The past two decades will be remembered as the “golden age” of glaucoma clinical trials. Well conducted clinical trials, predominantly in Great Britain and the United States, provided valuable data for management and unequivocally established the importance of IOP in glaucoma pathogenesis and management.

In considering the future, two thoughts come to mind. First, now that most clinical trials in the United States strive to include racial minorities in the study population, we must seriously consider the question of what we are measuring when we use race as a variable. Second, it is likely that the golden years of clinical trials is near an end and alternative study designs will take its place. The most important unanswered questions in glaucoma cannot be answered with clinical trials, particularly for ethical reasons. For example, we need to know what the likelihood is of becoming visually handicapped or blind if a person is treated vs untreated. With the advent of high speed computers and health systems’ increasing focus on outcomes, collection and analyses of large volume, real experience data will likely supplant clinical trials in importance over the next several decades.