



VISIONS

Koret Vision Institute + Beckman Vision Center + Department of Ophthalmology **Annual Report Issue Fall 2007** University of California San Francisco + That Man May See

Focal Point



Dear Friends,

Our Fall newsletter is dedicated to visionaries. We celebrate individuals of great imagination who lead innovative enterprises and then give back by supporting leading-edge science at UCSF Ophthalmology. We also share insights from our visionary faculty and the creative postdoctoral researchers who dedicate themselves to basic science that precedes treatment breakthroughs.

Our vision for UCSF Ophthalmology is expanding. A major change on the horizon for our clinics will be consolidation at 400 Parnassus Avenue. This provides a tremendous opportunity to care for patients more effectively.

We are pleased to be ranked among the top ten ophthalmology departments in the country. This achievement results from the dedication and expertise of a faculty committed over many years to patient care, teaching, and discovery.

The challenges and opportunities we face in ophthalmology and academic medicine have sharpened my awareness of the importance of That Man May See. The tax-deductible gifts you provide through TMMS make our vision possible. With government funds diminishing, we rely increasingly on financial contributions to energize our work. As partners in vision, you, in a real and tangible way, bring to life the ideas of a remarkably knowledgeable, creative, and dedicated faculty. They join me in expressing our gratitude for all you do.

Sincerely,

Stephen D. McLeod, MD
Theresa M. and Wayne M.
Caygill, MD, Endowed Chair
Professor and Chairman



Envision the Future Visionaries Invest in Vision

Bernie Newcomb and Steve Smith see eye to eye on many things. Such as, the Oregon State Beavers should win another championship. And people with challenging eye issues should come to UCSF. Both Mr. Newcomb and Mr. Smith graduated from Oregon State, and it was that tie that brought them together at That Man May See (TMMS). They work

together philanthropically, battling blindness with medical research.

Both men invest in early-stage vision research at UCSF Ophthalmology, and both expect huge return on investment to combat blinding diseases. Mr. Newcomb finds parallels between his work ethic and his investments in charity. “I guess I call it stubbornness or single-

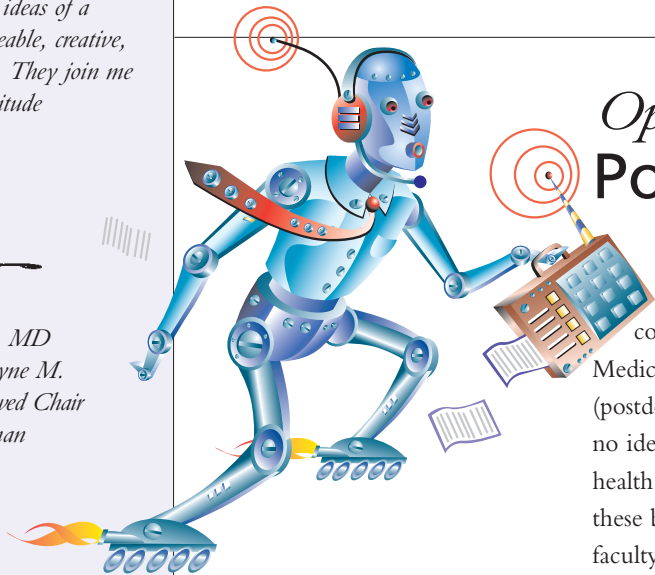
mindedness. I like to see results,” he says.

Born with cataracts, Mr. Newcomb grew up legally blind and recalls the discrimination he dealt with in his early career, before cofounding E*TRADE. He had to rise above his visual impediment to hold jobs in accounting and computers in the early 1960s. That’s why, in

addition to funding research, he supports work with companies to demonstrate how to accommodate individuals with visual impairments on the job.

Were Mr. Newcomb born today, he would immediately have infant cataract surgery, thanks to clinical trials performed in the 1980s by Creig Hoyt, MD,

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Ophthalmology Insight Postdocs Speed Progress

Vision patients don’t usually come into contact with UCSF School of Medicine’s postdoctoral researchers (postdocs), and many of us have no idea how they affect our health. Yet the innovative work of these basic scientists, mentored by faculty in campus laboratories,

helps determine what clinical approaches and therapeutics will be available to treat vision disorders ten, twenty, and even fifty years from now.

These young researchers bring their PhD degrees (in subjects as diverse as mechanical engineering

and cell biology) to bear on the unsolved questions of ocular science and medicine, expanding the body of knowledge that allows for treatment breakthroughs. In each laboratory, a faculty “principal investigator” determines the big picture, how

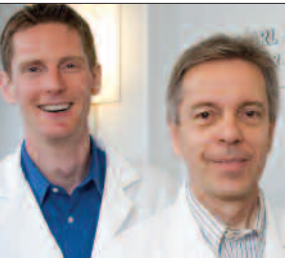
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Dr. Joan O'Brien

The Clinician Scientist as Visionary

Joan O'Brien, MD, director of the Ocular Oncology Service, exemplifies Department Chairman Dr. McLeod's model of 'all-around best athlete' (see "Building on Excellence," page 6). A brilliant scientist who directs leading-edge research in her laboratory – one of the top three in the nation focusing on retinoblastoma – she also cares for children with cancer as both surgeon and clinician. Beyond this, she plays a vital role in every UCSF medical student's education.

Research Focus

Dr. O'Brien is a "first-rate researcher," according to Dr. McLeod. She focuses on understanding and treating retinoblastoma, a childhood cancer of the eye that can develop in infancy or even *in utero*. Retinoblastoma results from the mutation and loss of function of a particular tumor suppressor gene. "I was in the lab at Harvard when the gene was identified about 20 years ago," recalls Dr. O'Brien. "Now we're starting to do molecular therapies." In children with heritable retinoblastoma, the genetic pathway is disrupted in every cell in their bodies; so they have a propensity to develop cancers throughout their lives. Since this genetic disruption occurs in virtually all cancers, her research has broad applications.

Dr. O'Brien's research has received \$1 million from the Wayne and Gladys Valley Foundation, a major philanthropic institution that aims to improve health care for lower-income families. Dr. O'Brien's work also is supported by National Eye Institute grants: one for molecular classification of the disease and improving therapeutics, the other for genetic testing.

Clinical Applications

Dr. O'Brien cares for more than 400 retinoblastoma patients. Witnessing vision loss in children and seeing the effects on families motivates her research and reinforces her resolve to make a difference. "We try to take our research from bench to bedside. We are now in a Phase 1 trial of delivering a chemotherapeutic agent, Carboplatin™, locally to the eye in infants." There's no question which part of her work she considers the highest priority. "I try to balance all my responsibilities," she says, "but patients always take precedence."

Influencing Medical Education

Dr. O'Brien impacts training of medical students at UCSF through her roles as mentor and evaluator for academic courses. "It's my job to make sure courses are the very best quality we can offer," she explains. Third-year medical students meet with Dr. O'Brien one-on-one to deepen their understanding of cases and review course material. She mentors fourth-year students who have decided to specialize in ophthalmology, preparing them for successful residency applications.

Her work is paying off for students and department alike. "Currently we have more students choosing to go into ophthalmology than at any other school of medicine in the United States. Last year all twelve students got their first choice in residency programs," she says.

Dr. O'Brien continues to provide care and comfort for her patients and their families today, to work for ever more effective treatments to come, and to inspire a generation of UCSF medical students looking to the future of their own careers of care and discovery. ●

Witnessing vision loss in children and seeing the effects on families motivates her research and reinforces her resolve to make a difference.

Jason DeVoss, PhD, Wins Cora Verhagen Prize Kimura Ocular Immunology Lab Honored

The Pearl and Samuel Kimura Ocular Immunology Laboratory has been recognized again for research studies in ocular inflammation and autoimmunity. Jason DeVoss, PhD, has won the prestigious Cora Verhagen Prize for the best ocular immunology research presentation at the 2007 international ARVO meeting.

Dr. DeVoss is a postdoctoral fellow working under the mentorship of Principal Investigator Erich Strauss, MD, director of the Kimura Ocular Immunology Laboratory at the Proctor Foundation, and in collaboration with Mark Anderson, MD, PhD, of the UCSF Diabetes Center. Drs. DeVoss and Strauss have developed a novel model

system for studying Sjögren's Syndrome (SS), an autoimmune disease that affects more than one million Americans.

Sjögren's Syndrome can profoundly affect one's ability to perform routine activities such as reading and driving.

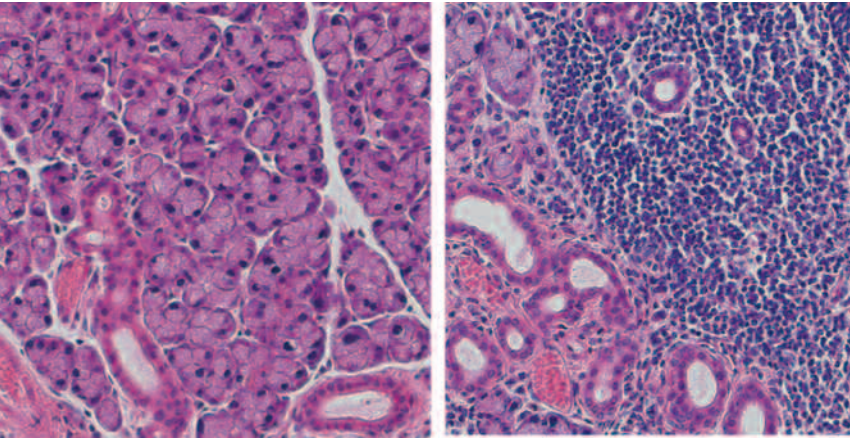
The characteristic ocular features include progressive autoimmune destruction of the lacrimal gland, resulting in an irreversible dry eye condition. These problems are associated with chronic inflammation and irritation on the surface of the eye that can profoundly affect the ability to perform routine activities such as reading and driving. These patients also can experience

sight-threatening corneal complications. The cause of SS remains unknown, and current treatments are inadequate.

Dr. DeVoss and colleagues have identified a possible mechanism for the development of the disease and the specific proteins attacked by the autoimmune response. The results of these studies may facilitate new diagnostic tests and novel therapies for patients with the syndrome. ●



Jason DeVoss, PhD, with Erich Strauss, MD, at the entrance to the Kimura Lab.



The image on the left shows a section from a normal lacrimal gland. The image on the right represents a lacrimal gland section that has been infiltrated by an autoimmune response (dark blue cells) characteristic of Sjögren's Syndrome; the autoimmune cells damage the lacrimal gland, which inhibits the production of tear fluid and results in dry eye.

Visionaries Invest in Vision
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distinguished pediatric ophthalmologist and former chair of the department.

Mr. Smith has not personally carried the burden of irreversible vision loss but his father, S. Gordon Smith (who passed away last year at the age of 97) lost his vision in his mid-40s, a result of retinitis pigmentosa. The disease is under investigation at UCSF in the labs of Matt LaVail, PhD, and Jacque Duncan, MD. The research team is making progress unknown in the elder Smith’s time. In fact, with the guidance of Dr. Duncan, Mr. Smith’s eyes were donated to this research effort upon his death.

Seeds of Visionary Investing

Mr. Smith (the younger) took a class at Harvard, called Starting New Ventures, which opened his eyes to the possibilities of entrepreneurship. “We were all

stimulated to think differently in that class,” he says. Following a position as management consultant with McKinsey & Co., Inc., Mr. Smith held executive positions with Fairchild and Amdahl, where he helped develop leading information technology markets. Finally becoming an entrepreneur, he served as CEO of Reference Technology, the world’s first CD-ROM applications company. In the late ’80s Mr. Smith became an investment banker specializing in merger and acquisition advice for technology companies. He is currently senior managing director at Arma Partners, an investment-banking firm focused on mergers and acquisitions.

His own brush with cataracts at the relatively young age of 50 brought him to UCSF Brook Byers, former board chair of TMMS, referred Mr. Smith to David

Hwang, MD. Grateful for his care and with a new awareness of this philanthropic organization raising funds for vision research, Mr. Smith soon joined the TMMS board and later became its chair. “What a wonderful opportunity to feel there is leverage with your financial contribution,” says Mr. Smith. “Research is the foundation of future improvement.”

“It was in the mid 1990s, before we (E*TRADE) became successful, that I read about others making charitable contributions – giving back to their alma maters,” remembers Mr. Newcomb, recalling his first foray into philanthropy. ‘It’s satisfying to see the results of supporting something meaningful – to see students receive scholarships and researchers smile when you fund their work.” He’d like others to follow his example. “You can see what the

opportunities are,” explains Newcomb. “There is a tremendous need for philanthropy that can never be filled, but it feels gratifying to try.”

Both Mr. Smith and Mr. Newcomb believe that wealth created today can leverage philanthropic support. With federal funds for research dramatically reduced, TMMS focuses on raising support to fill the gap so that research continues despite cuts in government resources. According to Mr. Smith, “It’s more than just writing checks – you get to meet the people who are doing this work, treating these diseases; it’s like being an early-stage venture capitalist for vision.” ●

On the cover: Steve Smith (left) and Bernie Newcomb support vision research through That Man May See.

Investors in Vision

“There’s a lot of leverage in giving to UCSF vision research. This is a field where important progress is being made right now in treatment. Thus, not only can you make a difference with today’s vision-impaired patients, but these innovations can help new patients for years to come.”
– Mark Feldberg
TradeLink

“The glaucoma work we support at UCSF Ophthalmology is exciting because the early detection procedures being developed through research may prevent blindness in untold millions of people worldwide.”
– Doris Lee
Urban Land Company

“We support That Man May See and UCSF Ophthalmology because we believe in Marilyn Pratt and Kathleen Rydar and their leadership. We enjoy seeding world-class organizations whose good works benefit humanity.”
– Frank Quattrone
The Denise and Frank Quattrone Foundation

“Charitable investing in vision research parallels venture investing. It funds bright scientists to create breakthroughs in saving sight.”
– Sanford Robertson
Francisco Partners

Patient’s P O I N T O F V I E W

A Venture Capitalist Gives Back
A Conversation with Eric Young

What satisfactions come to you by funding vision research?
As a venture capitalist for more than 20 years, I’m dedicated to investing in innovative technologies that can be turned into successful, profitable companies. That passion carries over on a personal level: I’m committed to helping foster scientific innovation that will benefit humanity. A few years ago, I encountered a serious issue with one of my eyes. Fortunately, after having seen several specialists elsewhere who were baffled by my case, I was referred to one of the clinicians at UCSF Ophthalmology. Daniel Schwartz, MD’s diagnosis correctly identified the cause and associated corrective actions. I’m extremely grateful for the level of consideration that was devoted to my case. When offered the opportunity to support That Man May See for research initiatives at UCSF Ophthalmology, I’ve been enthusiastic to do so.

How does being an entrepreneur/visionary influence your philanthropic decisions?
My role is to identify unique and innovative technologies that can be the basis of tomorrow’s market-leading companies. I have a passion for technology, innovation, and the people who live those dreams. I carry the same enthusiasm toward my personal support of important scientific research initiatives at leading institutions. I learned through my own personal experience how thoughtful and competent faculty at the UCSF Department of Ophthalmology is. It has compelled me to support their initiatives, as well as to encourage my health care-investing partners here at Canaan to build broader relationships there as well.

Are there parallels between your business investing and your charitable support of worthy causes?
I thrive on interacting with, and supporting, entrepreneurs intent on improving the way the world works through technology development. In a similar fashion, I derive great satisfaction by being in a position to contribute some of my time and experience, as well as financial resources, to several institutions of learning and research that I have gotten to know and appreciate personally. I had the opportunity to learn firsthand how impressive the team at UCSF’s Department of Ophthalmology is and to understand the importance of its work. ●



Eric Young, general partner and cofounder of Canaan Partners, recently hosted an Eye Opener event for That Man May See and UCSF Ophthalmology. Clinician scientists presented their leading-edge research toward novel treatments to combat blinding diseases.

“I’m committed to helping foster scientific innovation that will benefit humanity.”

Postdocs Speed Progress
Continued from page 1

all projects and studies will further understanding and treatment for their subspecialty. The inevitable obstacles of research – discarded theories, reformulated experiments, and 14-hour workdays – call for creativity, patience, and probably more than a little bull-headedness. Lawrence Sincich, PhD, keeps it in perspective this way: “There are few opportunities in life to discover something that was not known before. That’s the intellectual satisfaction that makes up for all the setbacks.”

Most postdocs aspire to become university professors leading research teams of their own. The path is long and a great love of

research must serve as its own reward, since salaries are more modest than for medical doctors or researchers in the private sector. Since federal funding for health research has been seriously curtailed in the past six years, many university research departments have frozen hiring, creating a backlog of candidates.

Another challenge is that postdoctoral research may continue for seven years or even longer, as these scientists strive for substantial breakthroughs. This relatively long period requires extra resources from the Ophthalmology Department, as some postdoc funding ends after only three years (a time limitation considered outdated in the current climate of specialization). Biotechnology and

pharmaceutical companies provide alternative career paths for some.

Private Funding Crucial to Quality
According to Juliette Johnson, PhD, “Few places in the country provide postdocs with resources on the same level as UCSF – they really facilitate the caliber of the science we are able to do.” That difference is private dollars. Donated funds provide for seed funding, travel to conferences, and top-notch tools (such as fast computers, state-of-the-art microscopes, and customized databases). Seed funding through That Man May See (TMMS), the department’s public charity, allows UCSF’s ophthalmic postdocs to do early-stage research, paving the way for larger grants from other sources. TMMS cash awards are also used for

promising projects that may pay off in terms of clinical treatment in decades rather than years. These resources fuel research that attracts highly qualified candidates.

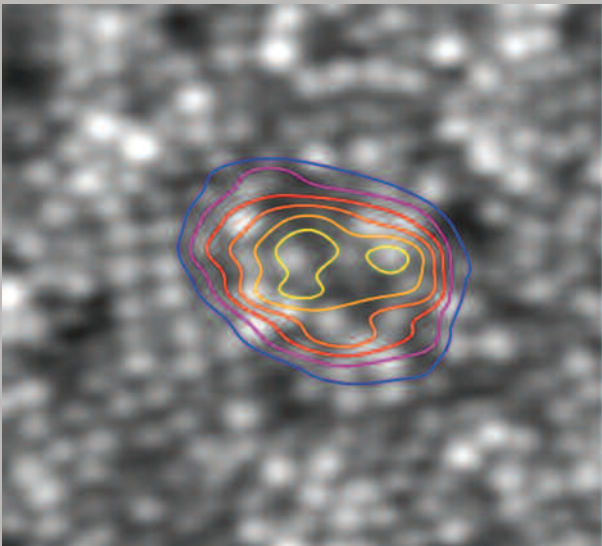
Components of Success
Although collaboration exists within labs and even across departments, each postdoc designs his or her own research project and masters the skills needed for success. These might typically include mathematical modeling, computer programming, engineering, surgery, and microscopy (the art of using highly sophisticated microscopes). Equally important in their quest for a life of academic research, postdocs must learn how to win grants. ●

Understanding the Visual Cortex
After earning his doctorate in neurobiology at Harvard University, Lawrence Sincich, PhD, joined the laboratory of Jonathan Horton, MD, PhD, to help understand visual disorders that are rooted in the brain rather than the eye itself. Vision is often thought to be just a function of the eye, but it engages many other parts of the nervous system. The cerebral cortex is especially involved, having been estimated to devote 15 percent of its total function to visual processing. Dr. Sincich has studied the disorder known as amblyopia, or “lazy eye,” and he and Dr. Horton have mapped the aberrant cortical pathways that result from this disorder. Along the way, their work has led to a substantial new understanding of how nerve cells relay visual signals to various parts of the normal brain.

Dr. Sincich believes the best science is often exploratory and creative rather than driven by agenda. He uses this open approach to explore how anatomical structure determines physiological function. To understand the “wiring” principles that underlie color vision, he is currently recording the activity of single neurons in the brain that register light signals from individual red, green, and blue photoreceptive cells at the back of the retina. Eventually this research could lead to diagnostic tools that identify retinal diseases in their early stages.

“Almost all of the discoveries I’ve made at UCSF have been serendipitous – since we know so little about the biology of vision, we find something surprising every time we look.” Dr. Sincich recently received a grant from the National Science Foundation. ●

Dr. Sincich explains how the anatomy of two brain areas are related, as revealed in a tissue section of visual cortex. The microscopic image (right) shows single photoreceptors (the white spots) in the living retina. A new instrument enabled him to see photoreceptors individually and to stimulate each photoreceptor with light to see how a neuron in the thalamus responded (brighter contours indicate stronger responses).



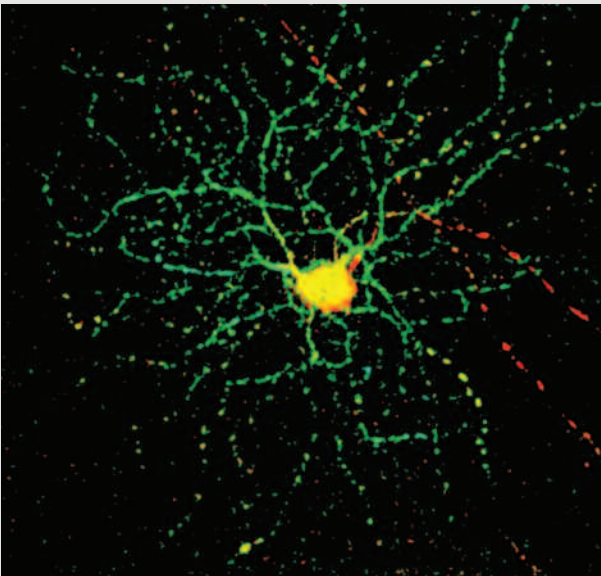
Dr. Sincich’s research could lead to diagnostic tools that identify retinal diseases in their early stages.

Exploring the Role of a Protein
We think of vision as the images that our eyes “see.” But a more primitive form of vision allows everyone to respond to light, whether sighted or blind. Our pupils constrict in bright light, and the rhythm of night and day affects our sleep cycles.

Juliette Johnson, PhD, who specializes in anatomy and cell biology (PhD degree from UCLA), explores the role of a particular protein in both vision systems. Under the mentorship of David Copenhagen, PhD, she discovered that photoreceptor-driven vision (sighted vision) cannot occur without the protein called VGLUT1 (pronounced vee-gloot-one, an abbreviation for vesicular glutamate transporter 1). This knowledge could eventually lead to new therapeutics or screening techniques for macular degeneration and other retinal diseases. She also found

that, in the absence of VGLUT1, the retina starts developing aberrant cell structures that attempt to create new neural connections.

Even healthy retinas, as they age, develop dramatically increasing numbers of these aberrant cell structures over time. Patients with macular degeneration exhibit very high numbers of them. Dr. Johnson is currently testing to see if these branch-like structures can send electrical signals to the brain (act as synapses). She also wants to explore whether the introduction of neurotrophins (proteins shown to prevent cell death) can stabilize any functionality that she finds. Her postdoctoral work has been honored with grants from the National Eye Institute and the Knight’s Templar Eye Foundation. ●



Dr. Johnson (right) looks down into a mirrored machine she uses to assess visual acuity and contrast sensitivity. The retinal ganglion cell (above) is color-coded to differentiate its parts. The cell body is yellow, dendrites are green, and axons are red.

UCSF Ophthalmology
Basic Science Faculty and Postdoctoral Researchers

HILARY BEGGS, PhD Cellular and Molecular Neurobiology Celine Bouquet Sue Yeon Choi Sarah Moseley	DAVID COPENHAGEN, PhD Retinal Neurobiology, Development and Disease Juliette Johnson Katalyn Rabl Rene Renteria Di Wu	JONATHAN HORTON, MD, PhD Neuro-Ophthalmology John Economides Lawrence Sincich	DAVID SRETAVAN, MD, PhD Axon Injury and Glaucoma, Microtechnology and Neural Repair Wesley Chang Juan Du
ROBERT BHISITKUL, MD, PhD Macular Degeneration Somanus Thoongsuwan	DOUGLAS GOULD, PhD Genetics of Ocular Diseases David Dilworth Yichinn Weng Xiaoyang Bai	JOAN O'BRIEN, MD Retinoblastoma Clifton Dalgard Katayoon Ebrahimi, MD Petras Ongen José Perez	ERICH STRAUSS, MD Ocular Inflammatory Disease Craig Meagher Jason DeVoss Phoebe Lin, MD
		JULIE SCHNAPE, PhD Retinal Physiology Jan Verweij	ERIK ULLIAN, PhD Visual Development Tigwa Davis I-Feng Peng

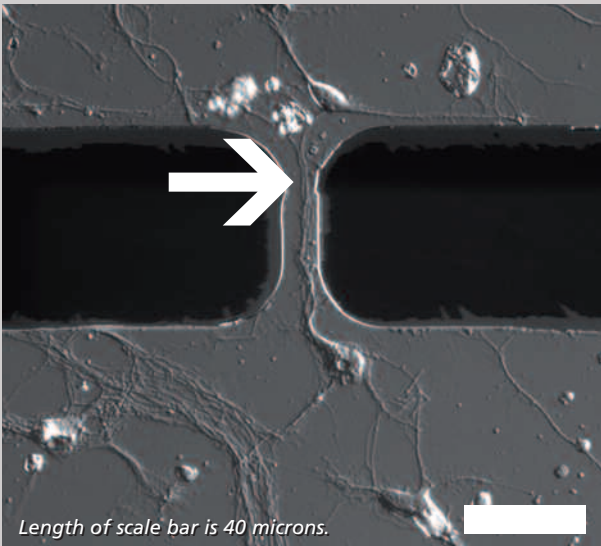
Reimagining Nerve Repair

Accident victims with head trauma often break the bones around the eye (orbits), which in turn cut or crush the axons in the optic nerve cells, causing blindness. Traditional regeneration strategies for reconnecting damaged axons (the long, slender projection extending from each nerve cell that transmits information from eye to brain) have had very limited success. **Wesley Chang, PhD**, is working on a revolutionary approach: direct nanosurgery to repair the axon. This is more than a little tricky, given that axons are about one fourth to one twentieth the width of a human hair and break easily when touched. Working with his mentor David Sretavan, MD, PhD, and other colleagues, Dr. Chang has developed a new class of nanosurgical tools and techniques. His doctorate in mechanical engineering (from UC Berkeley) serves him well. Using computer-chip fabrication processes, he has created two devices: one allows a surgeon to move the broken strands into alignment by electrically polarizing them; the second joins the two pieces via electrofusion. He has also refined a nanoknife that cleanly slices a single axon fiber. The new tools have been successfully tested.

Dr. Chang’s next task is to connect and then test a large number of axons to see if reconstituted axons can perform normal axonal functions. If they can conduct electrical signals and transport vesicles, it will mark an important breakthrough. In the long run, this new paradigm of nerve repair may help surgeons successfully reverse trauma-induced nerve damage. “The big coup would be to use this model for restoring the central nervous system – the spine and optic nerve,” says Dr. Chang. “We’re not going to cure blindness or paralysis in the next few years, but we can develop techniques that will lead to the next step.” ●

Dr. Chang peers through one of his tiny creations. A series of electrodes on a glass substrate, this chip is designed for growing cell axons. The image (above right) shows an axon he has coaxed to grow between two electrodes (shaded in black). He will use this and many other axons to test nanosurgical techniques.

Working with his mentor, Dr. Chang has developed a new class of nanosurgical tools and techniques.



Dr. Johnson discovered that sighted vision cannot occur without a particular protein – VGLUT1.

Building on Excellence

A Report on Ophthalmology

Attracting the brightest and the best and promoting an environment that fosters curiosity, creativity, and excellence inspires the vision of Stephen McLeod, MD. When it comes to building a team, Dr. McLeod looks for new players who hold tremendous promise for contributions to education, basic and translational research, and innovation in patient care. “When we review a candidate’s qualifications, we’re looking for ‘all-around-best athlete,’” he says.

UCSF Ophthalmology is recognized among the top ten in the country overall (*U.S. News and World Report*, July 23, 2007), and for its residency program as well. The delivery of the highest quality patient care (often in the context of complex and rare disorders), the advancement of medical knowledge through a commitment to research, and preparation of the next

generation of leaders are all charges carried out in an ongoing process of critical self-assessment.

Exceptional patient care and research science go hand in hand. Innovative treatments and hopes for cures begin in the laboratory, while the passion for implementation begins at the bedside. Dr. McLeod encourages a culture in which clinician scientists and researchers develop new knowledge (basic science) and then translate that knowledge to the care of individual patients (translational research). Faculty and research teams work steadily to find new therapies and procedures for a wide range of vision disorders, from glaucoma and age-related macular degeneration affecting so many to rare diseases such as retinoblastoma, which can cause blindness in young children (see “The Doctor as Visionary,” page 2).

Clinic Consolidation

“Renovation of our physical plant is one of our big initiatives, says Dr. McLeod, “and the medical center is making a major investment in consolidating the ophthalmology practices.”

After the renovation, the entire seventh floor of the Ambulatory Care Clinic at 400 Parnassus Avenue, will be devoted to adult ophthalmology. Pediatric ophthalmology will be integrated with pediatric surgical services on the second floor. Having all services in a single building will make it easier for patients to see two vision specialists on the same day when needed. In addition, more comfortable waiting rooms and improved clinical spaces are in the offing.

Vital Collaborations

The spirit of creativity and entrepreneurship that pervades the university and the Bay Area provides the department with advantages for quickly moving research from the laboratory to the clinic and patient care. Under Dr. McLeod’s leadership, the department is further leveraging its relationships with the community to conduct clinical trials that may lead to new FDA-approved treatments for macular degeneration, glaucoma, retinitis pigmentosa, and other disabling eye diseases. (Clinical trials are studies that test and assess promising therapeutics on suitable patient-candidates.)

“UCSF is one of the premier institutions of basic biological sciences in the world,” says Dr. McLeod. “We are able to collaborate with top experts across many fields, enabling us to move research forward quickly.” Current collaborative projects, both within and beyond the university, include research for

novel techniques to diagnose and treat early-stage macular degeneration, development of materials to improve the performance of artificial corneas, refinement of vitreoretinal surgical instruments, and advancement of nanosurgical tools that can revolutionize the future of medicine.

“The history of science informs us that new methods of examining or manipulating nature have always sparked leaps in scientific progress; the new science of the nanoscale will very likely do the same,” explains David Sretavan, MD, PhD, whose entrepreneurial research explores nanoscale materials being used by scientists to advance technology in a broad range of fields, including computing, information technology, energy, space exploration, and health.



Studies underway at the Koret Vision Research Laboratories (below) make breakthroughs possible.

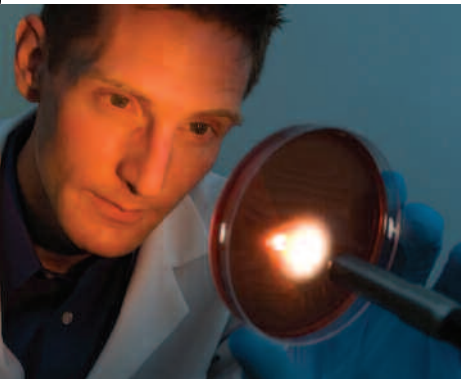
Focus on Young Talent

The department’s commitment to training the next generation of leading ophthalmologists is reflected in the top-ten national ranking of its residency program. “This level of success requires that every single faculty member have a personal stake in the educational experience of our residents,” Dr. McLeod emphasizes. Every graduate of the residency program was accepted for his or her first-choice fellowship.

World View

Eighty percent of blindness in the developing world is preventable or treatable. Faculty teams at UCSF Ophthalmology and UCSF’s Francis I. Proctor Foundation reach out to these vision establish clinical practice standards for those countries. Proctor clinician scientists led by Thomas Lietman, MD, are studying and treating blinding diseases in India and Ethiopia. Richard Abbott, MD, travels to China and Korea to help establish standards for ophthalmic practice in those countries.

In the Bay Area, meanwhile, Shan Lin, MD, studies vision



Dr. McLeod encourages a culture in which clinician scientists and researchers develop new knowledge and translate it into patient care.

problems in the Chinese-American community of San Francisco, comparing the risk for glaucoma and retinal disease in this population with that from China and East Asia. “Chinese in Asia are at high risk for a severe form of glaucoma,” states Dr. Lin. “I am working with colleagues in China and Singapore to determine the environmental factors involved and how access to new diagnostic tests can help in prevention. These collaborative projects illustrate how results from basic research can directly benefit a particular population – here and around the world.” ●



Dear Friends of That Man May See,



On behalf of our board of directors, we thank you for supporting research that can save sight and lives for millions of people. For 36 years now, That Man May See has helped ophthalmology become a vital community resource and a significant international force for the advancement of vision research.

UCSF Ophthalmology and the Francis I. Proctor Foundation work in ways that make us all proud and inspire us to seek even more support for their efforts.

Major advancements in science require major investments.

This Annual Report for That Man May See shares our accomplishments for fiscal year 2006–2007. We deeply appreciate your generosity toward these carefully thought-out strategic initiatives, as we move forward:

- Construction of new ophthalmology clinic
- Rapid Response Fund (unrestricted support for timely projects)
- Visual Center for the Child
- Glaucoma, macular degeneration, and infectious and inflammatory eye diseases
- Faculty recruitment and retention
- International vision programs
- Updated research laboratories
- Endowed professorships and chairs

The promise of medical research has never been greater. And yet, our faculty cannot make strides without you. Together, our gifts make a real difference. We invite you to continue investing with us to ensure our vision.

Sincerely,

Marilyn M. Pratt

Marilyn Pratt
Chair of the Board
That Man May See, Inc.

Board of Directors
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2006-2007

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Dr. Alex Irvine Really Retires

Endowed Chair to Honor

“Dr. Irvine has been one of the most influential retinal specialists in the country,” says Michael Jumper, MD. “He’s had a great impact on every resident and physician he’s interacted with. Dr. Irvine has been one of the greatest influences on my career, and not just in being a retinal specialist. He’s a very good doctor because he takes care of the entire patient, not just the eye.”

Former resident Richard McDonald, MD, agrees. “Dr. Irvine was not just a mentor but a model – he had that effect on all of us. If he could do something to help a resident, he would do it. When confronted with problems in my practice, I often think to myself, “What would Alex do?”

This is why That Man May See and UCSF Ophthalmology launched an effort to raise funds for an endowed chair to honor Dr. Irvine in perpetuity for all he means to the many he cared for medically and influenced professionally.

A Lifetime of Dedication

In 1998, Alexander Irvine, MD, was named professor emeritus, but he continued to teach at UCSF. In fact, he spent so much time with patients, residents, and other faculty, that no one would consider Dr.

“When confronted with problems in my practice, I often think to myself, ‘What would Alex do?’”
– Dr. Richard McDonald

Irvine retired. A day was named in his honor: Alexander R. Irvine Residents’ Day is an annual tribute to this outstanding individual who dedicated his life to training the next generation of ophthalmologists.

And yet, Dr. Irvine uses the word *lucky* when talking about his career. He considers it luck that brought him to UCSF Ophthalmology in the first place. “I started out in general surgery,” he recalls. “I was doing an internship on the East Coast, and I was just lucky that the chief of surgery was such a mean %&*#@!! that I decided to do something else.”

That “something else” turned out to be ophthalmology. “The beauty of ophthalmology is that it combines surgery and medicine – you’re not just a surgeon or just a medical man,” he explains. “I came to San Francisco because so many of the most famous ophthalmologists in the

world practiced and taught in the Bay Area. I was accepted at UC when another residency candidate dropped out. I took his place.”

That was in 1965, and UCSF was very different then. Dr. Irvine remembers that the ophthalmology department had only two full-time faculty, Samuel Kimura, MD, and Michael Hogan, MD (co-founders of That Man May See). “At that time, most of the top ophthalmologists had private practices, but they gave a day or more each week to teaching,” he says.

“Mike Hogan had a rule that everyone should do a one-year fellowship after his or her residency,” Dr. Irvine recounts. “Dr. Fred Cordes, first chair of the ophthalmology department, had started the program in the ’50s – it was his idea that UC students would go out, do a fellowship, and then come back and teach. It gave UC a great advantage, since many graduates came back as leading specialists.”

Pioneer in Novel Therapy

Dr. Irvine became one of those returning specialists. “I was interested in the retina,” he says. “We were just starting to use operating microscopes, but mostly in cornea work. So I applied for fellowships in cornea and retina. As it turned out, I was accepted in both.” Dr. Irvine first went to the University of Florida to work in cornea with Herbert Kaufman, MD, and then to the University of Miami to do retinal work with Edward Norton, MD. “I was very lucky,” he continues. “Herb Kaufman was a wonderful teacher. He said, ‘Why are you going to do retinal work after our work in cornea? You can’t put the two together.’ I replied, ‘I’ll work in the middle, in vitreous.’ That was a joke, but Ed Norton’s program made it a reality.”

In 1970, Dr. Irvine’s draft deferments ran out, and he went into the army. He had just passed his board exams, so he was able to go in as a board-certified

ophthalmologist. “I was lucky,” he says. “I was able to teach for two years at Letterman Army Hospital in San Francisco.” While at Letterman, Dr. Irvine had the opportunity to pioneer a then-new form of surgery called vitrectomy, a procedure for removing the vitreous gel from the middle of the eye. “We actually made a little vitrectomy instrument, like the original one Dr. Robert Machemer had made in his garage,” he recalls. “We just put a little battery-driven motor in a syringe.” In 1975, he and Connor O’Malley, MD, the UCSF clinician scientist who developed the vitrectomy instrument most used today, held the first national conference on the procedure, at UCSF.

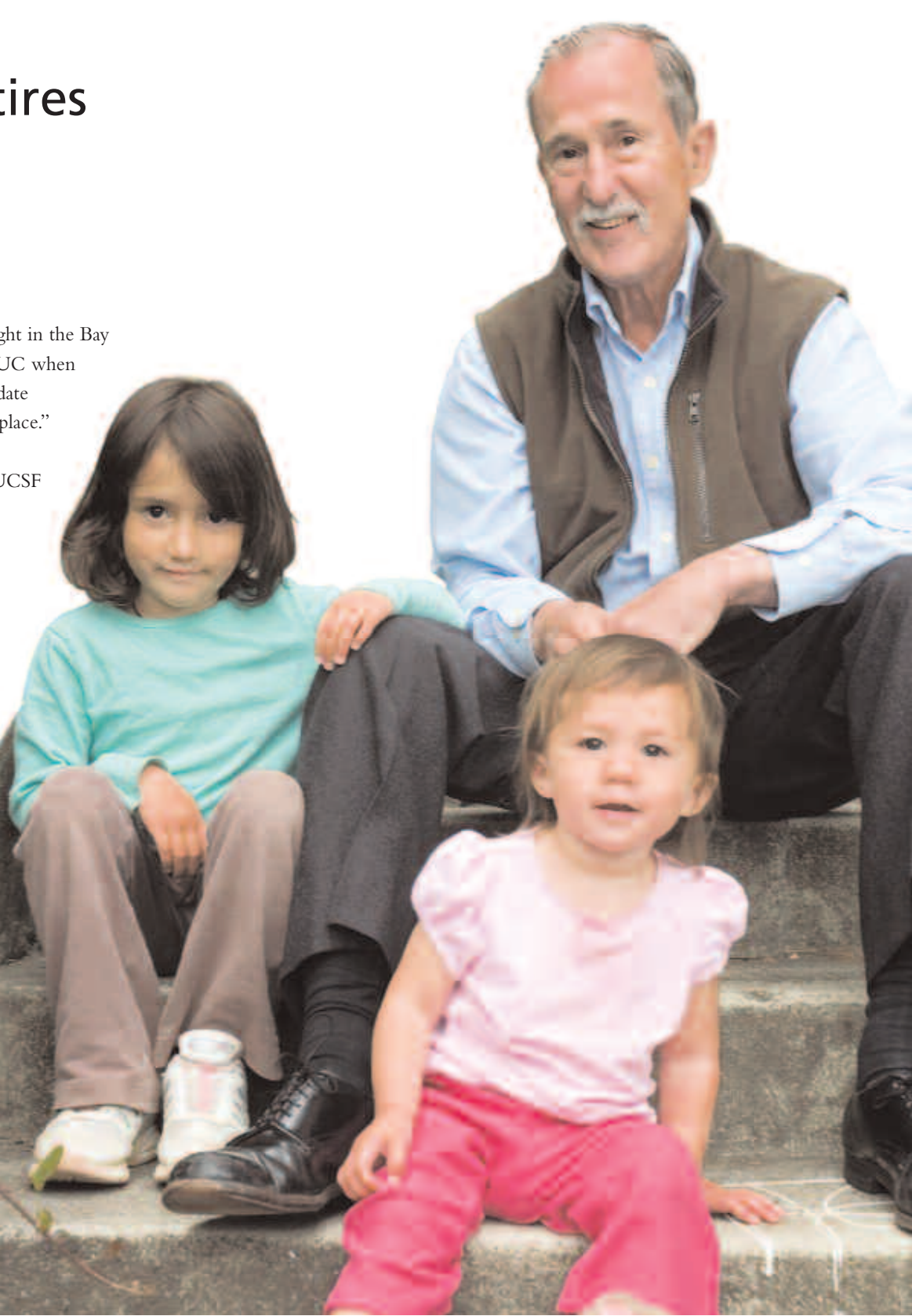
Full-time Cowboy

In September 2006, Dr. Irvine suffered a serious injury while horseback-riding and has since really retired. That’s part of why he’s particularly happy to help with the campaign to create an endowed chair in

his honor. “It makes me feel very good to contribute to the department in this way,” he says, “since I can’t contribute in other ways as much as I once did. I’m very happy to see Steve McLeod as the department chair – he’s continuing to push the principles UC is based on.”

And what’s next? “I’m going to be playing cowboy up in the country. We’ve found a little place in Upper Lake, California, bordered on three sides by national forest. We’re going to raise horses and a few cows, and we’ll try to get the grandkids up there as often as possible.” ●

To make a personal contribution to the chair in honor of Dr. Irvine, contact Daniel Schwartz, MD, Director, Vitreoretinal Service, Shirley Reich Chair in Ophthalmology, at schwartz7@mindspring.com or Kathleen Rydar, President of That Man May See, at 415.476.4016 or rydark@vision.ucsf.edu.



Dr. Alex Irvine with granddaughters Sasha and Katherine.

Dr. Nisha Acharya

New Therapies Fuel Research

Nisha Acharya, MD, can barely contain her enthusiasm for research. She is excited about the many new therapeutics for vision disorders that have emerged in the last five to ten years, expanding treatment options. With only anecdotal reports from other doctors as a guide, Dr. Acharya often must tell her patients, “Let’s try different drugs until we find one that works for you.” She is committed to designing and implementing scientific studies that will provide rigorous evidence for the best applications of these new treatments.

As director of the Proctor Uveitis Service, Dr. Acharya sees patients with autoimmune diseases or eye infections that can become chronic and result in severe disability – blurry, distorted vision or even blindness. Dr. Acharya’s patients generally have consulted many eye doctors before referral to the Proctor Foundation, their best hope of effective treatment.

Finding the Right Keys

Much of Dr. Acharya’s research involves determining whether there is evidence that a drug already approved for treatment of another disease can be used effectively for an inflammatory eye disease. For example, the Genentech drug Lucentis™ has been approved for age-related macular degeneration, and Dr. Acharya is examining how Lucentis’

affects macular edema (swelling of the macula, the area of the retina critical to focus) due to uveitis.

A second trial Dr. Acharya is developing in concert with Thomas Lietman, MD, will compare conventional drug treatment of fungal corneal ulcers with treatment using Voriconazole™, a recently developed drug successfully used to treat fungal infections in the rest of the body. Funded in part by That Man May See, the pilot study will lay the groundwork for a larger multicenter trial.

“I love that my research interests mesh so beautifully with my patient care.”

Dr. Acharya also is collaborating on an important study taking place at Aravind Eye Hospital in South India, the Dartmouth-Hitchcock Medical Center, and UCSF. This clinical trial tests whether adding steroids to the treatment of bacterial corneal ulcers improves outcomes. Funded by the National Institutes of Health, the study examines corneal ulcers in India, where millions suffer from blindness. The UCSF team works with Indian physicians and staff via site visits, conference calls, and a constant flow of email.



Research to Prevent Blindness Award

Research to Prevent Blindness recently awarded Dr. Acharya a prestigious Career Development Award, providing recognition and support for her challenging work. “I love that my

research interests mesh so beautifully with my patient care,” says Dr. Acharya. “I develop long-term relationships with patients who have chronic conditions, and my studies offers the possibility of providing them with more effective treatments.” ●

Gifts to That Man May See

Thank you for generous contributions and pledges for vision research, teaching, and patient care received between July 1, 2007, and September 10, 2007.

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Oculoplastics

Working with Nerves and Steel

Dr. Timothy McCulley

Director of Ophthalmic Plastic and Reconstructive Surgery

Timothy McCulley, MD, occupies a unique niche in UCSF Ophthalmology. He works at the intersection of neuro-ophthalmology and oculoplastics. The subspecialty demands expertise in neurology, ophthalmology, and plastic and reconstructive surgery (see Glossary, this page).

Dr. McCulley studies trauma-related sight disorders, which are frequently untreatable. But most of his time is devoted to patients, much of it in the operating room. Surgical intervention is required for many of the vision problems he sees. For orbital hemorrhage or trauma (a blow to the eye socket), Dr. McCulley works to reduce pressure on the eye. For accident victims with destruction of bone as well as tissue, he utilizes stainless steel to reconstruct the face. Vision-affecting tumors and optic nerve disorders also generally call for surgical solutions. “I enjoy the challenges of surgery and appreciate that I can make a readily tangible impact on

patients,” he says. “In many cases, the patient’s quality of life has already improved dramatically by the time he or she comes out of anesthesia.”

Surgery and research represent two ends of the treatment spectrum – one can yield

“I enjoy the challenges of surgery and appreciate that I can make a readily tangible impact on patients.”

immediate improvement, whereas the other unfolds its secrets slowly over time, providing insights that can advance treatment options in the future. Dr. McCulley appreciates both aspects of his practice. He currently investigates giant cell arteritis, a blood vessel condition that can affect the optic nerve, causing difficulties with vision and even permanent visual loss.

Understanding which populations commonly or rarely develop the problem may lead to insights into the mechanisms that cause it, so he compares the rates of occurrence within ethnic groups. The information also could help determine whether it is worthwhile to test across all populations for this relatively unusual disorder.

Blepharoptosis (drooping of the eyelid), which can be serious enough to interfere with vision, is another of Dr. McCulley’s interests. Although the current medical model blames an overstretched tendon of the primary eyelid muscle, conventional surgery to shorten the tendon sometimes fails to help. Dr. McCulley has observed during surgery that the eyelid muscle in these patients can be quite abnormal, leading him to believe that the muscle itself may be a significant cause. He is seeking support for his next investigational step: an assessment of changes in the aging muscles of the eyelid compared with age-related changes in other muscles of the body.

Dr. McCulley mentors residents and fellows, encouraging residents to develop research projects foundational for



academic careers. Too preliminary for grant funding, these investigations run on shoestring budgets and personal contributions. As an assistant professor of clinical ophthalmology and director of Ophthalmic Plastic and Reconstructive Surgery, Dr.

McCulley works long hours to care for patients, carry out research published in medical journals, lecture on his findings, and teach. Like so many on the faculty, he seems to do more than is possible with just seven days in a week. ●

Former Hearst Fellow Returns for Lecture

Dr. José Tovilla-Canales



José Tovilla-Canales, MD, of Mexico City first came to UCSF for a Hearst Fellowship in 1997. Last spring, he returned to share his thoughts on orbital and oculoplastic surgery (his specialty) as Hearst Lecturer for the Ophthalmology Department’s alumni association, the Frederick C. Cordes Eye Society.

During his fellowship, Dr. Tovilla-Canales worked closely with Stuart Seiff, MD, at the Parnassus campus and also at San

Francisco General Hospital, where Dr. Seiff continues to direct the ophthalmic surgery department.

Before arriving in 1997, he had completed a one-and-a-half-year fellowship in oculoplastics at the Institute of Ophthalmology Conde de Valenciana in Mexico City. “I performed plastic and reconstructive surgery for both congenital and acquired defects,” he recalls. After his year with Dr. Seiff, Dr. Tovilla-Canales continued deepening his expertise with fellowships around the United States – at the Wills Eye Hospital in Philadelphia, at Boston’s Massachusetts Eye and Ear Infirmary, and at Texas Oculoplastic Consultants in Austin.

Dr. Tovilla-Canales’s career has now come full circle: he practices in Mexico City, where

he received his foundational medical training. He earned his MD degree from the Universidad Anahuac School of Medicine and now serves as director of the Orbit and Oculoplastics Department at the Institute of Ophthalmology.

“Practicing medicine is different in Mexico,” says Dr. Tovilla-Canales. The Institute of Ophthalmology is what’s called a “private assistance” hospital – it’s a nongovernmental nonprofit that relies heavily on private grants, and patients pay what they can. “They don’t pay me at all,” says Dr. Tovilla-Canales, “so I have to have my own private practice.”

But he isn’t complaining. “I really like working at the hospital,” he says. “I see a lot of interesting patients, and I teach the residents. We take

14 residents a year into a three-year program, and we also have fellowships. I work there four to six hours every day, and then I spend another four to five hours in my private practice. I have to drive a lot.” He’s also proud of the Institute. “I used to travel a lot to lecture in Central and South America,” he recalls, “and I can say this is one of the best eye hospitals in Latin America.”

Asked about his plans for the future, Dr. Tovilla-Canales recalls his days at UCSF with fondness. “I hope that I can continue my work in Mexico City for the next 10 years,” he says. “But maybe then I’ll move back to San Francisco and enjoy the Napa Valley.” ●

Glossary

Oculoplastics treats diseases of the eyelids and orbit (eye socket), including trauma, tumors, birth defects, Graves’ diseases, optic nerve decompression surgery, reconstructive and cosmetic surgery, and disorders of the lacrimal (tear-producing and -draining) system.

Neuro-ophthalmology addresses visual disorders that originate in the nervous system, including the optic nerve and brain.

Ophthalmic Plastic Surgery and Reconstructive Surgery include treatments for injury, disease, or cosmetic improvement of the area around the eyes. Plastic surgery refers to techniques performed on soft tissue, whereas reconstructive surgery focuses on rebuilding the structure of the face, including bone. ●

Dr. Todd Margolis Selected to Lead ARVO

Recognized as a world leader in vision care and research, Todd Margolis, MD, PhD, is the president-elect of the Association for Research in Vision and Ophthalmology (ARVO), the largest professional organization for the vision research community in the nation. As president-elect he is already deeply involved in the governance of ARVO, which boasts a membership of more than 11,500 (40% of which are international members), and he will serve as president for the term 2008-2009. Dr. Margolis will continue as director of the Francis I.

Proctor Foundation at UCSF, where he leads a team of 16 faculty members whose research programs and clinical expertise broadly cover the field of infectious and inflammatory eye disease.

Dr. Margolis has a particular interest in eye disease caused by herpes simplex virus and varicella-zoster virus (the shingles virus) and is internationally recognized for his expertise in the management of these blinding diseases. His clinical research is aimed at 1) determining optimal treatments for infectious and

inflammatory eye disease and 2) understanding the pathogenic mechanisms leading to atypical presentations of ocular infections. His laboratory research focuses on the regulation of Herpes simplex virus latent infection and the development of molecular diagnostic assays. He is a member of the National Advisory Eye Council and an executive editor of the *American Journal of Ophthalmology*. ●



Faculty News

Richard L. Abbott, MD

Honor: Scientific Program Chair. Evidence-based medicine. World Ophthalmology Congress, International Council of Ophthalmology, Hong Kong.
Invited Lectures: Education initiatives and programs. Korean Ophthalmological Society Board of Directors, Seoul, Korea. • Choosing the most effective antibiotics for ophthalmic surgical prophylaxis. Chinese Ophthalmologic Society, Beijing, China. • Update on the diagnosis and management of difficult and unusual corneal infections. 8th Qingdao International Symposium of Ophthalmology, Qingdao, China. • What are clinical practice guidelines? Controversies in prophylaxis for endophthalmitis: An evidence-based analysis. Zhongshan Eye Hospital, Guangzhou, China. • What are clinical practice guidelines? How are they developed and how do you use them in practice? Joint Ophthalmology Congress of SOE/AAO, Vienna, Austria. • Clinical updates from the AAO and ICO, Practice guidelines and the AAO Compass Curriculum, Hot clinical topics from the university perspective, and Educating the ophthalmologist of the 21st century: Building a competency-based system. XXVII Pan-American Congress of Ophthalmology, Cancun, Mexico. • Medicolegal aspects of multifocal lenses, Incorporating new surgical techniques into your practice: ethical and risk management challenges, Pay for performance: the future of physician payment, Controversies in prophylaxis for the prevention of endophthalmitis: what is the evidence? University of Florida, Annual Meeting, Gainesville, FL.

Robert B. Bhisitkul, MD, PhD

Honor: Program Chairman. Neuroprotection: The role of iron in photoreceptor toxicity induced by subretinal hemorrhage. Pacific Coast Oto-Ophthalmological Society, Oahu, HI.
Poster: Neuroprotection, the role of iron in photoreceptor toxicity induced by subretinal hemorrhage. Association for Research in Vision and Ophthalmology (ARVO) Fort Lauderdale, FL.
Publication: Rutar T., M.H. Reinke, D.J. D’Amico, and R.B. Bhisitkul. Diseases of the vitreous. In *Albert and Jakobiec’s Principles and Practice of Ophthalmology, 3rd Edition*, Albert, D.M. and J.W. Miller, Eds. Philadelphia: Saunders Co., 2007.

Jacque L. Duncan, MD

Publication: Roorda, A., Y. Zhang, and J.L. Duncan. 2007. High-resolution *in vivo* imaging of the RPE mosaic in eyes with retinal diseases. *Investigative Ophthalmology and Visual Sciences* 48(5): 2,297-2,303.
Invited Lecture: High-resolution *in vivo* imaging of the RPE mosaic in eyes with inherited retinal diseases and Structural correlation using adaptive optics scanning laser ophthalmoscopy in a family with neuropathy, ataxia, and retinitis pigmentosa (NARP) syndrome (poster) (both in conjunction with researchers at UCSF School of Medicine and the School of Optometry, UC Berkeley). ARVO, Fort Lauderdale, FL.

Allan J. Flach, MD, PharmD

Honors: Vaughn-Henry Lectureship, Prevent Blindness Northern California • Chairperson: Pharmacology and Toxicology Section, Northern California Basic Science Course in Ophthalmology, Stanford University.
Invited Lectures: Principles of ophthalmic drug delivery, Anatomy of the autonomic nervous system, Pharmacologic manipulation of the autonomic nervous system, Current concepts: Osmotic diuretics, Current concepts: Carbonic anhydrase inhibitors, Toxicology: Effects of systemic medications on the eye, Toxicology: Toxic effects of ophthalmic medications – local and systemic, Local anesthesia and ophthalmology, Nonsteroidal anti-inflammatory drugs and ophthalmology. Northern California Basic Science Course in Ophthalmology, Stanford University, CA. • Histopathology of amiodarone-induced cataracts in humans. ARVO, Ft. Lauderdale, FL. • Improving risk-benefit relationships for patients using hydroxychloroquine. American Ophthalmological Society, Greenbrier, NC. • Intraoperative floppy iris syndrome: Origin, prevention, and treatment. Pacific Coast Oto-Ophthalmological Society, Oahu, HI.

Douglas B. Gould, PhD

Invited Lectures: Col4a1 mutation in mice causes genetically complex and pleiotropic phenotypes that model several human diseases. Plenary address to International Symposium on Basement Membranes, Cologne, Germany. • AMD-relevant collagen. Gordon Research Conference, New London, NH • AMD-relevant phenotypes in Col4a1 mutant mice are genetic context dependent. Vision Research Conference, Fort Lauderdale, FL.
Publications: Gould, D.B., Marchant, J.K., Savinova O.V., Smith, R.S., and John, S.W.M. 2007. Col4a1 mutation causes endoplasmic reticulum stress and genetically modifiable ocular dysgenesis. *Human Molecular Genetics*, 16 (7), 798-807. • Lowry, R.B., Gould, D.B., Walter, M.A., and P.R. Savage, 2007. Absence of *PITX2*, *BARX1*, and *FOXC1* mutations in De Hauwere syndrome (Axenfeld-Rieger Anomlay, hydrocephaly, hearing loss): A 25-year follow-up. *American Journal of Medical Genetics Part A*. 143 (11), 1,227-30.

Jennifer H. LaVail, PhD

Invited Lecture: Cortez, D.A., A. Sucher, and J.H. LaVail. HSV viral envelope proteins partition with lipid rafts in infected retinal ganglion cell axons. ARVO, Fort Lauderdale, FL.

Shan C. Lin, MD

Appointment: Residency Director of UCSF Ophthalmology
Invited Lectures: Cyclophotocoagulation: An endoscopic journey. Pan-American Association of Ophthalmology, Cancun, Mexico. • Gonioscopy: imaging of the angle. World Glaucoma Congress, Singapore. • Corneal Thickness and Glaucoma: The thick and thin of it, Ocular Surgery News Las Vegas Symposium, Las Vegas, NV. • Systemic medications for glaucoma treatment. Pacific Coast Oto-Ophthalmological Society, Oahu, HI. • Lin S., Minasi P., Wong J., and Lee, O. Ultrastructural and fluid flow properties of cultured fetal trabecular meshwork cells; Pereira L.D., Hong J.E., Hwang T.N., Kum C., Lin S., and T.J. McCulley. Giant cell arteritis in Asians: A comparative study; Trager M.J., Naseri, A., Lietman, T., Chen, A., Lin, S., McLeod, S. Pseudophakic Accommodation and wavefront aberration; Sharifi, E., Biebesheimer, J.B., Ishikawa, H., Lin, S. Ultrasound biomicroscopy: Effect of upright versus supine positioning on anterior chamber width using a new probe; Li, X., Nakamura, H., Kham, A., Bejjani, Lin, S., Edward, D.P. Anterior-chamber angle development without involvement of cell death and microphage in human eyes. ARVO, Fort Lauderdale, FL.

Timothy J. McCulley, MD

Invited Lectures: Orbital Hemorrhage – An Experimental Model. The California Society of Facial Plastic Surgery, Winter Forum on the Latest Advances in Facial Plastic Surgery • Orbital Hemorrhage – Clinical Implications. Cordes Society, UCSF • Upper Blepharoplasty *and* Lower Blepharoplasty. Minimally Invasive Facial Plastic Surgery, a continuing medical education course, San Francisco, CA. • Han, Y., McCulley, T.J., Horton, J.C. Intraocular and intracranial pressure; Pereira, L.D., Hong, J.E., Hwang, T.N., Kum, C., Lin, S., and T.J. McCulley. Giant cell arteritis in Asians: A comparative study; Hwang, T.N., and T.J. McCulley. The role of intraorbital shockwave amplification in the biomechanics of indirect traumatic optic neuropathy; McCulley, T.J., Zoumalan, C.I., Bullock, J.D., Warwar, R.E., and B. Fuller. Experimental model of orbital hemorrhage and its management; Kum, C., Hong, J.E., Doshi, A., and T.J. McCulley. Character counting estimates standard visual acuity. ARVO, Fort Lauderdale, FL.
Publications: Lam, B.L., Jabaly-Habib, H., Al-Sheikh, N., Pezda, M., Guirgis, M.F., Feuer, W.J., and T.J. McCulley. 2007. Risk of nonarteritic anterior ischemic optic neuropathy after cataract extraction in the fellow eye of patients with prior unilateral nonarteritic anterior ischemic optic neuropathy. *British Journal of Ophthalmology*, May, 91(5):585-7. • Pilyugina, S.A., Fischbein, N.J., Liao, Y.L., and T.J. McCulley. 2007. Abducens nerve aplasia visualization with flow imaging using steady acquisition (FIESTA) sequences. *Journal of Neuro-ophthalmology*, Jun, 27(2):127-8.
Book Chapters: McCulley, T.J. Lacrimal System: Anatomy and Physiology; Abnormalities of the Lacrimal Secretory and Drainage Systems: Diagnosis and Management, in *Orbit, Eyelids, and Lacrimal System*. John Holds, Ed. American Academy of Ophthalmology, 2007. • McCulley, T.J. Eyelid Reconstruction, in *Soft-Tissue Reconstruction of the Craniofacial Region*. John Persing and Gregory Evans, Eds. Elsevier Press, 2007.

Robert L. Stamper, MD

Publications: Punjabi, O.S., Stamper, R.L., Bostrom, A.G., and S. Lin. 2007. Does treated hypertension affect progression of optic nerve damage in glaucoma suspects? *Current Eye Research* Feb; 32(2): 153-60.

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October 2007

Dear Friends,

This is the time when many of us begin to think about resolutions for the coming year. It's an opportune time, before calendar year end, to consider our gift plans.

I'd like to present two opportunities for charitable giving before December 31, 2007:

Make That Man May See (TMMS) a beneficiary of your estate, designating all or a portion to create a meaningful legacy while meeting your financial and philanthropic goals. By leaving your wealth to fund vision research, you have the satisfaction of helping clinician scientists find cures for blinding diseases.

The recently received bequest from the estate of Louisa Martinelli provides an example. We thank Trish Otsott for introducing Mrs. Martinelli to our cause. A permanent vision research fund is being established with this generous gift – as a legacy to Louisa and Trish.

Another option, if you are 70½ this year, is to make a direct transfer to TMMS from your IRA (individual retirement account). These otherwise taxable dollars may be given for a limited time to TMMS. For the remainder of 2007, you can give up to \$100,000.

For information about how to make the IRA transfer, go to <http://ucsfeye.net/tmmswaystogive.shtml#ira> or call TMMS at 415.476.4016.

Thank you for the impact you can make to eradicate blindness and vision loss.

Sincerely,



W. Scott Thomas
Attorney and Board Member, That Man May See

S I G H T I N G S



That Man May See (TMMS) Director's Council Dinner

1 Jeanne and Sandy Robertson hosted dinner in their home honoring members of the Director's Council for TMMS, contributors of \$10,000 and above. Stephen McLeod, MD, chair of Ophthalmology, thanks Jeanne Robertson.

2 Loyal friends of TMMS, Roz and Lisle Payne joined the Director's Council and enjoyed the Robertson dinner.

3 Generous friends Don and Judy McCubbin returned home from sailing just in time to share in the festivities.

4 Jorge Alvarado, MD, spoke about his innovative research to combat glaucoma and thanked Sandy Robertson for an inspirational evening.

The Department Welcomes First-Year Residents

5 Pearl Kimura meets residents just arriving for their first semester at UCSF. Left to right are Marielle Young, MD; Jennifer Taylor, MD; Pearl Kimura, and Phoebe Lin, MD.

Weekly Roundtable with Jack Whitcher, MD

6 These international fellows met weekly with faculty mentor Dr. Whitcher during the spring semester of 2007 to review special cases. Front row: Matilda Chan, MD, and Judy Ou, MD. Back row: Julie Friedlin Leigh, MD, Shane Kim, MD, Wiwan Sansanayudh, MD, Fumie Kagaya, MD.

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