



## Medical Advisory Board Meeting Minutes October 16, 2025

Dr. Shahzad Mian called the meeting to order at 3:30 EST. The following Board members were in attendance:

Shahzad Mian, MD	MAB Chair
Christopher Ketcherside, MD	MAB Vice Chair
Kristen McCoy, CEBT, CTBS	MAB Secretary
Patrick Becker, CEBT	Technical Procedures Manual Subcommittee Chair
Alan Blake, CEBT, CTBS	
Lisa Brooks, CEBT, CTBS	
Jason Brosious, RN, CEBT, CTBS	
Winston Chamberlain, MD, PhD	
Jamie Collier, MA, CEBT	
Kevin Corcoran, CAE	President & CEO
Maria Cortina, MD	
Jennifer DeMatteo, MCM, CIC	Director of Regulations & Standards, Ex-Officio
Marcella Dimond, CEBT, CTBS	Accreditation Board Co-Chair
Sander Dubovy, MD	
Asim Farooq, MD	Policy & Position Research Subcommittee Chair, Ex-Officio
Mark Greiner, MD	
Christopher Johns, MBA, CETB, CTBS	
Stephen Kaufman, MD, PHD	
Amy Lin, MD	Accreditation Board Co-Chair
John Lohmeier, CEBT	
Brian Philippy, CEBT	
Jim Quirk, CEBT	EBAA Chair
Edwin Roberts, MPA, CEBT	
Ingrid Schunder, CEBT	Technician Education Committee Chair
Shannon Schweitzer, MBA, CEBT	
Namrata Sharma, MD	
Roni Shtein, MD	
Adam Stockman, MBA, CEBT	
Zeba Syed, MD	
Michael Titus, CEBT	
Michael Tramber, MBA, CEBT, CTBS	
Concetta Triglia, CEBT	
Elmer Tu, MD	Medical Review Subcommittee Chair, Ex-Officio
Woodford Van Meter, MD	
David Verdier, MD	
Jim Wagner, CEBT, CTBS	

## Minutes

**MOTION:** A motion was made and seconded to approve the minutes from the June 27, 2025 meeting.

All approved, no nays – Motion Passed

## Medical Review Subcommittee

Dr. Elmer Tu presented the Medical Review Subcommittee Report.

Dr. Elmer Tu presented data showing consistent rates of primary graft failures and early regrafts over the past three years, with DMEK and DSEK having significantly higher failure rates than PKP. Dr. Tu reported that antifungal supplementation appears to have an association with increased primary graft failures and also early regraft. Antifungal supplementation may reduce infections, particularly for endothelial keratoplasty. The group discussed the challenges of interpreting long-term effects of supplementation due to limited follow-up data and noted that while more eye banks are offering supplementation, usage has decreased.

## Policy and Position Review Subcommittee

Dr. Asim Farooq presented the Policy and Position Review Subcommittee (PPRS)

Updated COVID-19 Guidance in March 2025.

- Specific COVID-19 screening questions are no longer required.
- Donors should continue to be screened for active infection and signs of sepsis.
- Ocular tissue from donors with pending COVID-19 results may be released for surgical use at the medical director's discretion, based on clinical assessment.

The manuscript on HTLV, CMV, and EBV has been accepted for publication in the Cornea Journal and should be available online in the next several weeks.

Update on rabies case and the new standards for Rabies: Donors with suspected rabies, as well as persons who were bitten or scratched within the last 12 months by an animal suspected to be infected with rabies, or whose condition is otherwise unknown, should be deferred

## Accreditation Board

Marcella Dimond presented the Accreditation Board Report. During the Fall inspection cycle, 15 banks were inspected. 13 banks received a 3-year accreditation, 1 eye bank received a 1-year accreditation and 1 eye bank was deferred.

## Certification Board

Kristen McCoy presented the Certification Board Report on behalf of Rachel Peltier, PhD.

The certification board has implemented the changes to the EBAA certification program which were approved in June. There are now two tracks for certification. Certified Eye Banker – Technical (CEBT) and Certified Eye Banker (CEB).

In June the Certification Board added two new members to the certification board: Dr. Cervantes who will serve in the medical director position and Jamie Collier, who was appointed by the Board of Directors and approved by the HOD.

Current Fall 2025 exam cycle is taking place now (Oct 11-25). This is the first opportunity for individuals to become either a CEB or CEBT. 22 individuals are taking the exam, and two of those have applied for the CEB track.

The spring certification exam will take place April 4-18, 2026. The early bird deadline is March 2, 2026. The application will be available in November.

### Technician Education Committee

Ingrid Schunder presented the Technician Education Committee Report.

The 2026 Technician Education Seminar (TES) is open for registration. Early bird will end on October 31, 2025.

The Committee hosted the following webinars and Community Chat discussions:

- July: Gender Identification in Decedent Care and Medicolegal Investigation
- September: Community Chat: Ocular Tissue Allocation and Distribution

Upcoming Webinars include:

- November 6: DMEK 2.0 – Beyond the Basics
- November 12: Thriving in Meaningful Work: Navigating the Unique Challenges of Ocular Tissue Recovery – 90-minute session supported by Saving Sight and the Misko Family
- January 15: Ocular Tissue Evaluation: Practical Approaches and Advanced Techniques

Annual Meeting Presentations: The committee is planning several sessions at the 2026 annual meeting.

Educational Resources: Ongoing development of technical sessions, skills videos, and procedural content available on eyeLEARN

### Technician Procedures Manual Subcommittee

Patrick Becker gave the Technical Procedures Manual Subcommittee Report.

The Procedures Manual Subcommittee was created in June to review a proposal for language added to the standards related to mergers and acquisitions. The subcommittee presented a change to the language in C1.400 of the medical standards and E1.500 Accreditation Board Procedure Manual.

An eye bank that undergoes a change in governance must notify the EBAA office (in writing) within thirty (30) days. Changes in governance include merger of eye banks, affiliation of two or more eye banks, affiliation of an eye bank with another non-eye bank organization (e.g. tissue banks, organ procurement organizations, hospitals, blood banks, etc.), a change in the name of

the eye bank, or a change in required personnel, i.e., Director, Medical Director, **or a change in processing activity**. Entities anticipating or undergoing a change in governance, should have a plan outlining disposition of tissue, record retention, and associated communications.”

**MOTON:** A motion was made and seconded to accept the proposed language E.1500 of the accreditation board procedure and C1.400 of the Medical Standards.

Discussion: Should “or a change in processing activity” appear in either the medical standards or the accreditation manual. The words a change in processing activity was added prior to the MAB redefining Processing into Level 1 and Level 2. Those words make the standard unclear as to when we should report. The question is what is the definition of *a change in processing activity*?

Discussion: It is inefficient to have these in two separate documents (Medical Standards and Accreditation Manual). Proposal is to take this back the accreditation committee for them to agree to use the language “Refer to the EBAA medical standards C1.400”.

The Procedures subcommittee will present the final wording in June 2026.

**Proposal withdrawn for further review**

#### Old Business

None

#### New Business

Vicky Adler presented the formation of a subcommittee to address how to evaluate corneas post processing using either estimation or calculation. (Medical Standard F1.000)

Specular microscopy looks at one individual area on the cornea, the use of other tools could present a more accurate view of the cells.

Discussion: We need to look at tools that are validated and readily available.

The proposal is to create a committee to look at the available methodologies of post processing cell count. Example for preloading: do you perform a postprocessing cell count before you load it into the cannula or after? The subcommittee would be tasked to assess additional tools to evaluate the cell counts. Currently, specular microscopy is the gold standard. Other tools available: Estimation, Kerify, WEKA segmentation. The MAB will need to see the validated evidence for how these other tools are effective and why they should be considered. Subcommittee should take into the consideration pre-or-post-loaded processing.

**Specular Subcommittee:** Brian Phillippy; Mark Soper; William Buras; Jameson Clover; Michael Tramber; Michael Titus; Adam Stockman; Virginia Rolland; Soledad Cortina, MD; Mark Greiner, MD

**Charge:** 1) Are there tools to assess post processing corneal tissue for endothelial cell evaluation. Are those tools validated to be utilized for this purpose? Is there clinical evidence that they are effective in doing endothelial cell evaluation? 2) Evaluate Footnote number 1 on the F1.000 Matrix 1.

## **G1.000 Quality Control**

The **Medical** Director shall prescribe tests and procedures for measuring, assaying or monitoring properties of tissues essential to the evaluation of their safety for transplantation, e.g., hepatitis B surface antigen and human immunodeficiency virus (HIV) antibody, and conform with federal requirements as well as individual state laws. Results of all such tests or procedures, together with evaluations based on these findings, shall become part of permanent record of all tissues intended for surgical use."

**MOTION:** A motion was made and seconded to approve the proposal to add Medical to G1.000.

Discussion: The reason for assigning this responsibility to the Director is that the Executive Director ultimately holds accountability for ensuring that organizational processes are carried out effectively.

2 Yes, all others No – Motion DOES NOT pass

## **M1.500 Recipient Follow Up Information**

### **Item 1**

Corneas and scleral tissue **long term preserved** ~~that can be used beyond 14 days post mortem~~ may be stocked at an institution only if it is for single patient use; the distributing eye bank must be able to track the tissue to the consignee.

**MOTION:** A motion was made and seconded to approve the proposal to remove “that can be used beyond 14 days” and replace that with “long term preserved” to M1.500.

Discussion – There is no cold storage solution that is approved by FDA for more than 14 days. This change may be premature.

8 Yes, 10 No – Motion DOES NOT pass

### **Item 2**

**Intermediate Term Preservation.** Cornea, ~~or~~ corneal section, **or sclera** preserved in a solution that maintains cellular and/or ultrastructure viability for **less than 30 days** ~~14 days~~. Intermediate term preservation is currently utilized at 2-8°C storage temperatures. Some types of intermediate term storage solutions are: Cornisol, Eusol-C, Kerasave, Life4°C, and Optisol GS.

Discussion: The proposed change to include sclera tissue with a storage duration of less than 30 days will affect several existing standards. It will also impact OARRS, the statistical reporting process, and the 3–6 month follow-up procedures. Currently, regulations treat sclera the same whether stored for 30 days or up to 2 years. This change suggests the need to introduce a new subcategory for sclera stored less than 30 days, in anticipation of approval for cold storage up to 28 days

Proposal withdrawn due to the above item 1 not passing

### **Item 3**

**Long Term Preservation.** Cornea, ~~or~~ corneal section **or sclera** stored in a solution that is designed to maintain tissue ultrastructure for greater than 30 ~~14~~ days and up to five years depending on the technique. Viability is not maintained. Examples are ethanol and glycerin

preservation. Other media, such as albumin, may be used in conjunction with ionizing radiation to preserve the tissue ultrastructure.

Proposal withdrawn due to the above item 1 not passing

### **E1.221 Processing via Excision of the Corneoscleral Disc from Enucleated Eyes**

**MOTION:** A motion was made and seconded to approve the proposal to add the following content to E.221 to be consistent with E1.222 and E1.223.

“Processing whole eyes into any combination of tissues, including but not limited to corneoscleral disc and/or sclera, may be performed by manual methods.”

All approved, no Nays – Motion Passed

### **F1.300 Matrix**

**MOTION:** A motion was made and seconded to approve the addition of DMAK and CAIRS to F1.300 Matrix.

Discussion : Are DMAK and CAIRS defined elsewhere in the standards. Response: these should be added to the glossary.

Discussion: There is agreement that DMAK and CAIRS should be added however there needs to be a subcommittee to discuss and propose tissue evaluation requirements.

**Tissue Evaluation Requirement Subcommittee:** Brian Phillippy; William Buras; Paul Graves, Jameson Clover; Asim Farooq, MD

**Charge:** 1) Assess and define how DMAK and CAIRS should be added to the matrix and review the requirements and footnotes for the for the matrix. 2) Determine terminology and evaluation requirements for the individual procedures, for example CAIRS - lamellar segmental anterior keratoplasty or define it as additive surgeries. 3) Define what constitutes gross examination in footnote 2 4) Review L1.1000 Matrix II Reporting Requirement 5) Review F1.300 Determination of Surgical Suitability specifically addressing DMAK and CAIRS.

Proposal withdrawn – Subcommittee created

**MOTION:** A motion was made and seconded to add the proposed language to F1.000 Matrix I in Footnote 2.

Gross examination may be performed by operating microscope observation, visual inspection without aid of microscopes, or similar, validated methods

Discussion: The Tissue Evaluation Requirements Matrix Subcommittee should look at what defines gross examination.

Proposal withdrawn - Passed to the Tissue Evaluation Requirement Subcommittee

## **L1.100 Matrix II**

Proposal withdrawn – Passed to the Tissue Evaluation Requirement Subcommittee

### **F1.200 Endothelial Cell Density and Pachymetry**

Determination of endothelial cell density via specular microscopy (or quantitative light microscopy for organ cultured corneas) shall be a standard method of corneal tissue evaluation (according to Matrix I) for all member eye banks of the EBAA, effective December 2001. Minimal endothelial cell count limits are left to the discretion of the Medical Director. When it is impossible to obtain an endothelial cell count, this requirement may be waived on a case-by-case basis by the Medical Director. Calibration or **verification of calibration** of endothelial cell counting equipment shall be done according to manufacturer guidelines, when applicable, and on at least an annual basis. Calibration or **verification of calibration** procedures shall include specific directions and limits for accuracy.

**MOTION:** A motion was made and seconded to add the proposed language of “verification of calibration” to F1.200.

All approved, no nays – Motion Passed

### **F1.300 Determination of Surgical Suitability**

Proposal withdrawn - Passed to the Tissue Evaluation Requirement Subcommittee

## **L1.100 Tissue Report Form**

7. **If Level II processing has occurred, ~~If cornea is processed~~**, clearly indicate the type of processing performed or the indicated use (e.g., endothelial keratoplasty, posterior lamellar keratoplasty, anterior lamellar keratoplasty, laser assisted keratoplasty, etc.). clearly indicate the type of processing performed or the indicated use (e.g., endothelial keratoplasty, posterior lamellar keratoplasty, anterior lamellar keratoplasty, laser assisted keratoplasty, etc.).

**MOTION:** A motion was made and seconded to add the proposed language, “If level 2 processing has occurred” replacing If cornea is processed in L1.100.

All approved, no nays – Motion Passed

## **EBAA Statistical Report Calendar Year 2025**

Jennifer DeMatteo presented the year-to-date 2025 EBAA Statistical Report, highlighting several key findings. One notable point was the significant increase in cases categorized as sepsis determined by other indicators, which have doubled compared to last year. The report also features newly added fields, clearly marked for reference. Additionally, there has been a substantial improvement in domestic unknowns, which have decreased by 50%.

## **UDRAI – Donors greater than 12 – Proposal**

Jennifer DeMatteo provided a detailed review of each proposed change to the UDRAI. Eye Banks are encouraged to submit any comments directly to Jennifer. All feedback will be forwarded to the subcommittee, which includes representatives from AATB, AOPO, and EBAA

### **Late Additions**

No late additions

### **For Information**

The Physician Leadership Program (PLP) is held every two years, and the EBAA is reopening the application period for an additional two weeks. The upcoming PLP will take place in February in Atlanta. Eye banks are encouraged to sponsor a physician and support their involvement in the field of eye banking

**MOTION:** A motion was made and seconded to adjourn the Medical Advisory Board Meeting at 1716 EST.

All approved, no nays