



VISIONS

Koret Vision Institute + Beckman Vision Center + Department of Ophthalmology + Francis I. Proctor Foundation

Fall 2012

University of California, San Francisco + That Man May See

Focal Point



Dear Friends,

Innovative technologies and dedicated bioengineers and clinician scientists continue to revolutionize diagnosis and treatment. The imaging technology, optical coherence tomography, has become a vital resource in vision care the world over.

We salute Research to Prevent Blindness (RPB) for sustained grants that support our scientists dedicated to solving challenging causes of blindness. Funding organizations such as RPB and Knights Templar Eye Foundation play critical roles in the productivity of our Koret Vision Research Laboratories and will become even more important as our research programs continue to expand. We highlight our commitment to the greater community – serving families in the new David and Elva Sinai Pediatric Ophthalmology Clinic at San Francisco General Hospital and Trauma Center.

We welcome our residency class of 2015, new ophthalmologists in training who represent the most accomplished and ambitious of their generation.

That Man May See's annual report honors generous friends who inspire us. In a very real way, charitable investments initiate promising new avenues of research. Your contributions make a profound difference.

Sincerely,

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



Ophthalmology Insight Sight at the Speed of Light

Drs. Daniel Schwartz, Michael Hee, and Brendan Lujan, pioneers in new technologies and applications to save sight here and around the world.

Optical Coherence Tomography (OCT) revolutionizes the diagnosis of serious eye disease, providing patients with a noninvasive method to capture exquisitely detailed images of their eyes. Obtained in the clinic at the speed of light, these images help to deliver state-of-the-art care that saves sight for millions who suffer from macular degeneration, diabetic retinopathy, and glaucoma.

Three entrepreneurial vision scientists in the Department of Ophthalmology at UCSF stand at the forefront of this innovative technology. Clinical professor **Michael Hee, MD, PhD**, was involved in early development as a medical student at Harvard

University and as a doctoral student at Massachusetts Institute of Technology (MIT). **Daniel Schwartz, MD**, retinal service director at UCSF, works to advance OCT diagnostics for early detection of diabetic retinopathy and macular degeneration. Assistant clinical professor **Brandon Lujan, MD**, investigates ways to refine OCT's precision in measuring the progression of macular degeneration and hereditary retinal degenerations in clinical trials.

OCT is a major breakthrough, allowing earlier treatment of eye disease. Similar to ultrasound imaging, but substituting infrared light for sound waves, OCT produces an 'optical biopsy' with

Continued on page 2



Envision the Future Brighter Day for City's Children

The shiny new pediatric ophthalmology clinic at San Francisco General Hospital and Trauma Center (SFGH) offers children and their families a warm welcome and improved services. The David and Elva Sinai Pediatric Ophthalmology Clinic is a dream come true for UCSF

Ophthalmology's **Alejandra de Alba Campomanes, MD, MPH**. "So many people helped bring this vision to life," says Dr. de Alba. "This beautiful clinic is a symbol of our commitment to the city's most vulnerable children."

Continued on page 6

A PEEK INSIDE:



Passion for Patient-Centered Clinics



Research to Prevent Blindness Partners with Vision Scientists



Athlete Regains Healthy Sight

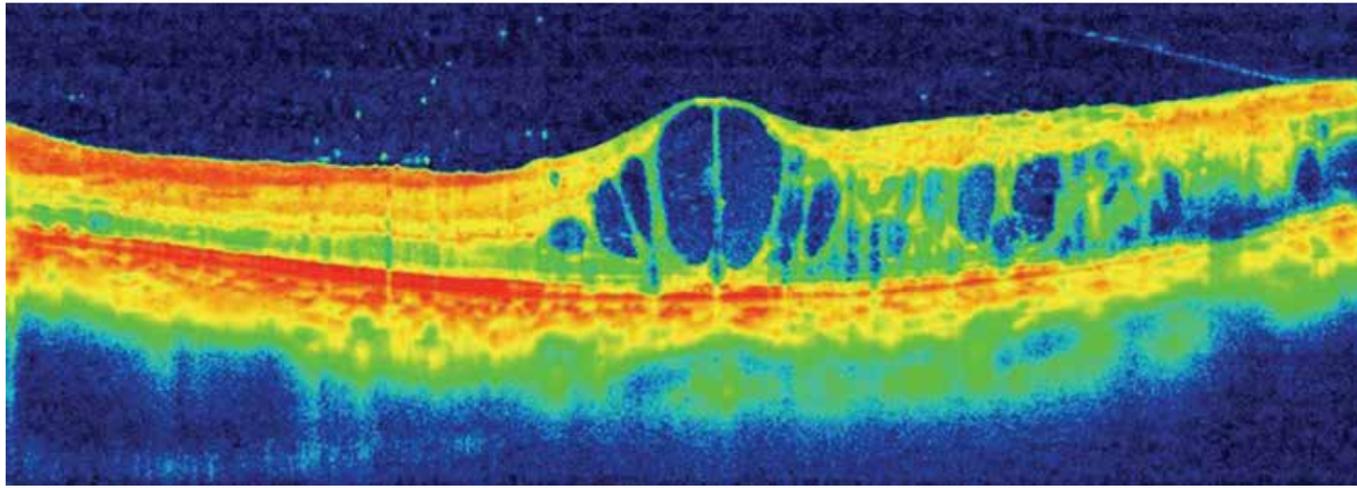


Annual Report: That Man May See Shares Gratitude



Knights Templar Eye Foundation Honors Outstanding Young Researchers

High-resolution OCT image of the retina in a patient with diabetes showing abnormal cysts (dark ovals) and retinal thickening.



resulting images similar in clarity and detail to those produced under a microscope. A great advantage for patients is that the procedure is noninvasive and can be performed on a nondilated eye.

**Dr. Michael Hee:
Harnessing a
Dream Team**

Dr. Hee was a medical student at Harvard and an electrical engineering PhD candidate at MIT



soon after what became OCT was first imagined – in the early 1990s. It would be a dream come true for many suffering from retinal diseases. He played a pivotal role in a three-part collaboration to help ready the device for clinical application. Partners included the New England Eye Center, with Carmen Puliafito, MD, and Joel Schuman, MD; the MIT electrical engineering department with David Huang, MD, PhD, and Jim Fujimoto, PhD; and MIT's Lincoln Laboratory, with Eric Swanson, MS.

A decade of research went into the development of OCT, with the first prototype available by 1993, the first commercial release in the middle of that decade, and by the early 2000s, full throttle OCT. During the early laboratory collaborations, Dr. Hee admits that the going wasn't always easy. "The experience was challenging," he says. Being at the eye of the storm of new technological advancement, he couldn't realize at that time what impact the device was about to make on ophthalmology. "I used to say 'Wow! If this ever makes it to the clinic, I will be amazed.' Looking back, I had to eat my words," recalls Dr. Hee.

OCT is widely understood to be one of the most important advances in ophthalmology over the past 25 years. Importantly, it enables nonretinal specialists to screen for disease with increased accuracy. This early detection, when disease is still treatable, has made a dramatic impact on patient care. OCT has been adapted to a wide range of investigative endeavors both within and outside of health care. Examples range from art and archeology to cardiology, neurology, and dentistry.

Dr. Hee's role was to coordinate the three labs in the process of making OCT work for real people – to move it beyond the test stage. "We had a proof of principle – eyeball in a test tube," he explains. Dr. Hee felt highly motivated. "We had excellent institutions to coordinate and an opportunity to improve the lives of people suffering with eye disease," he says.

**Dr. Daniel Schwartz:
Expanding the
Technology**

Working to expand OCT diagnostic capacities, Dr. Schwartz is a renowned retinal clinician, respected research scientist, and inventor of medical technology.



An OCT scan of the retina generates enormous quantities of data. Among the most important steps is to correctly sort useful data from data that represents distorted or blurry images. The genius of Dr. Schwartz and his collaborators at California Institute of Technology (Caltech) is that where others saw discarded 'garbage' data, they saw gold.

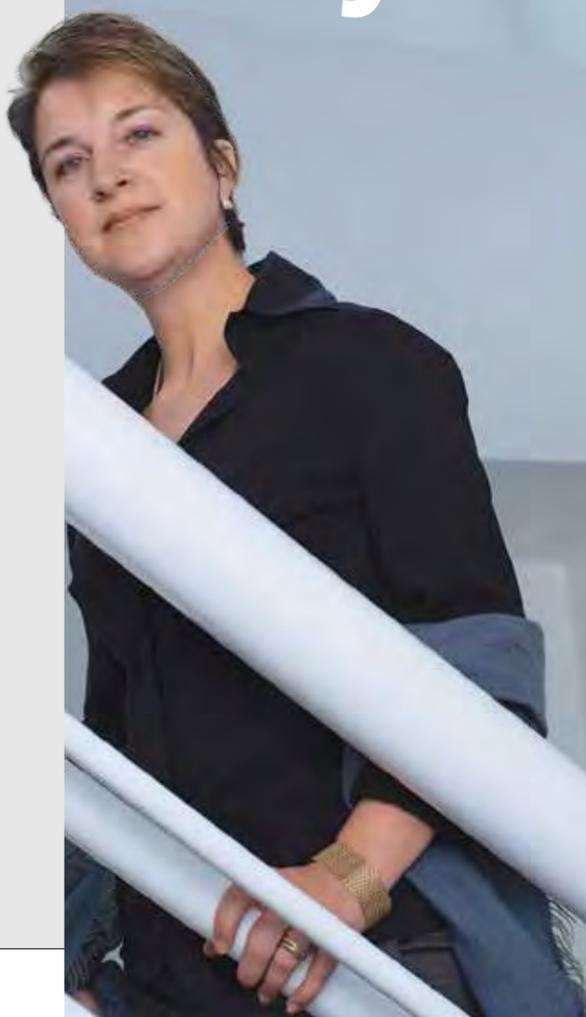
For over 50 years, fluorescein angiography was the primary method for diagnosing retinal disease. While effective, the procedure requires an injection of fluorescein dye, is time consuming, requires a highly trained technician and an ophthalmologist, and can cause many unpleasant side effects. More significantly, however, while mild allergic reactions to the dye are common, life-threatening reactions, though infrequent, are possible.

Working collaboratively with Scott Fraser, PhD, and Jeff Fingler, PhD, from Caltech, Dr. Schwartz has engineered a software product that uses the discarded 'garbage' data to create exquisitely detailed images of the blood vessels that support individual retinal cells. This development, known as OCT-Angiography (OCT-A), does not require intravenous injection of fluorescein dye with its associated side effects, requires only a minimally trained technician, and can be completed within a matter of minutes without dilation of the pupil.

Because high-resolution OCT equipment is becoming increasingly inexpensive and OCT-A software can run on any such scanner, Dr. Schwartz expects that within five years patients will be screened routinely by their optometrists and primary care physicians. Such an advance will revolutionize the diagnosis of retinal disease, greatly facilitating early diagnosis of diabetic retinopathy, macular degeneration, and a host of other retinal diseases – before major visual impairment occurs.

Although OCT-A was primarily developed for ophthalmic use, its capacity to noninvasively image small blood vessels may have applications well

The Patient is Everything



As a young girl in Russia, **Alla Ustinov, RN, MSN**, dreamed of becoming a doctor. Alla was born in a large industrial city in the Urals, a mountain range running through east-central Russia and forming a natural boundary between Europe and Asia. She became very good at understanding that borders can help as well as limit people in daily life. As the ophthalmology department's new administrative director for operational and clinical services, Alla embraces her role to support patients in their clinical visits and faculty in their clinical practice.

beyond ophthalmology in other fields in medicine. These are currently being explored by Dr. Schwartz and other scientists at UCSF.

Dr. Brandon Lujan: Testing a New Angle

Working at West Coast Retina in San Francisco and the University of California, Berkeley,



Dr. Lujan does research to prepare for early clinical trials to validate Directional OCT (D-OCT), a technique that utilizes scans taken from multiple pupil positions through the pupil. With D-OCT, the thickness of the retinal layer containing photoreceptor cell bodies can be measured with improved accuracy and precision. This thickness provides a “biomarker,” a noninvasive anatomical clue as to whether known disease is worsening or stabilizing and a measurement of the risk of developing vision-disabling disease. Incorporation of D-OCT into future clinical trials of novel treatments for macular degeneration and retinitis pigmentosa could provide early answers about which therapies hold the greatest promise.

Inside the retina are two kinds of photoreceptor cells. The rods number about 120 million, are highly sensitive to light, and are responsible for peripheral vision. The cones are far fewer in number, with about 6 million. Concentrated in the center of the retina (the macula), they are particularly sensitive to color and key to perceiving detail. “Macular degeneration is

particularly devastating for patients because it damages cone cells, the photoreceptors that provide the highest resolution vision,” says Dr. Lujan. “These cells are critical for reading, writing, and recognizing faces.”

Participating in a National Institutes of Health funded research program for clinicians aspiring to be clinical scientists, Dr. Lujan works with mentors Austin Roorda, PhD (UC Berkeley), and **Jacque Duncan, MD** (UCSF). He is in his final year of the five-year Berkeley Clinical Scientist Development Program. Progress of the research team has been rapid: having originated the technique of D-OCT in lab, they are now moving into clinical trials at UC Berkeley and at West Coast Retina, where Dr. Lujan is a medical retina and imaging specialist.

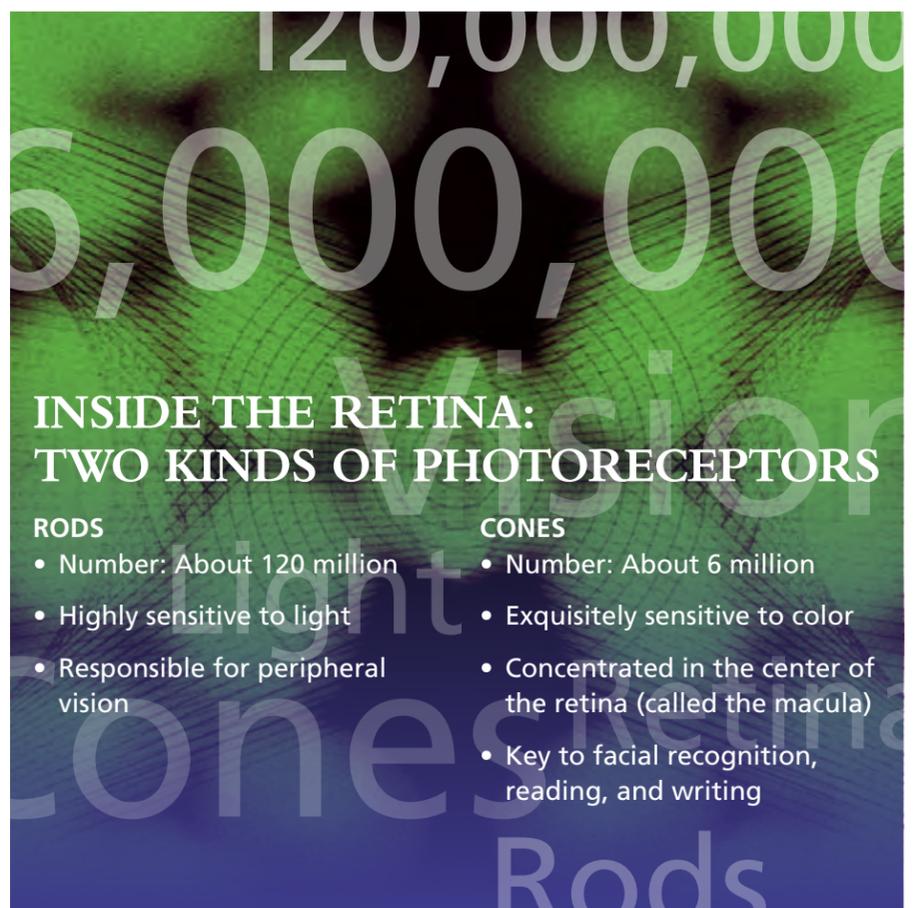
“For me, the beauty of OCT is visualizing living anatomy and pathology – images we see today could only have been seen before under a microscope,” says Dr. Lujan.

Shared Passion for Mentoring Leaders

With innate curiosity, innovative spirits, and compassion, these three OCT researchers see patients, conduct research, and mentor the next generations of ophthalmology leaders. Drs. Hee and Lujan completed their residencies at UCSF Ophthalmology.

“I am always grateful to UCSF for my residency education – it was great training for clinical and surgical practice. Now I volunteer with UCSF’s Department of Ophthalmology, giving

OCT is a major breakthrough, allowing earlier treatment of eye disease.



back at San Francisco General Hospital, working with residents and future residents in surgery,” says Dr. Hee.

“My residency with mentors such as Drs. Alex Irvine, Dan Schwartz, and Jacque Duncan taught me to look at the retina from a new perspective – to ask why we see what we see in retinal disease and to go beyond memorizing patterns. Teaching residents how to search for clues to unlock the story contained within each OCT is my passion,” says Dr. Lujan.

Dr. Schwartz completed medical school at UCSF and returned here following his residency at Johns Hopkins University. “I am so grateful to work at UCSF with such a talented group of residents and faculty. There’s

nothing like it,” says Dr. Schwartz. “The generous support I’ve received over the years from contributors to That Man May See has enabled us to push the frontiers of medical technology with the best scientists at Caltech. It’s a great time to be in medical research!”

By their commitment to search for breakthroughs, these three clinician scientists stand in good company with the many UCSF researchers, Nobel laureates, and clinicians whose work makes a lasting contribution to the advancement of science and health care in the United States and throughout the world.

Development of the OCT-A is made possible by the generous support of the John and Lisa Pritzker Family Fund. ●

“I am here to bring out the best in people, and my main goal is to nurture a patient-friendly environment.”

– Alla Ustinov, Administrative Director

“The conversion to the electronic medical record system is the most significant change in care delivery that we have introduced in many decades,” says Department Chair **Stephen D. McLeod, MD**. “We are extremely fortunate to have found someone with Alla’s organizational skills, creativity, and concern for the well-being of our patients, staff, and physicians alike.”

For Alla, the path to ophthalmology began with a trip to San Francisco as a tourist. She stayed. She enrolled in the nursing program at San Francisco State University and graduated with a master’s degree in public health. She then came to UCSF to work in

obstetrics. For six years, she focused on women’s health and the delivery of babies and later served as a high-risk nurse in ambulatory services.

Recognized as a Leader

While a nurse in the UCSF Obstetrics Service in the Department of Women’s Health, Alla was tapped for a management position there, which she regarded as a “career-changing opportunity.” Though she enjoyed working directly with patients, she knew that visiting a medical clinic for the first time can be daunting – especially when you may have a serious or disabling disease – and there seemed another way to make a difference.

Alla wants her door to always be open for patients. “My commitment is to customer service and to a patient-friendly clinic that puts everyone at ease,” she explains. “I always have to ask ‘what does the patient need?’”

“I want our patients to know about our successes, that we are a world-class department with a superb staff and the very best physicians, and I want them to have a good overview of our services,” says Alla. She plans to provide patients with a comprehensive packet to help them navigate services and understand the roles of clinician scientists, residents, and fellows. Alla is particularly concerned about the department’s older patients

who might have special needs in making appointments.

Embracing Projects Big and Small

The day that Alla arrived at the ophthalmology clinic, the patient chart files were being converted to the digital data management system. She embraces it all – from behind-the-scenes support for clinical teams to communication with alumni. “I am here to bring out the best in people, and my main goal is to nurture a patient-friendly environment.”

So, where is her open door? You will find Alla’s office just beyond the glaucoma clinic at 8 Koret Way on the Parnassus campus. ●

Research to Prevent Blindness: Advancing Breakthroughs

Exciting new strategies to prevent and treat eye disease begin in the laboratory. UCSF Ophthalmology is grateful to Research to Prevent Blindness (RPB) for its leadership in advancing vision science. Since 1998, RPB has granted UCSF \$4.5 million for a wide range of faculty efforts by young vision scientists establishing their laboratories, mid-career investigators, and senior scientists. In the past year alone, three UCSF ophthalmologists were awarded grants totaling \$450,000.

Research to Prevent Blindness, a private foundation, supports research into the causes, treatment, and cure of all blinding diseases. Across the nation, it partners with more than 50 leading scientific institutions, providing vital manpower, technology, laboratories, and seed funding. RPB researchers are associated with nearly every major breakthrough in the understanding and treatment of vision loss during the past 50 years.

“With macular degeneration, glaucoma, and diabetic retinopathy on the rise as the U.S. population ages, RPB will continue to have a tremendous impact through its vital role in vision research,” says **Stephen D. McLeod, MD**, chair of the Department of Ophthalmology.



Dr. Thomas Lietman, RPB grant recipient 2012

New Paradigm to Save Sight

Thomas Lietman, MD, a senior researcher at UCSF’s Francis I. Proctor Foundation for Research in Ophthalmology, is testing whether preventive use of an antibiotic ointment can reduce the incidence of corneal infections and be cost effective. If it is, this may prove to be the single most successful intervention against corneal disease worldwide.

Corneal ulcers are a leading cause of blindness, particularly in developing countries, with a conservative estimate of 1.5 to 2 million new cases annually. Dirt, rocks, and agricultural debris can scratch the surface of the eye, leaving the cornea vulnerable to blinding

infection. Even when an infection is treated with antibiotics, scarring generally causes the cornea to become opaque.

What if an antibiotic ointment were applied to the scratched cornea *before* it became infected? The idea came from Proctor Foundation’s emeritus professor **Jack Whitcher, MD**, and Aravind Eye Hospital’s M. Srinivasan, MD. Promising preliminary studies followed.

Now Dr. Lietman and **Jeremy Keenan, MD, MPH**, hope to validate the earlier findings with a sophisticated study

over two harvest seasons. In randomly selected villages in the Indian state of Tamil Nadu, community health workers apply an antibiotic ointment to corneal abrasions within 24 hours of occurrence to prevent corneal ulcers. People in “control” villages receive normal treatment after ulcers develop.

Treatment for infection costs more than many South Indians earn in a month. If the prevention works and proves relatively cost effective, it could be scaled up to other areas of Tamil Nadu and beyond, reducing blindness and visual disability.



“The level of diligence and knowledge that the Proctor group exhibited was impressive.”

– Patient Andrew Walz

Healthy Return to an Active Life

Andrew Walz loves outdoor adventure, and extended-wear contact lenses suited his lifestyle. Little did he know that sleeping in contacts increased his risk of eye infection twenty-fold. Especially during sleep, lenses can cause abrasions that allow infection to enter the cornea.

Debilitating Inflammation

At the end of a sport-fishing trip, Andrew woke with severe pain in one eye after sleeping in his lenses. Extreme light sensitivity made it impossible to drive or read signs. The mechanical engineer was using pain medication to make it through his work days, and sports were on hold. After the corneal ulcer showed no clinical response to antibacterial and antifungal treatments, Andrew was referred to UCSF’s world-renowned Francis I. Proctor Foundation for Research in Ophthalmology.

The Proctor team quickly tested material from Andrew’s cornea for a biological cause of infection. Prior treatments had been based on visual examinations, rather



Dr. Jonathan Horton, RPB recipient 2011

Solving Ocular Misalignment

Jonathan Horton, MD, PhD, is leading an RPB-funded investigation into the visual development of children with strabismus, an ocular misalignment that causes double vision. The disorder makes stereopsis impossible, leading to significant deficits in fine eye-hand coordination. Over the past few decades, major advances have occurred in visual neuroscience, revealing how ocular inputs are integrated in the primate visual system. With this new understanding, vision scientists can better determine why normal binocular vision does not develop in some children.

When children develop strabismus, they rapidly learn to suppress portions of the visual field seen with each eye to avoid double vision and confusion. Although their response is adaptive, it robs them of the feedback that would normally drive proper realignment of the eyes. Dr. Horton's team will map these areas of suppression in the visual field of patients with childhood strabismus.

Dr. Horton is respected as an outstanding clinical neuro-ophthalmologist and as one of the leading neuroscientists in the country. He is the recipient of the 2008 Alfred W. Bressler Prize in Vision Science, awarded by The Jewish Guild for the Blind.

“RPB will continue to have a tremendous impact through its vital role in vision research.”

– Dr. Stephen D. McLeod



Dr. Jeremy Keenan, RPB grant recipient 2012

Outwitting a Dangerous Infection

Jeremy Keenan, MD, MPH, a clinician scientist at the Proctor Foundation, cares for patients struggling with acanthamoeba keratitis. Acanthamoeba, a cyst-forming protozoan found in water and soil, can cause painful corneal infections (keratitis) and damage sight. Unfortunately, difficulties in making a correct diagnosis can slow treatment and increase vision loss.

In the United States, contact lens wearers are most at risk. A U.S. epidemic began in 2004, and new cases continue to cause harm. In developing countries, most cases result from agricultural injury.

Dr. Keenan works to identify optimal methods for diagnosing and eradicating this stubborn infection. Working with more than 100 patients at the Proctor Medical Group and Aravind Hospital in Madurai, India, Dr. Keenan applies novel methods to:

- Compare the effectiveness of several diagnostic tools, including the leading-edge confocal microscope,

- Establish the median treatment time needed to clear the infection, and
- Test pairs of existing treatments to see if some combinations increase therapeutic effects, potentially leading to better patient outcomes.

Dr. Keenan's investigation will help clinicians better diagnose and treat this infection. His findings also will be used to design clinical trials for promising treatments, helping patients well into the future. ●

than on laboratory findings. When results came back negative for bacterial infection, the Proctor team, led by Director **Todd Margolis, MD, PhD**, theorized that earlier treatments had cleared a common bacterial infection, even though Andrew remained in serious pain and could not see well.

“Everything at Proctor was done meticulously,” says Andrew. “I benefited from being at a teaching hospital, where several doctors examined every aspect of my condition.”

Global Research Helps Local Patient

The medical team considered its options. Many ophthalmologists are reticent to treat bacterial corneal ulcers with topical steroids. However, the Proctor International Group had recently demonstrated the safety of this approach in a large study carried out with the Aravind Eye Hospital in India. Dr. Margolis started Andrew on the lowest possible dose and closely monitored him. Within a week, pain and redness were largely gone. Both men were thrilled.

“The level of diligence and knowledge that the Proctor group exhibited was impressive,” says Andrew. “I felt like others were ready to wave the white flag when I didn't respond to standard treatment.”

Back in Action

Today Andrew's vision is nearly normal, and lasting damage will be negligible. He may be unable to wear contacts or have refractive surgery. Andrew remains frustrated that extended-wear contact lens makers claim it is safe to sleep in their lenses, despite cases like his.

He is extremely thankful that he found the Proctor Foundation. He is happily training for his next triathlon, and the ski slopes at Lake Tahoe now look bright in a very good way. ●



Brighter Day

Continued from page 1

Accomplishing More

The cheery space, with its colorful nature photos, is designed to reduce stress for overwhelmed families. Children play and learn in the pediatric waiting room. A gold captain's chest is filled with surprises.

Improvements go deeper, of course. Two new pediatric exam rooms and a screening room help the clinical team work efficiently, see more patients, and reduce the time families wait. When Dr. de Alba is not in clinic, volunteer ophthalmologists **Eddy Tamura, MD**, and **Omondi Nyong'o, MD**, treat young patients in the new space, increasing pediatric appointments by up to 20 percent per year. These changes will lead to better visual outcomes for more infants and children.

"A good pediatric ophthalmology clinic is one that children and their families want to return to," says Dr. de Alba. Engaging families in long-term monitoring and treatment is crucial for some disorders. Retinopathy of prematurity, for example, puts premature newborns at risk for visual disability far into childhood.

Excellence and Equality

As lead pediatric ophthalmologist for the clinic, Dr. de Alba was inspired by the Visual Center for the Child, an upgraded clinic that opened on the UCSF Parnassus campus in 2010. Its sophisticated pediatric equipment and family-friendly environment stood in stark contrast to conditions at SFGH. At the public clinic, an overcrowded waiting room, a lack of pediatric exam rooms and equipment, long waits, and a scarcity of appointments all limited care for infants and children.

Bennie H. Jeng, MD, chief of service for the SFGH Ophthalmology and Optometry Department, worked with Dr. de Alba to create a blueprint for

improvements at SFGH. Beyond new exam rooms, they needed state-of-the-art diagnostic and surgical tools, including a surgical laser for treating infants with retinopathy of prematurity, a potentially blinding disorder. They also needed additional staff to track treatment of children most at risk for blindness and severe vision disabilities.

SFGH administrators Sue Carlisle, MD, PhD, and Susan Currin, RN, MS, advocated for allotting space to pediatric ophthalmology. The UCSF Department of Ophthalmology added a staff position for patient tracking. That Man May See, public charity for UCSF Ophthalmology, began reaching out to potential donors.

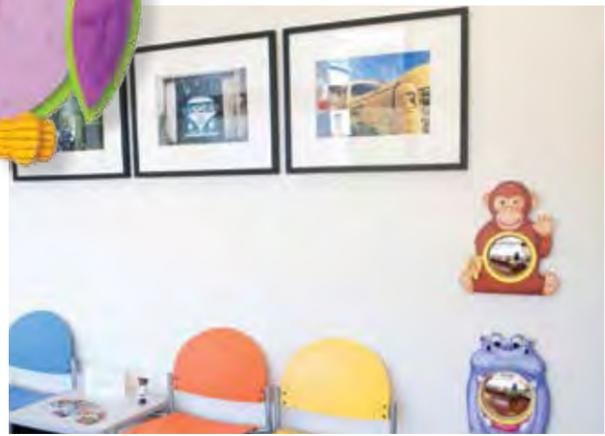
Putting Children First

Individuals, families, and foundations all stepped forward to support excellence in pediatric vision care. For The David and Elva Sinai Foundation, the clinic was a natural fit. Aline Sinai and her twin sister Ann had been treated at UCSF for vision disorders related to prematurity. More than 40 years ago, their late father David served on That Man May See's founding board of directors.

"My father would have been overjoyed to know he helped create this child-friendly clinic," says Aline. "He dedicated his life to helping children see."

"Thanks to the generous support of our donors, we can now do a far better job meeting the needs of the infants and children who rely on SFGH for vision care," adds **Stephen D. McLeod, MD**, chair of the UCSF Department of Ophthalmology. "We are indeed grateful."

To learn more about supporting excellence in pediatric ophthalmology at UCSF, contact That Man May See at 415.476.4016, tmms@vision.ucsf.edu, or www.thatmanmaysee.org.



Thanks to our donors, we can now do a far better job meeting the needs of the infants and children who rely on SFGH for vision care."

– Dr. Stephen D. McLeod

Support for The David and Elva Sinai Pediatric Ophthalmology Clinic

Lead contributors include The David and Elva Sinai Foundation, Inc., William Randolph Hearst Foundation, Bernard A. Newcomb Foundation at Silicon Valley Community Foundation, The Kimball Foundation, The Herbst Foundation, Inc., Kern Family Fund at the San Francisco Foundation, Koret Foundation, and the Morgan Stanley Wealth Management Foundation. Support also provided by Dr. and Mrs. William S. Breall; Dr. and Mrs. J. Brooks Crawford; John F. de Benedetti and Nina Srejavic; Ken and Donna Derr; Sue and John

Diekman; Todd and Stacey Melcher; Ivan, Maris, and Harry Meyerson; James and Janet Mitchell; J. Michael Patterson and Sandra Radtka.

Artwork for the new clinic was donated by photographer **Martin S. Cohen, MD**, and Cathleen Sonoda Cohen in tribute to the memory of UCSF ophthalmologist **Samuel Kimura, MD**, and Pearl T. Kimura. Dr. Cohen served as Pediatric Chief Resident at San Francisco General Hospital during his residency at UCSF.



Dear Friends of That Man May See,

The annual report for That Man May See for fiscal year 2011-2012 comes to you with deep gratitude from our dedicated board of directors and staff. You are a part of a community passionate about finding new solutions for blindness and visual disability. This was our very best funding year in the history of That Man May See, making the 40th anniversary a significant landmark.

Thank you for your generous charitable investments in the vision science faculty of the University of California, San Francisco. Together, we make a difference.

Your gifts made a tremendous impact. Private contributions were key to developing two new clinics, one focused on pediatric ophthalmology at San Francisco General Hospital and Trauma Center and the other on a pioneering treatment for severe dry eye at UCSF's Francis I. Proctor Foundation. Philanthropic support launched an international glaucoma research initiative, added a robotics system to the Koret Vision Research Laboratories, and supported scientists to apply new knowledge to understanding eye disease and translate these efforts for patients worldwide. Private gifts added eight new endowments and named funds to UCSF for long-range financial stability as well as recognition of both contributors and faculty.

The stories in this issue of *Visions* demonstrate the value of your continuing investment in That Man May See. We cannot do this work without you. Thank you for providing hope now and for future generations.

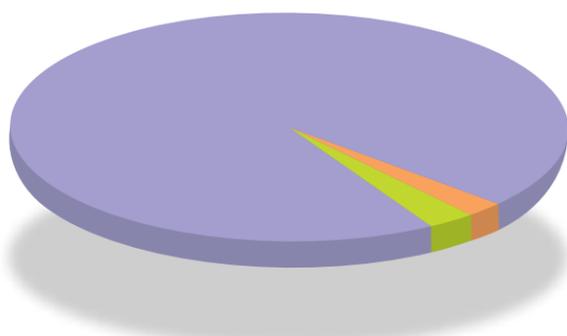
Sincerely,

Dan Benatar
Chair, Board of Directors

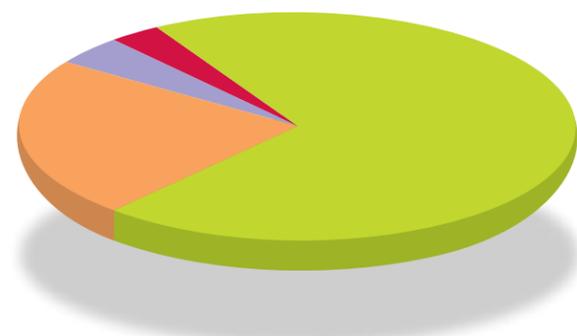


THAT MAN MAY SEE

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, including Bequests and Trusts	\$8,274,335	\$710,387	\$8,984,722	95%
Donations and New Pledges from Corporations and Foundations	\$109,326	\$199,000	\$308,326	3%
Earnings on Deposited Funds**	\$147,022		\$147,022	2%
Total	\$8,530,683	\$909,387	\$9,440,070	100%



Application of Funds	Actual	%
Research, Education, Patient Care, and Community Services:		
Dispersed Funds	\$6,620,978	70%
Committed Funds	\$2,202,372	23%
Fundraising	\$364,749	4%
Management and Administration	\$251,971	3%
Total	\$9,440,070	100%

*Board of Regents and UCSF Foundation
**Includes fee reimbursements from UCSF

In Gratitude for

Thank you for your generous support received between July 1, 2011, and June 30, 2012.

Legacy Leaders (\$5,000,000+)

Estate of Denise B. Evans

Visionary Leaders (\$2,000,000+)

Fortisure Foundation

Distinguished Contributors (\$1,000,000+)

Estate of Pearl T. Kimura and Samuel J. Kimura, MD

Visionaries (\$100,000+)

Bernard A. Newcomb Foundation at Silicon Valley Community Foundation
Knights Templar Eye Foundation
Peierls Foundation
The John and Lisa Pritzker Family Fund
The David and Elva Sinai Foundation, Inc.
Ted and Betty Tight

Entrepreneurs (\$50,000+)

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Dr. David and Victoria Chang
The Hellman Family Foundation
Dr. Thomas and Mrs. Yvonne Mazzocco
Sandler Foundation
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Ivan, Maris, and Harry Meyerson
Payne Family Foundation
Marilyn and David Pratt
The Schreck Family
Sue and Laurence Spitters
W. Scott Thomas

Luminaries (\$5,000+)

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Tom, Jan, Tommie and Christopher Bird
H. Michael Braude
Sylvia and Buck Breiholz
June M. Carros
Selina and Johnson Cha
The Cobb Family Foundation, Inc.
Geraldine K. Cole
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John F. de Benedetti and Nina Srejavic
Janet and Bill Dinsmore
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The Mattson Family Conservation Foundation
Faye Mellos and Michael Holland
James and Janet Mitchell
Nancy and Tim Müller
Bob and Naomi Stamper

Joan Platt
Arthur and Toni Rembe Rock
Michel and Masako Vacheron

Dream Makers (\$2,500+)

Anonymous
Joan and Peter Avenali
Neelima and Milind Bhat
Edward and Margaret Collins
Mr. and Mrs. Donald W. Davis
Shustek Dubinsky Family Philanthropic Fund
Margaret Duflock
Elaine A. Eklund
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Good News for Young Family

Serious vision disorders can appear out of the blue. For the Wilhelm family, a Marin pool party marked the first day of a long struggle with their son's vision. Six-year-old Grant left the party with a red eye and pain that persisted for months. Eventually referred to UCSF's Francis I. Proctor Foundation for Research in Ophthalmology, the Wilhelms found a strong ally in **Todd Margolis, MD, PhD**. "Grant and Dr. Margolis quickly became buddies," says Grant's mother Karen Wilhelm.

Struggling to See

The inside of Grant's left upper eyelid was covered in small welts. Dr. Margolis diagnosed vernal conjunctivitis, an inflammation caused by warm weather allergies. Creams and drops were soothing, but the inflammation continually re-irritated Grant's cornea. Grant struggled to read his first-grade lessons. He kept his left eye nearly shut, squinting and tilting his head to see. His right eye was slightly irritated, too. He wore a hat and sunglasses to play outside.

Weighing Risks and Rewards

"As Grant's ophthalmologist, I was ready to treat his condition more aggressively soon after diagnosis," remembers Dr. Margolis. "The little guy was really suffering." But after weighing treatment options and possible impacts, the family decided to wait. There was still a chance the inflammation would improve during the cooler months.

"Grant was a trooper," says Karen. "It was difficult to see him struggle, but we didn't want to risk anesthesia (necessary to inject prednisone into his eyelid) until we had tried everything else. Dr. Margolis really respected our concerns."

Facing a Better Future

Without effective treatment, corneal scarring would cause the young boy some permanent vision loss. As winter passed, the Wilhelms agreed to the injection. Anesthesia was kept as mild as possible.

"The new treatment made all the difference," Karen reports. "Grant finally found relief, and his eye began to heal. We are so grateful."

A year after his first signs of distress, Grant no longer squints, and he is enjoying life more. To strengthen his weakened eye, Grant wears a patch over his good eye an hour each day. Ongoing treatment works to keep his allergy from flaring up. Chances are good that Grant will outgrow his condition and enter adulthood with good sight in both eyes.

Averting Financial Crisis

Beyond the emotional stresses of their son's disorder, the self-employed Wilhelm family confronted escalating treatment costs. Having deferred medical coverage to save money, they were forced to consider cutting back on appointments and questioned whether to forego the injection that ultimately started Grant's healing.

The Proctor Foundation's philanthropic Patient Services Fund came to the rescue, ensuring that Grant's care was not compromised. "It was phenomenal what the Proctor Foundation did for our family," says Karen. "Its financial help allowed us to make decisions based purely on what was best for Grant's sight." ●



Patient Grant Wilhelm (left) with his twin brother Zachary

Grant finally found relief, and his eye began to heal. We are so grateful."

– Karen Wilhelm

Overcoming Financial Barriers

Private philanthropic funds support care for vulnerable patients served by UCSF Ophthalmology.

Patient Services Fund

Financial support for patients at Proctor Medical Group
Funded by the Peierls Foundation

Infant Contact Lens Fund

Therapeutic lenses for infant cataract patients at San Francisco General Hospital and UCSF Visual Center for the Child
Funded by The David and Elva Sinai Foundation, the Saints and Sinners Fund at San Francisco General Hospital, and the Morgan Stanley Wealth Management Foundation

Operation Eyesight

Therapeutic lenses for infant cataract and glasses for pediatric strabismus patients at San Francisco General Hospital and UCSF Visual Center for the Child (Postoperative strabismus patients require a series of rapidly changing prescriptions to achieve normal visual development.) Funded by the Sacred Heart Catholic School, Saratoga

To make a charitable contribution to these funds, please contact That Man May See at 415.476.4016, tmms@vision.ucsf.edu, or www.thatmanmaysee.org.

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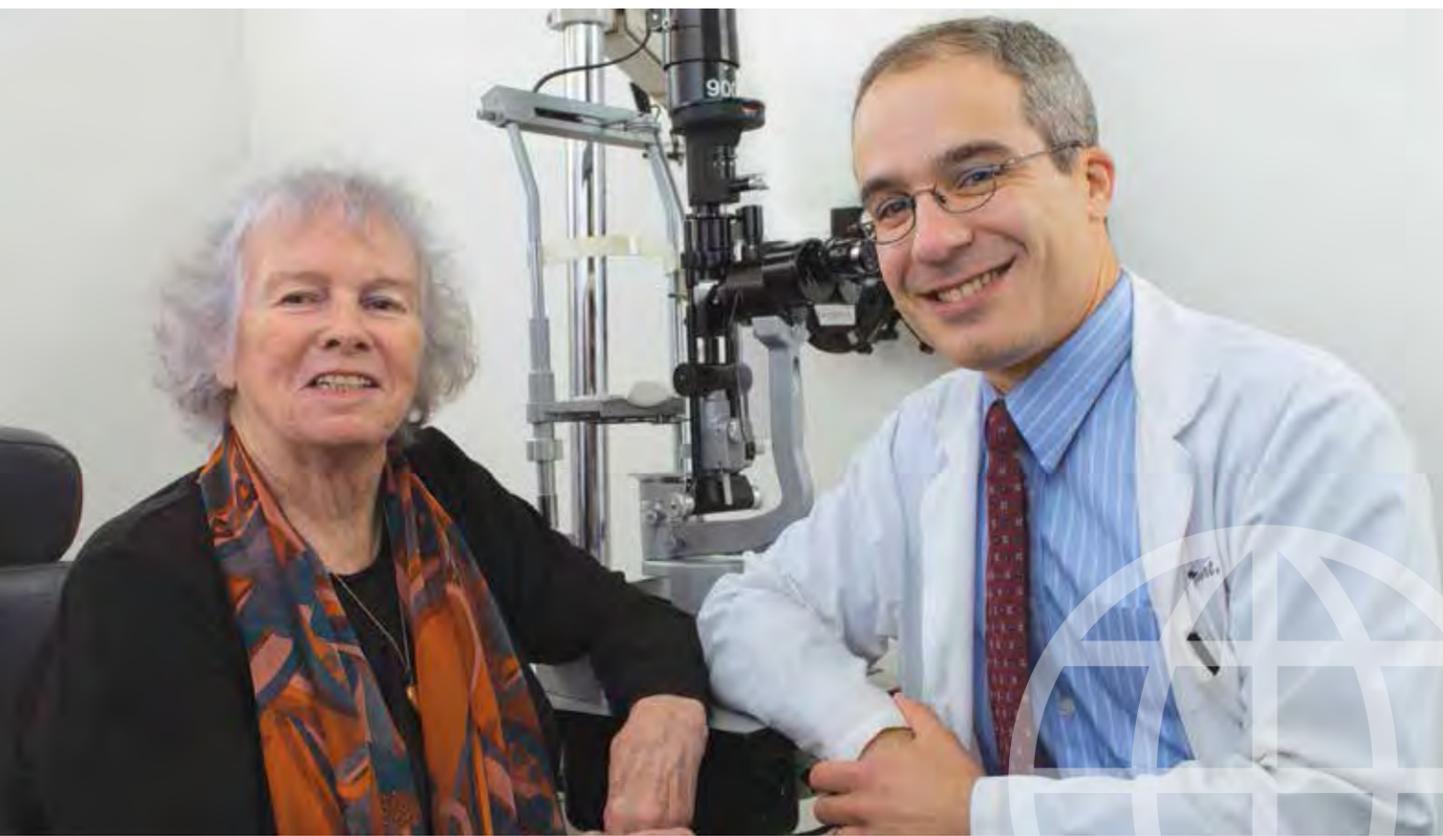
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membrane lining the inside of the eye. In patients with advanced macular degeneration, new blood vessels leak blood and fluid under the retina, damaging cells essential for healthy sight. Betty received monthly injections for five years, and now further research progress has been made. She receives injections every two months, freeing up her time to travel and be with her family.

Passion for Helping Others

Betty’s vigorous career spanned work with children and seniors. An exuberant woman with a compassionate nature, Betty was trained in social work at the University of California, Berkeley, specializing in adoptions for 23 years. Then she found passion in caring for the elderly who had neither families nor social networks.

Gratitude Travels

Betty Toal has traveled the world – and continues to plan trips to exotic locations. In between adventurous jaunts, she frequents the ophthalmology clinic at UCSF, traveling from Marin to the Parnassus campus for eye care from **Jay Stewart, MD**, her retinal specialist.

“He’s such a kind, gracious man and very thoughtful. I am grateful because he has saved my sight,” says Betty, who was diagnosed with wet macular degeneration five years ago.

Bequest Honors Dr. Stewart

Betty has created an estate plan that includes That Man May See, support foundation for UCSF Ophthalmology. The bequest will provide funding for the research of Dr. Stewart, honoring

him for years of care and recognizing the clinical staff members who make visits go smoothly, especially **Christi Elniff, Renee Alvarez, and Ursula O’Keeffe**. “How much I appreciate their consideration and thoughtfulness. Each one is a reflection of Dr. Stewart’s caring attitude toward his patients,” says Betty.

Including one of her favorite charities, and her favorite doctor, in her estate plan and leaving a legacy for vision research fighting blindness provide great satisfaction for Betty. “Remembering That Man May See in your will is a wonderful gesture,” notes Kathleen Rydar, president of That Man May See. “It’s flexible, so you can stipulate the area of research or research team

to benefit, and we ensure that funds are used to honor the wishes of the contributor.”

Breakthrough Saved Her Sight

With a Betty Boop license plate on a bright red car, Betty stays active. A major research breakthrough in wet macular degeneration occurred around the time of her diagnosis, allowing Dr. Stewart to save Betty’s sight. Injections of Lucentis and/or Avastin can halt the progression of vision loss from wet macular degeneration.

These innovative therapies are made from a human antibody fragment and can keep new blood vessels from developing under the retina, a sensory

Having traveled all of continental Europe and much of Asia, Betty returned to Paris with a friend last spring. Where is she off to next? Having toured through Russia, China, Korea, Japan, and Bali, she’s dreaming of Prague and Budapest, thank you (*dekuji and köszönöm!*)

For information about making a bequest to That Man May See, call Kathleen Rydar at 415.476.4016. These planned gifts may be unrestricted, to be used where the need is greatest, or designated for a particular purpose. The UCSF Foundation is prepared to assist with gift annuities and other estate planning mechanisms. ●

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2012

American Academy of Ophthalmology
Cocktail Reception
Chicago Yacht Club

Sunday, November 11
6:00 – 8:00 p.m.

2013

Annual Scientific Meeting
The City Club of San Francisco

Friday, March 1
7:30 a.m. – 5:00 p.m.

2013

Annual Scientific Meeting
Cocktail Reception
The City Club of San Francisco

Friday, March 1
5:30 – 7:00 p.m.

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To renew membership or RSVP for these events, please visit www.cordesmembers.com or contact Molly Boylan, Esq., at 415.476.4016 or boylanm@vision.ucsf.edu.

Knights Templar Eye Foundation Awards to Young Scientists

Three postdoctoral researchers in the Department of Ophthalmology have received a total of \$180,000 in prestigious Knights Templar Eye Foundation awards, yearlong grants given to some of the country's best young vision scientists. These awards have supported UCSF vision research for more than 20 years.

Knights Templar Eye Foundation representative Bruce Pruitt of Sacramento and Grand Commander Casey Norris of Texas recently presented the awards at UCSF in full regalia, honoring the scholars and faculty mentors **David Copenhagen, PhD; Douglas Gould, PhD; and Hilary Beggs, PhD.**

"Knights Templar Eye Foundation provides crucial seed funding to get promising research off the ground," says Dr. Copenhagen. UCSF vision scientists can leverage fruitful results to gain support for further investigation.

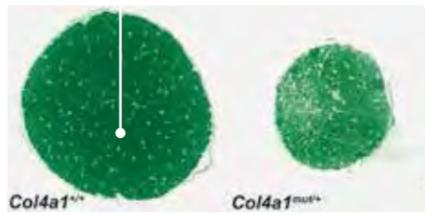
How Mutation Leads to Childhood Blindness

With Dr. Gould as her mentor, **Mao Mao, PhD**, researches the impact of genetic mutations on a range of ocular developmental disorders. Optic nerve hypoplasia, a leading cause of childhood blindness in the United States, occurs most frequently in young mothers' first infants. Abnormal optic nerve development results in a smaller optic nerve, reducing the capacity to resolve visual detail or even perceive light. There is no cure, and disease prevalence is increasing.

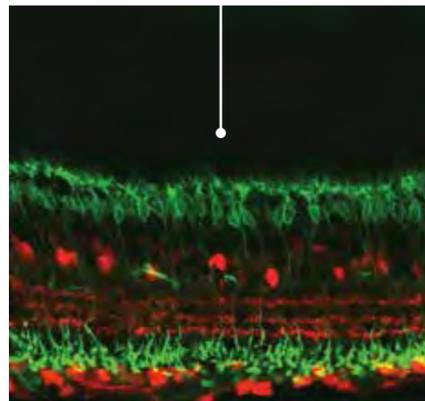
Dr. Mao uses a disease model with a genetic mutation in one component of the basement membrane and examines how this component directs optic nerve development. Drs. Mao and Gould expect this investigation to yield discoveries that will lead to direct understanding of cellular mechanisms and molecular pathways that can be targeted for treatment.



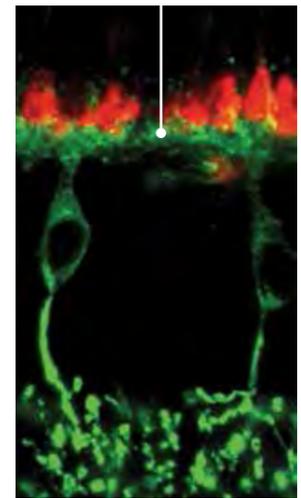
In search of new answers, Drs. Mao, Majumdar, and Cammas (left to right) explore causes of eye disease.



A mutation in type IV collagen causes optic nerve hypoplasia (small optic nerve on right), a leading cause of childhood blindness.



This vertical section of the retina shows TrkB protein dysfunction, which seems to result in blurred sight and reduced edge detection.



A genetic mutation causes the blinding disorder CORD5. Retinal cone cell synapses and the adjacent bipolar cells are likely locations of dysfunction.

Knights Templar Eye Foundation provides crucial seed funding to get promising research off the ground."

– Dr. David Copenhagen

A native of Qidong, China, a small town near Shanghai, Dr. Mao earned her doctorate in molecular physiology and biophysics at the University of Iowa, where she studied genes that cause early-onset glaucoma.

How Irregular Synapse Development Impairs Sight

Sriparna Majumdar, PhD, works closely with Dr. Copenhagen to understand how retinal nerve cells make physico-chemical connections (synapses) with each other and what types of molecules determine each nerve cell's identity and specific cell-to-cell connections. Recent studies established that certain protein molecules interact to drive development of some nerve cell synapses in the spinal cord and cerebellum. Preliminary results from the Copenhagen lab suggest that

this same process is also at work in the retina.

When the activity of the protein molecule TrkB is blocked during postnatal development, it permanently retards the formation of some retinal synapses and compromises the maturation of nerve cells that relay signals to the brain. This seems to cause blurred sight and reduced edge detection.

Dr. Majumdar examines the significance of the changes in retinal function, including light perception, that occur when TrkB activity is blocked during retinal development. Her work will determine more precisely how poor functioning of this protein leads to visual loss.

For her doctoral degree from the Indian Institute of Science in Bangalore, India, Dr. Majumdar studied aspects of electrical signaling in nerve cells of the brain.

How Mutation Shapes an Inherited Retinal Disease

Working first with Dr. Beggs and now with Dr. Copenhagen and **Louis Reichardt, PhD, Laura Cammas, PhD**, focuses on the cone dystrophy called CORD5, which causes legal blindness by age 30 and is currently untreatable. Cone dystrophies are a group of inherited diseases that disturb the function of retinal cones, leading to loss of central vision, defective color vision, and light sensitivity.

Dr. Cammas hypothesizes that in CORD5 the synapse of the cone cell is impaired. Dr. Cammas analyzes how the gene associated with CORD5 functions in healthy and pathological conditions. She uses a new CORD5 model to examine the role of the mutation in disease development.

Originally from Paris, Dr. Cammas obtained her doctorate in reproductive biology from the University of Paris XI. She then specialized in ophthalmology during postdoctoral work at the Institute for Genetics, Molecular and Cellular Biology in Illkirch, France, where she studied the developmental pathways that lead to formation of a functional eye. ●



Bruce Pruitt (left) and Casey Norris presented the awards.

Faculty News



Richard L. Abbott, MD

Invited Lecturer: Inaugural Asia Pacific Cornea Society Foundation Lecture, Annual meeting of the Asia Pacific Cornea Society, Manila, The Philippines

This lecture is conferred to an eminent corneal clinician, surgeon, or scientist renowned for an outstanding international reputation in the corneal subspecialty. The lecture recognizes outstanding contributions in research and devotion to teaching and inspires the younger generation of corneal clinicians, surgeons, and scientists.



Nisha Acharya, MD, MS

Appointment: Leadership Development Program, American Academy of Ophthalmology

Dr. Acharya is one of twenty ophthalmologists nationwide selected to participate in this program.



Cynthia S. Chiu, MD, FACS

Invited Lecturer: Maintenance of Certification Course, Annual meeting of the American Academy of Ophthalmology, Chicago

Dr. Chiu has been selected to present the Maintenance of Certification Exam Review session for practicing ophthalmologists at the national meeting of this leading professional academy.



J. Brooks Crawford, MD

Publication: Char DH, Crawford JB, Bertolucci G, Cole T. Intraocular coccidioidomycosis simulating a neoplasm. *British Journal of Ophthalmology*. 2012;96:218-219



Allan Flach, PharmD, MD

Invited Lecturer: Toxicology and Pharmacology topics, Annual Basic Science Course, Stanford University

Dr. Flach presented a comprehensive review of medical treatment of glaucoma, the use of anesthetics in ophthalmology, treatment of inflammatory eye disease, the toxic effects of systemically administered drugs upon the eye, and the toxicity of ocular medications on our bodies. The international audience provided opportunities to compare how medical treatments of eye diseases vary throughout the world.



Bennie H. Jeng, MD

Appointment: Chair, Continuing Medical Education Committee, Association for Research in Vision and Ophthalmology

This committee is dedicated to the dissemination of new and basic information to the clinical community, and it does so by identifying gaps in physician competence, performance, and patient outcomes; prioritizing needs; and organizing educational activities based on input from the society's membership through evaluations and needs surveys.



Robert Kersten, MD

Invited Lecturer: Keynote speaker, Asian-Pacific Ophthalmic Plastic Society Meeting, Singapore

Following the meeting, Dr. Kersten will serve as the Health Ministry's visiting scholar at Singapore's national eye hospital.



Matthew LaVail, PhD

Symposium: XV International Symposium on Retinal Degeneration, Bavaria, Germany

Dr. LaVail has been co-organizer of this biennial symposium for the past 30 years. It is considered the most important meeting on retinal degenerations in the world, and this year's program placed special emphasis on the role of the immune system in retinal degenerations.



Shan C. Lin, MD

Publications: Wang D, Qi M, He M, Wu L, **Lin S**. Ethnic difference of the anterior chamber area and volume and its association with angle width. *Investigative Ophthalmology and Visual Science*. 2012 May 31;53(6):3139-44. Print 2012 Jun.

Wang D, He M, Wu L, Kao A, Pekmezci M, **Lin S**. Dark-light change of iris parameters and related factors among American Caucasians, American Chinese, and mainland Chinese. *Current Eye Research*. 2012 Jul;37(7):599-605.

Wang D, Chiu C, He MG, Wu L, Kao A, and **Lin S**. Differences in baseline dark and dark-light changes of anterior chamber angle parameters among whites and ethnic Chinese. *Investigative Ophthalmology and Visual Science*. 2011 Dec 9; 52(13):9404-10.

Recent papers by Dr. Lin and his team explain why Chinese are at high risk for closed-angle glaucoma, an aggressive form of the disease that is the leading cause of blindness in this population. In contrast, Caucasians rarely develop this form of glaucoma.



Nancy A. McNamara, OD, PhD

Publication: Zhou D, Chen YT, Chen F, Gallup M, Vijmasi T, Bahrami AF, Noble LB, van Rooijen N, **McNamara, NA**. Critical Involvement of macrophage Infiltration in the development of Sjögren's syndrome-associated dry eye. *American Journal of Pathology*, 2012 Jul 4. [Epublication ahead of print]

Dr. McNamara and her team describe an essential role for macrophages in the pathogenesis of dry eye disease associated with Sjögren's syndrome, one of the most prevalent autoimmune disorders. A drug used to deplete macrophages in the eye resulted in significant improvements in dry eye disease. This evidence shows that targeting macrophages may provide a novel approach to dry eye treatment.



Robert L. Stamper, MD

Invited Lecturer: Annual meeting of the American Academy of Ophthalmology, Chicago

Dr. Stamper will deliver the prestigious Shaffer Lecture.



Dr. David F. Chang Becomes ASCRS President

David F. Chang, MD, a clinical professor and alumnus of the UCSF Ophthalmology residency program, was inaugurated last April as president of the American Society of Cataract and Refractive Surgery (ASCRS). "Dr. Chang is a true luminary in the field and brings strong and successful leadership to the most influential society for cataract surgeons," says Department Chair **Stephen D. McLeod, MD**, himself a specialist in refractive surgery.

Founded in 1974, ASCRS is the largest global surgical subspecialty society in ophthalmology, with approximately 10,000 members. Besides clinical education, the organization plays an important role in regulatory and

legislative advocacy and collaborates with the American Academy of Ophthalmology (AAO) on issues facing the profession. Dr. Chang has been an active leader in ASCRS for many years, having chaired the Cataract Clinical Committee and served on the governing board. He is also chief medical editor of ASCRS's *EyeWorld*.

In his inaugural address at the ASCRS Annual Meeting in Chicago, Dr. Chang reminded members to embrace three core values, part of the longstanding tradition of medicine: (1) the unique "pay it forward" willingness of physicians to volunteer to teach each other (this year ASCRS will expand support of cataract surgical training worldwide

through online resources), (2) charity (Dr. Chang called on ASCRS to play a greater role in reducing cataract blindness in the developing world. The organization's new www.globalsight.org website is an e-portal that networks and educates cataract surgeons volunteering in the developing world.), and (3) professional ethics (Dr. Chang mentioned the growing challenge of properly counseling patients about new technologies not covered by insurance).

"During our residency, these noble values were imparted to us by our faculty at UCSF," says Dr. Chang, who has received the department's Crowell Beard Award and the UCSF Medical School's Charlotte Baer Award for excellence in teaching. Dr. Chang notes that many

UCSF faculty members have recently held key leadership positions: **Todd Margolis, MD, PhD** (2009, Association for Research in Vision and Ophthalmology), **Stuart Seiff, MD** (2009, American Society of Ophthalmic Plastic and Reconstructive Surgery), and **Richard Abbott, MD** (2011, AAO).

Particularly in light of the globalization of ophthalmology, Dr. Chang is proud to be the first Asian American to serve as president of either ASCRS or the AAO. He hopes this will inspire younger minority ophthalmologists to become leaders. "This is simultaneously an honor and a major responsibility," he says, "and I am excited to have this opportunity to make a difference." ●

SIGHTINGS



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11

CELEBRATION OF THE DAVID AND ELVA SINAI PEDIATRIC OPHTHALMOLOGY CLINIC AT SAN FRANCISCO GENERAL HOSPITAL

1 Gretchen Kimball and Albert Schreck

2 Aline Sinai; Alejandra de Alba Campomanes, MD, MPH; Susan Currin, RN, MS; and Sue Carlisle, MD, PhD

3 Robert Hardy, MD; Michele Bloomer, MD; Ashleigh Levison, MD; and Allison Loh, MD

4 Paul Gomory, Jim Mitchell, and Dan Benatar

5 Faye Mellos and Tom Follett

6 John and Venetta Rohal with Stephen D. McLeod, MD

7 Aline Sinai and Jim Pace from the David and Elva Sinai Foundation

8 Steve Smith and Lorie and Ron Hirson with Stephanie Handler in front of elephant photograph by Dr. Martin Cohen

9 SFGH staff members Alexandra Neiman and Sharon Martinez

10 Georgia Edwards and Dr. Alejandra de Alba

11 Pearl Kimura family members Mariel Maack, RN; Masa Rambo, FNP; and Drew Vinson

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To make a gift of cash or securities, go to www.thatmanmaysee.org/donate or call 415.476.4016 or email tmms@vision.ucsf.edu. Checks are payable to That Man May See.

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◇ Annuity for future gift

That Man May See New Board Chair and Directors



John S. Rohal
This fall, John Rohal became the new chair of the board of That Man May See, support foundation for ophthalmology at the University of California, San Francisco. John and his wife Venetta generously support the priorities of the Department of Ophthalmology, serving as ambassadors for the cause of saving and restoring sight here and around the world.

John is a managing member of Makena Capital, on Sand Hill Road, and is responsible for public equity on a global basis. He also serves on the boards of multiple investment funds. During his 30 years in the investment business, John has been chairman and managing director at EGM Capital, a San Francisco-based asset management firm, global research director at Robertson Stephens and led technology research at Alex. Brown & Sons. John's professional background also includes Honeywell, Pfizer, Martin Marietta, and IBM. John received a bachelor of science degree from West Virginia University and a master's degree in business administration from the Wharton School of Finance at the University of Pennsylvania. He also attended law school at Georgetown University.



Amy S. Millman
Amy Millman is regional president for BNY Mellon Wealth Management in San Francisco and has been with the firm for more than 15 years, moving to San Francisco from Florida.

"As long as I can remember, one of my greatest fears was the loss of vision," says Amy. Following careful research, Amy learned about UCSF's **Stephen D. McLeod, MD**, and his work with That Man May See. Two weeks later, after a brief procedure, she walked outside with 20/20 vision for the first time in recollection. "I thank Dr. McLeod and That Man May See for changing my life. It is because I was so fortunate and many are not that I joined the board to help raise awareness and funds to fight blindness for others. It is my hope that one day no one will share the fear I once had," explains Amy.

Amy is also the chairman of the board for Make-A-Wish Greater Bay Area and sits on the audit committee of the Jewish Community Federation of San Francisco. She received her bachelor's degree from Pace University in New York and her certified investment management analyst designation in 1993. She received her certified financial planner designation in 1986.



Charles J. "Chuck" Robel
Currently a private investor, Chuck Robel was chairman of the board of McAfee, Inc., prior to its acquisition by Intel. He serves as the lead director of both Informatica, Inc., the largest independent software data integration company, and Jive Software, the leading enterprise social business software platform company. In addition, he serves on the boards of directors of Autodesk and Palo Alto Networks as well as certain other privately held companies.

Chuck previously served on the boards of directors of DemandTec prior to its acquisition by IBM and Go

Daddy prior to its sale to a private equity consortium of KKR and Silverlake, among several new investors. He was involved in the initial public offerings of both Jive and Palo Alto Networks. From 2000 to 2005, he served as a general partner and chief operating officer at Hummer Winblad Venture Partners. He began his career in 1974 at PricewaterhouseCoopers LLP, from which he retired as a partner in 2000. From 1985 to 1995 he managed the PWC Software Services group in Silicon Valley, and from 1995 to 2000 he managed a technology mergers and acquisitions group for PricewaterhouseCoopers.



Stuart R. Seiff, MD, FACS
Dr. Stuart Seiff is the recently elected president of the Frederick C. Cordes Eye Society of the Department of Ophthalmology. He serves on the board in this role. Dr. Seiff received his medical degree at UCSF and performed his internship at San Francisco General Hospital and Trauma Center, a UCSF teaching hospital. He followed his UCSF ophthalmology residency with faculty roles, including director of Ophthalmic Plastic and Reconstructive Surgery at UCSF and chief of ophthalmology at San Francisco General Hospital for more than 20 years.

As an emeritus professor, Dr. Seiff continues to serve as a consultant in oculofacial and aesthetic plastic surgery at UCSF, San Francisco General Hospital and Trauma Center, California Pacific Medical Center, and Mills Peninsula Medical Center. ●

That Man May See: Helping to Save and Restore Sight

UCSF Ophthalmology is recognized as one of the world's leading academic research centers. For over 40 years, That Man May See has served as a connecting link to grateful patients and friends who support vision scientists in the Department of Ophthalmology and the Francis I. Proctor Foundation for Research in Ophthalmology.

These outstanding clinician scientists and basic researchers are making profound contributions in the fields of physiology, cellular and molecular biology, medical technology, epidemiology, public health, pathology, and surgery.

Charitable contributions provided by friends of That Man May See enable progress in saving and restoring sight. Resources make possible:

- State-of-the-art patient care,
- Breakthroughs in vision research,
- Excellence in education for residents and fellows, and
- Increased public understanding of eye health.

Vision for Ophthalmology

Further developing a world-renowned eye institute requires investments in state-of-the-art facilities that provide patients with an integrated home for their eye care needs and faculty with productive conditions to accelerate the translation of groundbreaking science into therapies for patients worldwide.

Significant clinical and laboratory enhancements improve patient care and the efficiency and productivity of faculty researchers. That Man May See's strategic plan

includes initiatives that support the collaborative efforts of these highly skilled and innovative scientific teams to:

- Explore and advance multiple research avenues that improve understanding of the disease process and can lead to crucial solutions,
- Initiate productive and promising avenues of research not yet ready for federal support,
- Acquire and apply emerging technological tools,
- Ensure progress during gaps in federal funding,
- Provide patient care that reflects the latest scientific understanding of the visual system and diseases of the eye, and
- Develop the next level of care for future generations.

Current Strategic Priorities

- Research, Education Funds, and Facilities Upgrades
 - Seed funds for new innovative research initiatives
 - New Directions research support for established programs
 - Koret Vision Research Laboratory renovations
 - International Vision Programs research space renovation
 - Medical student, resident, post-doctoral, and fellow education
 - Clinical trials center
 - Core (multiuser) faculty laboratory support
- Endowed Chair for Clinical Research
- Endowed Chair for Translational Research
- Endowed Chair for Proctor Foundation Research
- Community Outreach, Programs, and Development

For information about ways to support current strategic initiatives, contact That Man May See at 415.476.4016, tmms@vision.ucsf.edu, or www.thatmanmaysee.org

Help save sight and save lives.

Make a gift online at www.thatmanmaysee.org

OCT
Technology
Helps Save
Sight




Bright New
Pediatric
Ophthalmology
Clinic

Help for
Young Patient
and Family




That Man
May See's
New Chair:
John Rohal

Meet Our New Residents

Class of 2015 Begins Training

Qi Cui, MD, PhD

Birthplace: Beijing, China
College: University of Arizona: BS
Medical School and PhD: University
of Rochester
Internship: University of Pittsburg
Medical Center-Mercy

Shilpa Desai, MD

Birthplace: Rochester, New York
College: Massachusetts Institute of
Technology: BS
Medical School and PhD:
Harvard Medical School
Internship: Mount Auburn
Hospital, Cambridge

Sundeep Kasi, MD

Birthplace: Beaver, Pennsylvania
College: University of Pennsylvania:
BA
Medical School: University of
Pennsylvania
Internship: Steward Carney
Hospital, Boston



Euna Koo, MD

Birthplace: Kissimmee, Florida
College: University of Florida: BS
Medical School: University of Florida
Internship: Scripps Mercy Hospital,
San Diego

Debbie Kuo, MD

Birthplace: Walnut Creek, California
College: University of California,
Berkeley: BS
Medical School: University of
California, San Francisco
Internship: Kaiser Oakland Internal
Medicine ●

New doctors who entered the UCSF
Ophthalmology residency program in Fall
2012 are (left to right) Qi Cui, Sundeep Kasi,
Debbie Kuo, Euna Koo, and Shilpa Desai.