



VISIONS

Koret Vision Institute + Beckman Vision Center + Department of Ophthalmology + Francis I. Proctor Foundation **Fall Annual Report 2009** University of California, San Francisco + That Man May See

Focal Point



Dear Friends,

Our theme in this issue is making connections. Innovative research and our vibrant community at UCSF thrive on collaboration and connections – among researchers approaching common problems from different perspectives; among our clinical and research staff; among trainees, students, and faculty; and among our donors.

We are pleased to feature the Proctor Foundation's new networking effort, a supportive group of patients being treated for a variety of complex inflammatory eye diseases.

UCSF's Ophthalmology faculty remains on the cutting edge of new technology, and we feature Dr. Bennie Jeng's pioneering artificial cornea surgery that brought sight to a man who shares his experience with us.

We extend a warm welcome to new faculty members, Dr. Alejandra de Alba Campomanes in pediatric ophthalmology and strabismus and Dr. Robert Kersten in ophthalmic plastic and reconstructive surgery. Also, we welcome five new energetic and talented residents to our program.

Thank you for your generous connections to us. With your help, we will discover better ways to reduce the burden of blindness and continue our search for cures that transform lives.

Sincerely,

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



Ophthalmology Insight Community of Support for Uveitis

UCSF provides a critical resource for uveitis patients.

A new sign at the entrance to UCSF's Francis I. Proctor Foundation for Research in Ophthalmology reads *Join Today. Uveitis Support Group*. And join they do. A first meeting in April connected more than 60 UCSF patients and family members. This uveitis support group – one of only a handful in the world – was organized by **Nisha Acharya, MD**, head of the Uveitis Service at the Proctor Foundation, and **Allison Loh**, a visiting fellow.

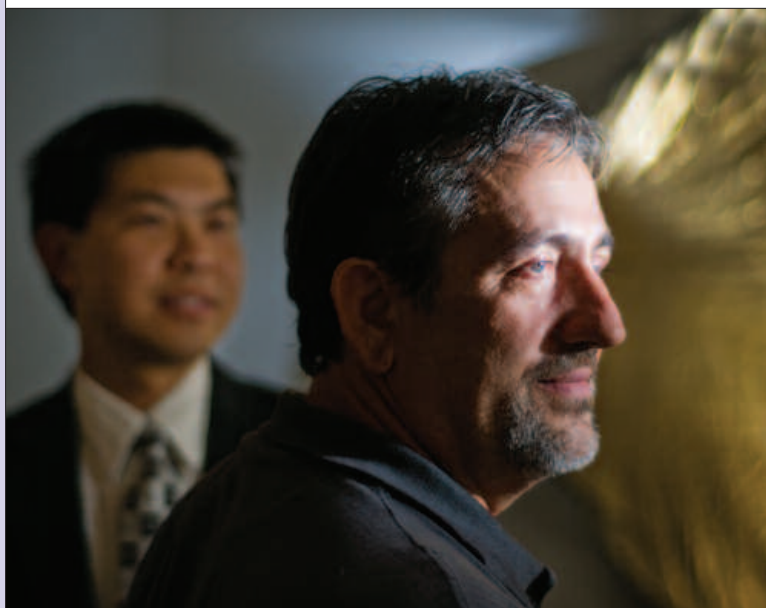
Uveitis accounts for around 10 percent of the blindness in the United States and affects all age groups. Symptoms of this inflammation of the *uvea* (the layer of the eye just beneath the white sclera, plus the iris) can include redness, sensitivity to light, blurred vision, pain, or dark

spots in the visual field. Although treatment can delay or even prevent deterioration of the sight, uveitis often leads to cataracts, retinal scarring, macular edema, or glaucoma. For some lucky patients, prompt short-term treatment calms the inflammation and symptoms do not return. Many, however, must learn to live with a chronic condition that has no easy answers.

Uveitis Team a Regional Resource

Ophthalmologists as far north as Oregon and as far south as San Luis Obispo rely on UCSF vision scientists to diagnose and treat the disorder. With numerous possible causes, complications affecting almost every part of the eye, and a lack of benign therapeutics, uveitis requires excellence and teamwork. More

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Envision the Future Reversing Blindness with an Artificial Cornea

“It was the most beautiful surgery,” says George Marian, a 51-year old patient from Phoenix who recently underwent an artificial corneal transplant by specialist **Bennie Jeng, MD**, co-director of the UCSF Cornea

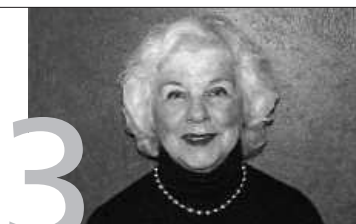
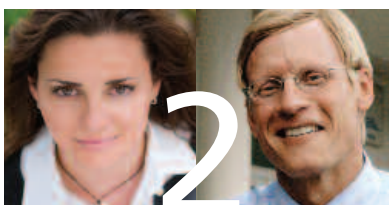
Service. “Every day when I wake up and look around, I am happy.”

“When the nurse took off the bandage, it was such a shock – so emotional.” Not only could the patient see the people

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A PEEK INSIDE:

Meet New Faculty:
Drs. de Alba and Kersten



TMMS Annual Report:
Marilyn Pratt Reports
to Readers



Dr. Erik Ullian –
New Innovator Award



Recent Gifts
Fund Vision Research

Meet Our
New Residents



UCSF Ophthalmology Welcomes New Faculty



Dr. Alejandra de Alba Campomanes Pediatric Ophthalmology

Alejandra de Alba Campomanes, MD, an energetic young doctor, views her appointment as Assistant Professor of Pediatric Ophthalmology and Strabismus as an opportunity to improve patients' lives, train residents, and bring more young doctors into pediatric ophthalmology.

"Dr. de Alba is one of the most promising pediatric ophthalmologists of her generation and has an encyclopedic knowledge of the field," says Department Chair **Stephen McLeod, MD**. "She brings one of the most creative minds to the problems of childhood blindness." She joins **Tina Rutar, MD, Jonathan Horton, MD, PhD, and Joan O'Brien, MD**, at UCSF's new Visual Center for the Child and will also serve at San Francisco General Hospital (SFGH).

Serving a Diverse Population
With a background in public health, Dr. de Alba is well suited to her new role as Director of Pediatric Ophthalmology and Strabismus at SFGH. "The need for services is enormous – the city has a big and very diverse pediatric population." Because strabismus – a disorder of the eye muscles that results in an inability to align both eyes – generally shows up in childhood, Dr. de Alba guides residents through its mysteries during their pediatric rotation. As clinic director, she also wants to make Pediatric Ophthalmology

and Strabismus even more responsive to patient needs.

“She brings one of the most creative minds to the problems of childhood blindness.”

– Dr. Stephen McLeod

Commitment to Strabismus
Dr. de Alba's interest in strabismus began at home. Her mother is a strabismus specialist at the Universidad Nacional Autónoma in Mexico City, where UCSF's Dr. de Alba was named valedictorian and graduated first in her class. During Dr. de Alba's UCSF residency, she became as intrigued by strabismus research as she was by treatment. She credits **Creig Hoyt, MD**, and Dr. Horton for their "outstanding mentorship."

Research and Aspirations
Dr. de Alba also plans research on the retinopathy of prematurity, a disease in which premature infants' developing retinas are compromised by abnormal blood vessel growth. She gained expertise on this disease during her fellowship at the University of Pennsylvania Children's Hospital of Philadelphia. Additional projects will aim to improve access and delivery of vision care for minority populations. ●



Dr. Robert C. Kersten Ophthalmic Plastic, Reconstructive, and Orbital Surgery

Robert C. Kersten, MD, FACS, an ophthalmic plastic surgeon with an international reputation and more than 20 years of practice to his credit, has been appointed Professor of Ophthalmic Plastic and Reconstructive Surgery. Dr. Kersten is recognized as one of the "Best Doctors in America" based on national surveys, has been chosen "Teacher of the Year" three times, and was a Heed Fellow at the University of Iowa. The American Academy of Ophthalmology awarded him its prestigious Senior Honor Award, and he served as editor of that Academy's textbook on ophthalmic plastic surgery, the world's best-selling oculoplastics textbook.

“Teaching is a major reason I am returning to the university.”

– Dr. Robert C. Kersten

During a two-year academic hiatus, Dr. Kersten practiced at a cosmetic services firm in Denver and pursued another passion – performing vision-saving surgeries in developing countries. Life was good, but he missed being at the heart of an academic community – the excitement and stimulation of colleagues, residents, and

fellows. "Teaching is a major reason I am returning to the university," says Dr. Kersten. "I like to use my cases to train up-and-coming specialists."

Expanding UCSF Oculoplastics
UCSF's **Timothy McCulley, MD**, Director of Oculoplastic, Reconstructive, and Orbital Surgery, is one of Dr. Kersten's former fellows, and the two are forming an expanded plastics and reconstructive surgery service within the Ophthalmology Department. Dr. Kersten's experience with private cosmetic practice reaffirmed his interest in providing a wide range of eyelid and facial cosmetic treatments including facial rejuvenation procedures such as Botox injections, injectable fillers, facial peels, laser resurfacing, and cosmetic eyelid and facial surgery. Both he and Dr. McCulley perform surgeries that range from cosmetic work to removal of orbital tumors and reconstruction of congenital abnormalities.

"Dr. Kersten's stellar reputation for oculoplastic surgery and clinical research, along with his experience in mentoring young doctors, increases our ability to provide world-class treatment and training in this area," says Department Chair **Stephen McLeod, MD**. "We are lucky to get him." ●

That Man May See is a 501(c)3 public charity. Its mission is to raise funds for the dedicated faculty of UCSF Ophthalmology to make possible breakthroughs in vision research, state-of-the-art patient care, and educational opportunities for residents and fellows.

To make a gift of cash or securities, go to www.ucsfeye.net/tmms/shtml or contact Danielle Pickett at 415.476.4016 or pickettd@vision.ucsf.edu. Checks are payable to That Man May See.

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Dear Friends of That Man May See,

This annual report for That Man May See for fiscal year 2008-2009 comes to you with gratitude from our Board of Directors. Your connection with us is truly important. I especially want to thank you for generously funding leading-edge vision research at the University of California, San Francisco (UCSF). Your gifts provide hope for so many who suffer from the most complex conditions of the eye.

This was a year of cautious spending and careful management of resources. Both the board and staff of That Man May See leverage your investments to attract even more funding to make a greater difference. Our gifts are a part of the over \$50 million at work in the laboratories at UCSF Department of Ophthalmology and the Francis I. Proctor Foundation for Research in Ophthalmology. We are grateful that every one of our laboratories is productive, working toward breakthroughs in the treatment of age-related macular degeneration (AMD), glaucoma, infectious and inflammatory diseases of the eye, childhood blindness and vision loss, and the epidemics of eye disease in the developing world.

We hope you will enjoy reading about our progress again this year. Your continued commitment and willingness to introduce others to our mission help us succeed in preserving and restoring vision for so many who depend on us. Thank you for making this work possible.

Sincerely,

Marilyn Pratt
Chair, Board of Directors
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As a patient, I'm privileged to have a group of physicians of this quality helping me. As a philanthropist, I'm glad to help an organization of the quality of That Man May See."

– Michael Braude, patient at UCSF Proctor Foundation and Department of Ophthalmology

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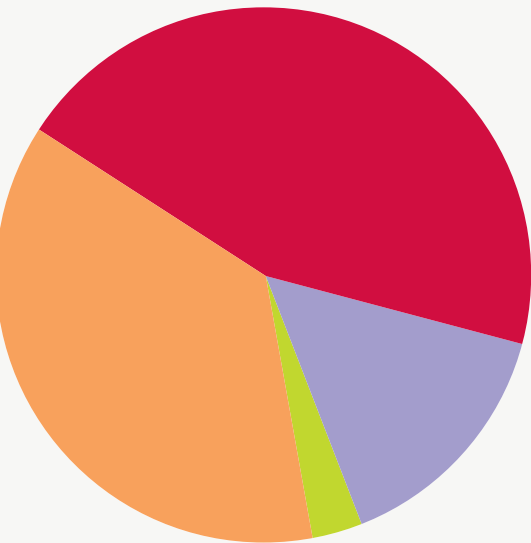
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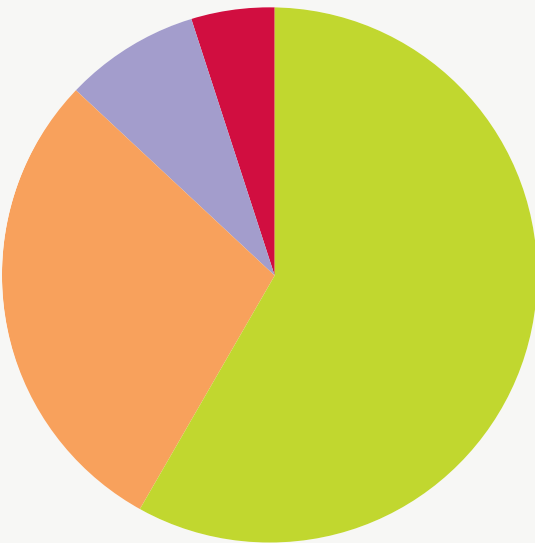
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Fundraising Review: That Man May See Generated Funds



Sources of Funds	Direct to TMMS	Via Other UCSF Entities*	Total	%
Donations and new pledges from Individuals	\$1,847,043	\$26,000	\$1,873,043	37%
Donations and new pledges from Corporations and Foundations	\$698,889	\$1,602,524	\$2,301,413	45%
Bequests and Trusts	\$170,000	\$587,530	\$757,530	15%
Earnings on Deposited Funds	\$147,172		\$147,172	3%
Total Revenue	\$2,863,105	\$2,216,054	\$5,079,159	100%

*Board of Regents & UCSF Foundation



Application of Funds	Actual	%
Research, Education, Patient Care, and Community Services:		
Dispersed Funds	\$2,976,978	59%
Committed Funds	\$1,456,203	29%
Fundraising	\$398,447	8%
Management and Administration	\$247,531	5%
Total Expenses	\$5,079,159	100%

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Community of Support for Uveitis

Continued from page 1

than a dozen retinal and glaucoma specialists from the Department of Ophthalmology join forces with the Proctor Foundation faculty, which specializes in inflammatory and infectious eye disease, to help uveitis patients manage their condition and retain vision. All Proctor Foundation clinicians treat uveitis patients, with Dr. Acharya, **Todd Margolis, MD**, and **Ira Wong, MD**, taking the lead on most cases.

Deep knowledge of every aspect of ocular medicine allows the team to provide the best possible diagnostic testing, consultation, therapeutic plans, and surgeries. “Uveitis patients tend to have extreme versions of ocular complications,” says **Jay Stewart, MD**, a UCSF retinal specialist. He manages surgeries for complications such as macular edema, retinal detachment, and even unusual cataracts that must be removed through the back of the eye.

Expanding a Supportive Network

Dr. Acharya developed the peer support group in response to the stress levels of uveitis patients. Chronic uveitis patients face declining vision and the threat of blindness. Many become unable to continue their jobs. Treatments include surgeries, complex medication protocols with significant side effects, and innovative therapies that come with unknown long-term consequences.

“Patients often cry during their appointments,” says Dr. Acharya. “Because uveitis is uncommon, some patients feel as if they cannot turn to friends and family for answers. Most of my patients go through emotional crises.”

Patient Melanie Siemon is grateful for the new group. “It is wonderful to be with so many people who share my condition,” she says. “Often I feel that I’m the only one.”

At 17, Ms. Siemon experienced moments of blurred vision that quickly resolved themselves. Not understanding the danger of these episodes, she did not seek treatment for nearly three months. Permanent deterioration of her central vision had already begun, and she became legally blind at age 19. Three decades later she remains in treatment, working with her doctors at UCSF to hold onto her remaining peripheral vision.

“There are so many stresses,” Ms. Siemon explains. “Adjusting to low vision in a world designed for sight is huge. You want to crawl into a hole, but you have to find ways to regain control of your life and take care of yourself.” As a legally blind woman who completed college, developed a career, and raised a family, Ms. Siemon has a wealth of experience and empathy to share with other patients. She is planning to share a list of tips and strategies that help her enjoy a full life. Ms. Siemon co-facilitates the support group with Pam Chan.

Ms. Chan is the mother of an 11-year-old son who has been in treatment since kindergarten. “One day Jordan [not his real name] woke up screaming when we turned his light on,” she recalls. “He would put his shirt over his face in the car.” Uveitis was making her son hypersensitive to light. The pain alerted his parents to get him to a pediatrician right away. Three days later, he had his first exam with Dr. Wong.

Ms. Chan understands that families need support beyond what their doctors can provide. “At the beginning you’re so scared, and it’s all so overwhelming,” she says. “We came to each appointment with a list of questions and thought of new ones as soon as we left.” She is excited that long-time patients and family members in the support group can help those just learning about their diagnosis.

For those with vision sufficient for computer use, a new website provides a safe forum for patient blogs and other communication that extends beyond the monthly meetings. Patients who are unable to attend the San Francisco meetings will find the site particularly valuable. Uveitis patients and their families can join the site by contacting Lizzi Esterberg at elizabeth.esterberg@ucsf.edu or (415) 476-6687.

The Cause Is Key

UCSF Ophthalmology teams determine each patient’s course of treatment through a battery of sophisticated diagnostic tests, including some that are carried out by the Proctor Foundation Clinical Diagnostics lab. When



the inflammation is caused by an autoimmune disease (such as lupus or arthritis) or by an underlying infectious disease (such as herpes virus), successful treatment for that underlying disease also can relieve symptoms in the eye. In half of uveitis cases, however, doctors are unable to pinpoint a culprit. They theorize that these cases may be caused by an accumulation of triggers including genetic predisposition to immune-system reactivity, stress, and the environment.

Newer Drugs Improving Outcomes

Systemic steroids have long been the standard for treating uveitis. Specialists are now reducing dependence on steroids by turning to newer immuno-modulatory therapies (IMTs) for patients with “immune-mediated” uveitis. IMTs were originally developed to treat systemic autoimmune disorders such as rheumatoid arthritis and cancer and to prevent rejection of organ transplants. According to Dr. Acharya, this type of “off label” treatment for uveitis is improving clinical options and patient outcomes.

“IMTs are improving my patients’ lives and providing a new dimension of care,” says Dr. Acharya. Eleven-year-old Jordan Chan, diagnosed with autoimmune juvenile arthritis, is being treated with two IMTs. These drugs suppress the damaging immune reaction in his eye without the serious health consequences of ongoing steroid use. IMTs carry their own risks, however. Suppressing the immune system exposes the patient to an increased risk of infection, so close monitoring is required.

A clinical trial run by Dr. Acharya is testing whether another “off-label” drug, Lucentis™, can help reduce macular edema (swelling) in some uveitis patients. Damage to the macula (an area of the retina) can result in central vision loss. Lucentis™ was developed to reduce macular swelling in patients with macular degeneration.

Artificial Cornea

Continued from page 1

around him, he could read magazines and walk unassisted. His sister had to stop him from driving home from the hospital a few days later. “I was told that I needed to heal more first,” he recalls.

A First for the Bay Area

In Spring 2009, Mr. Marian became the first patient in the Bay Area to undergo implantation of an artificial cornea (called a *keratoprosthesis*). He was referred to UCSF’s Dr. Jeng, well known for his expertise with artificial corneas, by the Stanford University Medical Center. Once Dr. Jeng established with reasonable certainty that Mr. Marian’s optic nerve was healthy, he knew an artificial cornea would work – and that the patient would have an excellent chance to have clear vision.

Journey in Miles and Faith

Mr. Marian’s medical journey began at a brick factory in Romania in 1976, when a container of lime blew up in his eyes. By the time he reached a hospital, the lime had severely burned both corneas. Left unable to distinguish images beyond the silhouettes of his hands, he was told there was no hope of regaining sight. He was only 18.

With unflagging faith that help existed, Mr. Marian dreamed of coming to the United States for advanced treatment. To keep his spirits up, he learned to play guitar, violin, and mandolin. After he married, he and his wife escaped from Romania into Yugoslavia and received permission to immigrate to the United States for medical help. Artificial corneas were in development at that time.

Human Corneas Tried

Once the Marians settled in the United States, doctors implanted a human cornea in his less damaged eye. Initially, this surgery brought Mr. Marian his first sight of his wife and two children. Over time, however, his eye rejected the new cornea. With a fierce desire to see, he repeated this surgery “maybe eight or nine times,” he says. Each implant eventually returned him to darkness.

The procedure of replacing a damaged or diseased cornea with healthy donated corneal tissue has helped hundreds of thousands of people across the world regain their sight. Corneal specialist **David Hwang, MD**, established the UCSF Eye Bank more than 15 years ago to help alleviate the worldwide shortage of corneal tissue. However, healthy stem cells in the front of the eye are critical for permanent integration of a new cornea. Severe damage to the eye, such as from chemical injuries as in Mr. Marian’s case, can destroy these stem cells and limit the success of human corneal transplants.



Artificial corneas open a new avenue for restoring sight.”
– Dr. Bennie Jeng

Leveraging Research Worldwide

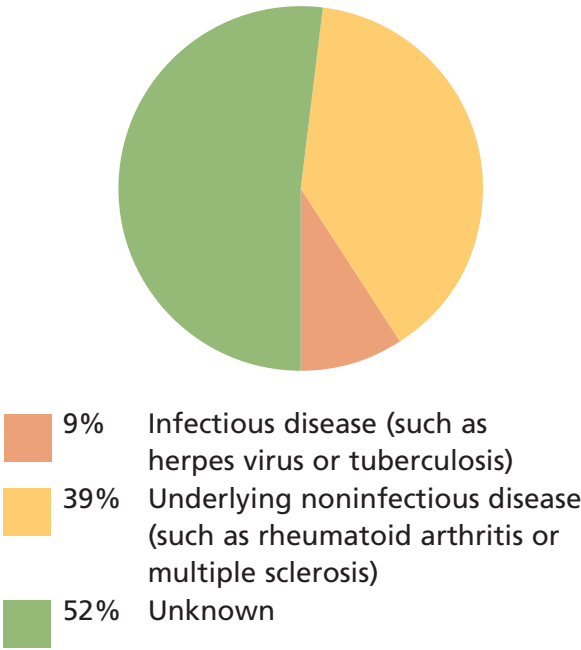
In the United States, uveitis research relies on federal grants and gifts from philanthropists. Because the disorder is relatively uncommon in developed countries where profits could outweigh development costs, there has been little commercial investment in uveitis-specific treatment.

Creative UCSF researchers are improving strategies for understanding and treating the disorder. Dr. Acharya is developing a network of several medical centers on the West Coast plus a center in India to share patient outcome data and reach insights more quickly. This research network is also planning clinical trials to compare the effectiveness of uveitis treatments. Dr. Margolis leads a clinical trial to compare the effects of IMTs with local administration of corticosteroids to the eye via a surgical implant.

Proctor Foundation researchers are broadening uveitis inquiry as well, studying tuberculosis detection in uveitis patients in India, the association between smoking and uveitis here in the United States, and the use of telemedicine to diagnose conditions in underserved communities. Their goal remains constant: to provide the best possible solutions for uveitis patients at UCSF and around the world.

UCSF funding for uveitis research is gratefully received from the National Institutes of Health; the Research to Prevent Blindness Foundation; Ivan, Maris, and Harry Meyerson; the Peierls Foundation; Selina and Johnson Cha; C.M. Capital Foundation; and Genentech. ●

Proctor Foundation
Diagnoses for Uveitis★



*The number of cases in each diagnostic category varies greatly by country and region.

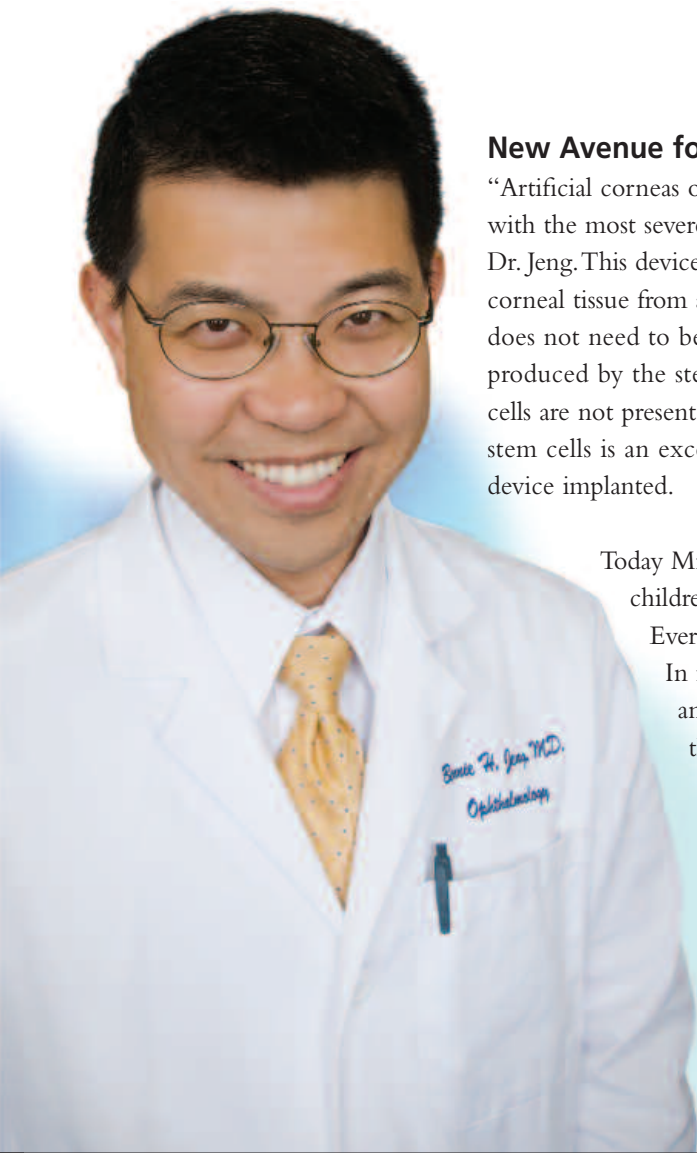
UCSF’s Uveitis Team

Ocular Inflammatory Diseases

Retina

Glaucoma

Pediatric
Ophthalmology

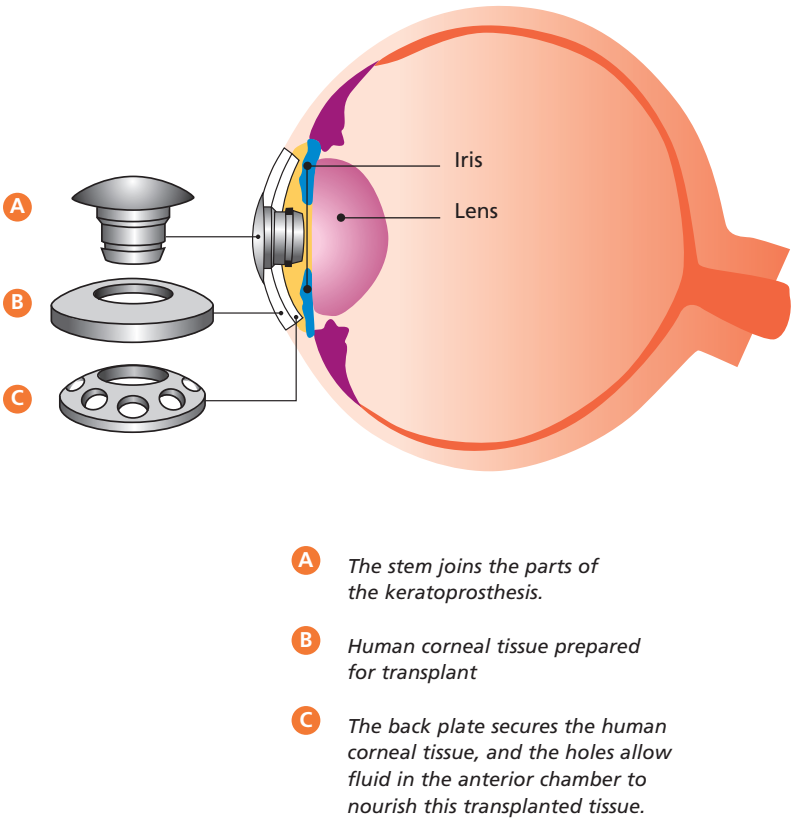


New Avenue for Sight

“Artificial corneas open a new avenue for restoring sight to people with the most severe damage to the front of the eye,” explains Dr. Jeng. This device, composed of surgical plastic, sandwiches natural corneal tissue from a donor between two plastic pieces. This device does not need to be covered by the surface cells that are usually produced by the stem cells, and therefore, in cases when stem cells are not present, this procedure still works. In fact, not having stem cells is an excellent and common indication for having this device implanted.

Today Mr. Marian is enjoying his life – and his 11 children – with 20/40 vision in his repaired eye. Every day is a remarkable adventure in seeing. In fact, Mr. Marian is looking forward to having an artificial cornea placed in his other eye in the coming months. “With proper care and monitoring, it is my hope that this could be the last eye surgery he will ever need,” says Dr. Jeng with a smile. ●

The Boston Keratoprosthesis



Dr. Erik Ullian Wins Prestigious Award from NIH

Congratulations to **Erik Ullian, PhD**, for his Director’s New Innovator Award from the National Institutes of Health (NIH). This tremendously competitive award will support groundbreaking work that is highly promising, novel, and broadly applicable to a variety of neurodegenerative conditions and diseases, including glaucoma.

As a neurobiologist, Dr. Ullian is concerned with how nerve cells communicate with each other and how this process will impact treatment, ranging from glaucoma to regeneration of damaged nerves.

Glaucoma is a major cause of vision loss worldwide and is expected to become an even more serious health issue as the population ages. The underlying cause of disability in glaucoma is the progressive loss of retinal ganglion cells (RGCs), which link the retina to the brain through the optic nerve. One major cause of RCG cell death is damage to the cell’s axons, which conduct electrical impulses away from the cell body. To better understand how RGCs die in glaucoma, Dr. Ullian’s research team is developing methods to use human skin-derived stem cells (iPS cells)

to make neurons, including retinal ganglion neurons to study mechanisms leading to neuronal dysfunction and death. This technology promises to provide a way to use a patient’s own neurons to develop treatments to stop or reverse disease progression. His work has also identified another common cell type in the brain, the *astrocyte*, as a source of factors that can promote the survival and function of human neurons and may lead to new ways to treat diseases.

“...investigators are encouraged to challenge the status quo with innovative ideas, while being given the necessary resources to test them.”

– Francis S. Collins, MD, PhD, NIH Director

The NIH Director’s New Innovator Award addresses two important goals: stimulating highly innovative research and supporting promising new

investigators. The award brings \$2.3 million over the next five years to accelerate the work of Dr. Ullian’s laboratory at UCSE.

NIH Director Francis S. Collins, MD, PhD, announced the awards saying, “The appeal of the Pioneer, New Innovator, and now the T-R01 programs, is that investigators are encouraged to challenge the status quo with innovative ideas, while being given the necessary resources to test them.” ●



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Thank you for generous contributions and pledges for vision research, teaching, patient care, and community outreach received between July 1, 2009, and October 15, 2009.

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Class of 2012 Begins Training

Michael C. Chen, MD

Birthplace Fullerton, California

College Jacobs School of Engineering,
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Medical School David Geffen School of
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Internship Scripps Mercy Hospital, San Diego

Interests Surfing, backpacking

Sara J. Haug, MD, PhD

Birthplace Iowa City, Iowa

College St. Olaf College, Northfield,
Minnesota: BA, Chemistry and Mathematics;
Yale University: MS, Chemical Engineering

PhD Yale University: Biomedical Engineering

Medical School UCSF

Internship St. Mary's Medical Center,
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Interests Running with my dogs, skiing, reading



New doctors who entered the UCSF Ophthalmology residency program in Fall 2009 are (left to right) Michael Chen, Sara Haug, Jonathan Greene, Aiyin Chen, and Daniel Greninger.

Jonathan B. Greene, MD

Birthplace Santa Monica, California

College Yale University: BA, Psychology

Medical School University of Michigan
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Internship Cedars-Sinai Medical Center,
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Interests Music, hiking, travel

Aiyin Chen, MD

Birthplace Taipei, Taiwan

College Cornell University:
BA, Biological Sciences

Medical School UCSF

Internship Atlantic Health, Morristown,
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Interests Snorkeling, traveling,
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Daniel A. Greninger, MD

Birthplace San Leandro, California

College Dartmouth College: BA; Engineering
Science Thayer School of Engineering at
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Medical School Weill Cornell Medical College

Internship Santa Clara Valley Medical Center,
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