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Editorial

Clinical and research flavours of the month



You will have noticed that recently issues of CLAE have been getting a little fatter. The reason behind this was that due to the increased number of manuscripts we receive. The BCLA agreed more pages with our publisher Elsevier. In the years 2014–2017 the number of papers submitted seemed to be levelling at between 264–290 papers but 2018 saw a rise to 367 new papers (that is around one new paper per day!). The rejection rate remains high at around 70%, which means that sometimes papers are rejected before full peer review. These papers are the ones that are quickly reviewed by the editorial board and deemed to be of a subject matter that is either not related to the main core papers of CLAE or sometimes a paper that does not present any new information to the established literature. More submissions means that CLAE can afford to pick the best papers for publication but sometimes this leads to delays for authors as more reviewers are needed.

Currently the three distinct big topics in ophthalmic research and clinical advancement seem to be dry eye, myopia control and presbyopia. We had themed issue last year on dry eye and next year we have one around myopia control with contact lenses. If we think specifically about contact lenses, in addition to the above three areas, the contact lens research and clinical advancement seems to be in overlapping fields that include contact lens care, compliance, infection, speciality contact lenses (we had a themed issue on this topic in 2019), materials, comfort and perhaps contact lens optics. The big contact lens research units around the world all seem to have an interest in at least some of these topics and they become reoccurring themes at international conferences. This year we have the biennial BCLA international clinical conference in Manchester, plus the biennial International Society for Contact Lens Research meeting in Singapore, where many of these topics are on the respective programmes. There are newer topics that seem to be emerging, such as the use of social media to aid clinical practice or to aid marketing or comparisons of international contact lens markets. We are becoming a smaller and a more connected world and need to embrace those changes in our clinical practice. Recently I was invited to present at the L'Istituto Benigno Zaccagnini (IBZ) annual

congress in Bologna. In a post meeting discussion, CEO Giorgio Righetti told me how he had tried to balance topics in the congress that were of interest to the mass audience but also include topics that showed the latest developments that may be currently beyond the scope of practice or may be research topics only. This is a fine balance that every conference organising committee has. The BCLA conference organising committee (James Wolffsohn, Sunil Shah, Philip Morgan, Cheryl Donnelly and me) have had similar discussions. Putting together an issue of CLAE is not dissimilar as the core readership are clinicians but to ensure that the journal stays the premier journal in the field then we need to ensure we attract and publish the latest research topics too. During my visit to the IBZ congress this year I was able to take some time off and enjoy some family time and visit Bologna, Venice and Florence too and learn more of the cultures and cuisine of these wonderful cities. For example, I knew the Italians were very particular about the temperature of water that pasta is cooked in, how long it is cooked for and which sauce is served with which type of pasta. I did not know that you never have a Bolognese sauce with spaghetti (it should be served with tagliatelle or in the absence of tagliatelle then you choose another flat pasta) and you never put Parmesan cheese on a fish dish. I also knew that if you ask for a stuffed crust pizza then you are likely to be thrown out the restaurant!

In this issue of CLAE you will find an excellent review of the corneal structure. The original research papers includes topics such as pre-contact lens and pre-corneal tear film kinetics, the effect of plasma surface treatment on gas permeable contact lenses, clinical factors associated with contact lens dropout, incorporating silver nanoparticles into silicone-hydrogel films and correcting aberropia using pin hole soft contact lenses.

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