



VISIONS

Koret Vision Institute + Beckman Vision Center + Department of Ophthalmology

Summer 2007

University of California San Francisco + That Man May See

Focal Point



Dear Friends,

Excellent care of each patient motivates our work. From the young child born with a rare eye cancer to the growing numbers who suffer from age-related eye issues such as cataract and retinal degeneration, many of our patients come to UCSF for the extraordinary.

Research and education merge in our clinic, allowing us to offer leading-edge solutions to some of the most complex challenges to sight. We dedicate ourselves to providing unsurpassed expertise and care in diagnosis and treatment.

This issue of VISIONS focuses on our service to patients.

As partners in clinical trials, patients help our scientists make medical breakthroughs. Studies at our major vision labs – Koret Vision Research Laboratory and Kimura Ocular Immunology Lab – as well as through our international programs, lead to improved outcomes for patients suffering from serious eye diseases. These clinical trials play a significant role in the development and approval of novel therapies.

We value your gifts to That Man May See, our support foundation. Your generosity opens new vistas in research, education, and patient care. Thank you for helping to hasten our progress.

Sincerely,

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



Ophthalmology Insight Focus on the Patient

Excellence, Compassion, and Teamwork

“The most important thing is to care deeply about the patient. Truly excellent care follows from that,” says Stephen McLeod, MD, chair of Ophthalmology at UCSF. “A physician’s encyclopedic knowledge, excellent judgment, and finely honed skills are necessary to care for patients’ eyes. But these

are absolutely insufficient unless these skills are built upon a foundation of profound caring for the individual.” Here at UCSF Ophthalmology, care is expressed in dedicated teams of compassionate doctors, researchers, technicians, and support staff. As the premier eye-care destination

in Northern California, the department of ophthalmology and the Francis I. Proctor Foundation attract patients from throughout the United States and around the world. Innovative research addresses complicated cases, and state-of-the-art tools promote the best possible outcomes.

With world blindness increasing and diseases such as age-related macular degeneration on the rise, UCSF clinician scientists explore the most complex eye diseases – with the goal of bringing results as quickly as possible from the Koret Vision Research

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Envision the Future Building Bridges to Hope

Clinical Trials Can Lead to New Therapies

Tina Coffield, a young woman with retinitis pigmentosa, is excited to be a part of a clinical trial that may preserve her vision. Since the initial diagnosis 15 years ago,

she has lost her peripheral and some central vision. She hopes that participating in the study, conducted by principal investigator Jacque Duncan, MD, and sponsored by Neurotech USA,

Inc., will result in FDA approval of vision-saving treatments.

Retinitis pigmentosa (RP) is an inherited eye disease that causes degeneration of photoreceptor

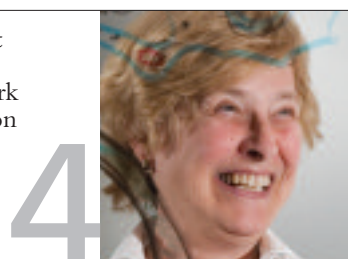
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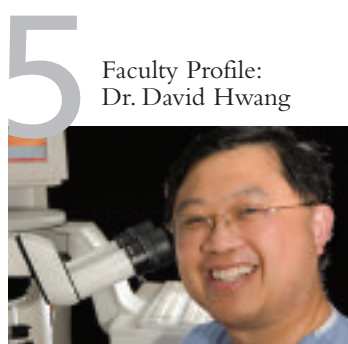
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When the Patient Is Very Young

New Visual Center for the Child

Sometimes the patient is very small – even newborn – and requires a knowledgeable and compassionate team of specialists, as well as equipment suited to the needs of infants and children. Following a year of strategic planning with the board of That Man May See and the faculty of UCSF Ophthalmology, the Visual Center for the Child is one of the highest priorities for completion. This family-friendly space “will provide a combination of research, diagnosis, treatment, and rehabilitation to assure a bright future for society’s most innocent and vulnerable – our children,” in the words of Paige Hutson, fundraising co-chair for this project.

The Wayne and Gladys Valley Foundation is providing more than \$2 million toward the Visual Center for the Child as a lead gift to help make this one of the country’s preeminent eye care facilities for children. The Center will be located on the second floor of 400 Parnassus Avenue, contiguous with UCSF’s pediatric surgery services and in the same same building as the UCSF Ophthalmology Clinic.

Nearly one half of the Valley Foundation funding for this project will accelerate research conducted by ocular oncologist Joan O’Brien, MD, to combat retinoblastoma. The most common primary eye cancer of children, retinoblastoma develops in the retina and can rapidly

spread up the optic nerve to the brain. This life-threatening disease accounts for 12 percent of infant cancers and is one of the few cancers affecting very young children.

Total project costs of \$4.7 million, including endowment, will provide for this specialized research and a multidisciplinary center tailored to the special needs of children. The endowment will ensure excellence in perpetuity.

The Visual Center for the Child includes state-of-the-art equipment and examination and treatment rooms. The new facility also will feature visual rehabilitation services, closed-circuit television, and Braille readers. A resource room will give families access to medical, educational, and financial information; conferencing facilities will accommodate medical education.

“The new Visual Center for the Child at UCSF offers us the potential to become a world-class pediatric eye center,” says Stephen McLeod, MD, chair of ophthalmology. “With ophthalmologists, neurologists, and ophthalmic and craniofacial surgeons available in one setting, the new center is an opportunity to create an amalgamation of ophthalmic care, rehabilitative services, diagnostic ability, training, and research.” ●



Patient's

P O I N T O F V I E W

Teamwork in Action

Three UCSF Specialists Help a Young Patient

For a young woman with lots of plans, Brandi Hallett was surprised and deeply concerned when black circles began to obstruct her vision. “The large floaters came out of nowhere,” says the 20-year-old from Dublin, CA, who began

having vision problems last summer. Brandi, a cosmetologist-in-training, knows she is fortunate to have been treated by doctors at UCSF’s Department of Ophthalmology and the Francis I. Proctor Foundation. “As a makeup artist, my situation was serious because my career is my eyes. I need my eyes,” says Brandi.

Floaters are generally a sign of aging, but Brandi’s young age and the severity of her symptoms suggested a more ominous process. This prompted her local ophthalmologist to refer her to Todd Margolis, MD, PhD, a world-renowned expert in ocular diseases and director of UCSF’s Proctor Foundation. A sudden increase in floaters can indicate retinal detachment. He found that the floaters were the result of an inflammation in her vitreous humor: a type of

uveitis that can lead to severe vision loss. However, the cause of the inflammation was a mystery.

Dr. Margolis referred Brandi’s case to retina specialists Robert Bhisitkul, MD, PhD, and Jacque Duncan, MD, at UCSF Ophthalmology. “It’s important we work as a team to provide the best care,” says Dr. Margolis.

Drs. Bhisitkul and Duncan started treatment, but the inflammation in the right eye grew worse. For the patient, frustration was setting in. “I was getting sad and couldn’t eat. I couldn’t drive and had to take three months off from school,” Brandi remembers.

Despite her admittedly sour demeanor at the time, Brandi says that the doctors were always supportive. “I was being pretty mean for a couple of visits, but they knew what I was going through. They were very understanding.”

After more diagnostic testing, the team decided to perform a surgical biopsy on

Brandi’s right eye to rule out a cancer or infection. “We wanted to get a sample of the inflamed tissue and make sure it wasn’t something that was bad news,” says Dr. Margolis.

“I had never been under the knife so I was nervous,” says Brandi. She was eager, however, to do whatever was needed to restore her sight. “An invasive procedure such as surgery is always a last resort,” says Dr. Bhisitkul. After dilating Brandi’s pupil, he vacuumed out the floaters and other material from the vitreous gel. Examining the material ruled out the possibility of cancer or infection. The surgery successfully removed all of the inflamed cells.

After the surgery, Brandi was thrilled. Her floaters were gone, and the other eye cleared up as well. “My eyesight is back to normal. I feel great, and my eye is doing wonderfully,” she says. “The doctors really worked well together. They always had a lot of energy and were happy to see me.” ●



Brandi Hallett’s eyesight is back to normal, allowing her to pursue her career plans.

Focus on the Patient
Continued from page 1

Laboratory and Proctor Foundation laboratories to patients at the Beckman Vision Center, the San Francisco General Hospital, and the San Francisco Veterans Administration Medical Center, and Proctor Clinic.

Knowing the Whole Person

Patient care extends beyond diagnosis and treatment. Patrick Maloney, technician in the cornea and refractive surgery practices, greets each visitor with his customary flair, often recalling a memorable conversation from the patient’s last examination. “I get to know their family histories, their hobbies, their occupations, and where they’re from to make sure they’re at ease,” says Mr. Maloney (“call me Patrick”). “It’s important that we care about people from head to toe – not just in the eye socket.”

With 48,000 patient visits to the department annually, teamwork is crucial. Heidi Jonathan, practice manager for the UCSF Ophthalmology clinics, sees the commitment of the staff to first-class patient care every day. From surgical nurses to insurance coordinators and appointment makers, everyone supports both patient and doctor to create the best possible experience for each individual who comes through the doors. Appointments tend to be longer than at many practices, allowing doctor and patient ample time to understand complicated diagnoses and treatments.

As parents of a toddler with a serious eye condition, Amy and Wayne Sosnick thank UCSF and Joan O’Brien, MD, for expert care. “When our son Joey was diagnosed with retinoblastoma (a childhood cancer of the eye), we sought the best and talked to a lot of doctors. Here at UCSF we find warmth as well as leading-edge research to help our son,” says Mrs. Sosnick. “When you need a medical specialist, UCSF is the place to come.”

Innovation Sets UCSF Apart

“One of the things we really emphasize in faculty development is finding those rare individuals who possess all the finest



Frankie and Maxwell Gillette discuss a cataract procedure with ophthalmic technician Patrick Maloney. Mrs. Gillette’s surgeon, David Hwang, MD, used his newly developed “phaco crush” technique to remove her cataracts before replacing the clouded lenses.

qualities of the clinician while bringing scientific creativity and innovation to ophthalmology,” says Dr. McLeod. “We want physicians who are able to bridge emerging trends in the science of our field and the activities of the clinic.” Patients at UCSF Ophthalmology can expect to receive the most sophisticated treatments for difficult and complex vision problems. World-renowned specialists in glaucoma, the cornea, the retina, oculoplastics, neuro-ophthalmology, oncology, and pediatric ophthalmology all form dedicated teams to deliver excellent patient care.

The faculty is involved in innovative research in all the ophthalmic subspecialties. In the field of retina, physicians and scientists seek treatments for age-related macular degeneration and retinitis pigmentosa, engaging early in the process of developing new therapies. UCSF faculty has pioneered less-invasive techniques for corneal transplants, and a new laser enables surgeons to refine the procedure even further (see “Faculty Profile: Dr. David Hwang,” page 5, for more details). The glaucoma experts have been exploring new

“It’s knowing that every day we have a dedicated and talented group of people working toward making our patients’ lives better.”

– Heidi Jonathan

diagnostic techniques and ways to reduce eye pressure before vision is lost. They also are employing a new non-contact scanner that creates more accurate images of the anterior segment of the eye. Clinical trials for innovative therapies are conducted throughout the department, providing hope of improved treatments.

“Our specialists regularly work with patients who have conditions rarely seen at most practices,” explains Robert Stamper, MD, director of the Glaucoma Service and professor of ophthalmology. “We’re committed to providing the best care that science can offer – always searching for new techniques and trying to move the goal forward.” State-of-the-art instrumentation for diagnosis and surgical procedures is critical to patient outcomes, and the department makes it a priority to provide the best available. Through the generous efforts of attorney Don McCubbin, That Man May See

received a philanthropic gift to ensure that equipment operates at full capacity and without flaw, especially when patients are being seen or timely work is being conducted. Every aspect of care is considered as doctors, administrators, and staff seek ways to enhance the patient experience.

The team approach makes UCSF Ophthalmology a satisfying place to work as well. “What keeps me coming back day in and day out is the camaraderie of physicians, technicians, staff, and the medical center,” says Ms. Jonathan. “It’s knowing that every day we have a dedicated and talented group of people working toward making our patients’ lives better.” ●

“We’re committed to providing the best care that science can offer.”

– Robert Stamper, MD

Benefiting from Expertise at UCSF Ophthalmology

When cataracts severely clouded Frankie Gillette’s vision, David Hwang, MD, became her surgeon. Lens replacements in both eyes restored her sight to 20/30. Mrs. Gillette praises the quality of her experience: “The confidence I felt in my physician and the care that I received from the entire staff helped me relax. What could have been a very frightening experience turned out not to be.” Maxwell Gillette, who suffers from glaucoma, was so impressed with his wife’s experience that he now plans to seek treatment at UCSF Ophthalmology as well. The Gillettes are longtime San Francisco residents who dedicate their lives to community service. Today the couple performs “citizen diplomacy” as part of San Francisco’s Sister City Committee for Abidjan, Ivory Coast.



On the Cover: Young patient Nick Otter pictured with Dr. Stephen McLeod, chair of UCSF Ophthalmology.

Research P R O F I L E



Dr. Jennifer LaVail

Using Creativity to Investigate Herpetic Eye Disease

Mothers love to give advice, and Jennifer LaVail, PhD, professor of anatomy and ophthalmology, is no different. When her children were young and asked what they should be when they grew up, she told them, “Be creative and make the world a better place.” Dr. LaVail applies this advice to her own career as a research scientist. Her approaches to investigating the herpes simplex virus type 1 (HSV) may lead to new treatments for herpetic eye diseases – the most common cause of infectious blindness in the United States.

A patient with a herpetic ocular infection can have recurring outbreaks that cause scarring blisters and compromised vision. “The HSV infection keeps coming back, and pretty soon the sight is gone. These infections can cause blindness or glaucoma, and they can also go into

the central nervous system and cause encephalitis,” says Dr. LaVail. Dr. LaVail’s research focuses on the exact cell biology and molecular information of the herpes virus and how it is transported through host neuron cells. She is interested in how the virus targets the right place in the neuron cell, takes over the host cell, and spreads to the next neuron.

Instead of studying HSV *in vitro*, Dr. LaVail has gone against conventional research techniques by examining the virus *in vivo* using mouse retinal ganglion cells. “Why not do it a different way? You can’t walk on water if you don’t get out of the boat,” she says. Her results show that the transport process of HSV is more complex than had been previously imagined. Before identifying a specific protein necessary for transport for HSV DNA, Dr. LaVail and her team discovered that the virus is transported in

two separate parts – nucleocapsid and viral envelope – via distinct transport mechanisms.

“Why not do it in a different way? You can’t walk on water if you don’t get out of the boat.”

In the next steps of her research, Dr. LaVail plans to explore which part of the protein is the flag for transport of the virus and exactly how the protein attaches to the motor that moves the virus in axons of the nervous system. Over the long term, she hopes her discoveries will lead to methods for stopping intracellular transport of viruses like HSV, essentially stopping recurrent infections. “Wouldn’t it be fabulous to block the spread of herpes?” says Dr. LaVail.

After starting with the UCSF Anatomy Department in 1976, Dr. LaVail joined the ophthalmology faculty in 1993. An enthusiastic lecturer, she teaches a course for medical students called Brain, Mind, and Behavior. She credits That Man May See (TMMS) for giving her the opportunity to conduct creative research. “That Man May See is a unique treasure for the department. We have the luxury of making groundbreaking discoveries because TMMS supports these experiments,” she says. ●

Clinical Trials at UCSF Ophthalmology and the Francis I. Proctor Foundation

Examples of the many clinical trials under way:

RETINAL TRIALS
Ciliary Neurotrophic Factor Trials (RENOIR Retinal Studies) Study Group: Retinitis pigmentosa patients Description: Two studies evaluate the use of ciliary neurotrophic factor (CNTF) for patients with retinitis pigmentosa. CNTF is a protein previously shown to slow death of vision cells, or photoreceptors, in the eye. A surgeon implants a device that uses encapsulated cell technology behind the lens to deliver the protein on a long-term basis. Sponsored by Neurotech USA, Inc. Lead Investigator: Jacque Duncan, MD
Argus II Retinal Stimulation System Study Group: Retinitis pigmentosa patients Description: Tests an implanted device that transmits electrical stimuli to healthy inner retinal cells. A tiny digital camera contained in a pair of sunglasses wirelessly transmits images to the implant. Sponsored by Second Sight Medical Products, Inc. Lead Investigator: Jacque Duncan, MD
High-resolution Retinal Imaging Study Study Group: Patients with inherited retinal degenerations Description: Tracks the visual fields of patients and analyzes images of individual photoreceptors. This is a five-year longitudinal study funded by the Foundation Fighting Blindness and That Man May See. Lead Investigator: Jacque Duncan, MD
Ranibizumab Trials Study Group: Patients with wet macular degeneration Description: Genentech-sponsored trials that test the safety of Lucentis™ (generic name ranibizumab) in the eye and in the body generally. Lead Investigator: Robert Bhisitkul, MD, PhD

Dr. Jacque Duncan examines a patient one day prior to a surgery designed to treat his retinitis pigmentosa.



Longitudinal Study of the Ocular Complications of AIDS
Study Group: Patients with AIDS
Description: Follows patients with AIDS with eye examinations, visual fields testing, and eye photography over time as the treatment of AIDS evolves. This ongoing study is sponsored by the National Eye Institute.
Lead Investigator: Jacque Duncan, MD

Dr. David Hwang

Balancing Patient Care and Innovation

David Hwang, MD, FACS, is known as much for his signature smile as he is for delivering world-class medical care. As director of the Cornea and Refractive Surgery Service, he is a leading-edge specialist in cataract surgery, LASIK surgery, corneal transplantation, and treatment of corneal diseases. Dr. Hwang also actively contributes to other aspects of his subspecialty. (In 2006, he and his colleagues at the Francis I. Proctor Foundation were among the first to identify a fungal corneal infection outbreak that struck many contact lens wearers worldwide.)

Dr. Hwang offers his patients some of the most advanced and innovative therapeutic techniques. “I don’t shy away from treatments that are technically difficult or investigational, as long as they offer significant benefits to patients,” he says. Dr. Hwang takes the time to make sure that each patient receives individualized attention. “I try to get to know patients as people – I very much value that personal connection.” His upbeat attitude and ready laughter convey a sense of reassurance and hope to his patients, many of whom are referred for challenging vision problems.

Everyday Mysteries
Dr. Hwang is always amazed by the complexity and diversity of conditions he sees. Seemingly ordinary cases can present opportunities for discovery upon further investigation. “That’s what really excites me about the practice – uncovering the everyday mysteries. They force me to think,” he says.

At the age of 20, Dr. Hwang received his medical degree from UCSF, graduating first in his class and setting a record as the youngest medical graduate of UCSF: “I could prescribe morphine before I could drink,” he recalls. After finishing his

residency at UCSF and completing his fellowship training, he joined the faculty in 1990.

“I very much value that personal connection.”

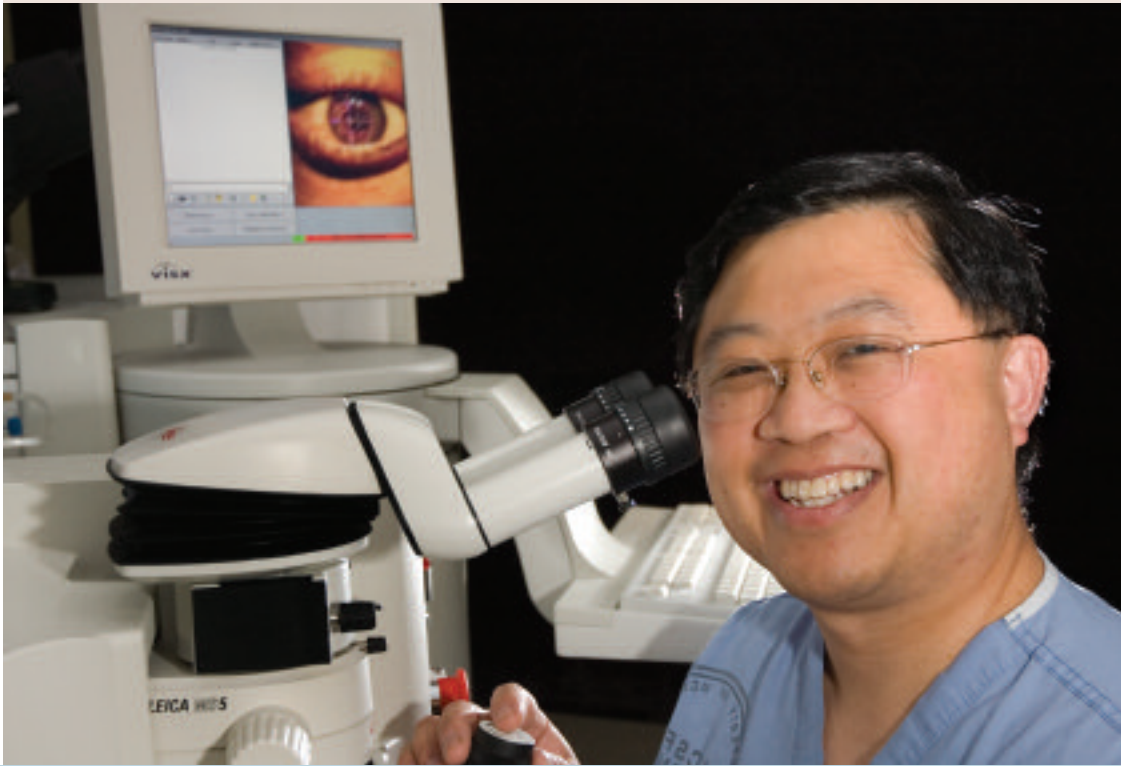
Dr. Hwang founded the UCSF Eye Bank, which has provided sight-restoring corneal tissue to hundreds so far. “The cornea is transplanted more often than the heart, liver, and kidney combined,” he explains. “I hope that my research into corneal substitutes and cell transplant technology will help alleviate the worldwide shortage of corneal tissue. Until then, I encourage everyone to become an eye donor.”

Defining the State of the Art
Dr. Hwang was the first doctor at UCSF to perform a new corneal transplantation technique in which the surgeon harvests selected layers of the cornea from donor tissue and transplants them into patients’ eyes. This delicate procedure allows patients to keep as many layers of their own corneal tissue as possible, speeding visual recovery and reducing the risk of rejection. A teenage patient of Dr. Hwang’s appears to be the first with his condition to have

successfully undergone a selective corneal transplant that replaced all but the innermost layer of his cornea. “He desperately needed a transplant but was a poor candidate for the usual techniques because of the significant rejection risk in children,” Dr. Hwang relates.

Dr. Hwang has also developed a surgical technique that he calls “phaco crush,” which removes cataracts with little or no ultrasound energy. Of course, he performs the latest techniques in LASIK surgery, such as custom wavefront surgery and “bladeless” LASIK surgery, as well as offering the newest generation of multifocal lens implants.

As for the future, Dr. Hwang envisions using bioengineered tissues, cell transplantation technology, or gene therapy techniques to improve the treatment of corneal disease. He also foresees the possibility of improving vision to better than 20/20. “This is one of the best times to be in my field,” Dr. Hwang comments. “I can see the door opening to a golden age of exciting new treatments and discoveries.” ●



GLAUCOMA TRIALS

Ocular Hypertension Treatment Study

Study Group: Patients with elevated intraocular pressure

Description: Phase I: Found that patients treated with glaucoma eye drops were less likely to develop the disease than untreated subjects. Doctors also concluded that patients with low corneal thicknesses were at higher risk for glaucoma. (As a result, checking corneal thickness is now a basic standard of care for glaucoma suspects.) Phase II: Treats the previously untreated observation group with glaucoma eye drops to see whether delayed treatment affects development of the disease. Sponsored by the National Institutes of Health.
Lead Investigator: Shan Lin, MD

Memantine™ Trial

Study Group: Glaucoma patients

Description: Tests the efficacy and safety of Memantine™ (an Allergan drug that has been used for treating Alzheimer’s disease) for protecting optic nerve cells from damage. The recently completed five-year study showed that patients on a higher dose of the drug evidenced some benefits. Sponsored by Allergan, Inc.
Lead Investigator: Shan Lin, MD

Ex-PRESS™ Miniature Glaucoma Shunt Study

Study group: Patients with open-angle glaucoma

Description: Compares the effectiveness of this new shunt, developed by the Israeli firm Optonol, with the results of standard glaucoma surgery, called trabeculectomy. Sponsored by Optonol, Ltd.
Lead Investigator: Robert Stamper, MD

CORNEAL TRIALS

At UCSF’s Proctor Foundation, a number of clinical trials sponsored by the National Institutes of Health are in progress, including the following:

Trachoma Amelioration in Northern Amhara (Ethiopia)

Study group: Patients, most often children, with the blinding bacterial disease trachoma
Description: Administers mass azithromycin treatments in order to eliminate active trachoma from the community and seeks to develop a cost-effective, feasible way of eradicating the disease world-wide.
Investigators: John Whitcher, MD, MPH, and Thomas Lietman, MD

Steroid for Corneal Ulcers Trial

Study group: Patients with corneal ulcers

Description: Studies whether using topical steroids improves the outcomes for patients with bacterial corneal ulcers.
Investigators: Thomas Lietman, MD; John Whitcher, MD, MPH; Stephen McLeod, MD; and Nisha Acharya, MD, MS

Multicenter Uveitis Steroid Treatment Trial

Study group: Patients with vision-threatening uveitis

Description: Looks at whether an implantable steroid device in the eye achieves better results in treating uveitis than oral immunosuppressives do.
Investigators: Todd Margolis, MD, PhD; Ira Wong, MD; and Nisha Acharya, MD, MS

Sjögren’s International Clinical Collaborative Alliance

Study group: Patients with Sjögren’s Syndrome, an incurable autoimmune disease that causes significant vision problems and dryness of the mouth
Description: Seeks to advance understanding of the diagnostic features of Sjögren’s Syndrome. In collaboration with the UCSF Departments of Oral Medicine and Rheumatology, Proctor Foundation doctors are extracting trends and other information from the international Sjögren’s Syndrome patient database.
Investigators: John Whitcher, MD, MPH; Erich Strauss, MD; and Nancy McNamara, OD, PhD

American Academy of Ophthalmology
Lifetime Achievement Award
Dr. Richard Abbott Receives
Prestigious Honor

Recognized as an international leader in ophthalmology, Richard Abbott, MD, Thomas W. Boyden Professor of Ophthalmology, has received the American Academy of Ophthalmology (AAO) Lifetime Achievement Award. Presented in November 2006, the award honors Dr. Abbott – one of six doctors chosen from the 29,000-strong AAO membership – for his contributions to the Academy and the ophthalmology profession.

Patients come from around the world for Dr. Abbott’s expertise in corneal treatment. And he travels around the world as well – to Latin America to support research and education and to China to help develop ophthalmic treatment guidelines for developing countries. Dr. Abbott says, “For all of us who not only take care of patients, this award recognizes our commitment to making this profession better by educating our colleagues. The award was very meaningful for me because I spend a lot of time on education.”

Dr. Abbott currently leads a group of 90 ophthalmologists in updating the Practicing Ophthalmologist Curriculum (POC). The curriculum includes up-to-date information that is considered the most relevant clinical information for practicing ophthalmologists.

For the AAO, Dr. Abbott serves as the secretary for Quality of Care and Knowledge Base Development as well on the Global Alliances Taskforce. His other current leadership positions include board

“This award recognizes our commitment to making this profession better by educating our colleagues.”

member and chair of the underwriting committee for Ophthalmic Mutual Insurance Company; president of the Pan-American Association of Ophthalmology;



board member for the Society of Heed Fellows; board member for That Man May See vision foundation; advisory board member for ORBIS Telemedicine Cyber Sight; and international program advisory council member, guidelines development chair, and board member of the International Council of Ophthalmology.

Dr. Abbott is also an emeritus director of both the American Board of

Ophthalmology and the Castroviejo Cornea Society, and past president of the Pan-American Ophthalmological Foundation. ●

Llura Liggett Gund Award
Foundation Recognizes
Dr. Matthew LaVail



Matthew LaVail, PhD, professor of Anatomy and ophthalmology, has been awarded the Llura Liggett Gund Award from the Foundation Fighting Blindness. He is only the fourth recipient in the 36-year history of the foundation to receive this prestigious honor, which recognizes lifetime achievement in retinal disease research.

“Precious little was being done in the field of retinal degenerative research 30 years ago, when Dr. LaVail was forging new territory,” says Gordon Gund, chairman and founder of the Foundation Fighting Blindness. “Today, thanks to his leadership in the field, we are making progress on gene therapies, retinal prosthetics and transplantation, stem cells, and the impact of diet and nutrition.”

Dr. LaVail is director of the Kearn Family Center for the Study of Retinal Degeneration at UCSF Ophthalmology and director of a National Institutes of Health core grant for vision research. He is the editor of 11 books and has given more than 100 invited lectures. Dr. LaVail also has organized more than 13 scientific symposia, including the International Symposium on Retinal Degenerations.

Dr. La Vail is a world-recognized leader in neurotrophic factors. His publications from the late 1980s and early 1990s have defined how retinal degeneration research is conducted today. Some of the newest treatments now being developed for inherited and age-related retinal degenerations focus on the use of neurotrophic factors (proteins that allow neurons to regenerate their axons) to inhibit the death and loss of retinal photoreceptor cells.

As an advisory board member of the Foundation Fighting Blindness, Dr. LaVail is honored to be chosen by a group of peers who have nurtured the field of ophthalmology. “It’s just a real honor, and I’m pleased to be thought of so well by people I really respect,” says Dr. LaVail, who was surprised to receive the award at a January ceremony. ●



Hearst Fellowship Provides Advanced Training



Claudia and Luciano Pereira, MD

Luciano Pereira, MD, 2007 recipient of the Hearst Fellowship, considers his time at UCSF a wonderful gift. “It’s like your mother giving you money and not expecting anything back. It’s really beautiful,” says Dr. Pereira, a native of Goiânia, Brazil.

The fellowship provides advanced training for promising young ophthalmologists and has been a tradition at UCSF Ophthalmology for more than 41 years. Starting with gifts from George and Rosalie Hearst, the fellowship’s continuation has been ensured by the William Randolph Hearst Foundation through an endowment. “They’re giving me the opportunity to go back and make our country a little bit better,” says Dr. Pereira, whose brother Daniel was the 2004 Hearst Fellow at UCSF.

During his year here, Dr. Pereira has been conducting research and writing papers, activities that require time and resources he lacks at home. He also spends time shadowing

his mentor, Timothy McCulley, MD, in the oculoplastics and neuro-ophthalmology clinics. In addition, Dr. Pereira has had the opportunity to work with William Hoyt, MD, professor of neurology and neurosurgery (now emeritus), a revered physician whose work he had admired while training in Brazil.

With his wife Claudia, Dr. Pereira has been enjoying life in San Francisco. The couple has taken advantage of their year here to travel throughout the United States. On a trip to Lake Tahoe they saw snow for the first time and learned how to snowboard.

Upon completion of his Hearst Fellowship, Dr. Pereira will return to the São Paulo hospital where he completed his ophthalmology training, sharing the knowledge he has gained here. Eventually he would like to return to his hometown of Goiânia, where doctors specializing in neuro-ophthalmology and oculoplastics are scarce. ●

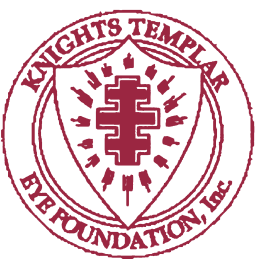
Dr. Charlotte Baer Award
Recipient Dr. David Chang



Upon receiving the award, Dr. Chang said, “We have a long tradition of outstanding clinical faculty in our department, and I really feel I should be accepting this on behalf of so many other deserving individuals. For busy physicians in private practice, nothing is more precious than our time. And yet the clinical faculty devotes countless hours of unsung and uncompensated time every week in order to better physician education and patient care at UCSF. There is no way I can directly repay or give back to the many special individuals who trained me. So I subscribe to the ‘pay it forward’ theory, and try to do my part to sustain this great tradition of voluntary teaching.” Dr. Chang dedicates his award to his mother Carol Chang, who had passed away recently. ●

David Chang, MD, Clinical Professor of Ophthalmology, received the 2006 Dr. Charlotte Baer Award, bestowed by the UCSF School of Medicine to recognize outstanding clinical faculty contributions. As the 32nd recipient of the award, Dr. Chang joins Drs. Crowell Beard (1987) and J. Brooks Crawford (1996) as the only ophthalmologists to have been selected.

Knights Templar Eye
Foundation Research Awards



Two postdoctoral research fellows in the Department of Ophthalmology have received Knights Templar Eye Foundation (KTEF) awards – prestigious yearlong grants given to the very best qualified young researchers in the country.

Juliette Johnson, PhD, a research fellow in David Copenhagen, PhD’s laboratory, received KTEF support for work on key molecular components of the rudimentary visual system that is potentially used by very young infants and can provide backup vision. This vision system operates intrinsic functions such as the pupil response and entrainment to light and dark cycles when rods and cones are dysfunctional. Recipient Clifton Dalgard, PhD, a research fellow in Joan O’Brien, MD’s laboratory, studies therapeutic interventions for treating retinoblastoma, a cancerous tumor that can appear in the eye during childhood. These grant awards reflect the quality of the ongoing research at UCSF Ophthalmology. ●

Gifts to That Man May See

Thank you for generous contributions and pledges for vision research, teaching, and patient care received between October 1, 2006, and May 18, 2007.

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

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- Visionaries (\$100,000 +)**

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The Thomas J. Long Foundation
Dr. Thomas and Mrs. Yvonne Mazzocco
The Bernard Osher Foundation
The Sandler Family Supporting Foundation at the Jewish Community Endowment Fund

Entrepreneurs (\$50,000 +)

Allergan Pharmaceuticals
Theresa M. Caygill
Edmund and Jeannik Littlefield Foundation

- OptiMedica Corporation
The John and Lisa Pritzker Family Fund
Shirley Reich Estate
R. Jean & James D. Taylor Foundation
- Investors (\$25,000 +)**
- Anonymous
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Mark Feldberg and Emilyn Page
Mr. and Mrs. George F. Jewett, Jr.
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Mr. and Mrs. Charles D. Miller
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- Director’s Council (\$10,000 +)**
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Jeanne and Sanford Robertson Fund
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Richard J. Foley
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Carie and Larry Haimovitch
William K. Hamilton, MD
Jean-Claude Kamins
- Mr. and Mrs. Donald L. Lucas
The Mattson Family
Conservation Foundation, Inc.
Ivan, Maris, and Harry Meyerson
Kathleen Heitz Myers and George Myers
Patsy and Walter Parton
Joan Platt
Skaer Family Foundation
Eric Zankman and Pamela Kaufmann
- Dream Makers (\$2,500 +)**
- Becky and Jeff Bleich
Lindley Chang
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Edward and Margaret Collins
Mr. and Mrs. Donald W. Davis
John de Benedetti and Nina Srejovic

- Elaine A. Eklund
Enersen Foundation
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Emma A. Fried
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Jerry and Geraldine Cole
James J. Corbett, MD
Joseph V. Costello, Jr.
Dr. and Mrs. J. Brooks Crawford
Rosalind Gray Davis and Robert M. Davis
J. Hallam Dawson and Mary McVey
Sue and John Diekman
Marilyn and John Dougery
Leonard J. Shustek and Donna L. Dubinsky Philanthropic Fund
- Innovators (\$1,000 +)**
- Anonymous
Mary and Phil Anderson
Joan and Peter Avenali
Inga and Bryant Bennett

- Rachel and Andrew Berliner
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Barton and Patsy Byers
John E. and Helen K. Cahill Fund
Jerry and Geraldine Cole
James J. Corbett, MD
Joseph V. Costello, Jr.
Dr. and Mrs. J. Brooks Crawford
Rosalind Gray Davis and Robert M. Davis
J. Hallam Dawson and Mary McVey
Sue and John Diekman
Marilyn and John Dougery
Leonard J. Shustek and Donna L. Dubinsky Philanthropic Fund
- Michael Dunleavy, Jr.
Robert Eberle and Mary Carryer
Dr. and Mrs. James F. Eggert
Gloria and Saul Feldman
Emily H. Fine
Dr. Allan and Teri Flach
Jessica C. and James H. Fleming, Esq.
Leah and Bernard Freiwald
Marilynn and John Fulton
Gallo Family Fund at Silicon Valley Community Foundation
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Christine Harris
The Hartless Foundation
Charlene Harvey
Lorie and Ron Hirsan
Louis Huntington
Paige and Kirby Hutson
Alice and Donovan Johnson
Joan and Paul Kaufmann
Elizabeth H. Kemsley
Steven and Michele Kirsch Foundation
Albert F. Knorp, Jr.
Linda and Thomas Leon
Stephen D. McLeod, MD, and Marion Faymonville
Debbie and Mitch Menaged

- Dr. and Mrs. Neil R. Miller
Lela and Peter Moulthrop
Lary Lynn and Anthony Muller
The Gib and Susan Myers Fund
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John W. and Barbara H. Rosston
Kathleen L. Rydar
Gregory J. Ryken
Carol and Harry Saal
Julia Sargent
John and Diane Savage Fund of Episcopal Charities
- Isabel “Patsy” and Robert Schuchardt
Dr. and Mrs. Stuart R. Seiff and Family
Silicon Valley Community Foundation
Naomi and Robert Stamper
Lori and Christopher Toomey
Tony Tsai, MD, and Julie Steiner, MD
Mary Jane and William D. Walsh
Marilyn and Jack Whitcher
Drs. Myra and Burton Wise

Q & A with Dr. Ira Wong

What motivates you as a doctor?

I am motivated by the satisfaction of being able to help patients and doctors manage very difficult, challenging problems. Being able to uncover the cause of a disorder or being one of the first to adopt a leading-edge treatment is fun. Hearing patients say that no other doctor has spent time explaining their disorder in a way they could understand is rewarding.

“*I have always been fascinated with how things work.*”

Why did you choose ophthalmology?

I have always been fascinated with “how things work.” The transparency of the eye allows us to see how disease changes the eye. When the iris is inflamed, we can actually see the microscopic white blood cells floating in the eye fluid, and this helps us manage the patient.

Ophthalmology is one of the few specialties in which the physician can responsibly provide both medical and surgical care. For the rest of medicine, care is often shared. At times the cardiologist needs to work with the cardiovascular surgeon, for example. The ophthalmologist does it all.

You specialize in uveitis. What interests you about it?

I have been interested in ocular inflammatory diseases because, for the first time in history, we really have some effective treatments. In the past the only treatment was steroids, and steroids themselves often cause serious

complications. Now we are using drugs originally developed to prevent heart and kidney transplant rejection and bioengineered antibodies originally developed to treat rheumatoid arthritis. We are now preventing the complications of cataracts and glaucoma that once were a frequent occurrence, especially in children.

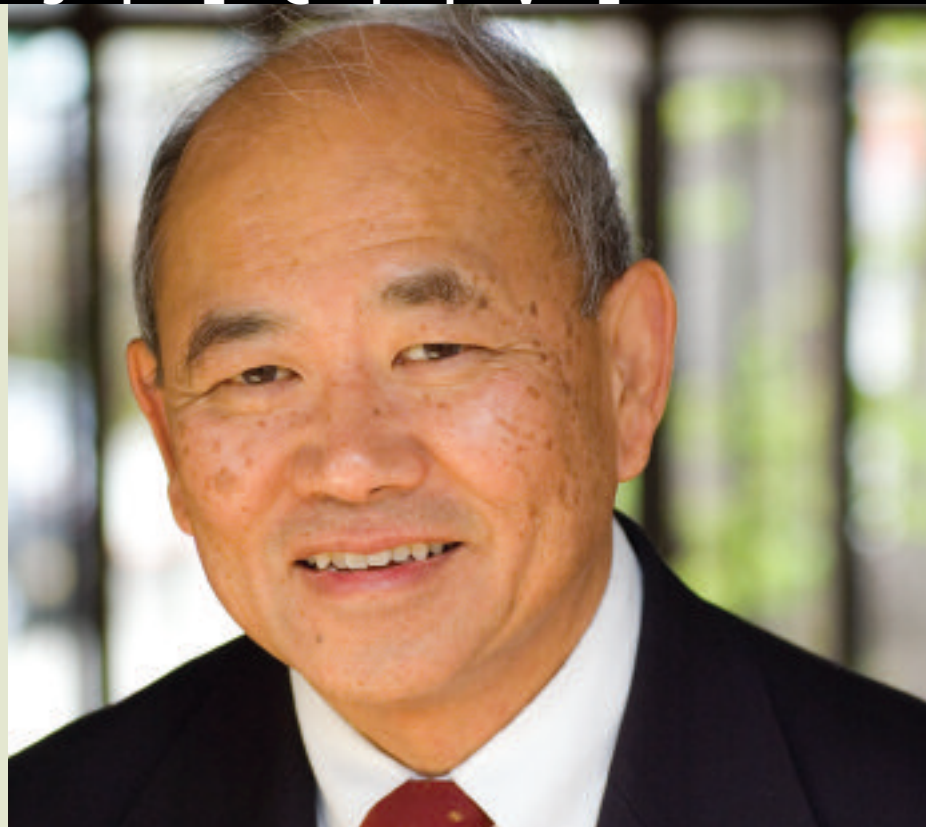
What are your latest research interests?

In the past I worked for the American Academy of Ophthalmology, dealing with federal health-care economic policies. Questions often asked were: “What does an ophthalmologist do in a typical week? What disorders are seen and how frequently do they occur?” No one had answers for these simple questions. How these questions are answered is important as ophthalmology competes for diminishing health-care resources.

We are studying how often uveitis occurs and its impact. Working with fellow Proctor faculty member, David Gritz, MD, of the Northern California Kaiser Permanente Health Care program, we were able to study the incidence and prevalence of uveitis among the 3 million Kaiser health plan members in Northern California. This is the only contemporary study of its kind in the United States. The results show that uveitis occurs much more often than previously thought, and it is a leading cause of visual disability. We soon will publish an article on the economic impact of the disease in the United States.

Tell us about the MUST Trial (Multi-center Uveitis Steroid Treatment Trial).

Two years ago the FDA approved a new, tiny device that, when inserted directly into the eye, slowly releases a steroid drug over the course of 2.5 years. In some patients the uveitis was completely controlled with



just the implant. However, a large number of the patients developed glaucoma, and nearly every patient developed a cataract. The question arises: Which treatment is better – this new intraocular steroid implant or systemic treatment using oral steroid or immunomodulatory agents? The National Eye Institute thought the question worthy enough to sponsor the five-year trial. Our uveitis group is one of the study centers.

Outside of medicine, what are your interests?

A friend kidded me about trying to be a Renaissance man because of my interests in art, literature, philosophy, and science. I am a student of Asian art history and collect 19th – 20th century Japanese prints and works of contemporary California photographers. My iPod holds literature and philosophy courses from the great lecturers of the Teaching Company. Travel for me is a great learning experience. I am

three-fourths of the way to meeting my goal of visiting 100 countries!

What does Proctor mean to you?

I have been associated with the Proctor Foundation for more than 30 years, and it continues to be a special place. Worthwhile research is being done in a collegial, collaborative atmosphere. The Proctor legacy is the large number of “exceptional” ophthalmologists the faculty has trained to think through and solve never-before-seen clinical problems. ●

The Proctor Foundation is an independent research unit at UCSF.

Building Bridges to Hope

Continued from page 1

cells in the retina resulting in progressive vision loss. Ms. Coffield says, “It’s amazing that this treatment is even in the pipeline because there’s been nothing up to this point. When I was diagnosed as a teenager, I was told there were no treatments or cures. Most people are told, ‘You’re going to go blind, and there’s nothing you can do.’”

In the trial involving Ms. Coffield, Dr. Duncan is evaluating the use of ciliary neurotrophic factor (CNTF), a protein previously shown to slow cell death in the eye. Each RP patient receives the

protein via a device developed by Neurotech USA, Inc., implanted near the retina. “If this treatment proves effective, it could help people see better over time,” says Dr. Duncan. It might also open the possibility of using this delivery method with other therapeutics.

For patients with degenerative eye diseases and the doctors who care for them, clinical trials allow physicians to carefully study potential treatments that might, in the future, lead to complete cures. Every participant plays a small but critical role. Whether

it’s for retinitis pigmentosa, glaucoma, or age-related macular degeneration, each trial bridges laboratory discoveries and practical patient treatments. “We fund clinical trials in order to be at the leading edge of patient care,” says Todd Margolis, MD, PhD, director of the Francis I. Proctor Foundation at UCSF and member of the National Advisory Eye Council of the National Eye Institute. Dr. Duncan adds, “Clinical scientists take promising scientific discoveries and apply these discoveries to what we understand about blinding diseases. Clinical trials are the only



Tina Coffield understands the promise of clinical trials. The photo on the left was taken after retinal surgery to implant a CNTF device that may slow her vision loss.



way to find out whether new scientific discoveries will be helpful to patients.”

Some trials are conducted in developing countries, where infectious eye diseases are on the rise. Trachoma, for example, is a bacterial disease that is the second leading cause of blindness in Asia

and Africa. Jack Whitcher, MD, and Tom Lietman, MD, have led trachoma trials in Ethiopia and India, funded by the Bernard Osher Foundation. No matter where the trial is located, each doctor and patient participant seeks to alleviate current and future suffering caused by eye disease. ●

“*Clinical trials are the only way to find out whether new scientific discoveries will be helpful to patients.*”

– Dr. Jacques Duncan

Staff P R O F I L E

Don Eubank Serving Patients Six Ways 'til Sunday

Don Eubank is most often seen in motion, smiling behind his wireless telephone headset, in contact with both patient and doctor. Setting patients at ease is always a priority, no matter how busy the schedule. The native Texan, a key player in refractive surgery and clinical trials at UCSF Ophthalmology, has been living in San Francisco since 1995 and still has family in the Lone Star State. “I try to bring some Texas hospitality into our cornea clinic,” says Don. Having worked as a respiratory therapist comes in handy when Don helps patients “take a deep breath” prior to sometimes challenging ocular procedures.

In 2000, Don began working as a coordinator in the refractive surgery clinic with Stephen McLeod, MD, and David Hwang, MD. He organizes marketing efforts, including fielding new-patient phone calls and managing seminars for potential patients. He also keeps the clinic running smoothly by matching the refractive surgery schedule with doctor availability.

Don wears a second hat: clinical trial coordinator. He works with Jacque Duncan, MD, and her patients in trials that include the Longitudinal Study of Ocular Complications of AIDS (LSOCA). For this multicenter study, funded by the National Institutes of Health (NIH), Don contacts participating patients and arranges the necessary tests and examinations. He collects

“It’s rewarding to be part of something that’s affecting a huge worldwide disease.”

patient information via questionnaires and visual field tests. Don also attends conferences twice yearly to confer with the national director of this study and with coordinators at the other trial centers. This ensures that the study is being conducted with consistency across testing sites.

AIDS patients are often on disability or don’t have insurance, so the LSOCA study provides quality eye care for patients who could not otherwise afford it. Some



patients have difficulty getting to their appointments because of their illness. Despite the challenges, Don believes the work he does is making a difference. “It’s

rewarding to be part of something that’s affecting a huge worldwide disease,” he says. ●

Cordes C O N N E C T I O N

Dr. Sharon Solomon Her Training at UCSF Ophthalmology Made the Difference

Sharon Solomon, MD, can recall the exact moment during her residency at UCSF Ophthalmology when she decided to specialize in the retina. During her second year she was performing one of her early surgical procedures with Daniel Schwartz, MD, when she caught her first glimpse of the live retina. Dr. Solomon was fascinated with what she saw. “It’s like looking at a different planet,” she explains. From that moment on, she knew she would specialize in the retina. “The retina is totally cool and I’ll never get tired of it. Retina just floats my boat. It’s satisfying.”



Since leaving UCSF, Dr. Solomon has completed a fellowship at Wilmer Ophthalmologic Institute at Johns Hopkins University and subsequently joined the faculty there. She is the first junior faculty member to receive an endowed chair, the Katherine Graham Professorship. Her research focuses on age-related macular degeneration (AMD) and diabetic retinopathy.

Clinical Trials for Retinal Diseases

Dr. Solomon is the principal investigator of the Anecortave Acetate Risk-Reduction Trial, a national, industry-sponsored study investigating possible pharmacological therapies for dry AMD, the less severe form of AMD. Anecortave acetate is a steroid altered to eliminate increased eye pressure and cataracts, typical side effects of steroids used in the eye. Therapies for wet AMD exist but Dr. Solomon hopes to arrest the disease at the dry stage, before there is a dramatic loss of vision. “It’s the difference between treating a heart attack and treating heart disease,” she says.

Her work in diabetic retinopathy involves a second research trial, sponsored by the National Institutes of Health, that tests diverse ways to treat that disease. Substudies test the effects of various thermal lasers, injectable steroids, and recently developed agents such as Lucentis™ on the diseased eye.

First-rate Training and Fond Reflections

Dr. Solomon remembers her residency training as a special experience. “It was a very precious time. Every

day I look back and am grateful I did my training at UCSF,” says Dr. Solomon, who also received her medical degree here. She believes her training at UCSF Ophthalmology set her apart from other doctors during her fellowship training at Wilmer. “I knew at the time I was getting good training, but since leaving I realize how good the training was.”

“It’s like looking at a different planet – the retina is totally cool and I’ll never get tired of it. Retina just floats my boat. It’s satisfying.”

She has fond memories of working with Alexander Irvine, MD, and the way he would share interesting cases with residents. She cites the high-caliber faculty and one-on-one apprenticeship training for creating a great residency experience. “The faculty is top-notch, but they still take the time to make sure residents thrive.” ●

An ongoing series focused on members of the Frederick C. Cordes Eye Society, residency graduates and former fellows of UCSF Ophthalmology.

Faculty News

Richard L. Abbott, MD

Honors: *Who's Who in the World*, Chicago: Marquis' Who's Who, 24th edition, 2007
Appointments: President of the Pan-American Association of Ophthalmology
Invited Lectures: How to prepare for maintenance of certificate recognizing medicolegal risks in the selection of refractive surgery patients. ASCRS Annual Meeting, San Diego, CA • Surgical management of difficult corneal infections. Korean Cornea Disease Study Group, Seoul, Korea • Ocular infections and antimicrobial susceptibility: Choosing the best antibiotic for surgical prophylaxis. Korean External Eye Disease Society, Seoul, Korea • Important principles in the management of corneal and scleral trauma. The Catholic University of Korea, City, Korea • On-line risk management: Informed consent for residents. Association of University Professors in Ophthalmology Annual Meeting, Indian Wells, CA • Medicolegal aspects of multifocal intraocular lenses. UCSF Annual Meeting, San Francisco, CA.

Jorge A. Alvarado, MD

Invited Lectures: The genetic basis of congenital glaucoma, UCSF December Course Meeting, December 2006 • Laser therapies; How does the trabecular meshwork work? It's all about cytokines! Hawaiian Eye 2007 Meeting, Kauai, HI • Genotype and phenotype correlations in congenital glaucoma; and Surgical revision of glaucoma drainage devices. American Glaucoma Society Annual Meeting • Interactions between endothelia of the trabecular meshwork & Schlemm's canal: A new insight into the regulation of aqueous outflow in the eye; Genotype and phenotype correlations in congenital glaucoma; and SLT-Biological and physiological studies. International Glaucoma Symposium, Athens, Greece • New developments and promising findings. TMMS Glaucoma Symposium, UCSF • Cell-to-cell signaling in the regulation of aqueous outflow in the eye: implication for glaucoma therapy. Cordes Society Meeting, San Francisco, CA.
Publications: Hollander, D.A., M. Sarfarazi, I. Stoilov, I.S. Wood, D.R. Fredrick, and J.A. Alvarado. 2006. Genotype and phenotype correlations in congenital glaucoma: CYP1B1 mutations, goniodysgenesis, and clinical characteristics. *American Journal of Ophthalmology* 142(6): 993-1004. • Hollander, D.A., Sarfarazi, M., Stoilov, I., Wood, I.S., Fredrick, D.R., and J.A. Alvarado. 2006. Genotype and phenotype correlations in congenital glaucoma. *Transactions of the American Ophthalmological Society* 104: 182-194. • Alvarado, J.A. 2007. Endocyclophotocoagulation for pediatric glaucoma: a tale of two cities. *Journal of the American Association of Pediatric Ophthalmology and Strabismus* 11(1): 10-11. • Alvarado, J.A. 2007. Reduced ocular allergy with fixed-combination 0.2% brimonidine-0.5% timolol. *Archives of Ophthalmology* 125: 717-718.

Robert B. Bhisitkul, MD, PhD

Invited Lectures: Navigating the complexities of AMD diagnosis and management: The central role of the comprehensive ophthalmologist. Course, American Academy of Ophthalmology Meeting, Las Vegas, NV.
Publications: Rutar, T., D.D.S. Pereira, and R.B. Bhisitkul. 2006. Diagnosis and management of retinal artery occlusion. *Ophthalmology International* 1: 1-5. • Hoyt, C.S., R.B. Bhisitkul, and A.D. Dick. 2006. • Online first in the *British Journal of Ophthalmology*. *British Journal of Ophthalmology* 90: 260. • Foster, B.S. and R.B. Bhisitkul. 2006. Optical coherence tomography in the management of retinal disorders. *American Academy of Ophthalmology, Focal Points* 24: 11. • Bhisitkul, R.B., and T. Rutar. 2006. Expanding treatment options in age-related macular degeneration. *International Ophthalmology Clinics* 46: 123-29. • Bhisitkul, R.B. 2006. Vascular endothelial growth factor biology: Clinical implications for ocular treatments. *British Journal of Ophthalmology* 90: 1542-1547. • Boyer, D.S., A.N. Antoszyk, C. Awh, R.B. Bhisitkul, H. Shapiro, and N. Acharya. 2007. Subgroups analysis of the MARINA study of ranibizumab in neovascular age-related macular degeneration. *Ophthalmology* 114: 246-252.

Jacque Duncan, MD

Publications: Roorda, A., Y. Zhang, and J.L. Duncan. 2007. High-resolution in vivo imaging of the RPE mosaic in eyes with retinal disease. *Investigative Ophthalmology and Visual Science* 48(5): 2,297-2,303. • Duncan JL, Zhang Y, Gandhi J, Nakanishi C, Othman M, Branham KE, Swaroop A, Roorda A. 2007. High-resolution imaging with adaptive optics in patients with inherited retinal degeneration. *Investigative Ophthalmology and Visual Science*. Jul 48(7): 3283-91.

Allan J. Flach, MD, PharmD

Honors: Asbury Lecture (Prevention and treatment of cystoid macular edema following cataract surgery) and Grand Rounds (Nutrition and Ophthalmology), University of Cincinnati, Cincinnati, OH • Selected Chairperson for Pharmacology and Toxicology Section of Bay Area Basic Science Course in Ophthalmology for 25th Year, Stanford University, Stanford, CA.
Invited Lectures: Ocular surgery and therapy update – Intraoperative floppy iris syndrome: Diagnosis, origin, and treatment. University of California, San Diego, CA • Histopathology of amiodarone-induced cataracts. Association for Research in Vision and Ophthalmology, Ft Lauderdale, FL • Osmotics and ophthalmology: Activity, application, and availability. F.C. Cordes Society, San Francisco, CA • Improving informed consent and risk-benefit relationship with hydroxychloroquine therapy. American Ophthalmological Society, Greenbrier, WV • Medical therapy of open-angle glaucoma; Nonsteroidal anti-inflammatory drugs and ophthalmology (Courses). American Academy of Ophthalmology, Las Vegas, NV.

David G. Hwang, MD

Invited Lectures: Keynote speaker at Japanese Keratoplasty Society Annual Meeting, Miyazaki, Japan • Corneal and refractive surgery update. California Academy of Ophthalmology, San Francisco, CA • *Fusarium* Keratitis: What practitioners and contact lens patients should know. Late Breakers Symposium, American Academy of Ophthalmology, Las Vegas, NV • Corneal and refractive surgery update. California Academy of Ophthalmology, San Francisco, CA • New approaches to corneal endothelial transplantation: Cell replacement and gene therapy strategies. Scientific Symposium, Eye Bank Association of America Annual Meeting, Toronto, Ontario, Canada • Pearls from the Proctor. (Course) American Academy of Ophthalmology Annual Meeting, Las Vegas, NV • *Fusarium* keratitis update. (Course) UCSF • PKP: RIP? Cordes Eye Society Scientific Meeting, San Francisco, CA.

Publications: Bernal, M.D., N.R. Acharya, T.M. Lietman, E.C. Strauss, S.D. McLeod, and D.G. Hwang. 2006. Outbreak of *Fusarium* keratitis in soft contact lens wearers in San Francisco. *Archives of Ophtalmology* Jul 124(7): 1051-3.

Jennifer H. LaVail, PhD

Publication: LaVail, J.H., A.N. Tauscher, A. Sucher, O. Harrabi, and R. Brandimarti. 2007. Viral regulation of the long distance axonal transport of herpes simplex virus nucleocapsid. *Neuroscience* May 25; 146(3): 974-85.

Shan C. Lin, MD

Invited Lectures: Corneal thickness: The thick and the thin of it; Update on laser trabeculoplasty; Trabecular meshwork: Site of future glaucoma therapy; and The latest glaucoma surgeries. Pan-American Association of Ophthalmology, Playa Herradura, Costa Rica • Angle-closure glaucoma in the Chinese population, Endoscopic cyclophoto-coagulation, Taiwan Academy of Ophthalmology, Taipei, Taiwan • Gonioscopy: Imaging of the angle; Congenital and infantile glaucoma; and Cyclophotocoagulation – Why, when and how? World Glaucoma Congress, Singapore • Ultrasound biomicroscopy and angle-closure glaucoma. Ultrasound Biomicroscopy Training Course, Las Vegas, NV • Endoscopic cyclophotocoagulation: An update. Glaucoma Roundtable, Lafayette, CA • Corneal thickness: The thick and the thin of it; Systemic agents used to treat glaucoma; Secondary glaucoma; Pigmentary, angle-closure glaucoma; and Cyclodestruction. Glaucoma Mini-Fellowship, Napa, CA • The role of endoscopic cyclophotocoagulation in the management of glaucoma. San Diego Eye Society, La Jolla, CA • The role of endoscopic cyclophoto-coagulation in the management of glaucoma. Irvine Eye Society, Irvine, CA • Update on cyclophotocoagulation. Seattle Eye Society, Seattle, WA • Angle-closure glaucoma: Are you missing it? Glaucoma Research and Education Group, San Francisco, CA • Glaucoma–New therapeutics. California Academy of Ophthalmology, San Francisco, CA.
Publications: Punjabi, O.S., R.L. Stamper, A.G. Bostrom, and S.C. Lin. 2007. Does treated systemic hypertension affect progression of optic nerve damage in glaucoma suspects? *Current Eye Research* Feb 32(2): 153-60. • Lin, S., O.T. Lee, P. Minasi, J. Wong. 2007. Isolation, culture, and characterization of human fetal trabecular meshwork cells. *Current Eye Research* Jan 32(1): 43-50. • Chan, C.K., S. Lee, P. Sangani, L.W. Lin, M.S. Lin, and S.C. Lin. 2007. Primary trabeculectomy surgery performed by residents at a county hospital. *Journal of Glaucoma* Jan 16(1): 52-6. • Punjabi, O.S., H.K. Ho, C. Kniestedt, A.G. Bostrom, R.L. Stamper, and S.C. Lin. 2006. Intraocular pressure and ocular pulse amplitude comparisons in different types of glaucoma using dynamic contour tonometry. *Current Eye Research* Oct 31(10): 851-62.

David W. Sretavan, MD, PhD

Invited Lectures: Axon surgery: Micro- and nanoscale nerve repair. Plenary address to the Congress of Neurological Surgeons, Chicago, IL • Microscale neuronal surgery and axon repair. UC Merced School of Social Sciences and Engineering, Merced, CA • Axonal repair: A microdevice approach. First Annual Berkeley Symposium on Translational Research, Berkeley, CA
Book Chapters: Sretavan, D.W. Optic Nerve Formation, in *Mechanisms of Retinal Development*. Eglen, S., Harris, W., Selangor, E., and Wong, R., Eds. Cambridge University Press, 2006.

Robert L. Stamper, MD

Honors: *Who's Who in American Education*, Chicago: Marquis' Who's Who, 7th edition, 2006
Who's Who in the World, Chicago: Marquis' Who's Who, 24th edition, 2007 • *Who's Who in the World*, Chicago: Marquis' Who's Who, 23rd edition, 2006 • *Who's Who in America*, Chicago: Marquis' Who's Who, 60th Diamond Anniversary edition, 2006.
Invited Lectures and Panels: New functional diagnostic tests in glaucoma and glaucoma drainage devices, Harvard Medical School, Cape Cod, MA • Moderator of Managing the Failing Filtering Bleb. Joint Meeting (AAO/APAO) Breakfast with the Experts Roundtable Program, Las Vegas, NV • Punjabi, O., J. Legarreta, A. Bostrom, R. L. Stamper, and S. C. Lin. A comparison of visual field obtained using multifocal visual-evoked potentials with structure of the optic nerve head on the Heidelberg Retinal Tomograph. Paper, American Academy of Ophthalmology Annual Meeting, Las Vegas, NV • Punjabi, O. S., A. Bostrom, S. C. Lin, and R. L. Stamper. Test-retest variability of the multifocal visual-evoked potentials in a glaucoma clinic. Poster, American Academy of Ophthalmology Annual Meeting, Las Vegas • New surgical procedures: Ready for prime time? 11th Annual Glaucoma Symposium, San Francisco, CA • The glaucoma eye care program: How do you make a difference in glaucoma? Unite for Sight Conference, Stanford University, Palo Alto, CA.
Publications: Stamper, R.L. 2006. Mozart in automated visual field testing. *British Journal of Ophthalmology* 90: 523-. • Kniestedt, C., S. Lin, J. Choe, M. Nee, A. Bostrom, J. Stürmer, R. Stamper. 2006. Correlation between intraocular pressure, central corneal thickness, stage of glaucoma, and demographic patient data; and Prospective analysis of biophysical parameters in tertiary glaucoma practice populations, *Journal of Glaucoma* 15: 91-97. • Lin, S.C., M.J. Chen, M.S. Lin, E. Howes, R. Stamper. 2006. Vascular effects on ciliary tissue from endoscopic versus trans-scleral cyclophotocoagulation. *British Journal of Ophthalmology*, 90: 496-500. • Punjabi, O.S., H.K. Ho, C. Kniestedt, A.G. Bostrom, R.L. Stamper, S.C. Lin. 2006. Intraocular pressure and ocular pulse amplitude comparisons in different types of glaucoma using dynamic contour tonometry. *Current Eye Research* Oct, 31(10): 851-62.

Erich C. Strauss, MD

Honors: Research to Prevent Blindness James S. Adams Scholar Award.
Invited Lectures: Immunology of corneal transplantation, Stanford Basic Science Course • Ocular mucous membrane pemphigoid, Oral Medicine Grand Rounds, UCSF • Ophthalmic therapeutics in inflammatory and autoimmune diseases, Amgen, Inc., Seattle, WA • A novel T-lymphocyte mediated signaling pathway promotes inflammatory angiogenesis, American Uveitis Society Meeting, Ft. Lauderdale, FL • Mechanisms of autoimmunity in the aire-deficient mouse model of Sjogren's syndrome, Association for Research in Vision and Ophthalmology Meeting, Ft. Lauderdale, FL • Therapeutic targets in ocular inflammation and autoimmunity, Amgen, Inc., Thousand Oaks, CA. ●



"Eye on the Arts" event at the de Young Museum, sponsored by That Man May See (TMMS)

1 Chrissie Crawford, Chris Hellman, Dede Wilsey, and Rena Bransten enjoying "Eye on the Arts." Clinician scientists joined with artists in discussing how the eye works with the brain, particularly in patients with macular degeneration.

2 TMMS board member Albert Schreck chats with Chris Hellman, whose exhibition of watercolor paintings illustrates her vision before and after the onset of macular degeneration. The evening at the de Young was funded by Mellon.

3 Marilyn Pratt, TMMS Board Chair, with Michael Gaulke, Dorothy Mellenthin, and Judy Gaulke. The Gaulkes attended the event as members of the TMMS Chairman's Forum.

4 Enjoying the view from the Museum's Hamon Tower are Mike Desler, Executive Director of the Wayne and Gladys Valley Foundation, with Peggy Desler, MD, and Kirby and Paige Hutson. Paige is a member of the TMMS board and is co-chairing the Visual Center for the Child initiative.

Jack Whitcher, MD, Honored at Barbecue

5 Julie Smolin and Gil Smolin, MD, join Dr. Jack Whitcher (center) and colleagues for a retirement roast.

Cordes Eye Society Day

6 José Tovilla-Canales, MD, and Ulla Tovilla of Mexico City celebrate with fellow UCSF Ophthalmology grads, former fellows, and former residents. Dr. Tovilla-Canales gave the Hearst Lecture.

Alexander Irvine Residents' Day and Transamerica Dinner

7 Funded in part by an endowment from Transamerica, this annual day of resident research presentations is named for Alex Irvine, MD's commitment to resident education. Front row: Isabella Phan, MD; Diamond Tam, MD; Tina Rutar, MD; Bryan Winn, MD. Back row: Shelley Day, MD; Michelle Trager, MD; Dr. Irvine; Alejandra de Alba, MD; Anthony Agadzi, MD; Mark Pennesi, MD, PhD; Jesse Biebesheimer, MD; and Michael Yoon, MD.

8 Douglas Fredrick, MD, with speaker Lois Smith, MD, PhD, Associate Professor of Ophthalmology at Harvard Medical School/Children's Hospital.

9 Experiencing the camaraderie of their first Transamerica Dinner are Nisha Acharya, MD; Cynthia Chiu, MD; and Tony Tsai, MD.

New Donation Opportunity

Transfer Your IRA to That Man May See

For friends of That Man May See who are looking for the most tax-effective way to contribute to vision research, your individual retirement account (IRA) may be the best choice.

The Pension Protection Act of 2006 presents a new giving opportunity. The law allows individuals aged 70½ or older to make gifts now to qualified charitable organizations such as ours, using funds transferred directly from their IRAs. Furthermore, these individuals will not have to pay taxes on the amounts

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Benefits to You While Supporting Vision Research

- The transfer counts toward your minimum required distribution as long as you have not yet received your 2007 distribution.
- The transfer generates neither taxable income nor a tax deduction, so you will receive the benefit even if you do not itemize your tax deductions.

- You can enjoy the difference your charitable gift makes to That Man May See

Your Long-Range Strategy

Another tax-wise strategy is to name That Man May See as beneficiary of all or a portion of your IRA assets. By naming TMMS as beneficiary of your IRA, you can leave us a gift that is free of all income and estate taxes because we are a charitable organization.

For further information, please contact That Man May See, the 501(c)(3) public charity for UCSF Ophthalmology, at 415.476.4016. ●

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