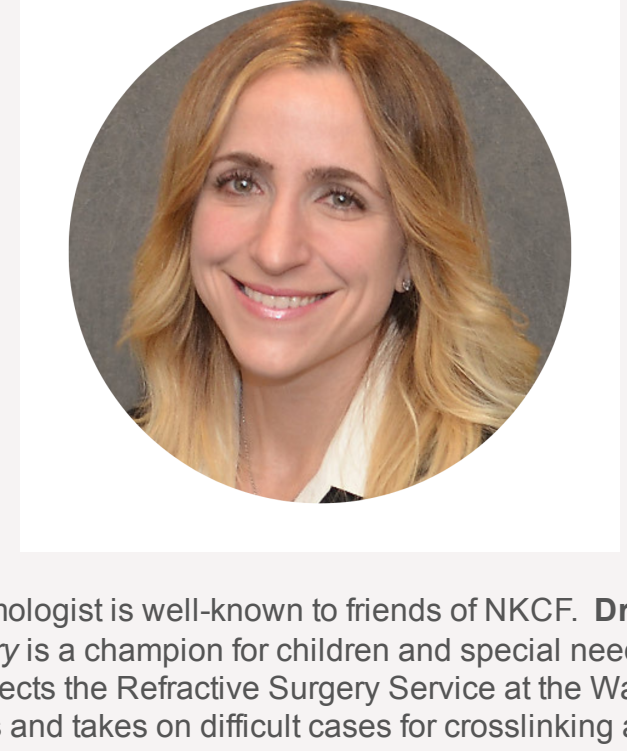


MAY 2023 UPDATE

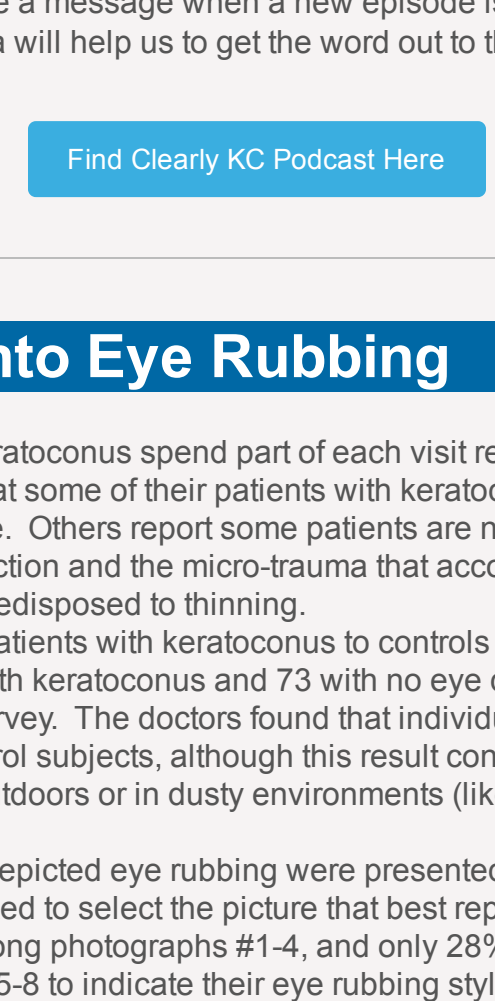


2023 TOP DOCS Named

Each March we invite readers of *NKCF Update* to tell us why their eye doctor is special. Since 2017, more than 400 doctors, from Maine to Hawaii, have been nominated by grateful patients. Readers tell us the best doctors are those who make time to answer questions and help patients achieve their best possible vision and quality of life. From the group of nominated doctors, NKCF selects an optometrist and ophthalmologist to represent the best of the best. Meet this year's Top Docs:



This year's Top Doc ophthalmologist is well-known to friends of NKCF. **Dr. Kathryn Hatch MD** of Harvard's Massachusetts Eye & Ear Infirmary is a champion for children and special needs patients with keratoconus. A posed eye surgeon, Dr. Hatch directs the Refractive Surgery Service at the Waltham office of Mass Eye & Ear. She trains future cornea surgeons and takes on difficult cases for crosslinking and corneal surgery. In her nomination, patient Jacob wrote the following, "*She is very dedicated to get the best care for her patients.*" You can watch the recent recording of Dr. Hatch's recent Webinar on *Keratoconus in Children* [here](#).



This year marks the first time NKCF has selected a Top Doc from a practice that already has received this honor. In 2017, Dr. Peter Hersh of the Cornea and Laser Eye Institute (CLEI) in New Jersey was the first Top Doc. This year, his partner, **Dr. John Gelles OD** receives the award as the Top Doc Optometrist. At the *CLEI Center for Keratoconus*, Dr. Gelles conducts KC-related research and applies his skills as a contact lens expert to fit specialty lenses on irregular corneas. Nancy, who nominated Dr. Gelles wrote that her husband had "seen other providers in the past, but none have been nearly as knowledgeable, gentle, and incredibly warm as Dr. Gelles! He's absolutely top notch!" You can catch Dr. Gelles and his partners live at the July 11 Evening Webinar. Click here to [register](#).

[Click here to see the list of all Top Doc nominees.](#)

NKCF has a Podcast!

Listen, Download, Share, Like, and tell a friend

NKCF has a new tool to raise keratoconus awareness! **Clearly KC** with **Dr. Melissa Barnett** provides convenient and practical information in the form of a 20-minute conversation.

Dr. Melissa Barnett OD, a principal optometrist at the UC Davis Student Health Services approached NKCF with the idea for a KC-focused podcast. Dr. Barnett noted her goal is "to share information to help patients manage their keratoconus, seek out the best treatment options, and live a full and productive life. Clearly KC is for everyone: patients, family members, and professionals interested in learning more about KC."



CLEARLY KC
with Dr. Melissa Barnett

Recent episodes include a conversation with a KC patient who describes his life before he started wearing scleral lenses, tips on managing seasonal and perennial allergies, and a conversation with Dr. Marguerite McDonald, a legendary researcher and cornea surgeon recently inducted into the ASCRS Ophthalmology Hall of Fame.

For individuals not used to listening to podcasts, recordings can be found on several online platforms by typing "Clearly KC podcast" into a search engine like Google or Bing, or by visiting nationalkeratoconusfoundation.podbean.com. That is the home page for the podcast and will provide links to several listening platforms like Spotify, Amazon Music, or iHeart. There is no cost to subscribe or to listen to a podcast. By subscribing, you'll receive a message when a new episode is available. *Linking, downloading, or sharing* episodes on your social media will help us to get the word out to the KC community.

[Find Clearly KC Podcast Here](#)

A Deeper Dive into Eye Rubbing

Doctors who diagnose and treat keratoconus spend part of each visit reminding patients that eye rubbing is to be avoided. Doctors have reported that some of their patients with keratoconus describe eye rubbing as a calming, almost enjoyable, experience. Others report some patients are not even aware they rub their eyes.

Doctors remind their patients the friction and the micro-trauma that accompanies eye rubbing can further weaken a cornea that is genetically predisposed to thinning.

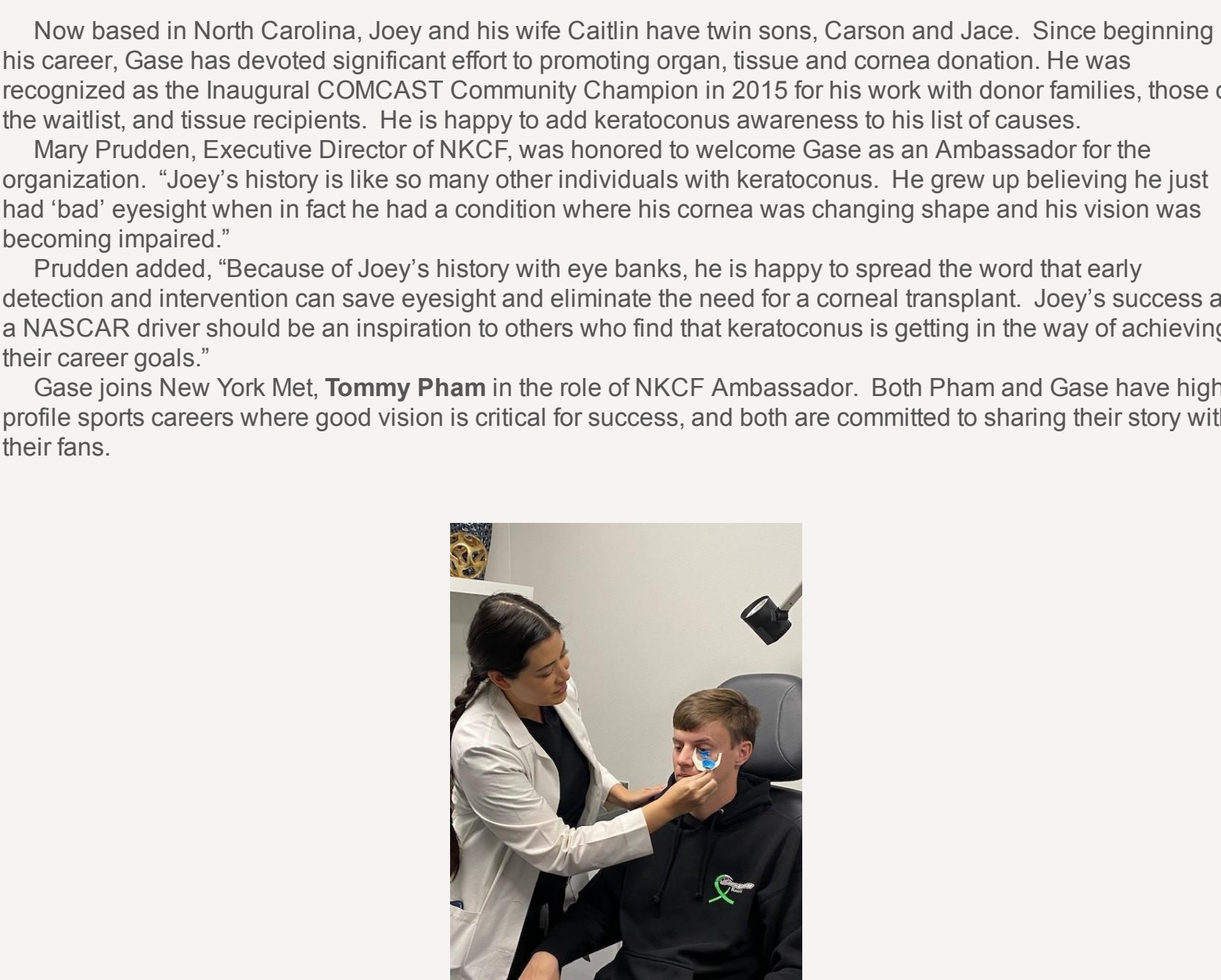
Researchers in Poland compared patients with keratoconus to controls in a study aimed at learning more about keratoconus. 118 individuals with keratoconus and 73 with no eye disease underwent complete eye exams and answered an extensive survey. The doctors found that individuals with keratoconus did not have allergies at a higher rate than the control subjects, although this result conflicts with many previous studies. They did discover that those who worked outdoors or in dusty environments (like construction) were more likely to be affected by KC.

As part of the survey, pictures that depicted eye rubbing were presented in ascending order of rubbing severity (See below). Study subjects were asked to select the picture that best represented how they rubbed their eyes. 72% of those without KC selected among photographs #1-4, and only 28% selected a photograph from #5-8. 55% of individuals with KC selected #5-8 to indicate their eye rubbing style. Those without KC most often selected #1 (28%) and those with keratoconus most often selected #8 (28.2%).

The authors did not find that eye rubbing changed over time. Adolescents with KC in the study had similar eye rubbing habits as adults with the disease. This study confirms that individuals with keratoconus have a harsher, more severe way of eye rubbing than most members of the public.

Reference: Jaskiewicz K, Maleszka-Kurpiel M, et al. Non-allergic eye rubbing is a major behavioral risk factor for keratoconus. *PLoS ONE* 18:e0284454.

Which picture best describes you?



NKCF introduces Ambassador Joey Gase



National Keratoconus Foundation has named NASCAR driver **Joey Gase** as NKCF Ambassador.

Gase, from Cedar Rapids, Iowa, discovered his lifelong passion when he won the first of many Go-Kart races at age 8. By 18, Joey had been signed as a professional driver and was competing in the NASCAR Nationwide Series. Today, Joey is driver and co-owner of Emerging-Gase Motorsports and has competed in more than 350 NASCAR events including three DAYTONA 500 starts with an average finish of 21st.

Visual acuity for NASCAR drivers can be no worse than 20/40. Joey had worn glasses and contact lenses for vision correction for most of his life, but three years ago, he felt his vision was diminishing and visited his eye doctor who diagnosed him with keratoconus.

Conversations with the National Keratoconus Foundation led him to the Ophthalmology Department at the University of Iowa Medical Center where Gase was fit with impression-molded, custom contact lenses (EyeFit Pro) that improved his vision to 20/10.

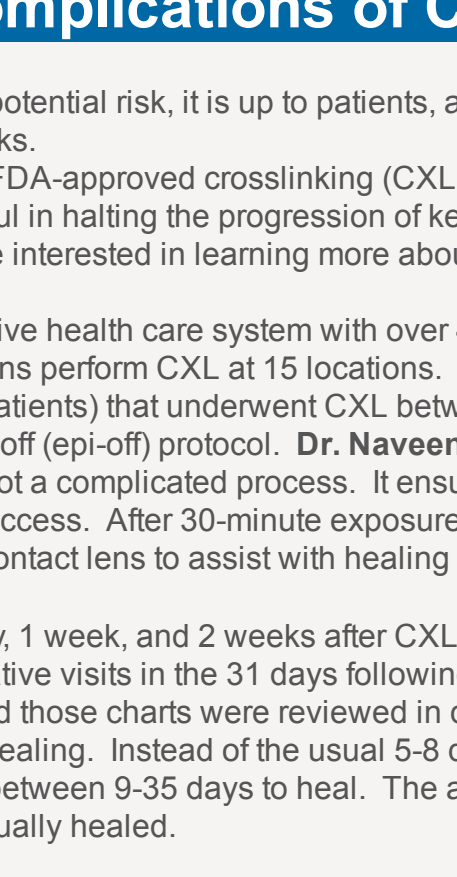
With his new contact lenses, Joey is more assured in his role as a driver/owner. "In racing, you need to have confidence in your vision. Driving 200 mph around a 2.5 mile track, I need to clearly see the grooves, my marks, debris and of course be able to find the holes to navigate through wrecks on the track." Gase added, "I don't, like any businessman, I spend hours each day in front of the computer. I am able to see the screen clearly and and, I experience headaches as I did in the past."

Now based in North Carolina, Joey and his wife Caitlin have twin sons, Carson and Jace. Since beginning his career, Gase has devoted significant effort to promoting organ, tissue and cornea donation. He was recognized in the Inaugural COMCAST Community Champion in 2015 for his work with donor families, those on the waitlist, and tissue recipients. He is happy to add keratoconus awareness to his list of causes.

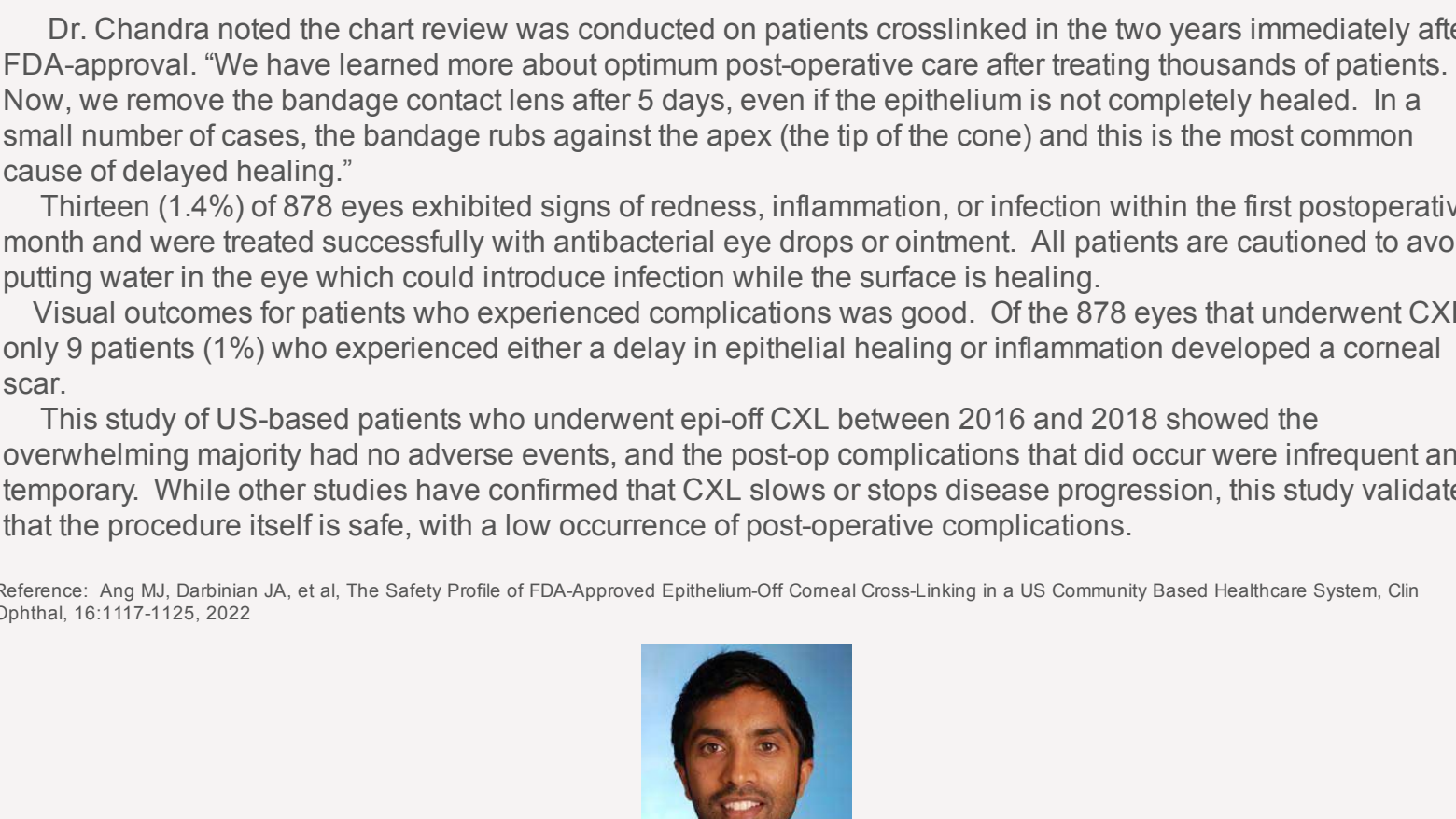
Mary Prudden, Executive Director of NKCF, was honored to welcome Gase as an Ambassador for the organization. "Joey's history is like so many other individuals with keratoconus. He grew up believing he just had "bad" eyesight when in fact he had a condition where his cornea was changing shape and his vision was becoming impaired."

Prudden added, "Because of Joey's history with eye banks, he is happy to spread the word that early detection and intervention can save eyesight and eliminate the need for a corneal transplant. Joey's success as a NASCAR driver should be an inspiration to others who find that keratoconus is getting in the way of achieving their career goals."

Gase joins New York Met, **Tommy Pham** in the role of NKCF Ambassador. Both Pham and Gase have high profile sports careers where good vision is critical for success, and both are committed to sharing their story with their fans.



Dr. Stephanie Woo OD of the Contact Lens Institute of Nevada in Las Vegas makes an impression mold of Joey's cornea.



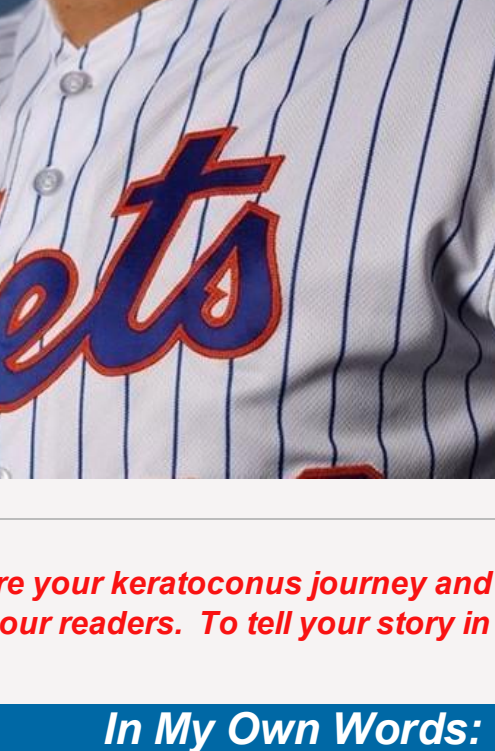
Joey Gase is bringing keratoconus awareness to thousands of NASCAR fans. His #35 car carried the NKCF logo when he raced in Xfinity Series race in Las Vegas. To follow Joey's success each week, join him on [Facebook](#), [Instagram](#) or [Twitter](#).

KC & Middle-Aged Eyes

Keratoconus is most often diagnosed during the teens or early adult years. Crosslinking (CXL) is the recommended treatment to slow or halt progression of disease. CXL becomes less urgent as time goes by: vision changes and steepening of the cornea usually stops as the eye becomes "naturally" crosslinked.

A reminder that this is not always the case came in the form of a short paper from Swiss ophthalmologists detailing four patients, all in their late forties or early fifties, referred for crosslinking because evidence of disease-related progression was found.

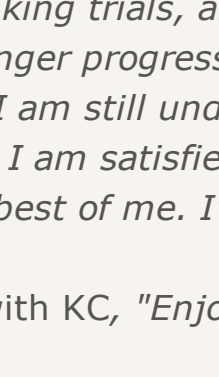
In each case, the patients had been diagnosed with keratoconus years earlier, and had experienced no vision changes during their thirties and forties. Although all were successful contact lens wearers, as they approached age 50, these individuals found their vision worsening. Eye exams revealed all had experienced significant progression and were referred for crosslinking.



The doctors concluded that **while the probability of KC progression strongly declines after the age of 40, it never becomes zero.**

Dr. Haji Saeed MD, MPH, a cornea surgeon at the University of Illinois at Chicago has been performing crosslinking for treatment of keratoconus for several years. She agreed with the observation that CXL should be considered at any age if there is evidence of progression. She added that CXL is successful on middle-aged corneas, "I've had several patients over the age of 40 on whom I've performed crosslinking. This age group typically responds very well." This report also serves as a reminder of the need for regular eye exams for individuals with keratoconus, even after they've reached middle-age. Dr. Saeed advised, "lifelong monitoring of keratoconus and early intervention are key to mitigating progression."

Reference: Kallios L, Torres-Netto EA, Rodriguez-Villabona C, et al. Progressive keratoconus in patients older than 40 years. *Cont Lens Anterior Eye*. Apr;46:101792. doi: 10.1016/j.cla.2023.101792.



Dr. Haji Saeed MD is a clinician scientist and cornea surgeon at the University of Illinois at Chicago where she holds the academic title of Associate Professor. She is a graduate of the Loyola University School of Medicine in Chicago and completed her cornea fellowship at Harvard's Massachusetts Eye & Ear Infirmary and Boston Children's Hospital where she focused on refractive surgery and crosslinking pediatric patients.

For more about middle-aged keratoconus, listen to [Episode 5 of Clearly KC Podcast](#) where Dr. Melissa Barnett and Dr. Marguerite McDonald discuss newly-diagnosed KC in seniors planning cataract surgery.



Side Effects & Complications of Crosslinking

While all medical procedures carry the potential risk, it is up to patients, along with their doctor to decide if the benefits of a procedure outweigh the risks.

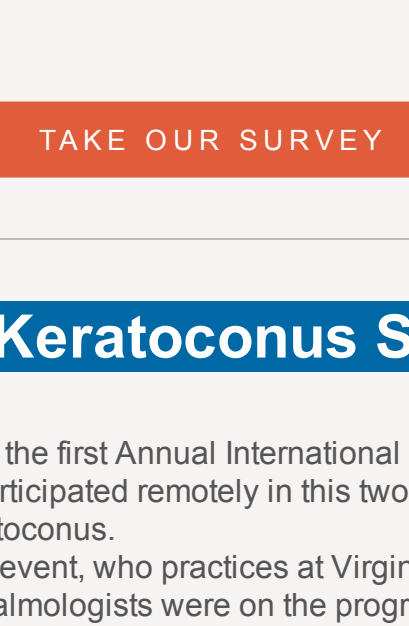
Numerous studies have shown that FDA-approved crosslinking (CXL) has a success rate greater than 95%. Knowing that the procedure is successful in halting the progression of keratoconus, doctors at Kaiser Permanente in Northern California were interested in learning more about the safety profile. How much risk was associated with the procedure?

Kaiser Permanente is a comprehensive health care system with over 4 million members in Northern California as of 2018. Fifteen different eye surgeons perform CXL at 15 locations.

The study identified 878 eyes (654 patients) that underwent CXL between 2016 and 2018. The study only performs the FDA-approved epi-off (epi-off) protocol. **Dr. Naveen Chandra MD**, the study's senior author noted that "removing the epithelium is not a complicated process." It ensures the UV light reaches the proper layers and increases the chances of success. After 30-minute exposure to UV light, patients are sent home with eyedrops or ointment, and a bandage contact lens to assist with healing and to control discomfort.

Patients are normally examined 1 day, 1 week, and 2 weeks after CXL. The researchers hypothesized that any patient who had more than 3 post-operative visits in the 31 days following CXL may have experienced a side-effect or post-operative complication and those charts were reviewed in detail.

34 of 878 (3.9%) eyes had delayed healing. Instead of the usual 5-8 days it takes for the epithelium to heal, there was a group of patients that took between 9-35 days to heal. The average for this "late" group was 18 days and the epithelium for all patients eventually healed.



Dr. Chandra noted the chart review was conducted on patients crosslinked in the two years immediately after FDA-approval. "We have learned more about optimal post-operative care after treating thousands of patients. Now, we remove the bandage contact lens after 5 days, even if the epithelium is not completely healed. In a small number of cases, the bandage ruins against the apex (the tip of the cone) and this is the most common cause of delayed healing."

Thirteen (1.4%) of 878 eyes exhibited signs of redness, inflammation, or infection within the first postoperative month and were treated successfully with antibiotic eye drops or ointment. All patients are cautioned to avoid putting water in the eye which could introduce infectious while the surface is healing.

Visual outcomes for patients who experienced complications was good. Of the 878 eyes that underwent CXL, only 9 patients (1%) who experienced either a delay in epithelial healing or inflammation developed a corneal scar.

This study of US-based patients who underwent epi-off CXL between 2016 and 2018 showed the overwhelming majority had no adverse events, and the post-op complications that did occur were infrequent and temporary. While other studies have confirmed that CXL slows or stops disease progression, this study validates that the procedure itself is safe, with a low occurrence of post-operative complications.

Reference: Ang MJ, Dastgiri JA, et al. The Safety Profile of FDA-Approved Epithelium-Off Corneal Cross-Linking in a US Community Based Healthcare System. *Clin Ophthalmol*. 16:1117-1125, 2022.

Dr. Naveen Chandra MD is a graduate of the Univ. of Michigan School of Medicine and completed his ophthalmology training at Univ. of Florida in Gainesville and a cornea fellowship at UCLA-Julius Stein Eye Institute. He is a member of the Kaiser Permanente team since 2001, treating patients at their Walnut Creek office.

Tommy Pham Challenge

Giving Day 2023 at University of California, Irvine, was a great success with over \$2 million raised for campus programs. **National Keratoconus Foundation**, part of the UCI Department of Ophthalmology, raised over \$5000 for its public awareness efforts. New York Met and NKCF Ambassador **Tommy Pham** initiated a challenge gift for supporters of NKCF. His gift was "unlocked" when 28 individuals stepped up during a 24-hour social media blitz to make their own gift. (Pham wears #28).

We are happy to report that friends of NKCF "Met" the challenge. Thanks to all for your generosity!

NKCF wants to hear from you! Share your keratoconus journey and help to inspire others. Each month we tell a personal story from one of our readers. To tell your story in a future Update, click [here](#).

In My Own Words:

Denise Scott

Meet **Denise Scott** who lives outside Washington DC. She shares her keratoconus journey with *Update* readers and offers tips on coping with scleral lenses. Denise recommends, "**take time to learn different methods of putting your lenses in and taking them out. I wear sclerals and use ZERO tools. I use the tripod method (thumb and two fingers to balance the lens) and, for me, it is easier. Find out what works for you!**"

"Shortly after graduating college in 2004, it became almost impossible for me to see with my eyeglasses. I often tapped on the right lens to ensure that the lens was still in the frame because my sight was so blurry."

"My optometrist said that I had astigmatism and that he couldn't fit me. He recommended I switch to soft contacts/toric lenses. Those did not work for me either."

"I found another optometrist who changed my life! After only five minutes in her chair, I was diagnosed with keratoconus. Twenty minutes later, I had my first pair of gas permeable (GP) lenses. Fortunately, the ones she had in the office were a decent fit for me, and I didn't have to wait for her to order a pair to have more crisp vision."

"I've had a rollercoaster of experiences, mostly due to losing a contact lens, fighting with an insurance company, or trying to budget appropriately so that I can afford a new lens. I was too old for the FDA crosslinking trials, and it appears that my age has worked in my favor as my keratoconus is no longer progressing as fast as it once did."

"Nonetheless, it is now 2023, and I am still under the care of a phenomenal optometrist. I now wear scleral lenses: I am satisfied with my vision and am happy to report keratoconus has not gotten the best of me. I'm still able to do all the things I love and see what is important to me!"

Denise's message to others living with KC, "Enjoy life!"

Survey Results: Who Leads Your Eye Care Team?

In the last edition of *Update*, we asked readers to tell us about their eye care team. Thank you to the 35 readers who took a moment to share information, and congratulations to **Stephanie G** from **San Mateo CA** whose name was drawn from among the participants as the winner of a gift card. Sharing your experiences by participating in NKCF surveys helps us better understand life with KC.

We learned that individuals with keratoconus have options for their eyecare. 40% (n=14) of the readers reported their primary eye care doctor was an **optometrist (OD)**, and 34% (n=12) reported they received their eyecare from an **ophthalmologist (MD)**. The remaining 26% (n=9) said they got their care from a **'keratoconus expert'** and didn't indicate if the doctor was an OD or MD. More and more general practitioners are familiar with diagnosing and treating KC, but only a few limit their medical practice to caring for individuals with keratoconus. By defining their doctor as a KC expert, does that mean that these patients believe their doctor has skills and training beyond other MDs and ODs? We hope so.

Of the patients whose care is managed by an MD, 50% (n=6) are seen in a practice with both MDs and ODs, and half are in a practice with ophthalmologists only. Patients who are managed by an optometrist are most often seen in an OD-only practice (n=10, 71%).

This led to our question about consultations and referrals. Thirteen patients (37%) reported that their doctor has never referred them to another eyecare provider. 77% (n=7) of patients treated by a KC expert were sent to another practice for additional testing or treatment; 64% (n=9) of patients treated by ODs were referred to another practice and 50% (n=6) of those seen by MDs were referred to an outside doctor.

Hopefully, these results show that most doctors acknowledge that adequately managing keratoconus may require different expertise. Ophthalmologists who are trained in surgery, usually have the equipment and experience to perform crosslinking (CXL), intacs, cataract, or vision correction surgery, but may not have a background in fitting contact lenses. Optometrists, trained in vision rehabilitation, are likely to have up-to-date knowledge about fitting contact lenses, but do not perform CXL and may not have the equipment needed to monitor disease progression.

Some who completed our survey have all their care managed by one type of doctor. The majority take a team approach, either getting their care in a practice with both ODs and MDs, or by occasional referrals by their doctor to an outside practice for consultation or treatment.

This month, NKCF is looking at the role empathy plays in doctor/patient relations. Take a moment and give us your thoughts on what matters:

Take A Minute / Take Our Survey

Health-related issues can bring up plenty of emotions. For most of us, it is important to feel comfortable with our doctor.

How does your eye doctor make you feel? Does your physician encourage you to ask questions? Does your doctor address your concerns or do you leave the office feeling as though you weren't heard?

We are interested to learn more about the **role of empathy** in the patient-physician relationship from the perspective of individuals with keratoconus. Please take a moment to share your doctor/patient experience by taking our short, anonymous survey.

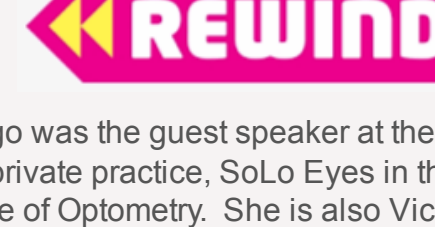
[TAKE OUR SURVEY](#)

IKA hosts Keratoconus Symposium

Scottsdale, Arizona was the setting for the first Annual International Keratoconus Symposium. Several hundred doctors attended in person or participated remotely in this two-day conference that featured ways to better identify and treat patients with Keratoconus.

Dr. Elizabeth You MD, co-chair of the event, who practices at Virginia Eye Consultants in Norfolk was pleased that both optometrists and ophthalmologists were on the program and in the audience, creating a cooperative and bidirectional learning opportunity. **Dr. Barry Eiden OD** and **Dr. Andrew Morgenstern OD**, symposium co-chairs and co-founders of the International Keratoconus Academy, were pleased with the response from attendees. "What we were trying to do with this symposium, was take doctors through the entire continuum of care, the optometric side and the ophthalmologic side, so all providers can understand this disease as best as possible." NKCF participated in panels where effective patient communication and creating a patient-centered practice were discussed.

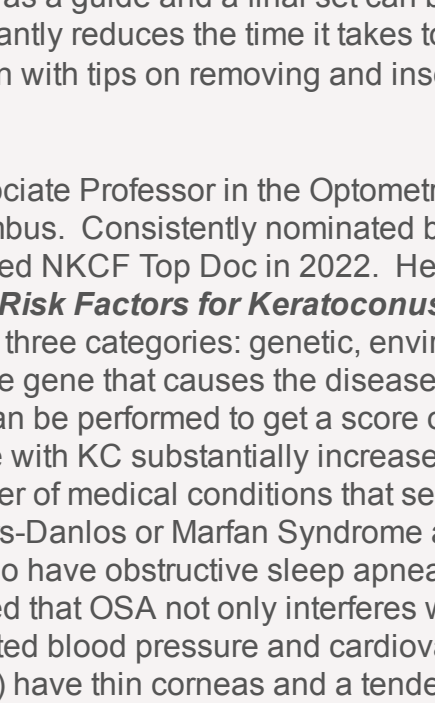
In Case You Missed It



Dr. Louise Sclafani OD of Chicago was the guest speaker at the March Webinar, *Hybrid Contact Lenses for Keratoconus*. In addition to her private practice, SoLo Eyes in the Loop, Dr. Sclafani teaches contact lens fitting to students at the Illinois College of Optometry. She is also Vice President for Professional Affairs for Synergeyes, the company that manufactures hybrid contact lenses in the US.

Dr. Sclafani presented an overview of contact lens options for keratoconus, and pointed out that hybrid market share is about 12%. The lenses, first introduced 40 years ago, fell out of fashion for a time, but are experiencing a resurgence focusing on the keratoconus market with second and third generational lenses employing improved materials and fitting techniques.

Hybrids have many of the benefits of other types of lenses: the center of is made of the same material used for gas permeable (GP) offering excellent optics. Surrounding the center is a soft skirt that helps to center the lens and has the comfort of a soft lens as well as excellent oxygen and tear film transfer. Because the lenses do not rest on the cornea, but vault above it, hybrids have elements of scleral lenses. Hybrids are a solution for patients with mild to moderate disease; the cost generally falls between that of a GP and scleral lenses.



Dr. Sclafani noted one of the recent improvements in fitting hybrid lenses is technology which can apply an algorithm to create a customized contact lens based on a patient's topographic map.

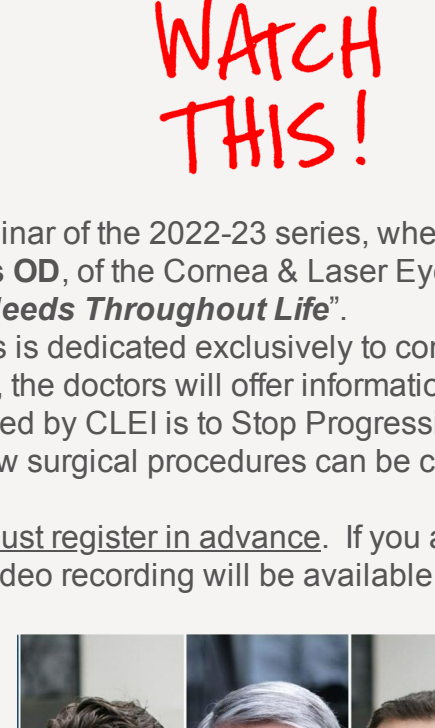
Traditionally, an eye doctor would use a trial lens set and 'try on' different lenses to get the best fit. Now lenses can be ordered using the map as a guide and a final set can be manufactured without trying on a single lens in advance. The process significantly reduces the time it takes to get a personalized fit.

Dr. Sclafani ended her presentation with tips on removing and inserting lenses and a rundown of the best cleansers and solutions.

Dr. Chantelle Mundy OD, is Associate Professor in the Optometry Division in the Ophthalmology Department at The Ohio State University in Columbus. Consistently nominated by her patients for her expertise in fitting specialty lenses, Dr. Mundy was named NKCF Top Doc in 2022. Her presentation at the May Evening Webinar outlined several of the most common **Risk Factors for Keratoconus**.

Dr. Mundy noted that risk falls into three categories: genetic, environmental and lifestyle. Concerning a genetic basis for KC, there is no single gene that causes the disease, but there are several genetic variations that increase risk; a simple cheek swab can be performed to get a score of low, medium, or high risk for keratoconus. She noted that having a close relative with KC substantially increases risk.

Dr. Mundy commented on a number of medical conditions that seem related to KC. She described connective tissue disorders like Ehlers-Danlos or Marfan Syndrome as possibly having a collagen connection in common with KC. Similarly, those who have obstructive sleep apnea (OSA) are at higher risk of KC than the general population. Dr. Mundy warned that OSA not only interferes with a good night's sleep, but also can lead to other medical conditions like elevated blood pressure and cardiovascular disease. She pointed out that individuals with Down syndrome (DS) have thin corneas and a tendency to eye rub; prevalence of keratoconus in the DS population is between 10-71%.



Environmental factors caused by seasonal allergies like pollen or perennial allergies like pet dander pose difficulties for many with KC. She explained that atopy is a term applied when there is a strong response to an allergen; many with KC also have atopy. She explained that IgE is an antibody released to trigger a response to the allergens. Dr. Mundy said that itchy eyes are the body saying, 'remove this' and tearing is the body trying to wash out the allergen. The problem for those with KC is that giving in to the natural urge to rub eyes can cause damage to an already thin and weak corneas. What she recommends to her patients is to get their atopy under control by consulting an allergist. This may mean taking prescription or over-the-counter medicine or even allergy shots to manage symptoms. When there is an urge to eye rub, she suggests a cold compress, or anti-itch eye drops kept in the refrigerator to sooth red and inflamed eyes.

To listen to recordings of presentations by Dr. Sclafani or Dr. Mundy, visit the [NKCF Video Library](#).

Evening Webinar Preview: GELLES, HERSH, GREENSTEIN

WATCH THIS!

Be sure to register for the final webinar of the 2022-23 series, when **Dr. Peter Hersh MD, Dr. Steven Greenstein MD, and Dr. John Gelles OD**, of the Cornea & Laser Eye Institute (CLEI) in Teaneck, NJ will present **"Addressing Keratoconus Vision Needs Throughout Life"**.

The CLEI's Center for Keratoconus is dedicated exclusively to conducting innovative research and treating patients with KC. At this live webinar, the doctors will offer information about available treatments for different stages of life. The framework embraced by CLEI is to Stop Progression; Improve Topography; and Optimize Vision. The speakers will discuss how surgical procedures can be combined with contact lens options for patients with mild to severe disease.

To attend the live broadcast, **you must register in advance**. If you are not available to hear Drs Gelles, Greenstein and Hersh on July 11, a video recording will be available on YouTube and the NKCF website.



REGISTER FOR JULY WEBINAR

NKCF Resources - Share the Knowledge

We hope you'll find the answers to your questions about keratoconus on our website, [nkcf.org](#). You can sign up for our Evening Webinars, and view our video library of more than 25 hour-long talks by experts. We have a Referral List with links to doctors with expertise in managing the disease. You can find back copies of our newsletter, and information about World KC Day. If you if you are interested in receiving a copy of our Keratoconus Patient Guide, you can request one [here](#). You may want to share the book with teachers, employers, or family members to help them understand some of the challenges you face. If you still have questions, write to Info@nkcf.org and we'll try to get an answer.

NKCF does not have financial resources to assist with the cost of contact lenses or medical care.



Your tax-deductible gift to UCI Foundation, of any amount, helps NKCF improve the quality of life for people with keratoconus through research, education and advocacy. Join us to raise KC awareness.

I SUPPORT NKCF

Thank you to our corporate supporters.



NKCF Update is sent to you compliments of the National Keratoconus Foundation, an outreach program of the Department of Ophthalmology at University of California Irvine.

The mission of NKCF is to increase awareness of keratoconus and to provide information and resources to those living with the disease.

NKCF does not provide medical advice, medical consultation or financial assistance. If you have specific questions about your diagnosis, treatment or outcomes, please contact your eyecare professional.



NKCF National Keratoconus Foundation

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