



VISIONS

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

Summer 2010

University of California, San Francisco + That Man May See

Focal Point



Dear Friends,

This edition of the Visions newsletter presents an update that touches on all aspects of our mission: our care of patients, education, research, and community service.

We are pleased to announce the opening of our Visual Center for the Child. This state-of-the-art clinical facility allows us to better serve the children and families from the Bay Area and beyond who rely on the expertise and dedication of our pediatric ophthalmology team.

This dedication to the highest quality patient care extends to our work at San Francisco General Hospital, where the eye clinics are staffed by full-time UCSF faculty members and our outstanding residents and fellows. In this issue, we share with you some of our challenges and ambitions in that setting.

We are particularly pleased to update you on some of our key research programs, which – thanks in great part to private support – are more robust, ambitious, and productive than ever. The most recent report from the National Institutes of Health indicates that UCSF Ophthalmology now ranks in the top five eye institutes in the nation for competitive research funding awarded by the National Eye Institute.

We are indebted to those whose gifts to support initial projects allow us to advance investigation to the point of successful major government funding.

Thank you for generously supporting rigorous and inventive science, allowing us to develop new and better approaches to preserve and restore sight.

Sincerely,

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



Envision the Future

A Site for Young Eyes

UCSF's New Visual Center for the Child

Crewe Hutson, diagnosed at age two with the most advanced stage of a fast-growing eye cancer, energized the drive to develop the new Visual Center for the Child. The new Center is part of UCSF Ophthalmology's ongoing effort to provide the highest quality research and care for patients with the most complex eye diseases. Upgrades for children include specialized tools for pediatric diagnosis, increased funding for investigations into childhood eye diseases, and proximity to other pediatric specialists.

At age eight, Crewe is cancer free and excels in black diamond skiing and state-championship-level tae-kwon-do, despite depth perception deficits from his prosthetic eye. Crewe's medical ordeal inspired his mother Paige Hutson to help other families facing similar challenges. She recalls, "I wanted to raise funds for research and offer families support. I envisioned a place oriented toward kids that would minimize the burden on families." Crewe has grown up with the idea of a new vision center "just for kids."

Crewe Hutson's battle with eye cancer drew his family to work on behalf of the Visual Center for the Child. Pictured with Crewe are his sisters Sonja and Summer and his mother Paige Hutson.

Continued on page 2



Ophthalmology Insight

UCSF Cares for the City

It was a typical afternoon at San Francisco General Hospital and Trauma Center (SFGH). In the Ophthalmology Clinic, fidgety toddlers with dilated eyes, a middle-aged man with optic-nerve damage, a young

woman whose cornea had been sliced by a glass fragment, and several seniors coping with symptoms of age-related eye diseases filled exam chairs. UCSF clinician teams, supported by city medical workers, were strategically deployed to handle every case. In the waiting area, tiny swaddled babies nestled in their young parents' laps amid

children, parents, wheelchairs, and strollers.

Ophthalmology in Overdrive

With about 73,000 uninsured men, women, and children in the city, SFGH is an ambitious enterprise that runs in perpetual overdrive. The SFGH

Continued on page 4

A PEEK INSIDE:



International Impact

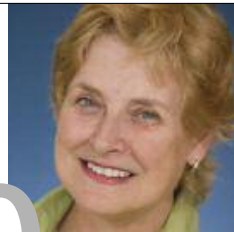


9
New
TMMS Chair
Dan Benatar



National Draw for
Surgical Training

9 10



Faculty
Achievements

11
Scientific Symposium
Features Alumni



Realizing the Dream

At the time of Crewe’s treatment in 2004, the Visual Center for the Child was already a dream of **Creig Hoyt, MD**, then chair of the Department of Ophthalmology, and **Douglas Fredrick, MD**, a former UCSF pediatric ophthalmologist and former resident Hearing of the plan, Paige Hutson joined the board of That Man May See (TMMS), UCSF Ophthalmology’s public charity. She began to work on behalf of this special project.

A Foundation that chooses anonymity became the first lead contributor, with a gift of more than \$2 million. Half of this generous funding underwrote construction and new diagnostic equipment; half supported the research of **Joan O’Brien, MD**, aimed at cures for retinoblastoma and greater understanding of the causes of cancers. The William Randolph Hearst Foundations and the David and Elva Sinai Foundation responded by initiating endowments to sustain the Center over time.

Team Advantage

The new Center, located with UCSF’s other pediatric clinics on the second floor of the Ambulatory Care Center (400 Parnassus Avenue), provides access to a wide range of specialists, making it a “one-stop shop” for most pediatric eye patients who require care from a team.

“Many young patients have interrelated medical issues,” explains **Tina Rutar, MD**, director of the Center. “It’s very common for children born prematurely, for example, to have cerebral palsy, developmental delay, strabismus, and cerebral visual impairment, requiring



Child-size equipment streamlines pediatric exams. Dr. Tina Rutar uses a hand puppet to engage a young patient while examining the back of his eyes with a cordless ophthalmoscope. The numbered goggles help determine the best eyeglass prescription.



access to multiple specialists. Children with genetic syndromes may have disorders that relate to neurology, cardiology, gastroenterology, genetics, and ophthalmology.” These children are often referred to UCSF, where clinician scientists at the top of their fields collaborate to ascertain correct diagnoses, essential to successful treatment.

The second floor of the Ambulatory Care Center is child friendly. Brightly colored spaces feature blackboards for drawing, kids’ books, magazines, and toys, and screens showing movies such as *Finding Nemo*. Young eye patients share the new reception area with other children rather than with adult patients, providing a family-friendly place. “We do a lot of pediatric ophthalmology simply by observing children’s visual behavior as they interact with family members in a supportive environment,” says Dr. Rutar.

Meeting the Needs of Children

Tina Rutar, MD Director of the Visual Center for the Child. Pediatric specialist with interests in strabismus and pediatric infectious eye disease.
Alejandra de Alba Campomanes, MD, MPH Pediatric specialist with interests in strabismus and retinopathy of prematurity.
Jonathan Horton, MD, PhD Neuro-ophthalmologist and pediatric ophthalmologist with a strong research program in amblyopia. Treats patients with amblyopia, strabismus, and neuro-ophthalmological conditions.

Nisha Acharya, MD Uveitis specialist. Treats uveitis and other ocular inflammatory diseases.
Jacque Duncan, MD Retinal specialist with an interest in childhood retinal degenerations, such as retinitis pigmentosa and Leber’s congenital amaurosis.
Tim McCulley, MD, and Robert Kersten, MD Oculoplastics specialists. Treat children with congenital malformations affecting development of eyelids and orbits.

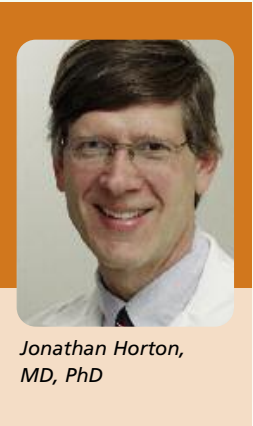
Paul Stewart, MD Ocular oncologist. Treats children with retinoblastoma and ocular melanoma. Dr. Stewart trained as a fellow with Dr. O’Brien.
Robert Stamper, MD, Jorge Alvarado, MD, and Shan Lin, MD Glaucoma specialists. Treat congenital and juvenile forms of glaucoma.
David Hwang, MD, and Bennie Jeng, MD Corneal specialists. Treat congenital corneal opacities and malformations of the front of the eye.



Tina Rutar, MD



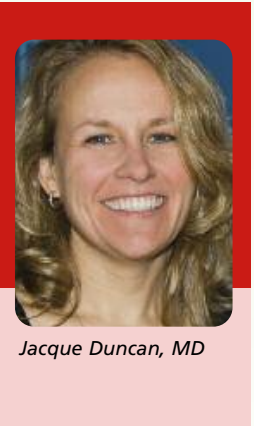
Alejandra de Alba Campomanes, MD, MPH



Jonathan Horton, MD, PhD



Nisha Acharya, MD



Jacque Duncan, MD



Tim McCulley, MD



Robert Kersten, MD



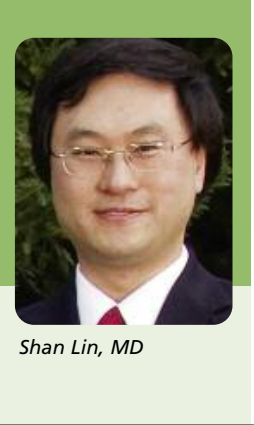
Paul Stewart, MD



Robert Stamper, MD



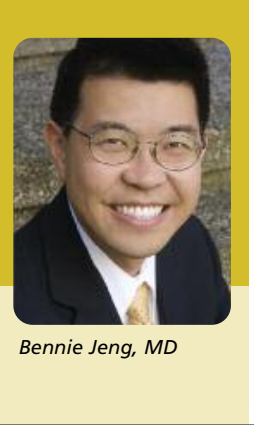
Jorge Alvarado, MD



Shan Lin, MD



David Hwang, MD



Bennie Jeng, MD

Just Right for Kids

The Visual Center for the Child includes three new examination rooms, with child-friendly exam chairs and pediatric equipment. Video screens and motorized toy animals give kids something fun to focus on, and a cordless ophthalmoscope gives clinicians freedom to move around, resulting in more complete eye examinations without anesthesia.

Stuffed elephants and *Sesame Street*-style cartoons aren’t among an ophthalmologist’s usual tools, but they support effective diagnosis and treatment of young children. Each exam room accommodates strollers and family members, and one is perfect for wheelchairs as well. This long room is also ideal for testing eye alignment at various distances, particularly important for young patients.

Sophisticated Tools Help Tots

The Center’s new equipment is helping clinicians refine their diagnoses of pediatric eye disorders. A handheld optical coherence tomography (OCT) unit takes three-dimensional pictures of the retina with nearly the detail of a microscope. This unit captures retinal images even without active patient cooperation – something toddlers don’t always provide. Clinicians use the device to image the retinas of anesthetized children in the operating room.

According to Dr. Rutar, “Many pediatric retinal conditions have never been imaged three-dimensionally, so ophthalmologists have not seen how these conditions affect the structure of the retina. The handheld OCT is allowing us to understand these conditions better.”

A new camera monitors the progress of retinal diseases like retinopathy of prematurity (ROP), which occurs in infants born before their retinas are fully formed. The Retcam III incorporates *fluorescein angiography*, a technique for tracking blood flow through the retina in real time.

“I wanted to raise funds for research and offer families support.”
– Paige Hutson

Dedication to Pediatrics

Plans for the Center helped UCSF attract two new outstanding pediatric ophthalmologists. Dr. Rutar, a graduate of Harvard Medical School and former Heed Fellow at UCLA’s Jules Stein Eye Institute, joined the faculty in summer 2008 to lead the new effort. **Alejandra de Alba Campomanes, MD, MPH**, a pediatric ophthalmologist trained at the Children’s Hospital of Philadelphia with special interests in strabismus and vision disorders of premature infants, was welcomed to the faculty last summer. Drs. Rutar and de Alba anchor the team of ophthalmology specialists that treat children.

Great Place for Families

Sixty-five percent of children receiving ophthalmology treatment at UCSF come from lower-income families. They are referred by ophthalmologists in northern California and beyond. Families that travel long distances are especially grateful for the child-friendly environment.

Visiting the new Center for the first time, Paige Hutson was thrilled. “The first patient who came in was about the same age Crewe was when he was first treated,” she says. “I was so happy that we had created an environment where families can focus on their children’s emotional well-being.” Even Crewe was impressed. “It’s a lot better than it was before,” he says. “The equipment actually fits kids.”

Growing the Dream

Development of the Visual Center for the Child isn’t complete – it’s just beginning. UCSF Ophthalmology envisions a fully endowed Center, ensuring long-term financial stability. Gifts will ensure children’s access to the best pediatric diagnostic tools as technology advances and will fund vision-saving research aimed at childhood eye diseases.

For more information, contact *That Man May See* at 415.476.4016 or tmms@vision.ucsf.edu. ●

Our Thanks for Generous Gifts to the Visual Center for the Child

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Anonymous

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William Randolph Hearst Foundations
David Bulfer and Kelly Pope

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Carol and Harry Saal
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Denise and Terry Thomas

New Funds Save Precious Sight

Infant Contact Lens Fund

When pediatric ophthalmologist **Tina Rutar, MD**, arrived at UCSE, she wanted to ensure that “no babies would lose their chance at sight after undergoing cataract surgery.” Financial barriers and insurance authorization delays were threatening healthy eye development for some tiny patients. Her concern helped launch a new UCSF Infant Cataract Fund. UCSF’s **Alejandra de Alba, MD, MPH**, has secured similar support for babies cared for at San Francisco General Hospital and Trauma Center.

Sixty-five percent of UCSF’s pediatric ophthalmology patients come from lower-income families. Without therapeutic contact lenses following cataract surgery, infant eyes cannot properly form eye-brain connections essential to healthy sight. Delays result in lifelong visual impairment.

The David and Elva Sinai Foundation contributed \$100,000 to establish the Infant Cataract Fund at the Visual Center for the Child, and the Morgan Stanley Foundation also supports the fund. The Saints and Sinners Fund established an Infant Cataract Fund at San Francisco General Hospital with a \$50,000 gift. UCSF Ophthalmology is grateful to these generous foundations for bridging the gap between pediatric resources and need, granting many lifetimes of healthy sight.

Financial barriers threaten healthy eye development for some tiny patients.

Launch of Children’s Glasses Fund

Now Drs. Rutar and de Alba are campaigning for a Children’s Glasses Fund for pediatric strabismus patients. Strabismus surgery involves weakening and strengthening specific muscles around the eyes to straighten the misalignment of “crossed eyes.” Postoperative patients require a series of rapidly changing prescriptions to allow their vision to develop normally. UCSF Ophthalmology’s public charity, *That Man May See*, is seeking donors to help struggling families cover the costs of these glasses.

To make a financial contribution to the *Children’s Glasses Fund*, contact *That Man May See* at 415.476.4016 or tmms@vision.ucsf.edu. ●



UCSF Cares for the City
Continued from page 1

Ophthalmology and Optometry Department, led by Chief of Service **Bennie H. Jeng, MD** (pictured at right), is no exception. “We treat every sort of eye problem here, and we always have more patients than exam rooms,” he says. Last year his ophthalmology team served more than 12,000 patients and performed 500 major eye surgeries. Optometrists served nearly 5,000 additional patients last year, practically double the number served the year before.



UCSF Ophthalmology Team at San Francisco General Hospital (Front row) Josephine Balderama, Janna Ky, Merle Banez, Wendy Garcia, Sharon Martinez; (Middle Row) Dr. Marielle Young, Dr. Bennie Jeng, Dr. Soraya Rofagha, Dr. Sara Haug; (Back row) Jim Larson, COT, Dr. Paula Wynn, Dr. Jay Stewart. (Not pictured: Dr. Alejandra de Alba Campomanes, Dr. Michele Bloomer, Dr. Shan Lin, Rodney Stokes, and RNs Tess Alvarez, Grace Salud, and Terry Dentoni)

A toddler waits for dilation eye drops to take effect.



In an environment of stretched resources, the UCSF Ophthalmology faculty, rated one of the nation’s top ten, provides high-quality ocular care. Together, clinician scientists of the Department of Ophthalmology and the Francis I. Proctor Foundation for Research in Ophthalmology offer up-to-date knowledge on every eye disorder and disease. These ophthalmologists work closely with residents and fellows.



UCSF Ophthalmology selects its residents from the top five percent of graduates from the nation’s best medical schools. Fellows receive advanced training in “subspecialties,” such as disorders of the retina, cornea, oculoplastics, and glaucoma. The challenges of diseases seen at this county hospital provide fertile ground for learning. Under direct supervision and in close consultation with faculty, 22 ophthalmology residents and fellows form the backbone of SFGH clinical staffing for this division.

Medical Volunteers Extend Reach

“Outstanding faculty specialists from the community contribute greatly to the success of our programs at San Francisco General Hospital,” says **Stephen McLeod, MD**, chair of UCSF’s Department of Ophthalmology. They serve as clinical professors, extending the reach of UCSF Ophthalmology by teaching residents and fellows, performing surgeries, and consulting with patients. Many of these generous volunteers are UCSF alumni motivated by gratitude for

training they received and a commitment to community service. They share a dedication to excellence in the next generation of ophthalmologists and a desire to provide quality care to those least able to access treatment.

Service at SFGH is a habit that can last a lifetime. **Stuart Seiff, MD**, an oculoplastics specialist, recently retired from the UCSF Ophthalmology faculty. He continues to teach and consult at SFGH on trauma cases that involve reconstruction of the eye or surrounding orbital bone. Dr. Seiff’s commitment is a striking example of clinical faculty support (see “Our SFGH Clinical Faculty Family,” page 5).

Commitment to Public Health

A broad range of San Franciscans need public health services. Many working people, as well as the city’s

unemployed (now hovering near 10 percent) cannot access private medical services. Medi-Cal and Medicaid are often not accepted at private practices. The city’s Healthy San Francisco initiative helps cover treatment costs for adults unqualified for other government programs.

The life circumstances of low-income San Franciscans shape their vision disorders to some extent. These patients develop glaucoma and macular degeneration at about the same rate as the medically insured, but higher rates of premature births threaten young sight, and diabetes-related retinal complications are more common.

More jobs in manual labor mean more trauma, resulting from ladder and scaffolding falls, construction and yard debris, and chemicals in cleaners, fertilizers, and pesticides. The concentration of violent crime in districts predominantly populated by low-income families fuels another stream of eye trauma patients – survivors of fights, assaults, and gunfire.

Intense Clinical Environment

Cultural barriers, as well as lack of child care and transportation, make it difficult for families with few resources to access treatment, and these patients often delay “going to the doctor.” These challenges create intense conditions at SFGH, where ophthalmologists treat more ocular crises and more severe cases of eye infection and disease. The result is more invasive procedures, greater use of powerful drugs, and more loss of sight than occurs in insurance-driven medical



San Francisco General Hospital and Trauma Center

San Francisco General Hospital and Trauma Center (SFGH) and its eight satellite clinics form the city/county’s medical safety net. Lifelong citizens and new immigrants turn here for help when they lack access to other medical services. UCSF is at the heart of this vital public health mission, serving as the city’s partner since 1873. UCSF’s highly regarded clinicians serve in clinics, operating rooms, and the city’s only Level I Trauma Center, supported by city medical staff.



“Outstanding faculty specialists from the community contribute greatly to the success of our programs at San Francisco General.”
– Dr. Stephen McLeod

Drs. Bennie Jeng and Sara Haug (resident) examine the eyes of a middle-aged woman before discussing recommendations for treatment. (Below) You aren't seeing double! Dr. Alejandra de Alba Campomanes prepares to examine the eyes of three-year old twins.

environments. “Unfortunately, at SFGH, many patients come in with very advanced diseases,” says Dr. Jeng. “You don’t see these in people who get annual eye exams.”

“Tagalog Translator Please”

Many of San Francisco’s uninsured cannot speak English well enough to communicate about medical conditions. Some clinicians are fluent in Spanish, but everyone relies on a new translation system that supports more than 20 languages. A microphone/speaker unit in each exam room provides remote translation from a central hospital location, quickly lending support to patients and clinicians in different parts of the facility.

Premies at Risk

Women without adequate prenatal care and of low socioeconomic status are more likely to give birth prematurely, and SFGH delivers these fragile babies every week. Infants born more than ten weeks early are at risk for retinopathy of prematurity (ROP), which can cause blindness. Because their retinas are still forming at birth, these babies must be monitored in the nursery and after they go home and treated promptly if the development goes awry. Clinicians look for signs that these infant retinas are in danger of detaching.

“It’s easy for these babies to fall through the cracks,” says **Alejandra de Alba Campomanes, MD, MPH**, director of SFGH Pediatric Ophthalmology. “Parents may

believe that positive assessments early on reduce the need for follow-up, but these infants remain at risk for vision loss, severe myopia, strabismus, and amblyopia far into childhood.”

Dr. de Alba is revamping efforts to maximize healthy outcomes for these infants. One of the most vulnerable events for babies at risk of ROP is the transition from hospital to home, when many get lost to follow-up. Weekly or biweekly exams are critical for the first three months, and annual exams are needed throughout childhood. She says these infants and children would benefit greatly from a computerized tracking system and a staff person dedicated to ensuring that they are seen regularly. Despite resources that fall short of her vision, Dr. de Alba has improved quality of care by retraining medical staff working with premature infants in the nursery and eye clinic and updating the ROP screening protocol and procedures.

Opportunity to Help Children

The SFGH Ophthalmology team plans to improve patient access and outcomes by adding two examination



rooms designed specifically for babies and children. Child-specific diagnostic tools and state-of-the-art equipment will be needed. These include special retinal imaging tools such as those recently acquired for the Parnassus campus. Also part of the dream are a pediatric waiting area, featuring a parent/patient education resource center and a vision-stimulating play corner, as well as enhanced support services.

To crystallize this vision for a dedicated pediatric ophthalmology service at SFGH and to address the specific eye care needs of this vulnerable population, funding is sought toward capital expansion and infrastructure development. Drs. Jeng and de Alba believe that this enhancement “can play a significant role in saving the sight of the City’s most vulnerable residents: the economically disadvantaged children who come to us for care and for hope.”

To learn more about providing support for this meaningful initiative, contact That Man May See at 415.476.4016 or tmms@vision.ucsf.edu. ●



Our SFGH Clinical Faculty Family

UCSF-trained ophthalmologists have a tradition of volunteering as teachers for the next generation of young ophthalmologists. Numerous clinical professors currently volunteer at San Francisco General Hospital and Trauma Center (SFGH); many have served for more than a decade.

For glaucoma specialist **Sydney Williams, MD**, being a UCSF clinical professor is literally a family tradition. His father **Fred C. Williams, MD**, served on the clinical faculty for more than 25 years, sharing medical insights and techniques, including trauma skills he gained as an Army surgeon during the Korean War. Dr. Fred Williams began his long partnership with the UCSF Department of Ophthalmology when he became Director of Ophthalmology for the Letterman Army Medical Center. Many years’ worth of residents recall his cheerful availability and equanimity.

Dr. Sydney Williams takes time from his private glaucoma practice to guide the surgical education of today’s residents and care for San Francisco’s uninsured. He is active in the UCSF Frederick C. Cordes Eye Society, which honors his father annually with its Fred C. Williams, MD, Memorial Lecture. Like father, like son – the Williams legacy continues.

Dr. Sydney Williams

Clinical Faculty
Active at SFGH

- Gary Aguilar, MD
- David Bui, MD
- Naveen Chandra, MD
- Kenneth Chern, MD
- Bruce Gaynor, MD
- Robert Hardy, MD
- Michael Hee, MD, PhD
- Sean Ianchulev, MD, MPH
- Edward Koo, MD
- Marc Lieberman, MD
- Omondi Nyong’o, MD
- Stuart Seiff, MD
- Eddy Tamura, MD
- Sydney Williams, MD

Asia-Pacific Improving Vision Care Throughout Asia

In recognition of his commitment to improving the education and training of ophthalmologists in the Asia-Pacific region, **Richard Abbott, MD**, has been chosen to receive the José Rizal Gold Medal from the Asia-Pacific Academy of Ophthalmology (APAO). The medal was established in honor of José Rizal, an ophthalmologist whose political activities made him a hero of the Philippine Revolution. The APAO draws its membership from a broad swath of Asia, ranging from Australia to Nepal and Japan to Pakistan. “I’ve been working in the Pacific since 1982, near the beginning of my career,” says Dr. Abbott.

raise the bar for national ophthalmic societies and their ophthalmologists by creating training programs that teach new information and techniques grounded in evidence-based guidelines.”

High Standards

Dr. Abbott cites his work to create Chinese clinical guidelines, which encourage doctors to routinely monitor glaucoma patients using a gonioscope to examine the anterior chamber angle and a contact lens to examine the optic nerve. Unfortunately, many Chinese clinicians do not perform these basic tests routinely. The Chinese Ministry of Health recently adopted this



Dr. Richard Abbott (below right) has long been deeply involved in improving vision care for people across Asia and the Pacific.

“My passion in ophthalmology has always been to improve the quality of patient care.”

– Dr. Richard Abbott

Collaborative Efforts

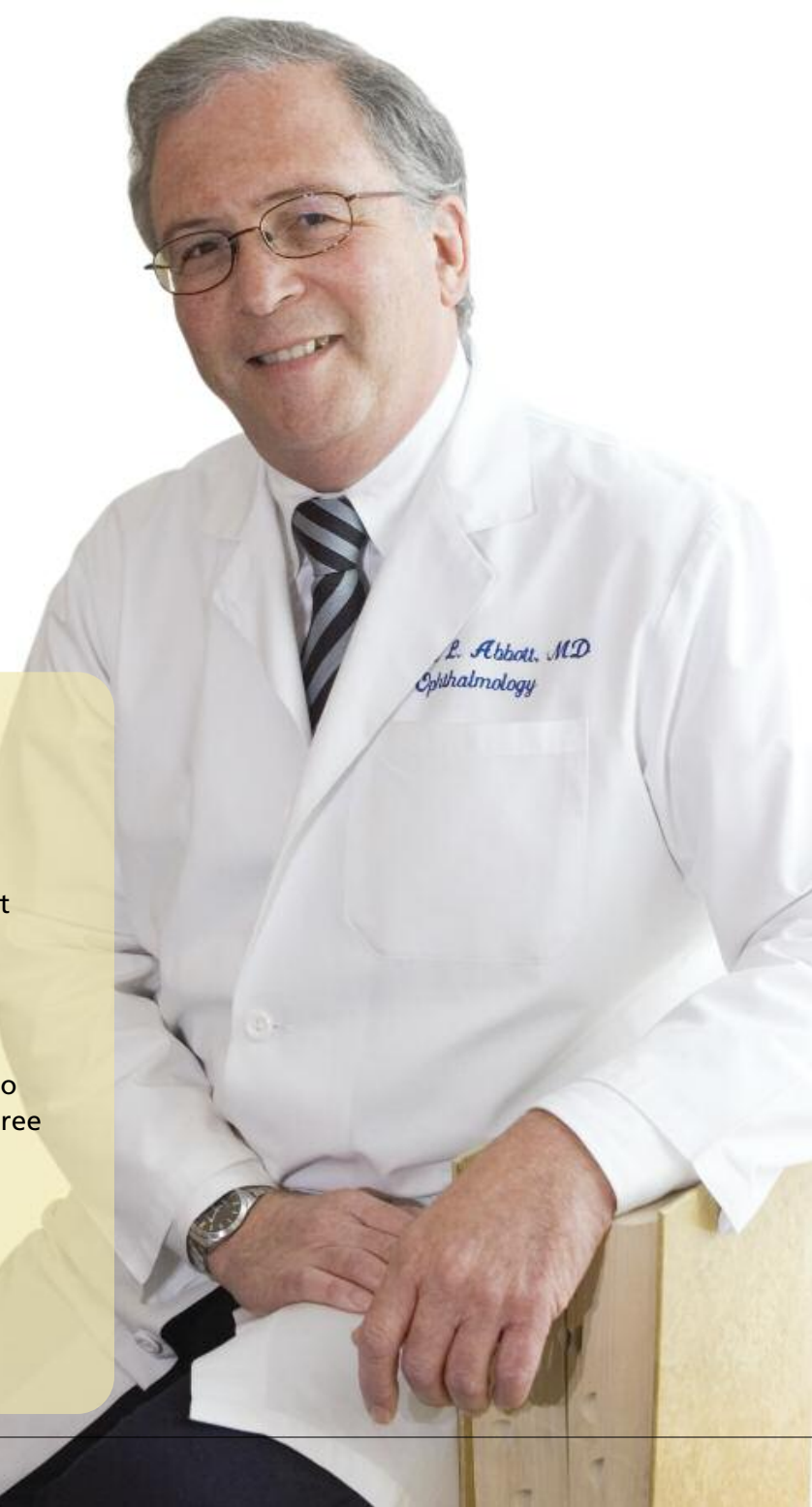
Dr. Abbott has lectured, performed corneal surgery, and taught in Hong Kong, Taiwan, Japan, Korea, Thailand, the Philippines, Australia, New Zealand, Myanmar, Mongolia, and China. In recent years, he has dedicated himself to improving ophthalmology education in the region, working with local professionals to build infrastructures for high-quality training, including the dissemination of new clinical knowledge to practicing ophthalmologists.

recommendation, and it will become a mandatory part of clinicians’ continuing education.

Dr. Abbott is quick to credit educators he works with in the Asia-Pacific region. “Especially at the major eye departments in cities on China’s eastern seaboard, the ophthalmologists do an outstanding job. They have worked hand in hand with me to improve standards for care, and we could not succeed without everyone’s commitment and hard work.”

“My passion in ophthalmology has always been to improve the quality of patient care,” says Dr. Abbott. “Quality of care is often defined as having three components: the system of care, the process of care, and the clinical outcome. I focus on the first two. I’m trying to

Dr. Abbott will travel to China in September to receive the José Rizal Gold Medal at the Joint Congress of the APAO, the Chinese Ophthalmological Society, and the American Academy of Ophthalmologists. ●



Elite Corps of Leaders to Include Dr. Richard Abbott

Richard Abbott, MD, has been elected to membership in the Academia Ophthalmologica Internationalis. This university-centered international organization honors highly accomplished ophthalmologists that embody its commitment to excellence in education, research, and culturally appropriate medical services to preserve and restore vision for people of the world.

Rigorous standards for achievement include 15 or more years of engagement in ophthalmology study, research, or practice; publication of 100 or more scientific papers, reports, or books; and recognition as a leader in international ophthalmology. Membership is limited to 70 individuals at any one time. Thirty-three countries currently are represented.

Ethiopia Blindness Intervention Boosts Child Survival

UCSF studies in Ethiopia reveal that the mass antibiotics used to fight blinding trachoma also increase childhood survival. *The Journal of the American Medical Association* recently published these exciting findings in a paper authored by mathematical epidemiologist **Travis Porco, PhD, MPH**.

Mission: Eradicate Trachoma

The UCSF team, under the auspices of the International Programs Group of the Francis I. Proctor Foundation for Research in Ophthalmology, has been venturing deep into the Ethiopian countryside since 2001 on a mission to eradicate trachoma. This disease infects

a rate of 8.3 per 1,000 person-years – more than twice as often.

Researchers are uncertain exactly why the antibiotics decreased mortality, although they note that infectious diseases (particularly respiratory disease, diarrhea, and malaria) are the leading cause of death in Ethiopian children. Azithromycin – the administered antibiotic – is considered effective against some of the organisms that cause those diseases. (To learn more about eradicating trachoma, see *Visions*, Summer 2008, “Helping the World to See,” www.ucsfeye.net/visionssum08/visionssum08.pdf)

“We appreciate support from friends of That Man May See to make this expanded trachoma study possible.”

– Dr. Thomas Lietman

and blinds even children. **Thomas Lietman, MD**, leads teams that include **Jack Whitcher, MD**, **Jeremy Keenan, MD**, **Bruce Gaynor, MD** (pictured above in white gloves), nearly 100 coordinators, nurses, and other health care workers to administer antibiotics, test and retest village populations, and collect and analyze data. The Carter Center and local partners in Ethiopia are important collaborators.

To stop the revolving door of trachoma reinfection, researchers are studying how best to distribute antibiotics. In this study, several dozen small communities were randomly divided into four groups. Three received antibiotics at different intervals, and one group went untreated for the first year. These antibiotic distributions may have other effects as well.

Treatments Saved Young Lives

The results were dramatic. Children ages one to nine in the treated communities showed a mortality rate of 4.1 per 1,000 person-years. Untreated children died at

“Collateral Benefit”

Researchers have worried that the more than 100 million doses of oral antibiotics given in the study might cause trachoma bacteria to become drug-resistant and more difficult to treat. As Dr. Lietman explains, “This study is encouraging because any collateral damage from drug-resistant bacteria appears to be far outweighed by collateral benefit – increased child survival.”

With seed funding from That Man May See, Dr. Lietman’s team is now undertaking a large-scale study to examine mortality reduction and other “secondary effects” of trachoma treatment. This time they will provide treatment to people in the Saharan country of Niger. “We appreciate support from friends of That Man May See to make this expanded trachoma study possible,” says Dr. Lietman.

For more information, contact That Man May See at 415.476.4016 or tmms@vision.ucsf.edu. ●



Dr. Thomas Lietman (right) leads the International Programs Group at the UCSF Proctor Foundation. Children in rural Ethiopia often contract and spread trachoma, a blinding infectious disease.

New Gates Award Funds a Next Step

In May, the international team at the Proctor Foundation received a \$100,000 award to refine its strategy for eradicating trachoma in the world’s most severely affected areas. This Grand Challenges Exploration grant is the group’s second award from the Bill and Melinda Gates Foundation.

Scientists won’t be in the field this time – instead, they will create mathematical models based on results of their treatment study in Ethiopia’s northern highlands. The model should determine the smallest number of individuals in a population that must be treated with

antibiotics for the entire community to gain protection from reinfection.

“I am optimistic that we can eradicate this condition with treatment of a small portion of the people in a given community,” says Dr. Lietman. If the calculations and real-world testing support his professional intuition, eradication costs could drop significantly and antibiotic resistance developments would be reduced.

This grant is part of a \$100 million investment by the Bill and Melinda Gates Foundation to “expand the pipeline of ideas” to fight the greatest global health challenges.



Recent Gifts to That Man May See

Thank you for generous contributions and pledges for vision research, teaching, patient care, and community outreach received between October 16, 2009, and April 30, 2010.

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Welcome Daniel Benatar

New Board Chair for That Man May See

For more than 25 years, Dan Benatar and his wife Jeanne Dinkelspiel Benatar have generously supported That Man May See (TMMS), public charity for vision sciences at UCSF. When Dan joined the board of TMMS in 2002, then-president of the organization Tom Boyden told him that fundraising is a lot like gardening – one of Dan’s favorite hobbies. In addition to planting seeds for TMMS, Dan brings marketing and community building skills that he’ll be putting into play for the 40th anniversary of TMMS, coming up next year.

Dan succeeds Marilyn Pratt in this leadership role and thanks her for her “grace and charm, as well as fundraising savvy for TMMS” during her four years as chair. Marilyn continues with TMMS and will focus her skills on board governance.

Passion for Saving Sight

Former president of Lilli Ann, a women’s clothing manufacturer, Dan retired to spend more time with the grandchildren he adores and a vegetable and flower garden he nourishes. His passion for saving and restoring sight makes him an

excellent new board chair. “I am honored and excited with this opportunity to engage as many people as possible in this important work,” says Dan. “It’s important to me that everyone in the Bay Area realizes the tremendous resource for vision breakthroughs we have in UCSF Ophthalmology.” ●



Advancing Surgical Education Nationwide



(Clockwise from upper left)
Yousuf Khalifa, MD (second from left) leads the lab prosection team.
Paula Wynn, MD, UCSF retina fellow (left), teaches wet lab techniques to resident participants.
J. Michael Jumper, MD, teaches recent graduate Soraya Rofagha, MD, in the retina wet lab.
Ayman Naseri, MD (right), teaches senior resident Juanita (Sonya) Bryant, MD, in the cornea wet lab.
Tien-An Yang, MD, PhD (right), teaches senior resident Cyril Dalmon, MD, in the glaucoma wet lab.

UCSF Ophthalmology’s new annual Course on Ophthalmic Advanced Surgical Techniques (COAST) attracts residents from across the country. The first COAST, held in Spring 2009, brought together 30 residents from top U.S. ophthalmology programs with outstanding ocular surgeons, including UCSF’s clinical professor **David Chang, MD**. The two-day workshop helped prepare the young doctors for challenging and unexpected surgical situations, instilling confidence and expertise that will improve the quality of their patient care. COAST 2010, underway as *Visions* went to press, expanded the curriculum to include refractive surgery and new techniques and implantable devices for cataract and cornea surgery.

Participating master surgeons demonstrated advanced techniques and coached students in small-group and one-on-one training, building on UCSF Ophthalmology’s highly respected surgical training program for residents. Workshops focused on best practices for handling challenging situations in corneal, retinal, and glaucoma surgeries. Residents practiced their new surgical strategies on synthetic models of human eyes as well as porcine eyes.

The full-day cataract program taught surgical management of complex and complicated cataract procedures. *Complex surgery* refers to a procedure in which challenging ocular conditions are recognized beforehand, such as a poorly dilating pupil too small for standard cataract surgery techniques. *Complicated surgery* refers to a procedure in which new problems arise, such as damage to a lens implant that must then be removed.

COAST is unlike any other course out there.”
– Dr. Cynthia Chiu

Alcon Laboratories and Abbott Medical Optics are key sponsors for COAST and, together with other corporate partners, underwrite course costs for all trainees. Ocular surgeons travel from across North America. **Cynthia Chiu, MD**, and **Shan Lin, MD**, co-chair the UCSF COAST Committee, joined by **Bennie Jeng, MD**, **Jay Stewart, MD**, and volunteer faculty **Ken Chern, MD**.

Praise for COAST has been unanimous. According to Tara Uhler, MD, residency program director at Wills Eye Hospital in Philadelphia, “Our resident likened the experience to a ‘mini fellowship.’ He praised the lectures and wet lab with individual attention from top-notch faculty.”

“COAST is unlike any other course out there – it is filling a critical role in resident education,” says Dr. Chiu. “We’re excited about making this course available to more residents and will continue to update COAST to reflect the newest developments in surgical ophthalmology.” ●

Faculty News



Matilda Chan, MD
Award: K08 National Institutes of Health (NIH) American Recovery and Reinvestment Act Award for “The Role of Extracellular Enzymes in Regulating Corneal Repair”

This NIH award supports the work of Dr. Chan and her team as they investigate molecular mechanisms involved in scar formation following corneal injury.



David R. Copenhagen, PhD
Appointment: Four-year term on the National Advisory Eye Council, the advisory council to the National Eye Institute of the National Institutes of Health

The National Advisory Eye Council advises the Secretary of the U.S. Department of Health and Human Services; the Assistant Secretary for Health; the Director, NIH; and the Director, National Eye Institute, on matters relating to the conduct and support of research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of individuals with visual impairments.



Allan J. Flach, MD
Publication: Kim SJ, **Flach AJ**, Jampol LM. “Nonsteroidal anti-inflammatory drugs in ophthalmology,” *Survey of Ophthalmology* 55: 108-133, 2010

Dr. Flach and his retinal colleagues at Northwestern University (Chicago) were invited to provide the first complete update of nonsteroidal anti-inflammatory drugs since they were first reviewed by Dr. Flach almost 20 years ago. The authors review all new FDA formulations and indications, reformulations of the older preparation, and potential new applications for treatment of diseases such as diabetic retinopathy and age-related macular degeneration. (352 published articles reviewed)



Bennie H. Jeng, MD
Honor: Harry Hirsch Leiter Award for Best Paper (“Epidemiology of Ulcerative Keratitis in Northern California”) at the Ocular Microbiology Immunology Group annual meeting, San Francisco

Dr. Jeng’s population-based study shows that the incidence of corneal ulcers in the United States has more than doubled since the late 1980s to 27.6 per 100,000 person-years. It also uncovers the possibility that HIV infection may be a risk factor for corneal ulcers. Publication is pending in *Archives of Ophthalmology*.



Jennifer LaVail, PhD
Invited Speaker: “Herpetic Encephalitis: There and Back Again,” Departments of Neuroscience, Cell Biology, and Virology, Baylor College of Medicine, Houston

Dr. LaVail and her colleagues have begun to unravel the molecular signals involved in the infection and transport of the herpes simplex virus. The most common infectious cause of blindness in the United States, this virus also causes herpetic encephalitis, which has a 70 percent mortality rate in untreated patients.



Shan C. Lin, MD
Publication: Seider MI, Pekmezci M, Han Y, Sandhu S, Kwok SY, Lee RY, **Lin SC**, “High prevalence of narrow angles among Chinese-American glaucoma and glaucoma suspect patients,” *Journal of Glaucoma* 18(8):578-81, 2009

In this article Dr. Lin and his colleagues describe a high prevalence of narrow- or closed-angle glaucoma in Chinese Americans. This aggressive form of glaucoma is uncommon among Caucasians but appears to be very common among those of Chinese descent. It is important for ophthalmologists to be aware of this proclivity and screen Chinese American patients for narrow-angle glaucoma because this form is more aggressive and may require specific laser treatments.



Todd P. Margolis, MD, PhD
Publication: Hu AY, Strauss EC, Holland GN, Chan MF, Yu F, **Margolis TP**. “Late varicella-zoster virus dendriform keratitis in patients with histories of herpes zoster ophthalmicus,” *American Journal of Ophthalmology* 149(2):214-220, 2010

In this manuscript Dr. Margolis and colleagues describe a corneal finding that indicates recurrent and/or chronic infection of the eye with herpes zoster virus (commonly known as shingles). Previously, most ophthalmologists did not recognize this finding as an infectious process.



Stephen D. McLeod, MD
Honoree: Dining in the Dark annual dinner, Foundation Fighting Blindness, San Francisco

Dr. McLeod was honored for his leadership in the development of UCSF’s research programs in the area of retinal degeneration. Foundation Fighting Blindness provides research grants to faculty at UCSF Ophthalmology.



Joan O'Brien, MD
Career Move: Scheie Eye Institute, Department of Ophthalmology, University of Pennsylvania

Dr. O'Brien was recently named chair of the 135-year-old Scheie Eye Institute at “Penn.”



Julie Schnapf, PhD
Publication: Packer OS, Verweij J, Li PH, **Schnapf JL**, Dacey DM, “Blue-Yellow Opponency in Primate S Cone Photoreceptors,” *Journal of Neuroscience* 30(2), 2010

Dr. Schnapf and her colleagues discovered a surprising electrical communication between photoreceptors that results in blue-yellow color encoding.



David Sretavan, MD, PhD
Invited Speaker: National Eye Institute, “Focus on Glaucoma,” Bethesda, Maryland

For this 40th anniversary symposium of the National Eye Institute, Dr. Sretavan presented “Studies of Retinal Ganglion Cell Axon Responses in Experimental Glaucoma,” a review of recent work from his laboratory on cellular and molecular responses in retinal axons and optic nerve cells in two glaucoma models. He also discussed his ongoing work developing new microtechnology tools to advance glaucoma research. The leading cause of blindness in African Americans, glaucoma affects 3 million people in the United States and 70 million worldwide.



Robert Stamper, MD
Keynote Speaker: “New Surgical Procedures for Glaucoma” and “How to Improve Adherence in Glaucoma,” Congreso Oftalmo 2010, Joint Conference of the Central American & Caribbean Ophthalmological Society, San Salvador, El Salvador
Guest of Honor: 25th anniversary meeting of the American Glaucoma Society, Naples, Florida

Dr. Stamper is a charter member and past president of the American Glaucoma Society. This honor acknowledges extraordinary service to the profession through his contributions to glaucoma education, research, and the society.

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Alumni Gather for Scientific Symposium

Ninety-six residency alumni from UCSF Ophthalmology gathered March 12 for a day-long scientific symposium and dinner. The Frederick C. Cordes Eye Society held its annual meeting for the first time on UCSF's Mission Bay campus, providing a glimpse of the university's downtown location.

Cordes Society President **Jacque Duncan, MD**, opened the program and introduced moderator **Ayman Naseri, MD**, for the first sessions. Highlights included the Hogan Lecture, "Social Determinants of Health," given by University of California, Irvine, Chancellor **Michael V. Drake, MD**, and the Williams Lecture, "The ABCs of ROP (retinopathy of prematurity)," given by **William V. Good, MD**.

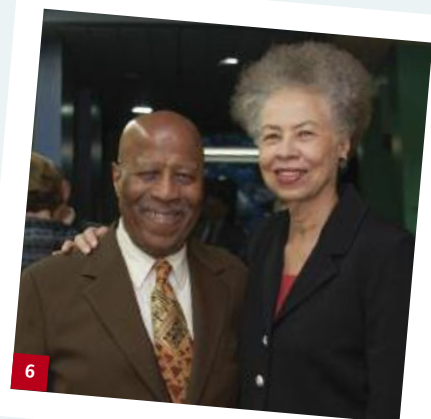
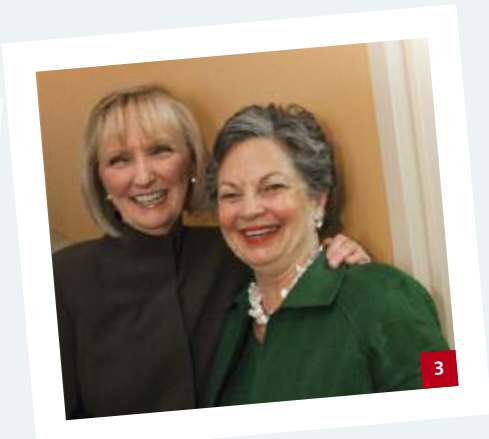
Incoming Cordes Society President for 2010-2011 is vitreoretinal surgeon **J. Michael Jumper, MD**. Dr. Jumper practices at the West Coast Retinal Medical Group and serves as Assistant Clinical Professor at



UCSF Ophthalmology. Secretary-Treasurer for the next four years will be **Michele Bloomer, MD**, UCSF Ophthalmology faculty member who serves as Director of Comprehensive Ophthalmology at San Francisco General Hospital and Trauma Center. **Charles Lin, MD**, a third-year resident, will serve as vice-president. ●

Drs. Jacque Duncan and Stephen D. McLeod flank invited lecturer Dr. Michael V. Drake. At right, Dr. William V. Good delivers the memorial Fred C. Williams, MD, lecture.

S I G H T I N G S



Grand Opening for the Visual Center for the Child

1 **Stephen McLeod, MD**, joins pediatric specialists **Tina Rutar, MD**, and **Alejandra de Alba Campomanes, MD, MPH**, in the ribbon-cutting ceremony. Dr. Rutar is the Center's director.

2 UCSF Ophthalmology friends gathered to celebrate the new pediatric facilities. That Man May See (TMMS) board member **Maris Meyerson** (left) greets **Michael Desler**, executive director of the Wayne and Gladys Valley Foundation, and **Peggy Desler, MD**.

3 **Venetta Rohal** and **Hazel Kawaja** share their enthusiasm for helping children.

4 **Faye Mellos**, TMMS board member, and **Philip Peterson**, both of Morgan Stanley Smith Barney, see the value of their support for the center.

5 A family celebration! **Michael, Sadie, Jenny, and Hazel Kawaja** enjoy the all new eye center, dedicated to children.

6 Famed musician **John Handy** and educator **Del Anderson, PhD**, appreciate the center's mission.

7 **Aline Sinai** and **Christine Harris** share a passion for saving the sight of children and babies.

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

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

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Dr. Douglas Gould

\$2.5 Million Spurs Genetic Research

Douglas Gould, PhD's genetic research has attracted four prestigious awards. His work holds promise for millions of people worldwide suffering from age-related macular degeneration (AMD) and other debilitating retinal conditions. Scientists now understand that environmental factors such as high-fat diet and smoking interact with genetic factors to cause AMD. Dr. Gould's lab uses molecular and genetic tools to understand abnormal cellular mechanisms that result from all these factors.

With the support of his laboratory team, Dr. Gould studies biochemical mechanisms that play significant roles in macular degeneration. A five-year, \$1.9 million National Institutes of Health grant will advance his investigation of two key cellular processes that cause irregular cell behaviors, leading to disease. His team is developing unique resources to understand when, where, and how these processes interact with each other. Dr. Gould hopes to

establish these pathways as new target sites for drug interventions to delay or prevent vision loss.

"Dr. Gould is uncovering vital information that will help us find keys to more effective treatment and perhaps even tools to entirely prevent disabling eye diseases," says Department Chair **Stephen McLeod, MD**.

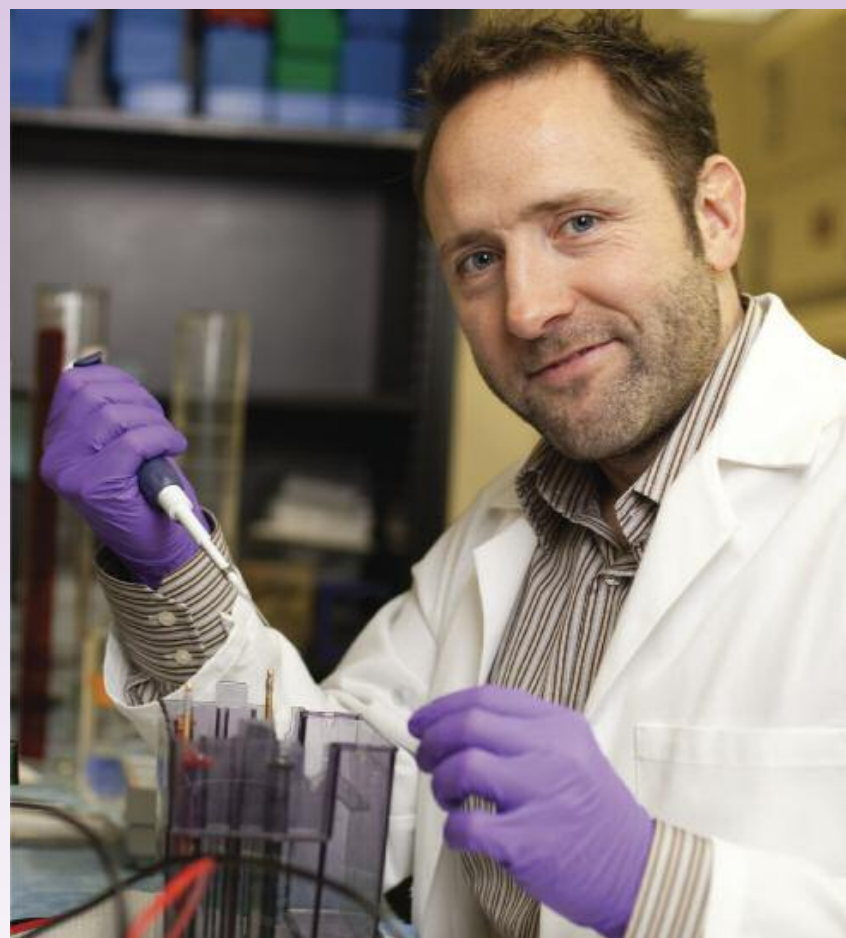
Research to Prevent Blindness recently honored Dr. Gould with its Career Development Award, which encourages junior ophthalmology faculty to pursue promising cross-disciplinary research. Dr. Gould, who is affiliated with UCSF's Institute of Human Genetics and has an appointment with the Department of Anatomy, received \$200,000 to further his studies. His laboratory will also benefit from a new MICRON retinal imaging microscope, thanks to a gift from the Karl Kirchgessner Foundation.

A genetic mutation identified by Dr. Gould causes a cascade of defects, resulting in malformed

retinal layers and an abnormally small optic nerve. This optic nerve hypoplasia results in visual disability. Unfortunately, it occurs during fetal development, making potential interventions highly problematic.

Because optic nerve hypoplasia also occurs in muscular dystrophy, Dr. Gould suspected that youth with that disease might share this genetic mutation. A study in collaboration with Harvard University confirmed his suspicions, and a Muscular Dystrophy Association grant of more than \$400,000 is allowing Dr. Gould's team to pursue a richer understanding of the genetic and cellular culprits in this muscle-eye-brain disease. These investigations may lead to new target sites for prevention and treatment of yet another degenerative disease.

Outside the laboratory, Dr. Gould enjoys playing ice hockey – a game with considerably lower stakes and simpler targets. ●



“Dr. Gould is uncovering vital information that will help us find keys to more effective treatment.”

– Dr. Stephen McLeod