous community enabling practical steps towards 'closing the gap' in their health-care outcomes.
- Advocating for patients and the community - ensuring access to essential sight-saving care
- Improving the delivery of quality ophthalmic care through education and training of ophthalmic technicians and practitioners including medical students, junior doctors, optometrists, G.P's and other specialists
- Improving public understanding of common eye conditions by dissemination of accurate and relevant information
- Facilitating the development of ophthalmic research, and the translation of research outcomes into clinical benefits
- Conduct ethics-approved research into novel and established treatments for sight-threatening eye conditions.

TASMANIAN EYE INSTITUTE

**ORGANISATIONAL STRUCTURE**

*Executive board*

| | |
|---|---|
| Michelle Vote | - Director, Chair |
| Jennie Rossetto | - Director, Secretary |
| Gaylene Cooper | - Director, Treasurer |
| Rachael Adams | - Director |
| Professor Brendan Vote | - Director |

*Research Coordinator*

Jennie Rossetto

*Research Investigators (current and past)*

Professor Brendan Vote

Professor Alex Hewitt

Dr Tze'Yoh Toh

Dr Nima Pakrou

Dr Nathan Kerr

Dr Robin Abell

Dr Shaun Ewe

Dr Carmen Oakley

Dr Joobin Hooshmand

Several medical students working on various research projects

*Biostatistician*

Penny Allen

*Nursing Staff*

Natalie Daley

Sarah Fielding

Libby Betts

*Ophthalmic technicians*

Rachael Adams

Kristie Richards

Anna Harding

Shannen Harris

Emily Saltmarsh

Chloe Goss

Lauren Sherman

Joanne Rhind

*Administrative support staff*

Jennie Rossetto

Gaylene Cooper

Rachael Groves

Pamela Preece

Angela Knies

Michelle Thurm

Rebecca Tapsell

Leanne Coleman

Troy Negus

***RESEARCH HIGHLIGHTS***

All our research has been ethics committee approved through either UTAS ethics committee or Bellberry Limited (a national non-profit supporting research and ethics).

In our short 11-year history we have performed some tremendous research which has had an impact not just for Tasmania but also globally. A summary of our research is below, and for a detailed list of our publications see later. Professor Vote has a Research-gate score of 39.80 which is higher than 97.5% of all researchers globally across all disciplines.

FEMTOSECOND LASER

Tasmanian Eye Institute was the first independent researcher globally of Femtosecond laser pretreatment in cataract surgery. First performed in 2009 this exciting technology was marketed as making cataract surgery safer, better and more precise. However, no good independent research existed to determine whether this technology was truly worth the significant extra expense the device companies were charging. Our research was the first large prospective comparative cohort study globally. Our Femtosecond laser research has led to over 25 peer-reviewed scientific publications and numerous invited presentations at major ophthalmic international meetings (AAO, ASCRS, ESCRS, AUSCRS, APACRS, APAO, RANZCO). Our research confirmed no significant benefits of Femtosecond laser technology in cataract surgery, and in particular no cost-effectiveness benefit. **Our Femtosecond laser cataract research has been pivotal in saving the global economy conservatively $Billions of dollars (as doctors realized it was unnecessary for the far majority of cataract cases).**

MACULAR DEGENERATION

Tasmanian Eye institute has been part of numerous research trials for retinal disease treatments. This has included safety (Phase 2) and efficacy (Phase 3) studies of intravitreal injections (many of which have subsequently gone on to our PBS system as approved treatment). Through this research Tasmanian patients have been able to access treatments before they were commercially available, but once on the PBS the benefit of our research extends to ALL Australians**. The CONTROL and RESTORE Studies were particularly instrumental in getting these vital sight saving therapies onto the PBS for Diabetics** and Tasmanian Eye Institute was one of only 4 centres in Australia part of this multicenter global study. Similarly, for Prometheus and Minerva Studies (phase 3 studies) which allowed broadened indications on the PBS for other diseases that respond to intravitreal injection therapies (myopic and other causes of CNVM and macular oedema). We have also been involved in four major phase 4 (after market) randomized controlled trials (FLUID, RIVAL, ARIES and Jetrea) which have helped to guide how doctors manage retinal diseases. Tasmanian Eye Institute was one of the lead contributors internationally (providing 1% of patients globally) to the LUMINOUS study - the largest prospective long-term effectiveness and safety study undertaken of Ranibizumab use in clinical practice across large populations. Detailed safety studies are not commonly performed, particularly post-marketing so this study provided invaluable guidance for clinicians globally.

One of the major problems (from a patient perspective) associated with intravitreal injections is post procedure pain. Our research has helped better quantify this with betadine (the main antiseptic agent used) identified as a common culprit. Our pain studies confirmed aqueous chlorhexidine as a much better tolerated alternate antiseptic agent. Subsequently **Tasmanian Eye Institute was the first globally to publish a large series of injections (4500 patients) showing chlorhexidine as a clinically effective alternate antiseptic agent to betadine.**

INTRAVITREAL INJECTION LOCATION MATTERS. We have a good but complex health system with mix of public and private health systems. Tasmanian Eye Institute undertakes it's mission holistically with patients central – ensuring patient access to essential sight saving treatment is critical for everyone but particularly in Tasmania which has the lowest socioeconomic population of States in Australia. **Our research comparing in-theatre with outpatient injections is the only comparative cohort study globally and the highest scientific evidence level (III-2) available**. Our research found in-theatre injections to have a ten-fold lower rate of infection than the outpatient setting. Separately socioeconomic status might also be important – also a world first (see Advocacy for more on this topic relevant to maintaining patient access to care).

In order to optimize the outpatient environment and in light of these findings, **Tasmanian Eye Institute was the first to validate use of the Surgicube globally in the clinical setting**. This ingenious space saving device is perfect for the outpatient environment as it delivers theatre quality sterile filtered air over the surgical site (see Service section for more details).

OPHTHALMIC GENETICS

Tasmanian Eye Institute has been an active supporter of world leading ophthalmic genetics researcher Professor Alex Hewitt. When Alex was still a specialist-in-training (registrar) he recognized the excellent phenotyping patient database available through Tasmanian Eye Institute. By providing a large cohort of macular degeneration and control patients including genetic sampling we have been part of large global genome wide surveys which have found many rare and common genetic variant in age related macular degeneration. **These insights progress us towards cures for these diseases.**

MASTERS THESIS

Our Ophthalmology Research Fellows have all undertaken supervised a Masters Thesis during their time at Tasmanian Eye Institute. Their position has dedicated research time as quality scientific publications are a prerequisite for strengthening their CV and likelihood of progressing into the highly competitive Ophthalmology training program. We have supported 6 medical students and junior doctors obtain their masters thesis' since 2012 (see Publications section for details).

***EDUCATION HIGHLIGHTS***

Tasmanian Eye Institute has been an active supporter of ophthalmic education. Tasmanian Eye Institute facilities have lecture theatres for providing regular doctor, optometry, and patient and community education sessions.

Tasmanian Eye Institute facilities and equipment provide vital training for medical students (both Australian and overseas), junior doctors, ophthalmology registrars (specialists-in-training), hospital doctors, optometrists, orthoptists and ophthalmic technicians.

The future of our ophthalmic health services depends on local education, especially in regional and rural Australia. Training opportunities in regional and remote areas early in a junior doctor's career have been demonstrated to increase the likelihood of those doctors returning to regional and remote areas once they complete their training.[1] Over 50 registrars have made use of Tasmanian Eye Institute equipment, facilities, services and accommodation since the 3-6 month clinical rotation from Royal Victorian Eye and Ear Hospital to Launceston was established in 2007. In addition, Tasmanian Eye Institute has provided a training pathway for junior doctors seeking to enhance their CV's through a clinical and research fellowship with the view of obtaining a highly competitive specialist training position in Ophthalmology. Four of our research fellows have gone onto the specialist training program, one of whom is now a fully qualified specialist and back in Tasmania.

Through our intensive ophthalmic technician and administrative staff training program we have upskilled staff to perform vital clinical and research support skills. The provision of upskilled staff is a critical service enabling Ophthalmologists to provide a more clinically effective and cost-effective service for patients. Some of our staff have gone onto fill roles elsewhere in Tasmania and the mainland, both clinical and research (see Service highlights section).

Patient and community education is an important way Tasmanian Eye Institute improves ophthalmic health care delivery. Regular patient information seminars are provided and a dedicated patient education platform is being developed to enhance dissemination of balanced and holistic patient understandable content. This will benefit all Tasmanians but also anyone with internet access. One problem with "Dr Google" is the content presented to consumers (patients and the community) is unfiltered, with no way for patients to know whether the information they read is in their best interests or scientifically valid. Our online educational platform will seek to address this as well as providing a trusted and useful resource portal for training medical and allied health professionals. (see Investments in Education section).

PATIENT ADVOCACY (Education and Service)

Proposed changes in recent years to the cataract Medicare rebate and accessibility of intravitreal injections would have had particularly significant impact on Tasmanians. Tasmanian Eye Institute believes a patient-centric focus must be paramount for our health services. Patient advocacy is an important role for Tasmanian Eye Institute therefore in ensuring patient access to essential care is developed and maintained.

[1] The AMA *Position Statement - Rural Workforce Initiatives* is available at https://ama.com.au/position-statement/rural-workforce-initiatives-2017

***SERVICE HIGHLIGHTS***

Tasmania has long been at a disadvantage in delivering quality health services (not just Ophthalmology) because of the transport, logistics and employment barrier of being a more isolated island State but also the lowest socioeconomic demographic State in Australia. Inequities in workforce distribution only further compound these setbacks such that in North and North-West Tasmania there is only one specialist ophthalmologist per 40,000 population which is even less than Outback Western Australia (1 in 36,000) and the recommended 1 in 25,000 for optimal service provision. In mainland Australia most service providers have specially trained staff (Orthoptists) who together with Optometrists provide support to Ophthalmologists. Skilled workforce shortages in Tasmania are not just limited to specialists, but also Orthoptists and Optometrists.

TRAINED OPHTHALMIC TECHNICIANS AND ADMINISTRATIVE SUPPORT

Tasmanian Eye Institute has addressed this by providing dedicated training of Ophthalmic technicians and administrative staff – upskilling them to perform these vital service roles. Technical staff are supported in their ongoing professional development by certification through The Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) and all staff regularly attend national and international conferences to ensure they are providing a service to the highest standards.

Through an arm's length commercial contract, Tasmanian Eye Institute's staff, equipment and operating costs are covered in service fees to the Doctor's practice. This Tasmanian Eye Institute model has two significant benefits for patients and the Tasmanian community. It enables services to be provided that otherwise would not be readily available. It also does so in a highly effective and efficient manner so that Doctor and therefore patient costs are minimized (lowest quartile).

Tasmanian Eye Institute provides subsidized accommodation for the Ophthalmology registrar who comes from Melbourne (RVEEH) to Launceston on short term rotations of 3-6 months. Launceston General Hospital no longer provides accommodation for registrars in training on less than 12-month rotations (and even then, their accommodation supply is limited). It would be logistically impossible for every new registrar to find their own furnished short-term accommodation in Launceston every three months so Tasmanian Eye Institute arranged purchase of a suitable property in central Launceston so the registrars and their families would have a welcoming home away from home. Thus far over 50 registrars have benefited from this service.

LICENSED OUTPATIENT SURGERY CENTRES

Tasmanian Eye Institute has built dedicated outpatient procedure facilities to enable delivery of operating theatre quality (sterile) airflow directly in the operating space. These surgicubes (a first in Australia) allow cost-effective delivery of care to the highest surgical standard. Though not accredited theatres from Private Health insurance perspective (plenty of those already exist to meet private insurance members' needs), these facilities are fully licensed as day procedure centres by Tasmanian DHHS. This is another initiative by Tasmanian Eye Institute to ensure optimal care standards are available for our patients most in need.

OPHTHALMIC GENE THERAPY CENTRE

Genetic Eye Diseases now account collectively as the leading cause of visual impairment and blindness. Tasmania is fortunate to have Professor Alex Hewitt a world leading ophthalmic genetics expert and recognized by NHMRC as one of Australia's leading researchers based right here in Tasmania. Tasmanian Eye Institute is proud to be an Ambassador for Alex and facilitating building

Australia's first dedicated Ophthalmic Gene Therapy centre right here in Tasmania. (see our website for more details of how you can help this major infrastructure project and service).

GLASSES

Over 1 billion people globally have significant visual impairment from uncorrected refractive error (needing glasses). Impacting more people even than cataract. In addition to meeting our own patient glasses needs post-operatively, our 2-for-1 program means for every pair of glasses someone buys, we can supply a pair of glasses to someone in Outback Australia or Overseas in need. So far over 10,000 pairs of glasses have been distributed to Lions Eye Outback Service to remote indigenous communities as well as Vanuatu, India, Ethiopia, Cambodia and Fiji – to name just a few countries. (for more details on how you can help see our website).

**BUSINESS, FUNDRAISING AND COMMUNITY INITIATIVES**

*Rental Income from Tasmanian Eye Institute Properties*

The Tasmanian Eye Institute provides arm's length commercial leases to its tenants of these premises, which provide a long term sustainable income stream for TEI's core activities.

*Public and Corporate Sponsorship*

As with any registered charitable company, Tasmanian Eye Institute is reliant on additional income from the corporate sector and through public donations and bequests. As such we are currently exploring mechanisms to further our visibility and reputation as an ophthalmic research body in the community.

An internet-based approach is currently being explored to communicate key educational information about the Tasmanian Eye Institute to our target stakeholders.

*Research Projects*

Research grants are another important revenue stream assisting Tasmanian Eye Institute to pursue important research activities.

*Community Initiatives*

Tasmanian Eye Institute takes an holistic approach to healthcare. That is why we have provided essential support to those most disadvantaged in our community. Through a generous donation specifically for this purpose we provide a 4WD ute and fully kitted food trailer for use by Launceston Feeding the Homeless. Access to good nutrition is a critical requirement for general and ophthalmic health.

We also take our commitment to energy self-sufficiency with renewable energy seriously. Thistle St medical Centre has a 29.5kW solar system with batteries which provides more than 95% of its power requirements year-round. Ulverstone has a similar 15kW solar panel and battery system for its energy requirements.

**FINANCIAL POSITION**

Michelle and Brendan are passionate about supporting their Tasmanian community. That is why they committed seed funding when establishing Tasmanian Eye Institute, along with regular ongoing financial support of important initiatives. Michelle and Brendan are committed to providing ongoing support until such time as Tasmanian Eye Institute is more self-sufficient.

This seed funding has allowed Tasmanian Eye Institute to purchase three properties and arrangements are in place for title transfer for the gene therapy centre site –

1) Registrar's accommodation in Launceston (~$410,000 value)
2) Thistle St Medical Centre, Launceston (~$3,400,000 value)
3) Ulverstone Clinic Unit Trust, Ulverstone (~$1,000,000 value)
4) Gene Therapy Centre, Lenah Valley (~$500,000 value)

Consequently, Tasmanian Eye Institute's financial position is fairly strong. With Total Assets of ~$6.5 million and Liabilities of under $1.7 million. Tasmanian properties are now cashflow positive from their commercial rents.
The following summarised financial statements are provided from Tasmainan Eye Institutes most recent audited financial statements.

# Trading Statement - Practice Services

## Tasmanian Eye Institute Limited
## For the year ended 30 June 2018

| | NOTES | 2018 | 2017 |
|---|---|---|---|
| **Trading Income** | | | |
| Sales | | | |
| Revenue | | | |
| Fee for Practice Services | | 831,798 | 796,164 |
| Total Revenue | | 831,798 | 796,164 |
| Total Sales | | 831,798 | 796,164 |
| Cost of Sales | | | |
| Direct Costs | | | |
| Wages - Practice | | 766,460 | 732,650 |
| Superannuation - Practice | | 65,338 | 62,509 |
| Total Direct Costs | | 831,798 | 795,159 |
| Total Cost of Sales | | 831,798 | 795,159 |
| Gross Profit | | - | 1,005 |
| Gross Profit (%) | | - | - |

# Income Statement

## Tasmanian Eye Institute Limited
## For the year ended 30 June 2018

| | NOTES | 2018 | 2017 |
|---|---|---|---|
| **Income** | | | |
| Trading Gross Profit - Practice Services | | - | 1,005 |
| Donations and Fundraising | | 867,722 | 1,369,353 |
| Grants Received | | 102,675 | 197,462 |
| Trading Revenue | | 581,279 | 120,208 |
| Total Income | | 1,551,677 | 1,688,028 |
| **Cost of Sales** | | | |
| Opening Stock | | 26,655 | 9,286 |
| Purchases | | 339,506 | 51,142 |
| Closing Stock | | (213,315) | (1,987) |
| Total Cost of Sales | | 152,847 | 58,441 |
| **Gross Surplus** | | 1,398,830 | 1,629,587 |
| **Other Income** | | | |
| Investment Income | | 171,575 | 167,605 |
| Other Income | | 32,574 | 18,293 |
| Total Other Income | | 204,149 | 185,898 |
| **Expenses** | | | |
| Administration Expenses | | 24,936 | 11,370 |
| Depreciation | | 222,864 | 30,423 |
| Donations | | 66,570 | 3,750 |
| Equipment Expenses | | 280,607 | 108,191 |
| Insurance | | 15,335 | 7,775 |
| Interest Expense | | 96,247 | 99,291 |
| Rent and Occupancy | | 40,675 | 36,143 |
| Staff Expenses | | 18,849 | 18,806 |
| Travel and Accommodation | | 41,656 | 12,019 |
| Wages and Salaries | | 442,190 | 471,785 |
| Total Expenses | | 1,249,929 | 799,553 |
| **Profit/(Loss) before Taxation** | | 353,050 | 1,015,932 |
| **Net Profit After Tax** | | 353,050 | 1,015,932 |
| **Net Profit After Dividends Paid** | | 353,050 | 1,015,932 |

# Balance Sheet

## Tasmanian Eye Institute Limited
## As at 30 June 2018

| | NOTES | 30 JUN 2018 | 30 JUN 2017 |
|---|---|---|---|
| **Assets** | | | |
| Current Assets | | | |
| Cash at Bank | | 61,375 | 34,044 |
| Cash Floats | | 636 | 800 |
| Deposits Paid | | - | 20,000 |
| GST | | - | 45,001 |
| Intangibles | | 650 | 650 |
| Stock on Hand | | 11,841 | 1,987 |
| Trade Debtors | | 38,143 | 107,255 |
| Total Current Assets | | 112,645 | 209,737 |
| Non-Current Assets | | | |
| Property, Plant and Equipment | | 1,467,556 | 1,252,367 |
| Shares | | 93,199 | - |
| Units held in Unit Trusts | | 4,391,227 | 4,557,021 |
| Currency Investments | | 201,474 | 25,000 |
| Total Non-Current Assets | | 6,153,456 | 5,834,388 |
| Total Assets | | 6,266,102 | 6,044,125 |
| **Liabilities** | | | |
| Current Liabilities | | | |
| Credit Cards | | 796 | 4,160 |
| Employee Entitlements | | 282,307 | 254,252 |
| GST | | 28,503 | - |
| PAYG Withholding Payable | | 9,188 | 8,683 |
| Trade Creditors | | 16,427 | 2,393 |
| Total Current Liabilities | | 337,222 | 269,488 |
| Non-Current Liabilities | | | |
| Loan - Bank of Queensland | | 1,832,307 | 1,927,758 |
| Loan - Related Parties | | - | 103,356 |
| Total Non-Current Liabilities | | 1,832,307 | 2,031,114 |
| Total Liabilities | | 2,169,529 | 2,300,602 |
| **Net Assets** | | 4,096,573 | 3,743,523 |
| **Equity** | | | |
| Current Year Earnings | | 353,050 | 1,015,932 |
| Retained Earnings | | 3,743,523 | 2,727,591 |
| Total Equity | | 4,096,573 | 3,743,523 |

TASMANIAN EYE INSTITUTE

**PUBLICATIONS LIST OF TASMANIAN EYE INSTITUTE'S PRINCIPAL RESEARCHERS**


Hooshmand J, Rothschild P, Allen P, Kerr NM, **Vote BJ**, Toh T. Minimally invasive glaucoma surgery: Comparison of iStent with iStent inject in primary open angle glaucoma. Clin Exp Ophthalmol. 2019 Sep;47(7):898-903. doi: 10.1111/ceo.13526. Epub 2019 May 16. PubMed PMID: 31034687.

Rothschild P, Hooshmand J, Allen P, **Vote B**, Toh TY (2019). Variables correlating with the success or failure of trabecular micro-bypass stents, iStent and iStent inject, when combined with cataract surgery. Clinical and Experimental Ophthalmology, 47:116.

Hooshmand J, Allen P, Huynh T, Chan C, Singh R, Moshegov C, Agarwal S, Thornell E, **Vote BJ**. Small aperture IC-8 intraocular lens in cataract patients: achieving extended depth of focus through small aperture optics. Eye (Lond). 2019 Jul;33(7):1096-1103. doi: 10.1038/s41433-019-0363-9. Epub 2019 Feb 19. PubMed PMID: 30792521; PubMed Central PMCID: PMC6707186.

Guymer RH, Markey CM, McAllister IL, Gillies MC, Hunyor AP, Arnold JJ; FLUID Investigators. Tolerating Subretinal Fluid in Neovascular Age-Related Macular Degeneration Treated with Ranibizumab Using a Treat-and-Extend Regimen: FLUID Study 24-Month Results. Ophthalmology. 2019 May;126(5):723-734. doi: 10.1016/j.ophtha.2018.11.025. Epub 2018 Nov 29. PubMed PMID: 30502372.

Hooshmand J, Abell RG, Allen P, Goemann K, **Vote BJ**. Reply. Ophthalmology. 2018 Oct;125(10):e73-e74. doi: 10.1016/j.ophtha.2018.04.015. PubMed PMID: 30243344.

Hooshmand J, Abell RG, Allen P, Goemann K, **Vote BJ**. Intraoperative performance and ultrastructural integrity of human capsulotomies created by the improved precision pulse capsulotomy device. J Cataract Refract Surg. 2018 Nov;44(11):1333-1335. doi: 10.1016/j.jcrs.2018.07.041. Epub 2018 Sep 8. PubMed PMID: 30201129.

Hooshmand J, Abell RG, Allen P, **Vote BJ**. Reply. J Cataract Refract Surg. 2018 Aug;44(8):1055-1056. doi: 10.1016/j.jcrs.2018.07.003. PubMed PMID: 30115289.

Rothschild PS, Hooshmand J, Allen PL, **Vote BJ**. Comparison of the neodymium:YAG rate after femtosecond laser-assisted and phacoemulsification cataract surgery. J Cataract Refract Surg. 2018 Mar;44(3):407-408. doi: 10.1016/j.jcrs.2018.01.017. PubMed PMID: 29703294.

Hooshmand J, Abell RG, Allen P, **Vote BJ**. Thermal capsulotomy: Initial clinical experience, intraoperative performance, safety, and early postoperative outcomes of precision pulse capsulotomy technology. J Cataract Refract Surg. 2018 Mar;44(3):355-361. doi: 10.1016/j.jcrs.2017.12.027. PubMed PMID: 29703288.

Eldem B, Lai TYY, Ngah NF, **Vote B**, Yu HG, Fabre A, Backer A, Clunas NJ. An analysis of ranibizumab treatment and visual outcomes in real-world settings: the UNCOVER study. Graefes Arch Clin Exp Ophthalmol. 2018 May;256(5):963-973. doi: 10.1007/s00417-017-3890-8. Epub 2018 Mar 3. PubMed PMID: 29502232; PubMed Central PMCID: PMC5911274.

Hooshmand J, Moore P, Mckay D, **Vote BJ**. Paracentral acute middle maculopathy associated with severe vision loss following vitrectomy for vitreous haemorrhage. Clinical & experimental ophthalmology. 2018.

Hooshmand J, Allen P, Pakrou N, **Vote BJ**. Laminar air flow system use across the operating surface for airborne infection prevention in office-based surgical procedures. Journal of Hospital Infection 2018.

Hooshmand J, **Vote BJ**. Femtosecond laser-assisted cataract surgery, technology, outcome, future directions and modern applications. Asia-Pacific journal of ophthalmology. 2017 6(4):393-400.

Oakley C, Allen P, Hooshmand J, **Vote BJ**. Pain and antisepsis after ocular administration of povidone-iodine versus chlorhexidine. RETINA. 2017 Aug 8.

Hooshmand J, **Vote BJ**. Anterior capsulotomy integrity after femtosecond laser-assisted cataract surgery. Minerva Oftalmol 2017 59: 42-51.

Hooshmand J, Abell RG, Goemann K, Davies PEJ, **Vote BJ**. Ultrastructural Integrity of Human Capsulotomies Created by a Thermal Device. Ophthalmology 2017.

Oakley CL, Allen PL, **Vote BJ**. Effect of intravitreal anti-vascular endothelial growth factor agents on blood pressure - a cross-sectional analysis. J Hypertens. 2016 Oct;34(10):2099-2100.

Darian-Smith E, Howie AR, Allen PL, **Vote BJ**. Tasmanian macular hole study: whole population-based incidence of full thickness macular hole. Clin Exp Ophthalmol. 2016 Jul 7.

Ewe SY, Oakley CL, **Vote BJ**. J Author reply. Cataract Refract Surg. 2016 Jun;42(6):948-50.

Oakley CL, Allen PL, Ewe SY, **Vote BJ**. Femtosecond laser assisted versus standard phacoemulsification in toric intraocular lens insertion. Clin Exp Ophthalmol. 2016 Jun 26. doi: 10.1111/ceo.12797

Cuellar-Partida G, Craig JE, Burdon KP, Wang JJ, Vote BJ, Souzeau E, McAllister IL, Isaacs T, Lake S, Mackey DA, Constable IJ, Mitchell P, Hewitt AW, MacGregor S. Assessment of polygenic effects links primary open-angle glaucoma and age-related macular degeneration. Sci Rep. 2016 May 31;6:26885. doi: 10.1038/srep26885.

Nicholls SG, Oakley CL, Tan A, **Vote BJ**. Demodex species in human ocular disease: new clinicopathological aspects. Int Ophthalmol. 2016 May 9.

Grassmann F, Cantsilieris S, Schulz-Kuhnt AS, White SJ, Richardson AJ, Hewitt AW, **Vote BJ**, Schmied D, Guymer RH, Weber BH, Baird PN. Multiallelic copy number variation in the complement component 4A (C4A) gene is associated with late-stage age-related macular degeneration (AMD). J Neuroinflammation. 2016 Apr 18;13(1):81. doi: 10.1186/s12974-016-0548-0.

Oakley CL, **Vote BJ**. Aqueous chlorhexidine (0.1%) is an effective alternative to povidone-iodine for intravitreal injection prophylaxis. Acta Ophthalmol. 2016 Mar 7. doi: 10.1111/aos.12981.

Oakley CL, Ewe SY, Allen PL, **Vote BJ**. Visual outcomes with femtosecond laser-assisted cataract surgery Versus conventional cataract surgery in toric IOL insertion. Clin Exp Ophthalmol. 2016 Mar 6. doi: 10.1111/ceo.12739.

Nicholls SG, Oakley CL, Tan A, **Vote BJ**. Demodex treatment in external ocular disease: the outcomes of a Tasmanian case series. Int Ophthalmol. 2016 Feb 2. [Epub ahead of print] PMID: 843091

Ewe SY, Abell RG, Oakley CL, Lim CH, Allen PL, McPherson ZE, Rao A, Davies PE, **Vote BJ**. A Comparative Cohort Study of Visual Outcomes in Femtosecond Laser-Assisted versus Phacoemulsification Cataract Surgery. Ophthalmology. 2016 Jan;123(1):178-82. doi: 10.1016/j.ophtha.2015.09.026. Epub 2015 Oct 31. PMID:26526634

Howie AR, Darian-Smith E, Allen PL, **Vote BJ**. Whole population incidences of patients presenting with rhegmatogenous retinal detachments within Tasmania, Australia. Clin Experiment Ophthalmol. 2015 Sep 2. doi: 10.1111/ceo.12640. [Epub ahead of print] No abstract available. PMID:26332518

Ewe SY, Oakley CL, Abell RG, Allen PL, **Vote BJ**. Cystoid macular edema after femtosecond laser-assisted versus phacoemulsification cataract surgery. J Cataract Refract Surg. 2015 Nov;41(11):2373-8. doi: 10.1016/j.jcrs.2015.04.031. PMID: 26703485

Ewe SY, Stewart P, **Vote BJ**. Refractive outcomes of a single-piece hydrophobic aspheric intraocular lens implanted following cataract surgery J Cataract Refract Surg. 2015 Oct;41(10):2329-30. doi: 10.1016/j.jcrs.2015.09.004. No abstract available. PMID: 26703311

Reply:
**Vote BJ**, Oakley CL, Allen PL, Abell RG. J Cataract Refract Surg. 2015 Aug;41(8):1793-4. doi: 10.1016/j.jcrs.2015.06.025. No abstract available. To PMID 25466483 PMID: 26432151.

Fritsche LG, Igl W, Bailey JN, Grassmann F, Sengupta S, Bragg-Gresham JL, Burdon KP, Hebbring SJ, Wen C, Gorski M, Kim IK, Cho D, Zack D, Souied E, Scholl HP, Bala E, Lee KE, Hunter DJ, Sardell RJ, Mitchell P, Merriam JE, Cipriani V, Hoffman JD, Schick T, Lechanteur YT, Guymer RH, Johnson MP, Jiang Y, Stanton CM, Buitendijk GH, Zhan X, Kwong AM, Boleda A, Brooks M, Gieser L, Ratnapriya R, Branham KE, Foerster JR, Heckenlively JR, Othman MI, **Vote BJ**, Liang HH, Souzeau E, McAllister IL, Isaacs T, Hall J, Lake S, Mackey DA, Constable IJ, Craig JE, Kitchner TE, Yang Z, Su Z, Luo H, Chen D, Ouyang H, Flagg K, Lin D, Mao G, Ferreyra H, Stark K, von Strachwitz CN, Wolf A, Brandl C, Rudolph G, Olden M, Morrison MA, Morgan DJ, Schu M, Ahn J, Silvestri G, Tsironi EE, Park KH, Farrer LA, Orlin A, Brucker A, Li M, Curcio CA, Mohand-Saïd S, Sahel JA, Audo I, Benchaboune M, Cree AJ, Rennie CA, Goverdhan SV, Grunin M, Hagbi-Levi S, Campochiaro P, Katsanis N, Holz FG, Blond F, Blanché H, Deleuze JF, Igo RP Jr, Truitt B, Peachey NS, Meuer SM, Myers CE, Moore EL, Klein R, Hauser MA, Postel EA, Courtenay MD, Schwartz SG, Kovach JL, Scott WK, Liew G, Tan AG, Gopinath B, Merriam JC, Smith RT, Khan JC, Shahid H, Moore AT, McGrath JA, Laux R, Brantley MA Jr, Agarwal A, Ersoy L, Caramoy A, Langmann T, Saksens NT, de Jong EK, Hoyng CB, Cain MS, Richardson AJ, Martin TM, Blangero J, Weeks DE, Dhillon B, van Duijn CM, Doheny KF, Romm J, Klaver CC, Hayward C, Gorin MB, Klein ML, Baird PN, den Hollander AI, Fauser S, Yates JR, Allikmets R, Wang JJ, Schaumberg DA, Klein BE, Hagstrom SA, Chowers I, Lotery AJ, Léveillard T, Zhang K, Brilliant MH, Hewitt AW, Swaroop A, Chew EY, Pericak-Vance MA, DeAngelis M, Stambolian D, Haines JL, Iyengar SK, Weber BH, Abecasis GR, Heid IM. Nat Genet. 2016 Feb;48(2):134-43. doi: 10.1038/ng.3448. Epub 2015 Dec 21. A large genome-wide association study of age-related macular degeneration highlights contributions of rare and common variants. PMID:26691988

Ewe, S. Y., Abell, R. G., & **Vote**, B. J. (2014, November). Pseudophakic cystoid macular oedema after femtosecond laser-assisted versus phacoemulsification cataract surgery: data from a prospective comparative cohort study. JCRS

Oakley C, Ewe SY, **Vote BJ**. Incidence of cystoid macular edema in femtosecond laser-assisted cataract surgery compared with manual cataract surgery. J Cataract Refract Surg. 2015 Jun;41(6):1332. doi: 10.1016/j.jcrs.2015.04.027. No abstract available. PMID: 6189395 Similar articles Select item 26049853

Reply.
Oakley CL, Allen PL, Abell RG, Darian-Smith E, Kan JB, Ewe SY, **Vote BJ**. J Cataract Refract Surg. 2015 May;41(5):1124-5. doi: 10.1016/j.jcrs.2015.03.013. No abstract available. PMID: 26049853 Similar articles Select item 25840329

Reply.
Oakley CL, **Vote BJ**, Abell RG, Darian-Smith E, Kan JB, Ewe S, Allen PL. J Cataract Refract Surg. 2015 Apr;41(4):907-8. doi: 10.1016/j.jcrs.2015.02.022. No abstract available. PMID: 25840329 Similar articles Select item 25661120

Darian-Smith E, Howie AR, Abell RG, Kerr N, Allen PL, **Vote BJ**, Toh T. Intraocular pressure during femtosecond laser pretreatment: comparison of glaucomatous eyes and nonglaucomatous eyes.

J Cataract Refract Surg. 2015 Feb;41(2):272-7. doi: 10.1016/j.jcrs.2014.10.026. PMID: 25661120 Similar articles Select item 25494019

Correspondence.
Ewe SY, Abell RG, **Vote BJ**. Retina. 2015 Jan;35(1):e1-2. doi: 10.1097/IAE.0000000000000401. No abstract available. PMID: 25494019 Similar articles Select item 25466483

Abell RG, Darian-Smith E, Kan JB, Allen PL, Ewe SY, **Vote BJ**. Femtosecond laser-assisted cataract surgery versus standard phacoemulsification cataract surgery: outcomes and safety in more than 4000 cases at a single center. J Cataract Refract Surg. 2015 Jan;41(1):47-52. doi:. 10.1016/j.jcrs.2014.06.025. Epub 2014 Nov 11. PMID: 25466483 Similar articles Select item 25358654

Ewe SY, Abell RG, **Vote BJ**. Bilateral maculopathy associated with sertraline. Australas Psychiatry. 2014 Dec;22(6):573-5. doi: 10.1177/1039856214556327. Epub 2014 Oct 30. PMID: 25358654 Similar articles Select item 25217072

Abell RG, Kerr NM, Howie AR, Mustaffa Kamal MA, Allen PL, **Vote BJ**. Effect of femtosecond laser-assisted cataract surgery on the corneal endothelium. J Cataract Refract Surg. 2014 Nov;40(11):1777-83. doi: 10.1016/j.jcrs.2014.05.031. Epub 2014 Sep 10. PMID: 25217072 Similar articles Select item 24974816

Ewe SY, Abell RG, **Vote BJ**. Author reply: To PMID 24120324. Ophthalmology. 2014 ct;121(10):e54-5. doi: 10.1016/j.ophtha.2014.05.023. Epub 2014 Jun 26. No abstract available. PMID: 24974816 Similar articles Select item 24679834

Abell RG, Davies PE, Allen PL, **Vote BJ**. Author reply: To PMID 24084498. Ophthalmology. 2014 Jul;121(7):e36-7. doi: 10.1016/j.ophtha.2014.02.016. Epub 2014 Mar 25. No abstract available. PMID: 24679834 Similar articles Select item 24617421

Abell RG, Davies PE, Allen PL, **Vote BJ**. Ophthalmology education in Australian medical schools: a survey of Australian junior medical officers. Howie AR, Abell RG, Darian-Smith E, Allen PL, McCartney PJ, Vote BJ. Clin Experiment Ophthalmol. 2014 Dec;42(9):902-4. doi: 10.1111/ceo.12323. Epub 2014 Apr 4. No abstract available. PMID: 24617421 Similar articles Select item 24491643

Coster DJ, Lowe MT, Keane MC, Williams KA; Australian Corneal Graft Registry Contributors. A comparison of lamellar and penetrating keratoplasty outcomes: a registry study. Ophthalmology. 2014 May;121(5):979-87. doi: 10.1016/j.ophtha.2013.12.017. Epub 2014 Feb 1. PMID: 24491643 Similar articles Select item 24491642

Schmidt-Erfurth U, Lang GE, Holz FG, Schlingemann RO, Lanzetta P, Massin P, Gerstner O, Bouazza AS, Shen H, Osborne A, Mitchell P; Three-year outcomes of individualized ranibizumab treatment in patients with diabetic macular edema: the RESTORE extension study. RESTORE Extension Study Group. Ophthalmology. 2014 May;121(5):1045-53. doi: 10.1016/j.ophtha.2013.11.041. Epub 2014 Feb 1. PMID: 24491642 Free Article

Shaun YP Ewe, **BJ Vote** Endophthalmitis post-intravitreal therapy: current prevention and management strategies.. Ophthalmology International. Winter 2014; 9(4):14-18. You can get a copy of the paper here http://www.greycoatpublishing.co.uk/ophthalmology-international/back-issues.html

Abell RG, Howie AR, **Vote BJ**. Lateral canthotomy for femtosecond laser-assisted cataract surgery in infants. J Cataract Refract Surg. 2014 Jan;40(1):167-8. doi: 10.1016/j.jcrs.2013.11.011. No abstract available. PMID: 24355740 Similar articles Select item 24304550

**Vote BJ**, Chang A, Bourke R. Intravitreal injections: a review of the evidence for best practice: comment. Clin Experiment Ophthalmol. 2014 Jan-Feb;42(1):96-8. doi: 10.1111/ceo.12257. Epub 2013 Dec 4. No abstract available. PMID: 24304550 Similar articles Select item 24120324

Abell RG, **Vote BJ**. Cost-Effectiveness of Femtosecond Laser-Assisted Cataract Surgery versus Phacoemulsification Cataract Surgery. *Ophthalmology.* 2013 Oct 10. doi:pii: S0161-6420(13)00696-9. 10.1016/j.ophtha.2013.07.056. [Epub ahead of print]

Abell RG, Davies PE, Phelan D, Goemann K, McPherson ZE, **Vote BJ**. Anterior Capsulotomy Integrity after Femtosecond Laser-Assisted Cataract Surgery. *Ophthalmology*. 2013 Sep 28. doi:pii: S0161-6420(13)00731-8. 10.1016/j.ophtha.2013.08.013. [Epub ahead of print]

Abell RG, Allen PL, **Vote BJ**. Anterior chamber flare after femtosecond laser-assisted cataract surgery. *J Cataract Refract Surg*. 2013 Sep;39(9):1321-6. doi: 10.1016/j.jcrs.2013.06.009. Epub 2013 Jul 11

Abell RG, Kerr NM, **Vote BJ**. Toward zero effective phacoemulsification time using femtosecond laser pretreatment. *Ophthalmology*. 2013 May;120(5):942-8. doi: 10.1016/j.ophtha.2012.11.045. Epub 2013 Mar 7.

Kerr NM, Abell RG, **Vote BJ**, Toh T'. Intraocular pressure during femtosecond laser pretreatment of cataract.
*J Cataract Refract Surg*. 2013 Mar;39(3):339-42. doi: 10.1016/j.jcrs.2012.12.008. Epub 2013 Jan 9.

Abell RG, Kerr NM, **Vote BJ**.Femtosecond laser-assisted cataract surgery compared with conventional cataract surgery. *Clin Experiment Ophthalmol*. 2013 Jul;41(5):455-62. doi: 10.1111/ceo.12025. Epub 2012 Dec 10.

Abell, Robin G.; Kerr, Nathan M.; **Vote, Brendan J**. Bilateral Nanophthalmic Uveal Effusion Syndrome: Clinical Presentation and Surgical Management *RETINAL Cases & Brief Reports*. 7(4):386-390, Fall 2013.

Abell RG, Kerr NM, Allen P, **Vote BJ**. Intravitreal injections: is there benefit for a theatre setting? *Br J Ophthalmol*. 2012 Dec;96(12):1474-8. doi: 10.1136/bjophthalmol-2012-302030. Epub 2012 Sep 27.

Ah-Chan JJ, Sanderson G, **Vote BJ**, Molteno AC. Undergraduate ophthalmology education survey of New Zealand ophthalmologists, general practitioners and optometrists. *Clin Experiment Ophthalmol.* 2001 Dec;29(6):416-25.

Downie AC, Mackey DA, **Vote BJ**. Isolated corneal opacification and microphthalmia: a suspected warfarin embryopathy. *Clin Experiment Ophthalmol*. 2009 Aug;37(6):624-5.

Doyle E, **Vote BJ,** Casswell AG. Retinal migraine: caught in the act. *Br J Ophthalmol*. 2004 Feb;88(2):301-2.

Fuller JR, Bevin TH, Molteno AC, **Vote BJ**, Herbison P. Anti-inflammatory fibrosis suppression in threatened trabeculectomy bleb failure produces good long term control of intraocular pressure without risk of sight threatening complications. *Br J Ophthalmol.* 2002 Dec;86(12):1352-4.

Fuller JR, **Vote BJ**. Upside-down orbitopathy: unilateral orbital dependent-tissue oedema causing total visual loss. *Clin Experiment Ophthalmol.* 2001 Aug;29(4):265-7.

Ghazi-Nouri SM, **Vote BJ**, Sullivan PM. Periorbital ecchymosis as a sign of perforating injury of the globe. *Clin Experiment Ophthalmol.* 2005 Apr;33(2):194-6.

Hart RH, **Vote BJ,** Borthwick JH, McGeorge AJ, Worsley DR. Loss of vision caused by expansion of intraocular perfluoropropane (C(3)F(8)) gas during nitrous oxide anesthesia. *Am J Ophthalmol*. 2002 Nov;134(5):761-3.

Jackson TL, Griffin L, **Vote B**, Hillenkamp J, Marshall J. An experimental method for testing novel retinal vital stains. *Exp Eye Res.* 2005 Oct;81(4):446-54. Epub 2005 May 31.

Jackson TL, **Vote B**, Knight BC, El-Amir A, Stanford MR, Marshall J. Safety testing of infracyanine green using retinal pigment epithelium and glial cell cultures. *Invest Ophthalmol Vis Sci*. 2004 Oct;45(10):3697-703

Jayasundera T, **Vote B**, Joondeph B. Golf-related ocular injuries. *Clin Experiment Ophthalmol*. 2003;31(2):110-3.

Lim BL, **Vote B**. Densiron intraocular tamponade: a case series. *Clin Experiment Ophthalmol*. 2008;36(3):261-4.

Merriman MB, **Vote B**, McGeorge A. Silicone oil pupil-block acute angle-closure glaucoma: optimal laser position. *Retina*. 2003 Jun;23(3):407-9.

Lu Y, Dimasi DP, Hysi PG, **Hewitt AW**, Burdon KP, **Toh T**, Ruddle JB, Li YJ, Mitchell P, Healey PR, Montgomery GW, Hansell N, Spector TD, Martin NG, Young TL, Hammond CJ, Macgregor S, Craig JE, Mackey DA. Common genetic variants near the Brittle Cornea Syndrome locus ZNF469 influence the blinding disease risk factor central corneal thickness. *PLoS Genet*. 2010 May 13;6(5):e1000947.

McGeorge AJ, **Vote BJ,** Elliot DA, Polkinghorne PJ. Papillary adenocarcinoma of the iris transmitted by corneal transplantation. *Arch Ophthalmol.* 2002 Oct;120(10):1379-83.

Oakley C, Ewe SY, **Vote BJ**. Incidence of cystoid macular edema in femtosecond laser-assisted cataract surgery compared with manual cataract surgery. *J Cataract Refract Surg. 2015 Jun;41(6):1332. Doi:10.1016/j.jcrs.2015.04.027.* PMID 26189395

Savige J, Liu J, DeBuc DC, Handa JT, Hageman GS, Wang YY, Parkin JD, **Vote B**, Fassett R, Sarks S, Colville D. Retinal basement membrane abnormalities and the retinopathy of Alport syndrome. *Invest Ophthalmol Vis Sci.* 2010 Mar;51(3):1621-7. Epub 2009 Oct 22

Stack RR, **Vote BJ**, Evans JL, Elder MJ. Bilateral ptosis caused by localized superficial eyelid amyloidosis. *Ophthal Plast Reconstr Surg*. 2003 May;19(3):239-40.

**Toh T**, Bevin TH, Molteno AC. Scleral wrap increases the long-term complication risks of bone-derived hydroxyapatite orbital implants. *Clin Experiment Ophthalmol.* 2008;36(8):756-61.

**Toh T**, Borthwick JM. Acute retinal necrosis post intravitreal injection of triamcinolone acetonide. *Clin Experiment Ophthalmol.*2006; 34(4): 380-2.

**Toh T**, Cooper RL, Parker A, **Vote BJ.** Wegener's granulomatosis presenting with painless bulbar-conjunctival ulcer and central retinal artery occlusion. *Clin Experiment Ophthalmol*. 2006 Jan-Feb;34(1):51-3.

**Toh T**, Kearns LS, Scotter LW, Mackey DA. Post-cycloplegia myopic shift in an older population. *Ophthalmic Epidemiol*. 2005;12(3):215-9.

**Toh T**, Liew SH, MacKinnon JR, **Hewitt AW**, Poulsen JL, Spector TD, Gilbert CE, Craig JE, Hammond CJ, Mackey DA. Central corneal thickness is highly heritable: the twin eye studies. *Invest Ophthalmol Vis Sci.* 2005 Oct;46(10):3718-22.

**Toh T**, Morton J, Coxon J, Elder MJ. Medical Treatment of Cataract**.** *Clin Experiment Ophthalmol.* 2007;35(7):664-71.

**Toh T**, Nguyen DQ, Ruddle JB, Crowston JG, Coote MA. Bilateral acute severe intraocular pressure elevation requiring filtration surgery after implantation of toric Artisan phakic intraocular lenses. *Clin Experiment Ophthalmol.*2011 doi: 10.1111/j.1442-9071.2011.02646.x

**Toh T**, Ruddle JB, Coote MA, Crowston JG. Preservation of myelinated nerve fibres in advanced glaucoma. Clin Experiment Ophthalmol. 2011; 39(5):473-8. doi: 10.1111/j.1442-9071.2011.02511.x.

**Toh T**, Weatherhead RW. Absent upper eyelid skin crease – a sign of hypoglobus. *Clin Experiment Ophthalmol*. 2006;34(1):51-3.

**Vote BJ**, Buttery R, Polkinghorne PJ. Endophthalmitis after intravitreal injection of frozen preprepared tissue plasminogen activator (tPA) for pneumatic displacement of submacular hemorrhage. *Retina.* 2004 Oct;24(5):808-9.

**Vote BJ,** Casswell AG. Retinal dialysis: are we missing diagnostic opportunities? *Eye (Lond).* 2004;18(7):709-13.

**Vote BJ**, Eckstein MB. The art of retinal detachment surgery: a photoessay. *Br J Ophthalmol.* 2004;88(5):715-6.

**Vote BJ**, Elder MJ. Cyanoacrylate glue for corneal perforations: a description of a surgical technique and a review of the literature. *Clin Experiment Ophthalmol.* 2000 Dec;28(6):437-42.

**Vote B**. Endophthalmitis clinical controversy. *Clin Experiment Ophthalmol.* 2003;31(5):457; author reply 457-8.

**Vote B,** Fuller JR, Bevin TH, Molteno AC. Systemic anti-inflammatory fibrosis suppression in threatened trabeculectomy failure. *Clin Experiment Ophthalmol.* 2004 Feb;32(1):81-6.

**Vote BJ,** Fuller JR, Molteno AC, Bevin TH. Emmetropisation after Molteno implant insertion for buphthalmos. *Br J Ophthalmol.* 2001 Sep;85(9):1139-40.

**Vote BJ,** Gamble GD, Polkinghorne PJ. Auckland proliferative diabetic vitrectomy fellow eye study. *Clin Experiment Ophthalmol.* 2004 Aug;32(4):397-403.

**Vote BJ**, Grupcheva CN, Ormonde SE, McGhee CN. In vivo confocal microstructural analysis and surgical management of Brown-Mclean syndrome associated with spontaneous crystalline lens luxation. *J Cataract Refract Surg.* 2003 Mar;29(3):614-8.

**Vote BJ**, Hall A, Cairns J, Buttery R. Changing trends in sympathetic ophthalmia. *Clin Experiment Ophthalmol*. 2004 Oct;32(5):542-5.

**Vote BJ,** Hart RH, Worsley DR, Borthwick JH, Laurent S, McGeorge AJ. Visual loss after use of nitrous oxide gas with general anesthetic in patients with intraocular gas still persistent up to 30 days after vitrectomy. *Anesthesiology*. 2002 Nov;97(5):1305-8.

**Vote BJ**, Membrey WL, Casswell AG. Autologous platelets for macular hole surgery: the Sussex Eye Hospital experience. *Clin Experiment Ophthalmol*. 2004 Oct;32(5):472-7.

**Vote BJ,** Membrey WL, Casswell AG. Vitreous haemorrhage without obvious cause: national survey of management practices. *Eye (Lond).* 2005 Jul;19(7):770-7.

**Vote BJ,** Newland A, Polkinghorne PJ. Humidity devices in vitreoretinal surgery. *Retina.* 2002 Oct;22(5):616-21.

**Vote B**, Polkinghorne P. Avulsed retinal vessel with operculated retinal break. *Arch Ophthalmol*. 2002 Nov;120(11):1594-5.

**Vote BJ**, Russell MK, Joondeph BC. Trypan blue-assisted vitrectomy. *Retina.* 2004 Oct;24(5):736-8.

**Vote B**, Russell M, Polkinghorne P. Recurrent cytomegalovirus retinitis in a patient with a normal lymphocyte count who had undergone splenectomy for lymphoma. *Retina*. 2005 Feb-Mar;25(2):220- 1.

**Vote BJ**, Russell MK, Newland A, Polkinghorne PJ. The evaluation of a humidifying device for vitreoretinal surgery. *Br J Ophthalmol.* 2004 Dec;88(12):1582-4.

**Vote BJ**, Simpson AJ. X-ray turns a blind eye to ferrous metal. Clin Experiment Ophthalmol. 2001;29(4):262-4.

**Vote BJ**, Tranos P, Bunce C, Charteris DG, Da Cruz L. Long-term outcome of combined pars plana vitrectomy and scleral fixated sutured posterior chamber intraocular lens implantation. *Am J Ophthalmol*. 2006 Feb;141(2):308-312.

**Vote B**, Wheen L, Cluroe A, Teoh H, McGeorge A. Further evidence for proinflammatory nature of perfluorohexyloctane in the eye. *Clin Experiment Ophthalmol*. 2003 Oct;31(5):408-14.

**Non peer review articles**

Brendan Vote, **Shaun YP Ewe** Laser versus manual cataract surgery: Does the strength of the capsulotomy differ? . Cataract & Refractive Surgery Today, August 2014. http://bmctoday.net/crstoday/2014/08/article.asp?f=laser-versus-manual-cataract-surgery-deckdoes-the-strength-of-the-capsulotomy-differ

**Poster Presentations**

Comparison of visual outcomes with femtosecond laser-assisted cataract surgery versus conventional cataract surgery in patients undergoing Toric IOL insertion - RANZCO Congress 2015 New Zealand

Whole population incidences of patients presenting with Rhegmatogenous retinal detachments within Tasmania Australia - RANZCO Congress 2015 New Zealand

The efficacy of combined trabecular Micro-bypass stent and phacoemulsfication for coexisting primary open angle glaucoma (POAG) and cataract – A prospective study – RANZCO Congress 2015 New Zealand

Visual Outcomes of Rhegmatogenous retinal detachment in Tasmania, Australia: A whole population, single surgeon study - RANZCO Congress 2015 New Zealand

“Effect of femtosecond laser-assisted cataract surgery on the corneal endothelium: long-term corneal outcomes in a prospective comparative cohort study” – at the 32nd ESCRS Congress 2014. http://escrs.org/london2014/programme/posters-details.asp?id=20816

"Visual outcomes: Femto versus phaco cataract surgery. A prospective real-world multicentre comparative cohort study." At the RANZCO Congress 2014, Brisbane. RANZCO Congress 2014 News Link: http://createsend.com/t/r- 32553461D540ADA42540EF23F30FEDED

**Video Presentations**

"Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination." Sep 2014 ESCRS (London)

"Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination." RANZCO/Allergan Film Festival at the RANZCO Congress 2014. Link: http://createsend.com/t/r-32553461D540ADA42540EF23F30FEDED. September 2014: ESCRS Congress London.

.

Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination. Video Journal of Cataract and Refractive Surgery, Dec 2014; Volume XXX Issue 4. Award-Winning Videos. http://www.vjcrs.com/index.asp?id=306&q=medium 2014

**Conference Awards**

Sept 2014 - Best scientific video
"Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination."

Sept 2014: Best Poster Award Nomination
"Effect of femtosecond laser-assisted cataract surgery on the corneal endothelium: long-term corneal outcomes in a prospective comparative cohort study" – at the 32nd ESCRS Congress 2014. http://escrs.org/london2014/programme/posters-details.asp?id=20816

Nov 2014: Best Poster Award RANZCO 2014
"Visual outcomes: Femto versus phaco cataract surgery. A prospective real-world multicentre comparative cohort study." At the RANZCO Congress 2014, Brisbane. RANZCO Congress 2014 News Link: http://createsend.com/t/r-32553461D540ADA42540EF23F30FEDED

Best scientific and best overall video at RANZCO

Nov 2014: **Best Surgical Film Award** and **Best Overall Film Award** – "Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination." RANZCO/Allergan Film Festival at the RANZCO Congress 2014. Link: http://createsend.com/t/r-32553461D540ADA42540EF23F30FEDED. •□September 2014: **First Prize for Best Scientific Film Award** at the ESCRS Congress 2014, London.

Included in Bob Osher's best of the best videos of 2014.
Capsulotomy integrity after femtosecond laser cataract surgery – a comparative cohort study & ultrastructural examination. Video Journal of Cataract and Refractive Surgery, Dec 2014; Volume XXX Issue 4. Award-Winning Videos. http://www.vjcrs.com/index.asp?id=306&q=medium

TASMANIAN EYE INSTITUTE

***HIGHLIGHTS OF MAJOR SCIENTIFIC PRESENTATIONS OVER LAST 1-2 YEARS***

New Zealand RANZCO branch meeting May 2018
**Till death do us part! Lessons from my 10+ year macular degeneration relationship**

We are now more than 10 years into the intravitreal injection revolution. How well are we doing and what have we learned?
This talk discussed results of various research projects I have been involved with - both as part of clinical trials as well as real world studies.

**Would you like fries with that? Upselling cataract surgery and a doctors role in emerging technologies**

Our industry is constantly innovating which is exciting. However, often dissemination of these innovations into our day to day practices is heavily driven by marketing rather than evidence based science.

How do we distill evidence for informed decisions; and can or should our processes be improved for the release of new technology?

This talk highlighted the important mindset of being enthusiastic sceptics and will discuss my research into femto, zepto, istent, and iols.

**Ignore what you've learned, it's time to run with scissors! CRISPR-Cas 9 is the exponential game changer in gene therapy**

Crispr cas 9 is game changing technology in genomics. And we have world leading researchers under our noses in Australia and New Zealand.

This talk outlined the current state of crispr research and the exciting road ahead in the gene therapy space. I'll highlight what role we all can play in this revolution taking my own journey starting from some practical research arising from day to day clinical phenotyping; through to taking an ambassador role and philanthropy in support of colleagues we recognise as having 'the right stuff'.

**Crypto currency, blockchain and healthcare - a dystopian future or necessary evolution?**

Doubtless everyone will have heard of bitcoin and crypto currency but do you understand the technology driving this space and what role it might play in Healthcare? This talk should bring you up to speed for what the future holds.