SARS-CoV2 and the response to this worldwide calamity have dominated the news for most of 2020 and changed the way we live and work. Ophthalmology has been as deeply impacted as any sector of medicine. Beginning with the prophetic public health alarm sounded by Chinese ophthalmologist Li Wenliang, MD, who succumbed to the disease on February 7, the disease has taken many friends, family members, and mentors from the family of ophthalmology and has fueled ongoing concern over disease transmission during the close face-to-face encounters that have been the diagnostic currency of our profession since its inception.

Despite the social, economic, and personal devastation that many have experienced, there is also adaptation, fueled by creativity, resilience, and a hope-filled belief that humans—especially together—have the capacity to change the outcome of this story and thrive in the midst of chaos. Those of us who have found more time on their hands than ever before have discovered time to reconnect to family and experience a rare pause in the frenetic pace of professional life. We have learned or more fully adopted new ways to communicate across the distances and have attended conferences, seen patients, delivered visiting professorships, participated in grand rounds, and even attended weddings and graduations, all from our mobile devices or computers. We have taken on academic projects, pursued questions we had too little time to pursue before, written grant proposals, and submitted manuscripts. At JCRS, we saw a doubling of submissions in April and May, and at the end of June, total submissions for the year were up over 40%. This vital sign suggests that the life of the mind is alive and well in cataract and refractive surgery.

This issue of the journal takes on some key questions in our field, and several use comparative or randomized study designs to explore answers with the highest possible levels of evidence. A much-needed meta-analysis comparing femtosecond laser-assisted cataract surgery and conventional cataract surgery is presented by Kolb et al. (page 1075), and Schwarzenbacher et al. investigated inflammatory markers with and without low-energy, high-frequency femtosecond laser cataract pretreatment after topical nonsteroidal anti-inflammatory drug application (page 1086). Are you interested in issues surrounding pediatric cataract surgery? Check out the cluster of 4 studies dedicated to pediatric cataract surgery that includes a comparison of loteprednol etabonate gel vs prednisolone acetate for postcataract surgery inflammation by Vittitow and Williams (page 1092) and studies reporting outcomes of toric IOLs in children by Vasavada et al. (page 1102), macular changes after combined lensectomy and anterior vitrectomy in pediatric cataract by Wang et al. (page 1108), and long-term results of primary IOL implantation in patients with juvenile idiopathic arthritis-related uveitis by Leinonen et al. (page 1114). If you are interested in further optimizing your surgical outcomes, read the review article on preventing and managing refractive surprises after cataract surgery by Kieval et al. (page 1189) and the articles comparing surgical planning paradigms in SMILE for myopic astigmatism by Jun et al. (page 1149), proposing a preoperative risk stratification tool for phacoemulsification by Mylona et al. (page 1132), and comparing multiple IOL formulas using a new swept-source optical coherence tomography biometer by Szalai et al. (page 1138). New comparative outcomes on excisional goniotomy vs trabecular microbypass stent implantation are available from a prospective randomized trial by Falkenberry et al. (page 1165), and 1-year outcomes for ab interno gelatin stents are compared when combined with cataract surgery or performed as a standalone procedure by Rather et al. (page 1172).

As I close this first editorial after passing the Associate Editor torch to Liliana Werner, MD, PhD, and stepping into the role of Editor, I want to share a few “thank yous”: to Cynthia Roberts, PhD, for her personal mentorship and longstanding service to JCRS; to Doug Koch, MD, Editor Emeritus, for asking me at the ESCRS President’s Dinner in 2005, as a fellow who was still just cutting his teeth, if I would like to “get involved in the journal” (a question that was most likely preceded by Cynthia Roberts’ irresistible advocacy); to Nick Mamalis, MD, now Editor Emeritus, who mentored me in my 13 years as Associate Editor and led gracefully by example; to Emanuel Rosen, MD, Editor and then Case Reports Editor, for his vision and encouragement; to my co-editors Thomas Kohnen, MD, PhD, and Sathish Srinivasan, MD, with whom I am thrilled to continue working closely; and to our wonderful managerial office staff and superb Managing Editor, Genie Bailey, who make the wheels go around. Here is to a bright future that builds on the brilliance and dedication of those who served before.

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