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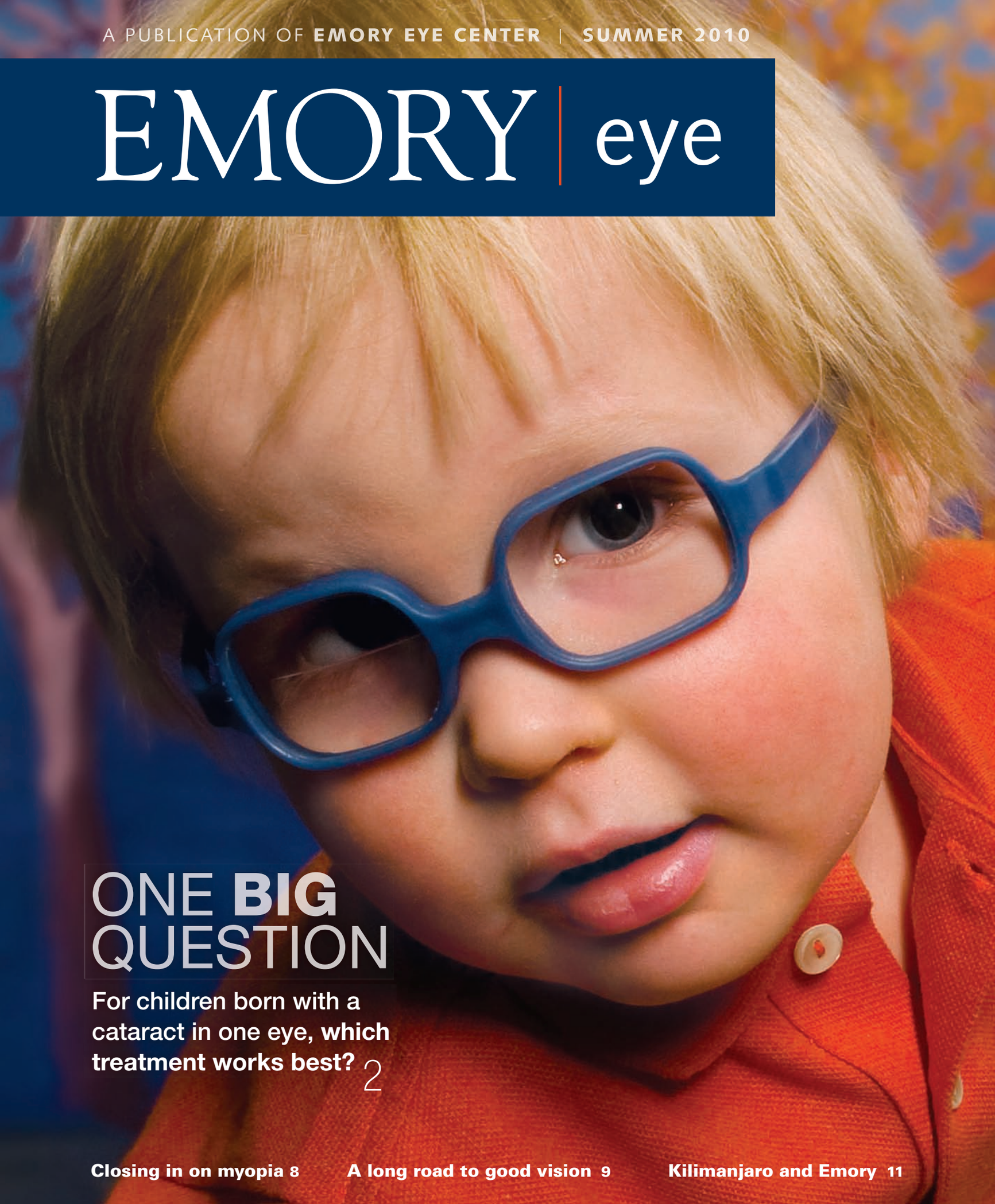
EMORY | eye



ONE **BIG** QUESTION

For children born with a cataract in one eye, which treatment works best? 2

From the director | Transition and progress

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change." ~~ Charles Darwin

How do we manage change at the Emory Eye Center? By tapping into the knowledge base of our exceptional faculty, alumni, and advisory council. We have the great fortune of being surrounded by extraordinarily talented individuals, each willing to share ideas, expertise, and yes, resources, to help us strategically shape the future of academic healthcare at Emory. To all those who contribute to the ongoing evolution of the Emory Eye Center, we extend our sincere gratitude.

Of course, we remain focused on our core mission: *to help people see as well as they can see.* I recently toured "Dialog in the Dark," an exhibit in midtown Atlanta, with the Eye Center's Advisory Council. What a fantastic journey into, and thankfully out of, the world of total blindness—an experience that should be shared by all sighted individuals. The exhibit poignantly reminds us of the precious gift of sight and reaffirms the importance of our work at the Emory Eye Center.

Changes in our care and treatment of patients emerge most effectively through properly conducted *clinical trials*. The current issue of *Emory Eye* focuses on this process, one of our strongest areas of research. When a new and better way of treating patients is proposed, several things need to happen: A strong group of individuals must design, conduct, and coordinate the trial. The ethical and critical assessment of a given therapy must be studied with extreme caution. The study must be free of bias and outside influence. Members of the trial team must carefully acquire, record, check and re-check all data. Participants must be fully educated on the trial in order to become well-informed and willing subjects. Beginning on page 2, we highlight our team approach to the critical world of clinical trials.

At the Emory Eye Center, we welcome many kinds of positive and constructive change—conducting and participating in effective clinical trials, attracting the very best new residents and fellows in the country, and supporting strong, academic physicians who form the backbone of our faculty. Each member of our team helps to strengthen our program.

As you read about the changes that are evolving at the Emory Eye Center, we invite you to let us know what you think, share your thoughts, and become an active participant in the exciting changes going on here.

Timothy W. Olsen

EMORY | eye

"The truth is that most blind people simply do not ever get to the clinic or hospital for treatment—and that is the challenge we face.—Dr. Courtright 11

EMORY EYE Magazine

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ONE **BIG** QUESTION.

TEN DILIGENT YEARS.

by Ginger Pyron

And hundreds of people—doctors, clinical coordinators, biostatisticians, parents—who, led by the Emory Eye Center, have been daily collecting evidence that will answer: **For an infant born with a cataract in one eye, which treatment works best?**

This question, raised by Scott R. Lambert, pediatric ophthalmologist at Emory and both the principal investigator and study chairman of the 2004-2014 nationwide Infant Aphakia Treatment Study (IATS), sounds simple.

Arriving at a conclusive answer, however, requires years of meticulous research. Twelve eye institutes throughout the United States have risen spectacularly to the challenge.

A vision-threatening condition If the word "cataract" makes you think of Niagara Falls, you're on the right track. Originally meaning a cascade of water, it also describes the milky white area that doctors notice in the eyes of some 300 infants in the United States each year who are born with a unilateral congenital cataract.

Instead of the eye's usual transparent lens, which focuses objects onto the retina so they become visible, these babies have a cloudy, opaque lens that doesn't allow light to pass through to the retina. Babies with this condition cannot see out of the affected eye.

Kimberly Burkett and Lacey Weeks—the mothers of Emory IATS patients five-year-old Marvin, Jr. (M.J.) and three-year-old James, respectively—recall the day, years back, when they first learned about their sons' vision problem:

Kim: *M.J. wasn't even two months old. In a routine follow-up, our pediatrician noticed something unusual in M.J.'s eye and immediately referred us to a children's hospital. We learned that M.J. had a cataract and needed surgery—soon. The next day, we were in the car driving to Emory.*

Lacey: *My husband and I didn't even know that children could be born with cataracts. At James' four-month checkup, our doctor said, "I'm going to get you an appointment with the ophthalmologist right now."*

There's good reason for the urgency. If the cataract isn't surgically removed within a few months, the young eye will not develop properly and the child's vision can become permanently damaged.

Removing the cataract creates a new condition, called aphakia (from Greek a + phakos, "no lens"). So after surgery, that eye will still need help. For infants, the standard treatment has been a contact lens; increasingly, ophthalmologists have treated older children by implanting an intraocular lens (IOL) during the cataract surgery, then prescribing glasses for residual correction. In either case, to ensure that the treated eye keeps learning how to focus, doctors prevent the child's other eye from helping out, by covering it with an eye patch.

We're providing scientific data for a question that has been hovering for a decade. This trial is huge—and it's getting rave reviews for complexity.—Lindy DuBois

Both treatments are safe and work well. But over the long term, which one best supports optimal visual acuity?

A model study M.J. Burkett and James Weeks became patients in the IATS trial, which has treated 114 babies across the United States. Funded by

BREAKING NEWS:

Findings for the IATS study were released prior to printing of the magazine. Results show that there is not a significant difference in visual acuity in children, whether the child is fitted with a contact lens (CL) or given an intraocular lens (IOL) immediately following cataract removal. Testing these children at 1 year of age resulted in similar visual acuity outcomes for both groups.

the National Eye Institute (a branch of the National Institutes of Health) and planned to span a decade, the study is now in its seventh year.

Dr. Lambert and Emory's Lindreth (Lindy) DuBois, senior associate in ophthalmology, who serves as the national coordinator, oversee the entire project, making sure that at each of the 12 IATS centers, every step is conducted in exactly the same way. The rigorously standardized process sets this project apart and gives the study its exemplary reliability.

Each center also has its own site coordinator. Rachel Robb, who fills that role at Emory, says, "No one has ever done a study like this before, on this scale. In the future, when a baby is born with a cataract, we'll have a better way, a safer way, to treat that child."

Another strong asset for Emory is the university's own Rollins School of Public Health, specifically the Department of Epidemiology and the Data Coordinating Center in the Department of Biostatistics and Bioinformatics. "These academic groups have helped with study design and data analysis," DuBois explains. "Right here on campus, we have the experts who are actually collecting and crunching the data."

Starting in 2004, from Miami to Portland, Ore., from Dallas to Boston, and at other sites in between, PIs and coordinators carefully recruited patients who matched the study's criteria. Because IATS is randomized, parents had to be willing not to know which of the two treatments their tiny baby—between four weeks and seven months old—would receive. Even the surgeons did not know, until the day of each surgery, whether they would be simply removing the cataract and prescribing a contact lens, or removing the cataract and implanting an IOL.

Throughout, the study is being monitored by numerous regulatory groups: NEI's Data Safety Monitoring Committee, the Food and Drug Administration, and each site's own Institutional Review Board. These groups interact with each other, scrutinizing the process in terms of patient safety and ethics. "A lot of people are observing this study," says Dr. Lambert, "making sure that everything is in perfect order."

Working together For the parents of M.J. and James, the study has progressed smoothly. Their sons' surgeries, here at Emory, went well, with both boys receiving an IOL, glasses, and a supply of eye patches. The families enjoy close relationships with Rachel Robb, whose ongoing roles include consultant, coach, and cheerleader. Four times a year (twice a year after age five), the families return to Emory for follow-up visits. For the Burketts, who live in Jacksonville, Fla., that means a 700-mile round trip, contained in a single day.

Kim: *M.J. and I have the trips down to a perfect routine; he's a veteran now.*

IATS is a shining example of what we're working to achieve: establishing the Emory Eye Center as a leader for investigator-initiated clinical trials in ophthalmology.—Beau Bruce

Trial coordinators: ***Working with mind and heart***

JOB DESCRIPTION: Study and retain every facet of a complex medical study. Recruit exactly the right patients. Stay in touch with patients continually—providing information, answering their questions, helping them stay engaged and compliant with the trial's requirements. Schedule frequent follow-up appointments, making sure patients have transportation and housing. Assist with each exam; record its details; ensure that all data is impeccably correct.

That's the short version of what the Emory Eye Center's trial coordinators do. Oh, and did we mention that they're probably working on multiple trials simultaneously? That they're likely doing clinical work as well?

It's hard to say how many Emory trials are in progress at any given time. Some principal investigators (PIs) are recruiting patients; some have begun follow-up. Other trials are being designed or awaiting funding. Beau Bruce, our medical director of clinical trials, estimates that about 20 are now under way.

We know for certain, though, how many coordinators work here: 9

Some 18 years ago, Lindy DuBois arrived at Emory, bringing more than a decade's experience in clinical trial coordination. Currently the national coordinator of IATS, Dr. Scott R. Lambert's 10-year, 12-center study on infant aphakia, DuBois has written several instructive monographs and a technician training video, and she has received lifetime achievement awards from the American Academy of Ophthalmology and the American Association of Certified Orthoptists.

Clinical trial coordinators, she explains, aren't merely project managers: "We all are trained in comprehensive ophthalmology, so we have a background in anatomy and physiology and treatment modalities. We've studied different kinds of surgery and the process of eye diseases."

At the Emory Eye Center, no one underestimates the coordinators' work. Alcides Fernandes, our lead coordinator—who himself has worked with numerous clinical trials—says, "Coordinators have to be very attentive to detail and also very skillful with patients. Our coordinators are extraordinary on both counts."

Our "superhero" trial coordinators:, L to R: Rachel Robb, Judy Brower, Linda Curtis, Alcides Fernandes; back row: Donna Leef and Lindy DuBois. Not pictured: Jayne Brown, Marla Shainberg and Kathy Wynne.

Dr. Bruce, another trial veteran and current PI, pinpoints the value that coordinators provide: "Much of a trial's daily grind depends largely on the coordinators' work. Every one of these people is critical to what we seek to achieve. We can't do it without them."

Within that "daily grind," coordinators find satisfaction in performing their myriad roles with precision and efficiency—thus helping to advance medicine, save vision, save lives. Many coordinators say, though, that their best reward lies in their close relationships with patients.

Rachel Robb, Emory's IATS site coordinator, says, "I actually see these families more than I see some of my friends, because we have scheduled visits every three months. I know when something's bothering them. I know when they have a new puppy. Over the years of this trial, I get to watch their children grow up. And they know I care about them. These relationships have been a nice surprise for me."

DuBois echoes, "My primary source of satisfaction is the patient contact. These people become part of my world."

In 2008 Dr. Fernandes served as a coordinator in Emory's compassionate trial for patients with retinitis pigmentosa. Unusual circumstances forced the trial into a dramatically compressed timeframe. With help from the entire department, he and coordinators Donna Leef and Stacey Andelman managed to schedule the 10 patients, do extensive testing and documentation, then see each patient through implant surgery—all in only two weeks. Dr. Fernandes recalls, "It was almost impossible. We worked 18 hours a day to make it happen."

He pauses in his story, then continues, perhaps voicing the thoughts of other Emory coordinators: "And I would do it all over again."

For clinical trials: ***Our own "go to" expert***

Beau Bruce, assistant professor of ophthalmology and neuro-ophthalmology, has taken on a new role: medical director of clinical trials.

Well acquainted with trials from his work as a principal investigator (PI), Dr. Bruce is now navigating, on behalf of the Emory Eye Center, the depths of the regulatory environment—the rules and controls that define what a trial may and may not do.

"Dr. Bruce is fabulous," says senior associate and coordinator Lindy DuBois. "He knows everything about conducting clinical trials. Not only is he our advocate here in the department, but he's also our liaison with Emory's medical administration and with the university."

Though Dr. Bruce protests that he still has a great deal to learn—"especially from the coordinators, who teach me daily about clinical trials"—he's seriously setting out to possess the field. The year 2010 marks both his completion of a new graduate degree, the Master of Science in Clinical Research, and his entry into a PhD program in applied epidemiology.

"The face of clinical trials is changing," Dr. Bruce explains. "Both government and industry are imposing more regulatory constraints; financial constraints are escalating, too. I'm here to help Emory PIs, physicians, and clinical coordinators find their way through an increasingly complicated system that has placed clinical trials and research under extra pressure."

He also sees his role as "an intellectual resource: someone right here in the department to talk with about rigorous ways to perform clinical research, and about topics like study design, epidemiology, and biostatistics."

Dr. Bruce hopes to spur growth: first, in the department's number of internally generated, investigator-initiated research; and second, in independent sources of research funds.

"Our faculty are all experts, and they have plenty of great ideas for research," he says. "The next step is translating those ideas into definitive studies. To do that, our physicians need time. They also need practical help; for example, good research costs money."

Like everyone else at the Emory Eye Center, Dr. Bruce acknowledges with deep gratitude the patients who make our clinical research possible by participating in clinical trials.

"Not everyone, of course, can physically take part in such a study," he adds. "We hope that friends of Emory with resources will want to help us in another way: by supporting our research. That's our dream. It's important to Emory; it's important to every person who hopes for healthy vision. I'm here to invite that participation, and to help our faculty put it to the very best use."

Here's a small sampling of our recent trials within specific subspecialties. For information on all Emory Eye Center trials, please go to: http://www.eyecenter.emory.edu/clinical-trials

Cornea

Topography-Guided LASIK Treatment Trial. Unique treatment based on corneal topographic measurement rather than refractive error. *PI: J. Bradley Randleman, MD*

Glaucoma

Advanced Glaucoma Intervention Study (AGIS) (now closed) The study evaluates the course of medically uncontrolled open-angle glaucoma by two surgical treatment sequences. Finding: Surgical treatment to lower eye pressure in patients with glaucoma has different effects in patients of different ethnic backgrounds. Successful reduction of eye pressure lowers the risk of vision loss from glaucoma. *PI: Allen Beck, MD*

Low Vision

Low Vision Rehabilitation Outcomes Study (LVROS): Pilot Data Collection to Evaluate the Effectiveness of Vision Rehabilitation Services This pilot study can have direct influence on evaluating the effectiveness of orientation and mobility services and the use of low vision aid in the visually impaired population. *PI: Susan Primo OD, MPH*

Neuro-ophthalmology

TEVA OCTAGON Study The study will determine if the drug glatiramer acetate is effective, safe, and tolerable in reducing the amount of axonal loss in the optic nerve after a first event of acute optic neuritis. *PI: Beau Bruce, MD*

Pediatrics

Nasolacrimal Duct Study (PEDIG) The study will evaluate which of two methods is optimal in treating young infants with blocked tear duct: probing immediately or waiting to see if the condition resolves on its own. *PI: Scott Lambert , MD*

Retina

Comparison of AMD Treatments Trials (CATT) This study, sponsored by the NEI/NIH, compares pharmaceuticals Lucentis with Avastin for treatment of wet age-related macular degeneration. *PI: G. Baker Hubbard, MD*

And I don't mind driving a long way for my son. Emory's the best, so that's where I want him to be. Everything has been a plus: I love getting the newsletters. I love Rachel.

Lacey: *We're glad that James could go to a top-notch hospital and participate in a study with one of the top doctors. Dr. Lambert is wonderful. And Rachel is so understanding. She makes sure we're top priority.*

The appreciation goes both ways. "The families are the heroes of this study," Robb says. "We ask a lot from them: all the appointments, the questionnaires, the documentation. And the constant patching. It's hard work."

WORKING **TOGETHER**

Kim: *The patch is a part of our life. For years, as soon as M.J. woke up, I'd say, "Good morning, brush your teeth, put your patch on." His sister Kai wore a patch, to support him. We put a patch on his teddy bear, on his dad. Now that M.J. is five, he only has to patch two hours a day. We use a little timer, and he's so excited when it finally beeps.*

Lacey: *Just before age one, James figured out, "Hey, I can take this off!" Year two was the biggest struggle. The IATS newsletter has given us good ideas: patch while eating, set up a chart with stickers. When we're reading books, we always patch. The goal is to patch half of his waking hours, which is hard at this age. But it's become second nature. We patch; that's what we do.*

Robb emphasizes that all these families would have received treatment for the babies' cataracts even had they chosen not to enroll in the study. Participating in IATs requires a huge commitment of time and effort; in return, the children receive the highest level of individual care and attention by multiple specialists year after year.

Noteworthy outcomes In December 2009, each site completed visual acuity testing on its patients at age one. During its five-year extension, the study will test all the participants until they reach age five, when standard visual acuity testing can be performed.

Key players in IATS deem the project a remarkable success. Dr. Lambert cites particular triumphs: "First, 80 percent of the families who were eligible to be in the study agreed to participate, which is a very high rate. Furthermore, we were able to test every child in the study at one year of age. That's extremely rare, and it reflects the relationships our coordinators have established with these families."

DuBois attributes the study's achievements to "an incredible network of efficient and caring eye practitioners. With this study, Emory has set an enviable standard of documentation and teamwork. Dr. Lambert now has a machine in place that he can use for other studies."

According to Dr. Lambert, "The whole world is watching this study. Treatment for infant aphakia is an issue that people are asking about in every country we visit, because most countries don't have the resources to do this kind of trial. So our work will affect children throughout the world."

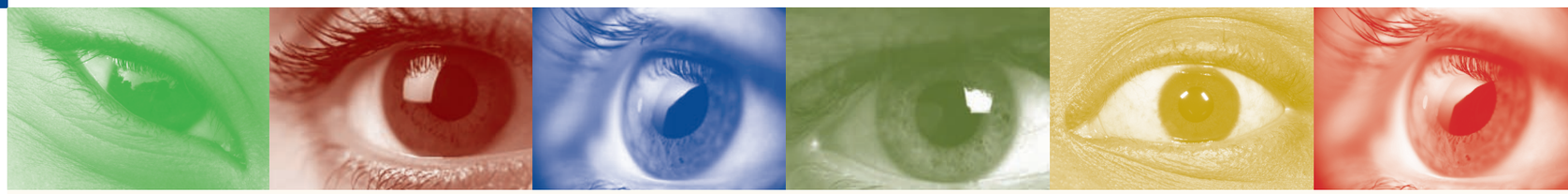
Kim: Overall, M.J. has been so good through the whole process. I give him a lot of credit. Now we're eager to hear about the results. As far as our part goes with M.J., they're going to be accurate. We've dotted every i and crossed every t.

Lacey: James just turned three, and he loves putting his glasses on and looking at himself in the mirror. Watching him, I'm very grateful for this study. I feel proud, knowing that our family is benefiting others who'll have to deal with this same condition.

Here at the Emory Eye Center, we're feeling proud, too.

Sharing the knowledge The carefully gathered, many-layered data from IATS is already shaping further research. A preliminary paper on the study was published in January; the main report—containing the much-anticipated results from the testing of one-year-olds—will appear online in May, in print during July. Numerous ancillary papers will follow, covering particular facets of the study.

"In a workshop this past April, at the annual meeting of the American Association of Pediatric Ophthalmology and Strabismus," says Dr. Lambert, "we shared videos from some of the surgeries, which are helping us make this knowledge broadly transferable."



Closing in on myopia—and more

When you're not wearing your glasses or contact lenses, do you find yourself scrunching up your eyes, craning your neck, and squinting to see objects in the distance? If so, you (along with 70 million other Americans) probably know that you are nearsighted—or, as ophthalmologists say, myopic.

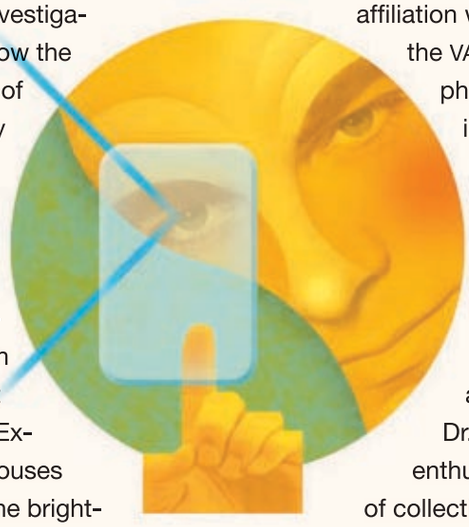
Machelle Pardue (R) and colleague Yureeda Qazi analyze an OCT (optical coherence tomography) image for myopia research.

Myopic eyes are longer than normal, and this seemingly simple variation in eye size is responsible for billions of healthcare dollars being spent on corrective lenses and refractive surgery. Many myths exist about the cause of myopia: reading too many books in childhood, reading in dim light, sitting too close to the television.

Machelle Pardue, PhD, would like to discover the facts and dispel the myths. In her laboratory at the Veterans Affairs Medical Center, a partnership institution with Emory, Dr. Pardue is studying how myopia occurs—and why. Understanding the causes of myopia can help scientists develop innovative treatment strategies to slow or prevent this condition.

Tracking the problem. Most often, myopia occurs in people of Asian descent. The number of people both in Asian countries and in the U.S. who become myopic is increasing, and scientists are not sure why. Is the impetus for myopia environmental or genetic? It's likely a combination of both.

What makes some eyes—the myopic ones—become larger and longer than normal eyes? Dr. Pardue speculates that complicated interactions between environmental factors and genetic defects alter the way the visual signal is processed by the eye. Emory and the National Institutes of Health are funding her investigation to examine how the retina's detection of visual signals may lead to myopia.



Emory/VA partnership. Dr. Pardue notes that the VA Rehabilitation Research and Development (RR&D) Center of Excellence, which houses her lab, attracts the brightest minds from medicine to the VAMC.

"Our job here," she says, "is to improve the health of veterans." Specifically, these experts seek research solutions that address the needs of veterans with disabilities and diseases—including vision problems.

Like other VAMC research centers around the country, the Atlanta VA augments its strengths through affiliation with an academic institution. Emory, nationally known for its research and located conveniently nearby, is a natural partner for the VAMC.

From this combining of expertise, not only the veterans but also both Emory and the VA stand to benefit. Dr. Pardue explains, "The VA provides a rich teaching source for university medical students, giving them a unique population of aging veterans to work with."

Conversely, the prestige of its affiliation with Emory helps the VA attract top-notch physicians to work in the clinics that serve this country's veterans.

Having collaborated for the past decade with colleagues at the VA and also at Emory, Dr. Pardue is an enthusiastic proponent of collective expertise. "Research proceeds most proficiently," she says, "when it draws on the talents of many specialists—clinical, engineering, molecular, and imaging, to name a few. Increased collaboration between Emory and the VA will lead to more productivity in all our work."

Renovations help us better train upcoming ophthalmologists

When Timothy Olsen joined the Emory Eye Center as director in 2008, his vision included updating the physical space dedicated to our educational efforts—which represent a vital part of our three-fold mission, along with patient care and research. That physical space, recently renovated, is the Cyrus Stoner Learning Resources Center, originally encompassing a library and an auditorium.

"Emory Eye Center deserved a better educational area," says Dr. Olsen. "When I interviewed for the chair position at Emory, Dean Lawley and the School of Medicine agreed to help support the reconstruction cost. We were fortunate to work with architect Maurice Yates and an excellent construction company to make this happen. Our Calhoun Auditorium and LRC are now something to be proud of!"

He continues, "After a year of negotiations for additional space, we successfully added two rooms to the mix, to round out our usable space. The additional rooms provide us an extended area for book stacks and a small conference room, neither of which was part of our previous footprint. Now, for the first time, all of our educational programs are housed in one attractive space. Our residency and fellowship programs truly have a home."

On multiple levels, this year has brought progress in Emory Eye's efforts to strengthen that educational focus. Not only can we point with pride to our newly crafted spaces, we can be sure that they serve both an internal and external need. Tailored to the training of our residents and fellows, they are equally beneficial for those who join us from time to time as speakers and participants in Grand Rounds, seminars, and regional conferences.

According to Dr. Olsen, the renovations offer far-reaching advantages: "The most productive academic centers are those that have a space dedicated to collaboration and open discussion."

Branching out on the north side

Emory Eye Center patients living on the north side of Atlanta can access eye care with new convenience. Emory Vision, our existing refractive surgery center in the north metro area, now includes experts in retina, cornea, and oculoplastics.

Located within The Emory Clinic, Perimeter, our specialists in retina serve on Mondays; our oculoplastics specialists, on two Tuesdays each month; and cornea specialists, several days each month. Our north side location at 850 Johnson Ferry Road is adjacent to SR 400. As always, to make an appointment, please contact our Call Center: 404-778-2020.

Members of the Emory Eye Center advisory council, an engaged group of Eye Center supporters, made a trek to midtown Atlanta in April to experience firsthand what it's like to be totally blind—for one hour. "Dialog in the Dark, "which has been in this country since 2008, has hosted more than 5 million visitors worldwide. The experience not only helps visitors understand the world of the blind, it also requires them to depend on the blind, who serve as their guides through the totally dark exhibition. After his hour of simulated blindness, Timothy Olsen commented, "Puns aside, this was truly an eye-opening experience."

From Nepal to Emory: a long road to good vision

Recently 18-year-old Birendra Odari visited the Emory Eye Center and received an examination from pediatric ophthalmologist Amy Hutchinson. The visit might have seemed unremarkable; many young patients are examined at Emory clinics each day. One thing, however, was quite remarkable: the long path this young man had followed to get the help he needed for better vision.

Odari's journey began in his homeland of Bhutan (near India), when his people were exiled in an ethnic cleansing. After living for 17 years in the refugee camps of Nepal—where a medical examination was an unattainable luxury—the Odari family came to Atlanta in 2008, ready to rebuild their life.

With help from the U.N., more than 1,600 Bhutanese refugees have now immigrated to Atlanta, and thousands more are expected over the next five years.

These "forgotten people" often struggle to make a living. Here in Atlanta, their basket making—a craft practiced by older members of the group, who use abundant Southern kudzu vines—is legendary. On weekends, Odari and his school friends sell the elaborate basketry at various farmers markets and bazaars. An A-student at Druid Hills High School, Odari has been the leader and organizer of this endeavor, which has caught the attention of local media.

"We were glad that Birendra Odari had come to us for treatment," says Dr. Hutchinson. "He had severe astigmatism and hyperopia (farsightedness)." Both conditions were untreated, and because Birendra had never worn glasses or contact lenses before coming to the United States, he had developed amblyopia (decreased vision in both eyes).

Bhutanese refugee Birendra Odari and pediatric ophthalmologist Amy Hutchinson.

"Before visiting Emory Eye, Birendra had been seen by an optometrist in Atlanta. We advised him to continue wearing the contact lenses prescribed by that doctor," Dr. Hutchinson says. "His vision continues to improve. That's a welcome situation for this bright and ambitious young man."

Friends Craig Gilbert and Tamar Orvell, both volunteers with the Atlanta Bhutanese Refugee Support Group, accompanied Odari to the Emory Eye Center last fall.

Orvell noted that Dr. Hutchinson immediately established a caring relationship with Odari. "After the exam, she asked him about his life up until now," he reports. "She explained that she could relate in some ways to his experiences in the Nepal refugee camps, because she volunteers her professional services in third-world countries and sees many difficult situations there."

Gilbert added, "Birendra's mother felt so much relief when we returned home. It was almost overwhelming for her to know that after 18 years of no medical help and no vision correction, her son has had the best possible care. She is thankful to Dr. Hutchinson for her top skills and gracious, gentle ways."

Emory Eye in Troup County

In addition to her duties at Emory Eye and the Veterans Administration Medical Center, retina specialist Jiong Yan now sees patients at Emory Clark-Holder Clinic in LaGrange, Ga. Dr. Yan will see patients on every other Thursday, enabling the residents of Troup County (southwest of Atlanta, on the border of Alabama) to access an Emory Eye retinal specialist with expert medical, diagnostic and surgical skills.

Dr. Yan's interests include diabetic retinopathy, macular disease, retinal detachment, and age-related macular degeneration. The director of the inherited retinal disease unit at the Emory Eye Center, Dr. Yan also has been involved in eight clinical trials, serving as either the principal investigator or the co-investigator. She has published nearly 20 papers.

"Often our retina patients must have a family member drive them to their clinic appointment," says Dr. Yan. "It's a pleasure to extend more convenient service to patients in the LaGrange community."

A walk for sight On a chilly Sunday at Centennial Olympic Park, nearly 700 participants—including a team from the Emory Eye Center—walked in a Fight for Sight fundraiser. The fourth annual Atlanta VisionWalk, held on March 14 and coordinated by Foundation Fighting Blindness (FFB), brought in more than $100,000, say FFB folks.

Out of Africa: Kilimanjaro and Emory

In April the Emory Eye Center hosted Paul Courtright, PhD, co-director of the Kilimanjaro Centre for Community Ophthalmology (KCCO) in Moshi, Tanzania. Serving several countries within Africa—primarily in the eastern portion of the continent—KCCO seeks to eliminate avoidable blindness through programs, training, and research. Its primary focus is on creating sustainable community ophthalmology services.

Speaking to Emory physicians, Dr. Courtright described community ophthalmology as a way of considering blindness-related problems in a community context. This approach, for example, asks why, within a group of 10 blind persons, only one person makes it to the doctor for treatment. Multiple reasons for this situation exist, he explained.

Both access and attitude limit those who may need to have a treatment such as cataract surgery. Cataracts are the number-one cause of blindness in the world, primarily because they go untreated in so many underdeveloped regions. According to Dr. Courtright, crucial steps include screening potential patients thoroughly and then making sure they actually get to the hospital.

The cost of treatment typically is not the primary impediment. Even when surgery is offered free of charge, Dr. Courtright noted, patients may not receive the needed surgery. Typically these patients do not mind paying a fair price for their surgical procedures, and they often pay via a combination of money and goods.

Throughout the developing world, he continued, women have an unfairly high rate of blindness—two-thirds of the blindness in the world—because they don't have the same access to medical care as the males in their societies.

A widespread misconception holds that in developing countries, there aren't enough physicians to provide healthcare. Dr. Courtright corrected that assumption: "In fact," he said, "many hospitals in poor countries are not very busy and do not work to their full capacity. The truth is that most blind people simply do not ever get to the clinic or hospital for treatment—and that is the challenge we face."

For his impressive contribution to the field of international ophthalmology, Dr. Courtright was recently recognized with the International Blindness Prevention Award, presented by the American Academy of Ophthalmology.

"Dr. Courtright has left a lasting legacy in East Africa, building the region's capacity to treat avoidable blindness. In the process, he has transformed countless lives," says Hunter Cherwek, an Emory Eye Center alumnus and medical director of ORBIS International.

The ORBIS Flying Eye Hospital trains eye care professionals and treats underserved patients in developing countries throughout the world. In the future, the Emory Eye Center hopes to share this group's evolving participation in our International Vision Project.

Edelhauser named the Charles D. Kelman Innovator's Lecturer

Emory Eye Center research professor Henry F. Edelhauser was named the Charles D. Kelman Innovator's Lecturer for the national meeting of the American Society of Cataract and Refractive Surgeons (ASCRS) in April. This most recent award adds to the long list of professional honors Dr. Edelhauser has received throughout his career.

The ASCRS lectureship honors the work of individuals whose creativity has benefited ophthalmologists and their patients. Charles D. Kelman, MD, presented the first lecture in 1985; and in 2003 the lecture was renamed for him, in recognition of the late doctor's ongoing contribution to anterior segment surgery: the invention of phacoemulsification.

The lecture was presented during a special session at the annual ASCRS Symposium on Cataract, IOL and Refractive Surgery. Dr. Edelhauser's lecture was titled "Evolution of Surgical Pharmacology: Reviewing the Past and Looking to the Future."

Timothy Olsen acknowledges with pride this most recent achievement of Dr. Edelhauser. "The highly prestigious Kelman Innovator's award," he says, "represents one of the highest distinctions at the ASCRS meeting in recognition of translational and applied research."

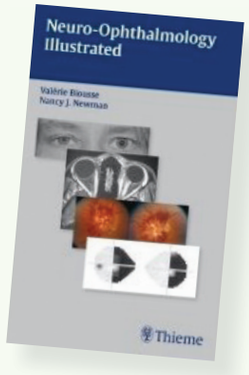
Emory Eye Center's former director of research—internationally known for his work in corneal physiology—served as the Sylvia Montag Ferst and Frank W. Ferst Endowed Research Professor from 1989 to 2009. Dr. Edelhauser's additional research interests include surgical pharmacology, drug delivery, and ocular toxicology.

Major highlights of Dr. Edelhauser's career:

- President, Association for Research in Vision and Ophthalmology (ARVO)
- Honor and Senior Achievement Awards, American Academy of Ophthalmology
- Castroviejo Medal
- Alcon Research Award
- Proctor Medal Award, the highest honor presented by ARVO
- R. Townley Paton M.D. Award from the Eye Bank Association of America
- Inaugural recipient of the Gold Fellow Award in ARVO, the organization's highest distinction

Dr. Edelhauser has published more than 300 papers. He has received continuous funding from the NIH for more than 41 years, and during his two decades at Emory he has garnered more than $24 million in grant funding. Holding memberships in a dozen professional organizations, he has served as advisor to more than 50 graduate or post-doctoral students.

Nancy Newman, Valérie Biousse publish neuro-ophthalmology text



With a combined 40 years of experience, Emory Eye neuro-ophthalmologists Nancy J. Newman and Valérie Biousse have collaborated to write "Neuro-Ophthalmology Illustrated" (Thieme Verlag), a book that they hope will de-mystify the perceived complexity of neuro-ophthalmology.

While the book is aimed at medical students, residents, and practicing ophthalmologists and neurologists, it also can be a valuable resource for neurosurgeons, neuroradiologists, and otolaryngologists.

Comprising 640 pages and containing nearly 900 unique images, "Neuro-Ophthalmology Illustrated" covers topics ranging from anatomy and pathophysiology to diagnosis and management. It provides an original approach to thinking about, assessing, and treating neuro-ophthalmic disorders.

"The book has the flavor of an atlas," says Dr. Newman, "but it also offers a comprehensive approach to neuro-ophthalmology. Our goal is to make this field accessible and understandable for all practitioners who deal with disorders of vision or the brain."

AWARDS

P. Michael Iuvone, Sylvia and Frank Ferst Professor and director of research at the Emory Eye Center, has received from Research to Prevent Blindness

(RPB) a $75,000 Senior Scientific Investigator Award.The award supports nationally recognized senior scientists who are conducting eye research at medical institutions in the United States. Dr. Iuvone is one of a select group of scientists—from 56 institutions—to be honored with this award since its origin in 1987.

Thomas M. Aaberg, Sr., M.L. Simpson Distinguished Professor and Chair Emeritus of the Emory Eye Center, received the prestigious Schepens Lectureship Award through the American Academy of Ophthalmology. The lectureship honors Charles L. Schepens, MD, widely recognized as "the father of modern retinal surgery." Along with this high award, Dr. Aaberg received $35,000, plus $15,000 for research funding.

Hans E. Grossniklaus, F. Phinizy Calhoun Jr. Professor, director of the L.F. Montgomery Pathology Laboratory and the Section of Ophthalmic Pathology/ Ocular Oncology,

received AAO's 2009 Secretariat Award, which recognizes ophthalmologists for special contributions to the Academy and ophthalmology.

At the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) and Association of Technical Personnel in Ophthalmology (ATPO) ACE 2009 meeting, which ran concurrently with AAO meeting, the following Eye Center associate faculty members were honored:

Lindy DuBois received the prestigious Lancaster Medal, an award bestowed to an excellent orthoptist by the AACO (American Association of Certified Orthoptists) in recognition of meritorious contributions to orthoptic excellence. It is a lifetime achievement award.

Donna Leef was presented with the JCAHPO Statesmanship Award for

a Commissioner, granted to a person who has manifested leadership through the support, training, and use of allied health personnel in ophthalmology and whose career has demonstrated dedication to the finest ethics and ideals of the ophthalmology profession.

Eye Center Director **Timothy W. Olsen,** F. Phinizy Calhoun Sr. Professor of Ophthalmology, received the 2010 Macula Society's Young Investigator Award, presented "to that individual or group of individuals under 50 years of age whose work gives promise of notable advance in the clinical treatment of disorders of the eye."

J. Bradley Randleman, associate professor in the section of cornea, external disease, and refractive surgery at the Emory Eye Center, has been selected as the first recipient of the American Society of Cataract and Refractive Surgery (ASCRS) Foundation's Binkhorst Young Ophthalmologist Award.

RANKINGS

Emory Eye Center ranks again in top ten of *U.S. News & World Report*

Emory Eye Center continues to stand among the Top Ten U.S. eye institutions, as ranked by *U.S. News & World Report* in July 2009. Now in its second year as #9 nationally, the Emory Eye Center also joins, once again, the prestigious ranks of America's top medical institutions in the magazine's annual guide to "America's Best Hospitals."

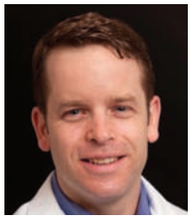
Emory Eye Center ranks in top ten in *Ophthalmology Times* annual survey

Along with nine other distinguished U.S. academic eye institutions, the Emory Eye Center has secured one of the Top Ten slots—again—in the annual survey of ophthalmology programs conducted by *Ophthalmology Times*. The October 15, 2009 issue ranks Emory Eye as #8 in the "Best Residency Program" category, two places higher than its 2008 listing at #10. *Ophthalmology Times*, a news publication written by and for physicians, regularly ranks eye centers across the country.

Rashidul Haque, PhD joined the research section in fall 2009, bringing more than 20 years of experience in molecular biology research. Dr. Haque earned his doctoral degree in genetics at

St. Petersburg State University, Russia, where he also did a fellowship. In 1996 he completed a post-doctoral fellowship at Emory University. Before joining Emory (Pharmacology faculty) in 1998, he served in the Department of Zoology, University of Rajshahi, Bangladesh; worked as a WHO scholar at the CDC; and held a senior research scientist position at Emory University. His research focuses on both retinal circadian biology and ocular microRNA. A member of ARVO, Dr. Haque is interested in characterizing microRNA molecules and investigating their role in the expression of genes related to ocular diseases such as AMD, diabetic retinopathy, and retinal vascular diseases.

Joseph D. Walrath, MD joined the section of oculoplastics, orbital and cosmetic surgery in May. He received his medical degree in 2003 from the College of Physicians & Surgeons, Columbia University. After completing an internal medicine internship at The



Mount Sinai School of Medicine, he served an ophthalmology residency at Columbia University, where he was chief resident during his final year. He practiced for a year in New York, then completed a two-year oculoplastics fellowship at the Emory Eye Center. Dr. Walrath's clinical interests include surgical and nonsurgical cosmetic eyelid, forehead, and midface treatments, as well as management of adult and pediatric diseases of the eye sockets, tear drains, and eyelids. Dr. Walrath will see patients at the Emory Eye Center's main campus and at The Emory Clinic, Perimeter.

Steven Yeh, MD, will join the vitreoretinal diseases and surgery section in September 2010. He attended medical school at the Baylor College of Medicine and completed his internship and ophthalmology residency at the Cullen Eye Institute, Baylor College of Medicine Affiliated Hospitals system, where he served as chief resident.

During residency, Dr. Yeh performed research in ocular immunology and retinal diseases. He completed a clinical and research fellowship in uveitis, ocular immunology and medical retina at the NEI. While there, he conducted research in diagnostic imaging for posterior uveitis and immunotherapies for uveitis, as well as translational research investigating the mechanisms of rare autoimmune eye diseases. Most recently, Dr. Yeh completed his vitreoretinal diseases and surgery fellowship at the Casey Eye Institute, Oregon Health and Science University and the Devers Eye Institute, Legacy Good Samaritan Hospital. During fellowship, he acquired advanced medical and surgical retina training in macular diseases, pediatric retinal disorders, ocular tumors, uveitis, retinal degenerations, retinal detachment repair, and ocular trauma.

Dr. Yeh's research on uveitis and retinal diseases has resulted in more than 70 peer-reviewed publications and abstracts, many of which have been presented at national meetings, including the Association for Research in Vision and Ophthalmology, the American Academy of Ophthalmology, the American Society of Retinal Specialists, and the Retina Congress. The recipient of awards both as a Heed Ophthalmic Foundation Fellow and from the Ronald G. Michels Fellowship, Dr. Yeh brings clinical expertise in advanced diagnostics for the management of infectious and noninfectious uveitis, local and systemic immunosuppression for uveitis, age-related macular degeneration, diabetic retinopathy, and retinal detachment surgery. Dr. Yeh will see patients at the Emory Eye Center.

Suma Shankar, MD, PhD joined the Ophthalmology Department in April. She holds a primary appointment in Human Genetics at Emory University and is affiliated with the Emory Children's Center, Children's Hospital

of Atlanta and the Emory Eye Center. Dr. Shankar received her medical degree at Bangalore Medical College in India, completing a residency in ophthalmology in the United Kingdom and obtaining membership in the Royal College of Ophthalmologists, London, as well as fellowship in the Royal College of Surgeons in Edinburgh, UK. She received her PhD in molecular genetics and also completed a fellowship in pediatric ophthalmology at the University of Iowa, followed by a second fellowship in medical genetics at UCSF. Dr. Shankar's clinical interests include genetic disorders of the eye, ophthalmic manifestations of neurofibromatosis, Ras /MAPK pathway disorders, and metabolic disorders such as lysosomal storage disorders. She will see patients at the Emory Eye Center and the Emory Genetics Clinic.

Endowment is the lifeblood of any academic eye institute. The following are the named funds which endow specific needs and provide the ongoing financial support for the Eye Center's work.

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