Dear Fellow Alum:

This newsletter focuses on two special men who shaped both Emory Eye and the many hundreds of ophthalmologists who trained here during the past 20 years.

The entire Emory Eye faculty, staff, and I look forward to seeing you in Atlanta on Friday, November 7, at our special alumni event—20/20: Looking Back, Looking Ahead. This event is all about the people of the Eye Center. Our valued alumni represent a very important part of Emory Eye. In addition to the Emory Eye family, we will have some very special guests from Emory University as well as other institutions across the country. I trust that you’ve received your invitation and other information; if not, please call us.

This event will honor long-time chair Tom Aaberg and Geoff Brookey, director of residency training almost as long, being Tom’s first hire. It also honors you, our valued alumni. You have carried into the world the skills, compassion, and ideals we learned from Tom and Geoff and from the tight-knit faculty team they helped build. You are their best legacy.

The lead article in this issue, “You gotta love ‘em,” brings back many memories, and the 20/20 event provides a chance to hear from the dynamic duo of Tom and Geoff, doing their classic routine one more time. Nothing we can do or say would be enough to thank them for all that they have done for each of us. However, your presence at 20/20 will be the best present. I look forward to seeing you in November.

Sincerely,

Timothy W. Olsen, MD
F. Phinizy Calhoun, Sr. Professor and Chairman, Department of Ophthalmology

One of our own steps in as chair

This past January, the halls and offices of Emory Eye Center often heard a hearty “Welcome, Dr. Olsen!”—along with quite a few variations on “Tim! Welcome back.”

The wide-ranging search for our new director finally narrowed to a man who, in Dr. Aaberg’s words, is “one of our own.” Timothy W. Olsen first came to Emory as a retina fellow. From 1994 to 1996 he worked alongside Dr. Aaberg, learning from an exemplary leader, physician, and role model. Now holding the F. Phinizy Calhoun Sr. Chair of Ophthalmology, he has begun his directorship with a firm commitment to the Eye Center’s three-fold mission of patient care, teaching, and research, with an energetic interest in Emory’s new global health initiative. He and his wife Virginia, along with their sons Christian and Anders, live in nearby Druid Hills.

Most recently a professor of ophthalmology and the William H. Knobloch Retina Chair at the University of Minnesota, Olsen brings to Emory an outstanding record of accomplishment. He held several scholarships while in training and has received distinguished teaching awards—six, altogether—from four universities (University of Kansas, Wisconsin, Minnesota, and Emory). At Minnesota, he was director of Retina as well as director and founder of the Minnesota Lions Macular Degeneration Center, established in 1998 under his leadership. Dr. Olsen and his Minnesota colleagues developed several programs within the retina section. He initiated the first radiation plaque program at the University for treating eyes with intraocular tumors, developed a hereditary retinal degeneration clinic with ‘state-of-the-art’ electrophysiology, placed all nine implants for retinitis pigmentosa (in the first CNTF trials, see page 16), and developed collaborative projects with several other divisions within the University.

As the principal investigator on both basic and clinical studies, Olsen has received grants totaling more than $3.5 million. His research on proteins of age-related macular degeneration (AMD) using the Minnesota Grading System (MGS) has won awards internationally, and helped to define early biochemical events that occur in AMD. In collaboration with fellow scientists, he has developed novel surgical instruments and methods for supporting and translocating tissue to support macular function, potentially for use in advanced cases of AMD. Additionally, translational studies by Dr. Olsen include novel drug delivery techniques for retinal diseases. Along with Emory Eye Center investigator Jeffrey H. Boatright and others, he helped develop and holds a patent on the use of bile acids (TUDCA, see page 9) for treatment of retinal degenerations (currently licensed to industry).

The Eye Center is proud to welcome Tim Olsen back—and also to welcome him forward.
Twenty years: Geoff Broocker, Tom Aaberg

You gotta love 'em.

Take one look at him, and it all comes back: His formidable knowledge. His capable hands. The way he listened—to patients and also to you. The high standards that he upheld and daily modeled. Standards, in fact, that still guide your work.

Thinking of Tom Aaberg’s inspiring example, you might say, “I’ll never forget that guy.” Recalling your work with Geoff Broocker, you’re likely to grin with fondness: “There’s nobody who can match him, anywhere.”

Relive it all in “20/20” clarity—on Friday, November 7, when Emory Eye Center gathers alumni, faculty, and friends for a big-time celebration of what we’ve built together these past 20 years, and of the two chiefs whose brilliant leadership jump-started the effort.

Those who know our honorees best are quick to point out another similarity: their legendary (if divergent) styles of humor. You may remember doing double-takes both after being blindsided by Tom Aaberg’s deadpan one-liners or when reeling from Geoff Broocker’s outrageous levity. Did he really say what I think I just heard him say?

Yep, he did. They both did. And when someone can do that and get away with it while running a consummate ophthalmology department or training residents to cope with every possible opthalmic eventuality (including kitchen scissors stuck in an eye and sudden failure of technology), you’ve got to love him. Besides, these paragons have spent two decades furthering Emory Eye Center’s professional standing—and yours.

Looking back, what did you absorb from Tom Aaberg? While your admiration for his renowned expertise in vitreoretinal disease and surgery steadily rose, did you also begin to emulate his quiet warmth and his invariable kindness? Seeing yourself through his eyes—as his colleague—did you understand that most people want to live up to another’s trust? Did you learn how to lead well from this director who “managed” his stellar faculty simply by giving them leeway to excel?

Geoff Broocker—one of Aaberg’s most innovative and astute hires—has left his stamp of hard-earned excellence on every Emory Eye resident since 1988. In the churning and often grisly world of Grady Hospital, how soon did you realize that Broocker’s playful banter, demanding expectations, and relentless questioning all come from his profound care for residents and patients alike? When did you learn that the art of medicine encompasses not only meticulous attention to every medical detail, but the skillful ability to relax an entire operating room through trivia quizzes about Motown music?

Tom Aaberg, Geoff Broocker: your teachers, your heroes, your friends. An entire generation of new ophthalmologists—superlative ones—has risen from their shoulders. As you learned from these two giants, you probably craved their approval and leaned on their encouragement. Perhaps you still replay the first time you heard them say, “Good work. I’m proud of you.”

On November 7, you have the chance to return the favor. Come laugh and reminisce with us; come applaud and look forward. Come tell Tom and Geoff that you see the good work they did for you, back then. And that you’re proud.
Takle hosts residents and fellows for 11th year

On a recent sunny Saturday, Leiv Takle Sr. (69M; res. ’70-73) hosted Eye Center residents, fellows, faculty, and assorted family members and friends on his beautiful farm in Zebulon, Ga. Since 1997, the ever-gracious host has welcomed future Eye Center alumni with sumptuous food, horses for riding, a plane for scanning the countryside, skeet shooting and a hayride. “I really look forward to this event each year,” says Paul Pruett (glaucoma fellow ’09; res.’05-08), “and really miss the years I can’t go.”

New guidelines for optimal surgical outcomes

In recent years, concerns have been high about increases in a condition, toxic anterior segment syndrome (TASS), occurring immediately after cataract surgery. The condition can cause blurry vision and can be followed within hours by corneal edema, diffuse iris damage and damage to the trabecular meshwork that filters the aqueous fluid within the eye and controls its flow.

In a move to provide guidelines for better ophthalmic surgical outcomes, research director Henry Edelhauser, who has been studying the condition for several years, and a selected committee of professionals—the Ad Hoc Task Force on Cleaning and Sterilization of Intraocular Instruments—came together at Emory last fall to tackle the difficult issue of ophthalmic instrument cleaning and sterilization. The task force published new guidelines for optimal surgical outcomes in “Anatomy of a TASS Outbreak” in the Journal of Cataract and Refractive Surgery (vol. 33, no. 3).

First U.S. site to conduct keratoconus and ectasia trials

A new procedure, studied for the first time in the U.S. on patients with keratoconus, may revolutionize the practice of cornea and ophthalmic external disease treatments. Keratoconus is a progressive bulging or steepening of the cornea that can lead to, in some cases, scarring, or corneal ectasia, a similar condition that can occur after refractive surgery. Keratoconus and corneal ectasia together account for 15% of the corneal transplants in the U.S.

“This new treatment shows promise for not only treating keratoconus, but for treating ectasia or keratectasia,” says cornea specialist, R. Doyle Stulting, the principal investigator for the clinical trial, Collagen Cross-Linking with Riboflavin (CXL), being conducted at the Emory Eye Center.

In a simple, minimally invasive, quick procedure, riboflavin eye drops are applied to patients’ corneas and activated by ultraviolet light. In European studies, the treatment was shown to strengthen weak corneal structure. By increasing collagen cross-linking, the natural collagen anchors in the cornea, thereby strengthening it. A stronger cornea does not tend to steepen in the way that a diseased one does. In other words, we hope learn how to treat the disease rather than just the symptoms. See page 14 for study criteria.

CATT

Emory leads the country in a ground breaking trial to compare two drugs used to treat age-related macular degeneration. The drugs, both made by Genentech, will go head-to-head to test their effectiveness.

Avastin, first developed for cancer treatment, has been used “off label” by ophthalmologists who know that it helps inhibit the abnormal growth of blood vessels in AMD. Lucentis, developed later for ophthalmic use only and FDA approved in 2006, is chemically similar, but not identical. While Avastin costs $50 per dose, Lucentis costs $2,000.

“While it is clear that Avastin is highly effective, we do not know how it compares to Lucentis,” Dan Martin (res. ’87-90) says. “The study will also help refine how these drugs can be used to achieve the best outcome. It may be that we can inject much less frequently and [still] produce an excellent visual result.”

Retinal specialist Baker Hubbard (res. ’95-98) is leading the Emory trial. See page 16 for study criteria.
Top honors again

Our national presence in the world of ophthalmology has been recognized again by the July 2008 U.S. News & World Report rankings. This year, we’ve ranked #9, putting us in the top ten of eye institutes throughout the country.

Additionally, Atlanta Magazine’s 2007 issue of “Top Doctors” listed four of our own as tops in their fields. They included Nancy Newman (neurology); Tom Aaberg (retina); Scott Lambert (pediatric ophthalmology); and Doyle Stulting (cornea) (cornea fellow ’81-82). The survey stems from Castle Connolly’s Top Docs publication.

More news on the AMD research front lines:

Emory is participating in an NEI study to determine whether a modified combination of vitamins, minerals and fish oil can slow the progression of vision loss from AMD. The study will build on results released in the 2001 Age-Related Eye Disease Study (AREDS) at Emory and 10 other sites, that found high-dose antioxidant vitamins and minerals—vitamins C and E, beta-carotene, zinc and copper—taken by mouth, reduced the risk of progression to advanced AMD by 25% and the risk of moderate vision loss by 19%.

Dan Martin, principal investigator for the study at Emory, said: “In the AREDS study, we found that a combination of vitamins and minerals effectively slowed the progression of AMD for some people. Now, we will conduct this more precisely-targeted study to see if the new combination of nutrients can reduce AMD progression even further. This study may help people at high risk for advanced AMD maintain useful vision for a longer time.”

NEI grant helps direct medicine to the back of the eye—without the needles!

Current methods for the delivery of drug therapy for retinal disorders are eye drops, intravenous or intra-muscular injections, oral administration or injections into the eye orbit, all of which have both advantages and disadvantages. To develop techniques for safer and more efficient drug delivery to the back of the eye, the NEI awarded a grant of approximately $7 million over 5 years to a team of investigators from the Eye Center and three other institutions, only the third such grant awarded.

“We’ve put together a joint program with expertise in pharmaceutical science, innovative drug techniques and tissue analysis to be sure we get to the tissues inside the eye,” says Henry Edelhauser, Eye Center director of research.

The multidisciplinary collaboration includes Eye Center basic scientists Jeff Boatright, Dayle Geroski and John Nickerson and ophthalmic pathologist, Hans Grossniklaus. Also contributing are researchers Uday Kompella of the University of Nebraska; Allan Laties at the University of Pennsylvania; and Mark Prausnitz of Georgia Institute of Technology.

The grant may enable the team to develop novel transcleral approaches using nanoparticles, microneedles, collagen gels, iontophoresis and electroporation.

RPB funding boosts diagnostic skills

Again this year, Emory Eye Center received a $110,000 unrestricted grant to fund research from the Research to Prevent Blindness (RPB), the world’s leading voluntary organization supporting eye research. To date, RPB has awarded grants totaling over $3 million to Emory University School of Medicine.

At Emory Eye Center, RPB funding has already helped to underwrite an innovative teaching simulation in 2007. Using “mannequin heads,” the simulation enables medical students to detect neurological disorders with an ophthalmoscope, an instrument that examines the interior of the eye.

This skill is a plus for Emory medical students, because most of them graduate without knowing how to use this critical instrument. Valérie Biousse (res. ’98-02), a neuro-ophthalmologist at the Eye Center, wants to make sure our students realize that in the frequent instances where neurological and neurosurgical emergencies present no visual symptoms, an ophthalmoscope could save a patient’s life.

Founded in 1960, RPB has channeled hundreds of millions of dollars to medical institutions throughout the United States for research into all blinding diseases.

The “bear” facts

A synthetic version of bear bile has a yet-unexplored potential to treat the ravaging effects of diseases that can cause loss of vision, like retinitis pigmentosa (RP), AMD and glaucoma. Bear bile has been used in Asia for more than 3,000 years to treat visual disorders and is still used in eye drops in traditional Asian medicine today.

In study results published in the December 29, 2007 issue of Molecular Vision (www.molvis.org/molvis), researchers found that systemic injection of synthetic tauroursodeoxycholic acid (TUDCA), a primary component of bear bile, prevented retinal cell death and preserved the function and structure in photoreceptor cells in two different mouse models of retinal degeneration. Photo-receptor cells are the rods and cones in the retina that convert light into electrical impulses that go to the brain. Evidence indicates that synthetic formulations of bear bile are medically efficacious and inexpensive.

The study was conducted by principal investigator Jeffrey Boatright, other researchers at Emory, the Atlanta VA Medical Center, the University of Minnesota, and the University of Lisbon. It is funded in part by the Abraham J. and Phyllis Katz Foundation.

Henry Edelhauser’s 70th birthday celebration

Academic colleagues from around the country joined in the festivities honoring Henry F. Edelhauser, director of research at Emory Eye Center for the past 20 years, on the occasion of his 70th birthday. During the two-day event, many of his collaborators made presentations about their joint projects. Dr. Edelhauser plans to retire from Emory upon the appointment of a new research director.
Class notes

Maria M. Aaron (res. ’96-99) received the AAO Achievement Award in 2007.

Michael A. Behforouz (res. ’97-00) started the Midwest Center for Sight in 2003. He has two daughters: Kayla, 9 and Stella, 6.

Curtis D. Benton Jr. (’42C; ’45M; res. ’45-48) still works two days each week for Paul S. Ambrose, MD in Knoxville, Tenn.


Carol F. Boerner (res. ’78-81) has semi-retired.

John T. Cobb (’74C; res. ’79-82) was elected to a four-year term on the Vanderbilt Medical Alumni Board in 2006. As of July 2008, he has been in private general practice ophthalmology with the Thomas Eye Group for 26 years. This past summer, he and his son completed a week-long backpacking trek at Philmont Scout Ranch in New Mexico.

Carlos E. Diaz (ophthalmic pathology fellow ’97-98) was appointed as clinical assistant professor at the University of Texas, San Antonio. He reports the opening of his practice, the Diaz Vision Center. His daughter, Carolina Gloria Diaz, was born Dec. 14, 2006.

Terrence Doherty (cornea fellow ’06-07) is board certified as of June 2008. He married Nicole E. Lemoncelli, OD, in July 2007.

Dawn N. Duss (formerly Maxwell) (pediatric ophthalmology fellow ’05-06) is board certified as of June 2008 and serves on the editorial board of the *Journal of Pediatric Ophthalmology and Strabismus*. She married Charles V. Duss, MD, a general ophthalmologist who recently joined the Atlantic Eye Institute in Jacksonville, Fla.

Malcolm Edwards (res. ’85-88) was chosen to serve as president of the South Carolina Society of Ophthalmology, 2008-2009.

John C. Hagan III (res. ’72-75) received the AAO Secretariat Award - 2008 (communication and starting a website for AAO; www.medhelp.com, public relations). Within the Missouri Association of Publications, he received Best Writing (*Missouri Medicine*); Best Article (Dr. Hagan); and Best Publication in State (Association), all in 2007. He is editor of *Missouri Medicine*.

Robert F. Hand (res. ’55-57) has retired.

Susanne M. Hewitt (res. ’00-03; cornea fellow ’03-04) and husband Sean are the proud parents of a baby boy, Ryan, born Sept. 22.

Lawrence T. Jehle (res. ’71-74) has retired.

Malcolm Magovern (res. ’65-68) identified a previously non-described form of Fuchs’ Corneal Dystrophy. It was previously published and was re-presented at Fuchs’ Dystrophy Symposium at Johns Hopkins Medical Center in September 2008.

James W. McCann Jr. (’49B; res. ’57-60) has retired.

David G. O’Day (res. ’89-92) expanded his practice to four with the association of two new ophthalmologists in 2007. He also opened a new main office building in 2008.

Arthur C. Perry (’73M; res. ’74-77) reports that his first grandchild, Gavin Corpening Pennock, was born October 3, 2007, and that his youngest son, Blake, a 3rd-year medical student at George Washington University, married on August 9, 2008. He also received the AAO Sr. Achievement Award in 2007.

John C. Rieser (’60C; ’64M; res. ’67-70; faculty ’71-77) has retired and is loving it.

Rebecca Sands (pediatric ophthalmology fellow ’02-03) and Jon Braverman married in 2006. They live in Denver.

David E. Shacklett (’57C; ’61M; res. ’67-70; retina fellow ’70-71) has retired.

Brian Sippy (res. ’97-00; pathology fellow ’00-01; retina fellow ’01-03) completed the AAO Leadership Development Program. He serves as president of the Montana Association of Ophthalmology.

In Memoriam


Jere Hess, who served at Emory Eye Center for 34 years as an orthoptist, died June 5 in Brunswick, Ga.


Jerald B. Turner (res. ’68-71) died in March 2008, following a four-year battle with colon cancer.

2008 Graduating residents... and where they are now

Emily Graubart
Comprehensive Section
Emory Eye Center

Parul Khator
Glaucoma Fellowship
Wills Eye Institute

Phoebe Lenhart
Pediatric Fellowship
Emory Eye Center

Paul Pruett
Glaucoma Fellowship
Emory Eye Center

Jeremy Woolfe
Retina Fellowship
Wills Eye Institute

Maria Woodward
Cornea Fellowship
Emory Eye Center
New Faculty

Chris Bergstrom, MD, OD joined the vitreoretinal section in 2007. Dr. Bergstrom graduated cum laude from Southwestern College in Winfield, Kansas, and with honors from the University of Houston College of Optometry. He received his medical degree from the University of Kansas in 2001 and completed a transitional internship at The Medical Center in Columbus, Georgia, in 2002. At Emory Eye Center, he completed an ophthalmology residency in 2005 (serving as chief resident in 2005) and a vitreoretinal fellowship in 2007. Dr. Bergstrom is a diplomate of the American Board of Ophthalmology. He is a member of the American Academy of Ophthalmology and the Association for Research in Vision and Ophthalmology. His interests include ocular oncology, diabetic retinopathy, retinal detachments and age-related macular degeneration.

Beau Bruce, MD joined the neuro-ophthalmology section this summer. Dr. Bruce received his BS in Chemistry from Georgia Institute of Technology and his MD from Emory University School of Medicine. He completed a residency in neurology at Harvard University and joins the Department of Ophthalmology as an assistant professor in the neuro-ophthalmology section. Dr. Bruce will be providing patient care at Emory Eye Center, Emory Hospital, and Crawford Long Hospital. His research interests include the epidemiology of idiopathic intracranial hypertension and tele-ophthalmology.

Mary Carlton, OD joined the comprehensive ophthalmology section of vision and optical services in January 2008. Dr. Carlton received her OD degree from Southern College of Optometry in 1983. Before coming to the Eye Center, she was a staff optometrist for the University of Wisconsin in Madison; director of vision services for the University of Utah in Salt Lake City; a lieutenant in the United States Navy, stationed at Oakland Naval Hospital in Oakland, California; and in private practice in East Point, Georgia. She is a member of the Georgia Optometric Association and the American Optometric Association. Her concentration is in primary eye care and the fitting of contact lenses in both adults and children. Research interests include contact lens materials and products.

Annette Giangiacomo, MD joined the glaucoma section in September. Dr. Giangiacomo graduated with a BA from Grinnell College in Iowa. She completed her medical education at the University of Missouri in Columbia and her ophthalmology residency at the Medical College of Wisconsin, Milwaukee. Dr. Giangiacomo completed a glaucoma fellowship at the Jules Stein Eye Institute in Los Angeles under preceptors Joseph Caprioli and Anne Coleman. Prior to joining us, she has served as an assistant professor at the University of North Carolina School of Medicine in Chapel Hill.

Emily Graubart, MD joined the comprehensive section this summer. A recent graduate of Emory’s ophthalmology residency program, Dr. Graubart received her BA in psychology from Northwestern University and her medical degree from Northwestern University’s Feinberg School of Medicine in the honors program in medical education. She will provide patient care at the Emory Eye Center, as well as Crawford Long and Grady.

Brent Hayek, MD joined the oculoplastics section this summer. Originally from St. Louis, Dr. Hayek graduated summa cum laude from Oral Roberts University in Oklahoma and then completed his medical education at the University of Iowa in Iowa City. He completed both general surgical internship as well as an ophthalmology residency at Loyola University in Chicago. He recently completed a two-year oculoplastic fellowship at MD Anderson Cancer Center in Houston, under preceptor Bita Esmaeili.

Emily Higginbotham, MD joined the glaucoma section in 2007. Dr. Higginbotham is dean of the School of Medicine at Morehouse College in Atlanta, where she also serves in the glaucoma service. She completed medical school at Harvard; a residency at Louisiana State University Eye Center, New Orleans, where she was chief resident; and a fellowship in glaucoma at Massachusetts Eye and Ear Infirmary. Her clinical focus is on the evaluation of the glaucoma suspect, as well as consultation and management of difficult glaucoma. Dr. Higginbotham’s research interests include Phase II and III glaucoma trials, the epidemiology of glaucoma, neuroprotection and the physiology of the conjunction and trabecular meshwork. She is the chair of the National Eye Institute’s (NEI) Health Education Program planning committee.

Timothy W. Olsen, MD (see page 3)

Santa Jeremy Ono, PhD vice provost for academic initiatives and deputy provost at Emory University, joined the research section in 2006. Dr. Ono attended the University of Chicago, McGill and Harvard. His training in biochemistry and molecular biology at Harvard was supported by a Helen Hay Whitney Foundation Fellowship. His first academic appointment was as assistant professor of medicine at the Johns Hopkins School of Medicine. In 1996, Dr. Ono was recruited to Harvard Medical School, where he was an associate professor and on staff at the Schepens Eye Research Institute. He was a member of the executive committee of the Harvard program in immunology, principal investigator of the Harvard program in ocular immunology and on the executive committee of the NIH Training Program in Molecular Basis of Eye Disease. In 2001, Dr. Ono was appointed Cumberlege Professor and then Glaxo-SmithKline Chair of Biomedical Sciences at University College London (UCL) and Moorfields Eye Hospital. At UCL, he was head of the Department of Immunology at the Institute of Ophthalmology and on the executive committee of the Division of Infection and Immunity. At Emory Eye Center, he conducts research on transcriptional regulation in the human immune system, mechanisms of mast-cell dependent inflammation on the ocular surface and the immune component of age-related macular degeneration.

April Maa, MD joined the comprehensive section this summer. Dr. Maa completed her residency at the University of Texas Southwestern Medical School in Dallas. She graduated from McGill University in Montreal with a degree in physiology and completed her medical degree Baylor College of Medicine in Houston. Dr. Maa will serve at both the VA and Grady, with an increase in time at the VA in the future. She has published on areas of medical education.

Thao Vu, OD joined the comprehensive ophthalmology section of vision and optical services in January 2008. Dr. Vu’s postgraduate studies were conducted at the New England College of Optometry in Boston, Massachusetts from 2002-06. She completed her residency at NOVA Southeastern University College of Optometry. Her concentration is in primary eye care and low vision rehabilitation. She provides comprehensive eye examinations including the fitting of contact lenses and management of ocular disease. Research interests are low vision aids and public health awareness focusing on the importance of eye examination in underserved populations in Atlanta.

EMORY | eye alumni

2008 News for Alumni and Friends

"We wish to provide a mechanism to make the eye services available to the underserved, especially contacting the underserved, especially contacting and educational programs. We are also recognizing the importance of eye examination in underserved populations in Atlanta."
Inclusion Criteria:
- Device implanted subconjunctivally.
- Can’t (if there is not an active rejection episode) have the drug-eluting subject.

Exclusion Criteria:
- Active rejection episode
- Graft rejection episodes – these subjects were not enrolled in the study.

Sponsor: Emory Eye Center
Status: Not enrolling new subjects

Cornea

Artificial Iris IOL
PI: J. Bradley Randleman, MD
Coordinator: Paul Larson, MMSc, COMT
Status: Not enrolling new subjects

Summary: This study allows subjects to have an IOL with an opaque area and a clear pupil implanted. The opaque area comes in green, blue, and tan colors. The primary indication is aniridia with cataract, but secondary implanting can be done also. Typically there must be 25% iris less remaining. Subjects are enrolled for three years, upon which their participation is complete. Enrollment is current.

Inclusion Criteria:
- Aniridia
- Stable refraction and K’s
- No prior iris abnormalities
- No history of iritis

Exclusion Criteria:
- Nystagmus
- History of eyelid closure

Contact: Paul Larson, 404-778-4305, plarson@emory.edu
Sponsor: DHTEC USA, Inc.

Corneal Allograft Rejection Study (High Risk subjects)
PI: J. Bradley Randleman, MD
Coordinator: Jeff Horton, COMT
Status: Closed to enrollment

Summary: The study aims to evaluate a Cyclosporine-A-eluting device to evaluate whether the drug in this form helps prevent or minimize corneal graft rejection in subjects at higher risk for rejection. There are two arms of the study – one in which the drug-eluting device is implanted (concomitantly) at the time of penetrating keratoplasty. The second arm of the study involves subjects who have had graft rejection episodes – these subjects can (if not an active rejection episode) have the drug-eluting device implanted subsequently.

Inclusion Criteria:
- Higher risk for corneal transplant rejection

Exclusion Criteria: Active rejection episode
Contact: Jeff Horton, COMT, 404-778-4425, jhorton@emoryhealthcare.org
Sponsor: NEI, Lux Biosciences

Cornea Donor Study
PI: R. Doyle Stulting, MD, PhD
Coordinator: Paul Larson, MMSc, COMT
Status: Subjects in long-term follow-up only. Not enrolling new subjects

Summary: The aims of the study is to see whether endothelial cell density or age matter to graft viability and success. Nearly all current subjects are enrolled in the long-term follow-up for years 5-10.

Contact: Paul Larson, 404-778-4863, plarson@emory.edu
Sponsor: NEI

Corneal Collagen Cross-Linking Study (CXL)
PI: R. Doyle Stulting, MD, PhD
Coordinator: Teresa Hendley & Paul Larson
Status: Actively enrolling subjects

Summary: Study aim is to slow or halt the progression of keratocorticopathy. Nearly all current subjects were offered eyedrop medications. By treating all participants in both groups with eyedrop medications, we should be able to determine if there is a penalty for waiting to institute treatment.

Inclusion Criteria: N/A
Contact:
- Donna Leef, MMSc, COMT, 404-778-4134, dileef@emory.edu
- Stacey Smith Andelman, MMSc, COMT, 404-778-4134, stsmith@emory.edu
Sponsor: NEI

A Study of the Safety and Efficacy of Anecortave Acetate for Treatment of Steroid Induced IOP Elevation
PI: Allen Beck, MD
Coordinator: Donna Leef, MMSc, COMT, Stacey Smith Andelman, MMSc, COMT
Status: Approved and currently enrolling

Summary: To evaluate the safety and efficacy of a sub-Tenon’s injection of Anecortave Acetate in pts with steroid induced glaucoma.

Inclusion Criteria:
- Pts that have received intravitreal steroid therapy
- Pts between 2 and 8 weeks (14 to 56 days) post-intravitreal steroid therapy, with an IOP of at least 24 mm Hg and who have had an IOP increase a 10 mm Hg relative their pre-intravitreal steroid IOP in a single eye
- Pts using at least 30 days of stable dosing of ocular hypertensive medications prior to screening

Exclusion Criteria:
- Intravenous or subcutaneous anticoagulant therapy, or patient is on oral anticoagulant therapy
- History of ocular trauma within the past 6 months in the study eye
- History of penetrating glaucoma surgery
- History of allergy to the steroid family of drugs
- History of insertion of scleral buckle in the study eye
- C/D ratio greater than 0.80 (horizontal and vertical) in either eye
- Pt with clinical evidence of scleral thinning

Contact: Donna Leef, MMSc, COMT, 404-778-4134, dileef@emory.edu
Stacey Smith Andelman, MMSc, COMT, 404-778-4105, stsmith@emory.edu
Sponsor: VisionCare, Inc.

Glucoma

Ocular Hypertension Treatment Study (OHTS)
PI: Allen Beck, MD
Coordinator: Donna Leef, MMSc, COMT and Stacey Smith Andelman, MMSc
Status: Enrollment completed 1996, continuing into the 14th year of data collection with additional visual function testing

Summary: Now that OHTS has proven that lowering eye pressure is effective at delaying progression of glaucoma in individuals with ocular hypertension, it is important to determine when treatment should be started. Following the finding in 2002, all OHTS participants went on open eyelid medications. By treating all participants in both groups with eyedrop medications, we should be able to determine if there is a penalty for waiting to institute treatment.

Inclusion Criteria: N/A
Exclusion Criteria: N/A
Contact:
- Donna Leef, MMSc, COMT, 404-778-4134, dileef@emory.edu
- Stacey Smith Andelman, MMSc, COMT, 404-778-4134, stsmith@emory.edu

Low Vision

Implantable Miniaturized Telescope
PI: Susan A. Primo, MD
Coordinator: Jayne Brown, COMT
Status: Enrolling

Summary: Study and evaluation of long-term change in visual acuity and description of patient selection/management pearls for telescope prosthesis patients with macular degeneration.

Exclusion Criteria:
- Patient implanted with the IMT
- Motivated to do extensive occupational therapy

Contact:
- Jayne Brown, 404-778-4430, jmbrown@emory.edu
Sponsor: VisionCare, Inc.

Age-Related Macular Degeneration and Cortical Reorganization
PI: Susan A. Primo, MD
Coordinator: Jeff Horton, MMSc, COMT
Status: Enrolling

Summary: The impact of the proposed research will be to bridge the knowledge gap between cortical plasticity and visual function. Results from these studies will provide answers for how behavioral improvements in AMD patients lead to changes in underlying brain activity. Once this link is made, clinicians and health care engineers can use this to devise rehabilitation therapies and technologies, to foster efficient cortical reorganization and to maximize the use of residual vision in patients with AMD.

Inclusion Criteria:
- Macular degeneration
- Visual acuity better than 20/90

Exclusion Criteria:
- Nyctagmus
- Previous occupational therapy for fixation training

Contact: Jeff Horton, COMT, 404-778-4425, jeffery.horton@emoryhealthcare.org
Sponsor: TheraOptics Corporation

Retina

Therasight® Pilot AMD Trial
PI: G. Baker Hubbard III, MD
Coordinator: Alcides Fernandes, MD
Status: This study is closed for enrollment.

Summary: The Emory Eye Center was the first in the United States to use a new system developed by the Theragren Corporation. This clinical trial was designed to evaluate the safety and feasibility of the new Therasight® (Ocular Brachytherapy System) for the treatment of subfoveal choroidal neovascularization associated with exudative (wet) age-related macular degeneration (AMD). This is a study in which subjects are randomized to one of two treatment arms: treatment side effect

Conditional grant for the safety and effectiveness of the Therasight® system.

Contact: Alcides Fernandes, MD, 404-778-2412, alcides.fernandes@emory.edu
Sponsor: Theragenics Corporation

Multicenter Uveitis Steroid Treatment (MUST) Trial
PI: Sunil Sivaslava, MD
Coordinator: Alcides Fernandes, MD
Status: Enrollment opened on September 6, 2009. Approximately 400 patients will be enrolled in the study nationwide; 19 patients are expected to be enrolled at the Emory Eye Center.

Summary: This research was designed to determine if a new FDA approved treatment is safer and more effective than the standard treatment for certain types of uveitis. The two treatment arms of this study are a corticosteroid implant (the new FDA approved treatment, Retisert® implant) and oral corticosteroids (the standard FDA approved treatment). Both treatments are known to be effective for treating uveitis. Neither treatment is experimental.

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Tailored Telephone Glaucoma Compliance Study
PI: Karen Gian, PhD (Rollins School of Public Health)
Co-Investigators: Susan A. Primo, MD, MPH and Allen Beck, MD
Coordinator: Lucja Bundy
Status: Enrolling
Summary: Research aim is to study compliance in glaucoma patients and to test with a new, innovative, health communication strategy.

Inclusion Criteria:
- Glaucoma or glaucoma suspect on eye drops
- Patient at Grady or the VA Hospital

Exclusion Criteria:
- Legal blindness
- Eye surgery within 1 year of the study

Contact: Lucja Bundy, 404-727-5527, lbundy@bgh.emory.edu
Sponsor: National Eye Institute (ROI)

Pediatric Ophthalmology

Infant Aphakia Treatment Study (IATS)
PI: Scott Lambert, MD, National Study Chairman, Emory Site Investigator
Coordinators: Rachel Robb, MMSc, COMT, (Site): Lindy Dubois, MRSc, MMSc, COMT (National)
Status: actively recruiting
Summary: Comparison of visual acuity (at 1 year and 5 years of age) in children who have been treated at 1 to 6 months of age for unilateral congenital cataract with either a primarily implanted intraocular lens vs contact lenses.

Inclusion Criteria:
- Age 28-210 days at the time of cataract extraction surgery
- Visually significant unilateral congenital cataract

Exclusion Criteria:
- Patient born at less than 36 gestational weeks
- Cataract is acquired from trauma or as a treatment side effect
- Patient has had intravitreal surgery or has significant ocular disease that may affect vision

Contact: Rachel Robb, 404-778-5134, rachel.rob@gmail.com
Sponsor: NIH/NEI
Contact: Alcides Fernandes, MD, 404-778-2421, alcides@emory.edu
Sponsor: NEI, NIH

The Compassionate Use of CNTF Implant for Patients with Retinitis Pigmentosa
PI: Thomas M Aaberg, MD
Coordinators: Alcides Fernandes, MD, Donna Leef, MMSc, COMT; Stacey Smith Andelman, MMSc, COMT
Status: Enrollment is currently closed. Eleven patients were enrolled in this study.

Summary: This intraocular implant designed by Neurotech USA, of Lincoln, Rhode Island consists of an encapsulated cell technology product which contains the human ciliary neurotrophic factor (CNTF). Neurotrophic factors are agents with a promising ability to retard progression of neurodegenerative diseases and are effective in slowing photoreceptor degeneration in animal models of Retinitis Pigmentosa. In the Phase I safety trial, ten participants received CNTF implants in one eye. Human CNTF was delivered by cells transplanted with the human CNTF gene and encapsulated within capsules that were surgically implanted into the vitreous of the eye. The implant is designed to continuously release CNTF directly into the eye for sustained period of times. A Phase II study of this technology is currently being conducted in several national medical centers and enrollment is now completed. Emory University was approved to implant a few patients in a compassionate use basis.

Contact: Alcides Fernandes, MD, 404-778-2421, alcides@emory.edu
Sponsor: Neurotech USA

Age-Related Eye Disease Study 2 (AREDS 2)
PI: Daniel F Martin, MD
Coordinator: Linda Curtis
Status: Enrollment ended June 30, 2008
Summary: The National Eye Institute (NEI) is sponsoring the 5-year nationwide Age-Related Eye Disease Study 2 (AREDS2) to learn what effects nutritional supplementation with Lutein and Zeaxanthin (carotenoids found in many fruits and vegetables) and/or the omega-3 fatty acids DHA and EPA (derived from fish oil) have on the progression to advanced age-related macular degeneration (AMD). AMD is the leading cause of vision loss in the United States for people over the age of 60.

Inclusion Criteria:
- Large drusen in both eyes or
- Large drusen in one eye and advanced AMD in the other eye

Exclusion Criteria:
- Ocular disease in either eye, other than AMD (glaucoma, etc.)
- Previous retinal or other ocular surgical procedures (except for cataract surgery, YAG capsulotomy, laser or other treatments for advanced AMD)
- Any systemic disease with a limited 5-year survival

Contact: Linda Curtis, 404-778-4281, lcurtis@emory.edu
Sponsor: NEI

Posurdex for Retinal Vein Occlusions
PI: Jing Yan, MD
Coordinator: Jayme M. Brown
Status: No longer enrolling
Summary: The study purpose is to determine the efficacy and safety of Posurdex in the treatment of Branch Retinal and Central Vein Occlusions

Inclusion Criteria:
- Retinal thickness of greater than 300 um by OCT
- Visual damage from macular edema to 20/50 to 20/200, ETDRS protocol
- 6 wk to 9 mo onset of DVO
- 6 wk to 12 mo onset of BRVO
- Glaucomatous damage or field loss
- Presence of an ocular condition preventing a 15 letter improve ment in VA
- Uncontrolled systemic disease
- Diabetic retinopathy

Contact: Jayme M. Brown, 404-778-4430, jmbrown@emory.edu
Sponsor: Allegan

Pan-Veg Blockade For The Treatment Of ROP (Black ROP)
PI: G Baker Hubbard, MD
Coordinator: Stacey Smith Andelman, MMSc, COMT
Status: Funding approval
Summary: To evaluate intravitreal injection of Avastin in infants with ROP

Inclusion Criteria:
- Inborn babies at participating NICU
- Outborn babies transferred to participating NICU (must meet inclusion criteria 3-7)
- Zone 1 ROP
- Adequate/appropriate laser ablation
- Failed standard treatment (persistent Plus or recurrent Plus at a minimum of 1 week post-laser)
- Post-macular age less than 36 weeks
- Post-macular age greater than 30 weeks

Exclusion Criteria:
- Zone 2 or 3 ROP
- Inadequate initial laser treatment
- Most recent laser treatment less than 1 weeks
- Evidence of tracional retinal detachment (exudative retinal detachment may be included in study group)
- Post-macular age greater than 36 weeks
- Post-macular age less than 30 weeks

Contact: Stacey Smith Andelman, MMSc, COMT, 404-778-4005, ssmit25@emory.edu

Comparison of AMD Treatments Trials (CATT)
PI: G. Baker Hubbard, MD
Coordinator: Lindy Dubois, MD, MMSc, CD, COMT
Status: actively recruiting
Summary: Comparison of Lucentis vs Avastin and fixed vs variable dosing in the treatment of a new onset of wet AMD

Inclusion Criteria:
- Age 50 and older
- New untreated active wet AMD
- Vision worse than 20/25 and better than 20/300

Exclusion Criteria:
- Previous treatment or surgery for AMD in the study eye
- Other ocular disorders in the study eye
- Myopia greater than –4D
- Intracocular surgery within the last 2 months
- Pregnancy or lactation
- Significant uncontrolled systemic disease, infection, or inflammation

Contact: Lindy Dubois, 404-778-4443, ldubois@emory.edu
Sponsor: NIH/NEI

AEG211745 for subfoveal CNV
PI: Sunil Shivakumar, MD
Coordinator: Jayme Brown
Status: Follow-up phase
Summary: A 2 year, phase 2, multicenter, randomized, controlled, masked dose finding trial to assess the efficacy of multiple intravenous injections of AEG211745 in patients with subfoveal choroidal neovascularization secondary to age-related macular degeneration.

Primary response measurement is best corrected visual acuity after 2 weeks. Randomization is between variable doses of AEG211745 and Lucentis.

Inclusion Criteria:
- CNV lesion size ≤ 12 ms disc areas with 50% active CNV
- RSV 20/400 (DB)
- Exclusion Criteria:
- media opacities
- significant ocular disease in addition to CNV
Contact: Jayme M. Brown, 404-778-4430, jmbrown@emory.edu
Sponsor: Allegan

Thymosin Beta 4 for Diabetic Corneal Debridement
PI: Sunil Shivakumar, MD
Coordinator: Jayme Brown
Status: Enrollment
Summary: A randomized, double mask placebo controlled, dose response, phase 2 study of the safety & efficacy of Thymosin Beta 4 in the treatment of diabetic patients' corneal wounds resulting from epithelial debridment during vitrectomy. TB 4 may enhance healing by helping cells grow back and therefore be a significant treatment advance. 3 dosing groups will be administered post op for 14 days.

Inclusion Criteria:
- diabetes with Glycosylated hemoglobin 7% –<12%
- significant ocular damage
- scheduled vitrectomy

Exclusion Criteria:
- keratitis
- intraocular or anterior segment surgery within 3 months of base line
Contact: Jayme M. Brown, 404-778-4430, jmbrown@emory.edu
Sponsor: Regene fx

Oral ABE071 for Uveitis
PI: Sunil Shivakumar, MD
Coordinator: Jayme Brown
Status: Enrollment
Summary: This study will evaluate an oral immunosuppressant for non-infectious uveitis which may be taken orally or with other uveitis medications. A multicenter, single sequence, open label study to access the tolerability, safety, and efficacy of 2 weeks of oral ABE071 300 mg twice daily followed by 6 weeks of ABE071 twice daily in treatment of macular edema in patients with non-infectious intermediate uveitis, posterior uveitis or panuveitis.

Inclusion Criteria:
- macular edema greater than 250 um by Oct.
- vitreous haze score greater than 1.0 but ≤ 3

Exclusion Criteria:
- active choroidal neovascularization
- macular edema associated with other ocular disease

Contact: Jayme M. Brown, 404-778-4430, jmbrown@emory.edu
Sponsor: Novartis

A Phase III, Multicenter, Randomized, Sham Injection-Controlled Study of the Efficacy and Safety of Ranibizumab Injection Compared with Sham in Subjects with Macular Edema Secondary to Branch Retinal Vein Occlusion (BR AVO)
PI: G. Baker Hubbard, MD, III
Status: Currently Enrolling
Summary: To determine safety and efficacy of Ranibizumab (Lucentis) in the treatment of macular edema secondary to Branch Retinal Vein Occlusions. This is a 12-month study consisting of 6 months of “Treatment Period” and the final 6 months being the “Observation Period.” In the Treatment Period, one will receive 3 mg or 0.5 mg of Ranibizumab, or a sham treatment each month. Treatment is an intravitreal injection for those receiving medication. The sham group gets no medication during this time. There is the possibility of a rescue laser treatment at Month 3, 4, or 5 if certain criteria are met. At the “Observation Period”, there is not a sham group. Those on 3 mg continue to receive that dosage and those on 0.5 mg continue to receive that dosage. The sham group is switched to receive 5 mg during this period. Treatments are given during this period if VA and/or OCT qualifies. If rescue laser treatment is needed, it may be given at Month 9, 10, or 11. There can only be one laser treatment given during the Treatment Period and one during the Observation Period.

Inclusion Criteria:
- Qualifying visual acuity on two visits within 28 days
- Diagnosis of Branch Retinal Vein Occlusion within 12 months

Exclusion Criteria:
- History of laser for macular edema within 4 months prior to first study treatment
- History of intraocular corticosteroid use within 3 months
- Use of any corticosteroid to treat a chronic condition
- Stroke or heart attack within 3 months

Contact: Judy Brower, MMSc, COMT, D3, 404-778-4725, judy.brower@emoryhealthcare.org
Sponsor: Genentech, Inc.
The “life list” that John Hagan made when he turned 40 included big dreams: travel the world, seek adventure—and create a legacy at Emory. Years before, Hagan had chosen Emory Eye Center for his medical residency, “because for ophthalmology, it was one of the best.” The training he received here surpassed his expectations.

When Hagan and his wife, Becky, began estate planning, they knew they wanted to give back. Endowing a chair through a bequest to Emory Eye Center made good sense financially and met a need of the heart: “I wanted to help other physicians practice academic medicine. And I wanted a way of saying, ‘I was here for a while, and I made a difference in eye care.’”

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