Illuminating blindness 8

A stellar 20/20 event 11

"I can"

BEYOND EYE CANCER 2
From the director | Transition and progress

AFTER A YEAR IN TRANSITION, the Emory Eye Center is moving forward in each area of its tripartite mission: patient care, research and education. I’m excited with the progress and especially grateful for the enthusiastic support from the faculty and staff on the direction of the Emory Eye Center during this time of growth.

EIGHT NEW FACULTY MEMBERS will join our program this summer (pages 18, 20). Each individual brings unique talents to our institution. They represent our future, and it looks promising. Additionally, Baker Hubbard, who is prominently featured in this issue and is director of our retina service, has been selected to hold the Thomas M. Aaberg Chair of Ophthalmology.

THE OCULAR ONCOLOGY SERVICE is an innovative new program that aligns itself directly with the priorities of Emory Healthcare (cover story, page 2). In collaboration with Winship Cancer Institute (newly designated a “national center” by the National Cancer Institute), this service will combine numerous ophthalmic subspecialties to treat intraocular, pediatric and orbital tumors. Hans Grossniklaus, our ocular pathologist, directs the program. In addition, we have developed a fellowship that combines expert clinical care with ophthalmic pathology. This groundbreaking program is at the leading edge of ophthalmic cancer therapy in the country.

WE SHARE OUR GREATEST ADMIRATION AND RESPECT for retiring director of research Henry Edelhauser, who over the past two decades has brought our research program into the national spotlight. On September 1, Michael Iuvone will become the new director of research for the Emory Eye Center. Dr. Iuvone has been with Emory’s department of pharmacology for 30 years and an adjunct member of our department most of that time. He is a perfect fit with our existing research program.

JOINING DR. IUVONE as vice director for research will be his long-time collaborator John Nickerson. Together they will create a dynamic team to guide and direct our research program.

I cannot think of two more capable and well-respected individuals who truly have the research efforts of the Eye Center as their primary focus.

IT IS OUR PLEASURE TO SERVE YOU, our partners. The collaborative process between the Emory Eye Center, our patients, research partners, national colleagues and our exceptionally supportive community remains essential for us to help people see as well as they can see.

Timothy W. Olsen

Feature “I can” 2
A six-year-old girl proves that retinoblastoma doesn’t have to slow you down.

Feature Illuminating blindness 8
A photographer’s insight into the world of the blind.

Happenings 20/20 event 11
Looking back and looking ahead while celebrating two Eye Center legends.

Feature Finding answers 12
Atlanta community leader wants to help others who have low vision.

News From the center 13
News of clinical trials and research from the Emory Eye Center.

International Outreach 16
The Emory Eye Center alumni and residents do good works in the Dominican Republic.

Faculty Research 18
Michael Iuvone will join the Emory Eye Center as director of research.

Faculty New additions 20
Seven new clinical faculty members join us.

Emory Eye Center Uncommon knowledge. Uncommon sharing.
To six-year-old Emilia McKibbin, having a prosthetic eye is no big deal. She knows to protect it—wearing her glasses for school and playtime, donning a scuba mask at the beach—but it doesn’t limit her choices.

Following her interests, Emilia has earned a gold belt in karate. She’s learning gymnastics. She swims. She loves to romp with Daisy, her black cocker spaniel. And while most people don’t even notice that one of this little girl’s shining dark-brown eyes is different from the other, Emilia shares her story with a few. “I tell my teachers and my friends that I have a special eye,” she says.

In 2005, Sandy and Cristina McKibbin had never heard of retinoblastoma (rB), a malignant tumor of the retina (the back of the eye) that mainly affects young children. Like their son William, their almost-two-year-old daughter Emilia was a healthy and happy child. When a family friend noticed a white spot in Emilia’s left eye, no one panicked. “Then one afternoon Emilia and I were in the basement, watching television,” Cristina remembers. “In the darkness her eyes were really dilated, and I saw the spot myself. My heart sank. I knew something was wrong.”

Her foreboding intensified when Cristina called a nearby ophthalmology group. Initially told that she would have to wait several months for an appointment, she described the spot in Emilia’s eye. That brought a different response: “Come in tomorrow morning.” Emilia’s Friday appointment resulted in an immediate referral to the Emory Eye Center—and also an immediate appointment with Baker Hubbard, Thomas M. Aubeng Professor of Ophthalmology, a pediatric ocular oncologist. Cristina had steeled herself for a possible diagnosis of blindness in the left eye, but she was shocked by Dr. Hubbard’s news. “He said, with so much compassion, ‘I’m going to tell you something that’s very hard to hear. Emilia has a very aggressive form of cancer, and we will have to remove her eye.’”

The Emory Eye Center’s oncology team acted quickly. Emilia was scheduled for surgery on Monday morning. “The good news from our pathologist,” Dr. Hubbard recalls, “was that the tumor hadn’t invaded the optic nerve, so Emilia didn’t require chemotherapy.”

Retinoblastoma, though a rare form of cancer, is the most common cancer of the eye of children. It occurs in one in 20,000 live births and comes in two equally malignant forms. In about one-third of the cases, the disease is hereditary and can be passed down from one generation to another; it can affect both eyes and sometimes other organs as well. Emilia’s cancer was the more common non-hereditary form that typically affects only one eye. Thanks to medical advances, rB—previously fatal—has now surpassed a 95% survival rate in the United States.

Throughout Emilia’s treatment and follow-up, Cristina says, every person at the Emory Eye Center has been extraordinarily helpful and kind: “I can’t say enough good things about them. Everything is done so well there—you

The idea of your child having an eye removed is shocking, an extremely difficult thing for a parent to cope with. Actually, most children who lose an eye adapt very well and enjoy essentially normal lives.—Baker Hubbard, III, MD

“Look what I can do!” Eager to impress, the little boy crosses his eyes. “I can do that, too.” His new friend slides one eye toward her nose.

“Wow, cool! How can you move one eye and make the other one stay still?”

The little girl bursts into giggles. “That eye is fake!”

Emilia’s lively spirit infuses everything she does.
Emilia with gymnastics teacher Stephanie Yackley.
Among Emilia’s other interests are karate. She has been awarded the gold belt.
Emilia with her dog Daisy, who also had eye surgery—to treat “cherry eye,” a prolapse
always feel they know you and care about you. A visit to Dr. Hubbard’s office is like a family reunion.”
The Emory Eye Center “family reunion” encompasses a huge group of parents, children, and staff members each year on RB Kids Day, when families who’ve faced an RB diagnosis come from throughout the Southeast and beyond to play together, share stories, and celebrate. “Though the event receives some external funding, Dr. Hubbard says, “For the most part, it’s funded straight through the generosity of the families who’ve faced an RB diagnosis.”
Emilia, who has attended RB Kids Day for several years, lists her favorite activities—“jumping.castles, face painting, making sand bottles, and riding the ponies”—and also remembers receiving passes for a thrilling trip to see the animals at Yellow River Ranch.
A great lover of all animals, from those at the Ranch and her dog Daisy to the stuffed deer head on her bedroom wall, Emilia is also a voracious reader. She’s now zipping through a big book on raising kittens, and says she’d like to be a veterinarian when she grows up.
“Let’s try everything, because we want her to be confident,” Cristina says. Emilia and William, both bilingual, are preparing for a two-month visit to their grandparents in Uruguay, where they will also attend school.
Cristina continues, “When you hear your child diagnosed with RB, at first you think the whole world has come to an end. But soon we realized that Emilia could still have a full and happy life. And I decided I would do exactly what my mother did for me: every single day, I tell Emilia how beautiful she is.”

For more information about retinoblastoma, visit www.eyecenter.emory.edu/eye_conditions/retinoblastoma.htm or www.nei.nih.gov/health/blastaoma/index.asp.
[WEB LINK] It’s a great place. They take good care of you.
Jerald Burns, PhD, now twice retired, served as a colonel in the U.S. Army Airborne Special Forces and as the department chair of sociology and criminal justice at Alabama State University. He and his wife Juanita live in Montgomery, Ala.

[DOCTOR’S PERSPECTIVE]
How it works
Jerald Burns’ surgery went well. We sewed a radioactive plaque on his eye, directly on the tumor, so that the radiation in the plaque could bombard the tumor for a week. Usually after one week, the dose is enough to destroy the tumor. Then, once the plaque is removed, we follow up with the patient every six months, for the next five years at least.
This treatment, called brachytherapy, has a 90% to 95% success rate.
The plaque itself is an interesting piece of equipment. It’s made by a dental company—out of dental gold—and comes in various sizes, we’ll do it.
Chris Bergstrom, MD, OD, specializes in vitreoretinal surgery and disease. His research interests include ocular oncology, diabetic retinopathy, retinal detachments, and age-related macular degeneration.

[PATIENT’S PERSPECTIVE]
It works for me
My doctor here in Alabama knew about the nevus—the growth in my right eye—and had been watching it over the years, checking to make sure it wasn’t growing. Then during an eye checkup, he saw that it had gotten bigger. He told me, “You need to go have this checked out at Emory.”
So my wife, Juanita and I headed to the Emory Eye Center, and that was the wisest thing we could have done.
The care we received there is top-notch. It couldn’t be any better. Dr. Bergstrom and all the folks who work with him are so sincere and attentive. You know they care. That comes through right away. And I never felt a bit of anxiety about the treatment. I always felt like I was in the hands of real professionals.
They told me I had a choroidal melanoma—a cancerous tumor—and gave me the options: take the eye out or try radiation therapy to shrink the tumor. That made my decision pretty easy!
The radiation therapy works through a radioactive plaque that they attach to the eye. I’ll tell you what, I never knew there was such a thing. When they explained it to me, it made so much sense. The plaque aims the radiation directly at the tumor, and then next thing you know, those bad cells go away.
The surgery was done right there in the clinic, under local anesthesia, and I went home the night with a patch over my eye. I had the patch on for a week. Then I went back to Emory, and that’s when they removed the plaque. Right now, it’s still too soon to tell how well it worked. We have to wait six months for the results.
The whole time, I have felt fine. I have no discomfort, no apprehension. I feel like the treatment was successful.
Juanita and I have both been extremely satisfied with the care we had over there. You couldn’t ask for a better group of people.
I have nothing but positive things to say about the Emory Eye Center. It’s a great place. They take good care of you.
Jerald Burns, PhD, now twice retired, served as a colonel in the U.S. Army Airborne Special Forces and as the department chair of sociology and criminal justice at Alabama State University. He and his wife Juanita live in Montgomery, Ala.

Ocular melanoma is not very common, affecting only eight people in a million. But we do see a lot of cases here at the Emory Eye Center because we’re one of the few places in the Southeast that actually treats ocular melanoma. We’ve become a regional referral center, treating patients from Georgia, Alabama, South Carolina, Tennessee, and other states. Our reputation continues to grow.
Here at Emory we have a strong team approach, and our process—from initial consultation through surgery and follow-up—involves a lot of excellent people. All the patients simply love our staff, particularly our ultrasonographers Rhonda Waldron and Jessica Gaultrey.
We all try not only to do what’s best for the patient but to make the process as convenient and pleasant as possible.
Melanoma is not a great diagnosis to have, and we understand that. Anything we can do to make a patient’s treatment go more smoothly, we’ll do it.

Chris Bergstrom, MD, OD, specializes in vitreoretinal surgery and disease. His research interests include ocular oncology, diabetic retinopathy, retinal detachments, and age-related macular degeneration.

It’s a great place. They take good care of you.
When it comes to eye cancer, we’ve got you covered

“A recent Gallup poll identified the two medical diagnoses that people are most afraid of hearing: 1) cancer and 2) eye disease that causes blindness. Our doctors often have to deliver both those pieces of bad news at once. It isn’t easy.”

But for Hans Grossniklaus, director of the Ocular Oncology Service (OOS) at the Emory Eye Center, that definitely isn’t the last word.

He continues, “Cancer of the eye doesn’t have to be a devastating condition. Our people also get to tell patients the great news: ‘Your cancer can be treated; there is life after this disease. Our people also get to tell patients the great news: There is life after this disease. And we offer it gladly. Our message of chemotherapy and injections of the latest findings presented in medical literature; and translational science, the applying of laboratory learning directly to patient care in the form of clinical trials.

Clinical trials lead us to new knowledge—and new ways to help.”

Hubbard is the principal investigator of an ongoing clinical trial that observes young patients like Emilia, who have RB in just one eye. “The trial enables us to collect data on patients with this diagnosis, “Hubbard says, “so we can learn more about it over a period of time.” In collaboration with the APLAC Cancer Center at Children’s Hospital, Emory is one site participating in a nationwide trial examining different regimens of chemotherapy and injections of chemotherapy rounds in the eye. Another clinical trial at Emory, led by principal investigator Dr. Hans Grossniklaus, is studying eye melanomas and how they spread—from the eye to other parts of the body.


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If there’s one thing that an observer may take away from the visually stunning photographic exhibit *Blind/Sight*, it’s that blindness is not universal. Everyone’s experience is different.

“Blindness is not always darkness and darkness is not always lack of vision,” says Billy Howard, an award-winning photographer based in Atlanta. In the exhibition of his beautiful photography, *Blind/Sight*, you learn that not every blind person “sees” the same thing. Many assume that those who are so afflicted merely see a constant black. Not so.

The 12 blind people so well described and photographed in his portraits are remarkably different. A variety of ages, diseases, accidents, and ultimate outcomes defines each person as a separate and unique story.

Those who are blind from birth often do not “see” anything. Those who lost sight later have various images in either their brain or in their remaining field of vision. Howard’s partner in the visually compelling exhibition is Laurie Shock, who has the daunting job of rendering, as close as is possible, what the blind person “sees.” Howard’s photograph and Shock’s image are hung side by side with enough personal information in text that you feel you know these folks. An accompanying audio guide provides even more depth.

A 30-something policeman, catastrophically injured on the job, “sees” disjointed human body parts that seem to move across a screen. Shock artistically renders that somewhat disturbing image with gripping realism. And an elderly lady with macular degeneration, left with very minimal and distorted sight, sees perfect butterflies and flowers in her field of vision. So like the lady herself, remarked Howard.

Howard’s insight makes this event a not-to-be-missed experience for those who care about vision and its impact on our humanity. “What does it mean to be blind, to have a visual impairment, not to see?” says Howard. “I thought it was about darkness. It is not. It is about light, energy and the boundless creativity of the human mind to discover the world using all senses.

“Each of us has a unique view of the world around us. The people documented here know that,” he continues. “They have discovered their own ways of seeing and ask only that you join their conversation. “We all have different ways of seeing; the important thing, is that we listen.”

*Blind/Sight* is on permanent view at the Center for the Visually Impaired in downtown Atlanta. [WEB LINK] Go to: [www.cviga.org/BlindSight.shtml](http://www.cviga.org/BlindSight.shtml)
Emory Vision—on the cutting edge of LASIK technology

Atlanta offers a number of LASIK surgery options—so how do you determine the best possible option? One deciding factor may be the technology available to your surgeon.

“We use devices and instruments to check patients’ corneas and test their vision to make double and triple sure that we know what we’re about to treat before we treat it. Other providers have one device to measure the corneal curvature and the refractive system of the eye. We have several,” says Stulting. “We use devices and instruments to check patients’ corneas and test their vision to make double and triple sure that we know what we’re about to treat before we treat it. Other providers have one device to measure the corneal curvature and the refractive system of the eye. We have several.”

Emory Vision, the only LASIK center affiliated with Emory Healthcare, has the safest and most advanced LASIK equipment available. “We have the fastest laser on the market,” explains cornea/refractive surgery expert Doyle Stulting, medical director at Emory Vision. “The diameter of the beam of light that hits the eye determines the resolution of the treatment.”

This highly specialized laser system controls each laser pulse safely and accurately from start to finish. The result? Outstanding vision, whether a patient is nearsighted, farsighted, astigmatic, or presbyopic. The new laser technology also eliminates the glare and night vision halos that can result from other LASIK technologies. Patients often enjoy better vision than they had previously with contact lenses or glasses. And because our laser is fast, it provides clearer sight in a shorter, more comfortable treatment time—usually less than a minute—as well as a reduced recovery period.

Cutting-edge equipment gives Emory Vision surgeons and staff an invaluable advantage. During a patient’s pre-surgery examination, measurements will be taken of the eyes and sight using several different tests—not just one. “We feel that we can offer much more than other providers in the area,” says Stulting. “We use devices and instruments to check patients’ corneas and test their vision to make double and triple sure that we know what we’re about to treat before we treat it. Other providers have one device to measure the corneal curvature and the refractive system of the eye. We have several.”

This thorough exam assures the patient the most accurate treatment and the clearest vision. Emory Vision surgeons are all board-certified specialists with a wide range of experience gained through the research and training that only a leading academic medical center such as Emory can provide.

To learn more about Emory Vision, visit www.emoryvision.org. Interested in scheduling an initial examination? Call 404-778-2733 (2See) today.
Finding answers

“One doctor we went to told me, ‘Why are you having such a fit about low vision? You’ve earned a rest. Now you can just sit on the bank and fish, and let the world go by.’ Well, I didn’t even think that was worth a reply,” she says. Not until her early 70s did Mary undertake the campaign to save her diminishing vision. “Lawrence and I traveled all over the place looking for help. Then a friend sent me to Tom Asberg, and we learned that Emory—right here at home—was the place to find answers.”

Low vision, which can affect people of any age, means reduced vision that neither surgery, medical treatment, nor the best standard optical remedies can correct. Many with reduced vision that neither surgery, medical treatment, nor the best standard optical remedies can correct.

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When Mary Gellerstedt has her mind set on doing something, she doesn’t rest until it’s done. For decades she and her late husband, Lawrence Gellerstedt, spearheaded fundraising campaigns that have heightened Atlantans’ quality of life: Agnes Scott, Visiting Nurse Association, Literacy Action, Planned Parenthood, and the Atlanta Symphony Orchestra, among many others. “It’s a great joy to see the successes that you’ve helped come to pass,” she says. Not until her early 70s did Mary undertake the campaign to save her diminishing vision. “Lawrence and I traveled all over the place looking for help. Then a friend sent me to Tom Asberg, and we learned that Emory—right here at home—was the place to find answers.”

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Nasolacrimal duct obstruction study for infants

The Emory Eye Center is participating in third phase of a National Eye Institute sponsored multicenter clinical trial, the Nasolacrimal Duct Obstruction (NLDO) Study. The trial will evaluate which of two approaches is optimal in treating young infants with blocked tear ducts: probing the obstruction immediately or waiting to see if the condition goes away on its own after six months, as is often the case.

Co-investigators Amy Hutchinson and Scott Lambert, Eye Center pediatric ophthalmologists, are enrolling the first patients. Infants must be between six and 10 months old. Half the group of children eligible for enrollment in the study will undergo immediate probing. The other half will wait six months for probing. The later group may receive eye massage at home, which in itself can be helpful. An antibiotic eye drop may also be prescribed if necessary. At six months, if the obstruction persists, probing will be done within a month. Assignment to either of the two groups is randomly picked via computer: “This trial will give important information that will help physicians provide the best, safest and most cost-effective treatment to children with this very common disorder,” says Hutchinson. “Doctors are trying to find the most cost-effective ways to treat diseases,” says Lambert. “This study should help us better understand where it is more cost-effective to treat blocked tear ducts during infancy or to wait until children are older.”

Training the eye to see in a new way

John Mishik is an active 70-year-old who conveys a sense of energy when you meet him. An ex-Marine, he is not thrown by much, but his age-related macular degeneration (AMD) has been a relentless problem he’s had to deal with during the past couple of years. “I can’t read well, and certain conditions make it even worse, such as glossy paper found on most magazines and menus, and light that is too bright,” he says. Because he still wants to read and carry on daily activities well, he was one of the first to enroll in Emory’s new study. As he recounts, he held his hand up high and said, “I’m here!” when asked about the study.

Mr. Mishik has enrolled in the Cortical Reorganization Clinical Trial at the Emory Eye Center in order to “re-learn” how to see. Specifically, how to reorganize his brain to use those retina cells that are not damaged by his AMD, a phenomenon known as “plasticity.” The new region is called the PrL or preferred retinal locus, an area that can become a sort of “sweet spot” where the patient can learn to see from.

The science behind this trial comes from colleagues at the Georgia Institute of Technology’s psychology department. Eric Shumacher, a psychologist and an expert in visual pathways, and Keith Main, a doctoral candidate, meet with patients at Emory and use their computerized program to tell how the patient is seeing. On this day, Mr. Mishik is receiving positive feedback on his seeing ability, generated by the loud beeps emanating from the machine.

Susan Primo, director of Vision & Optical Services at the Emory Eye Center and an expert in low vision, treats Mr. Mishik. She also brings in an occupational therapist to work with him about once each week. “Mr. Mishik and other patients like him can truly benefit from this new technology,” she says. “It not only helps them use the vision they have left to see better, but it provides them hope for the future.”

Mr. Mishik’s story was so interesting to WAGA-TV (Fox 5) reporter Beth Galvin that she featured him and this new treatment on her health segment last December.

Emory Eye Center to participate in a clinical research study to investigate promising new treatment for retinopathy of prematurity

The Emory Eye Center along with 10 other sites across the country will participate in a Phase I research study to establish a safety profile for an anti-VEGF (vascular endothelial growth factor) drug, Avastin® (Bevacizumab), for premature babies with retinopathy of prematurity (ROP). The study is enrolling babies with aggressive posterior ROP who have failed appropriate laser treatment and develop recurrent vascular activity. The babies must be at least 30 weeks postmenstrual age (PMA) and no greater than 36 weeks PMA. One eye will be randomly selected for anti-VEGF treatment and the fellow eye will serve as the control eye. The anti-VEGF drug Avastin will be given as a one-time intravitreal injection. The target enrollment is 22 infants from 11 sites with no more than three infants from any one site.

Retina specialist Baker Hubbard will serve as Emory’s physician investigator for the PAN-VEGF BLOCK- ADE FOR THE TREATMENT OF ROP (BLOCK-ROP). “Bevacizumab is an exciting new drug that may benefit infants with ROP, and we are pleased to be able to systematically study the drug with other clinical investigators around the country,” says Hubbard. “Safety is our number one concern, however, because we already have an effective treatment for most cases of ROP in laser photocoagulation. That is why, in this first phase of the study, we are investigating the effects of the drug only in the most severe cases that have already failed laser.” The Anne and Jack Glenn Foundation has generously supported Phase I of the BLOCK-ROP TRIAL.

Men with intracranial hypertension experience vision loss more often than women

Men who suffer from idiopathic intracranial hyperten- sion (IIH), a cause of increased pressure around the brain, are more likely to have vision loss than women with the same disease, says Eye Center neuro-ophthalmologist Beau Bruce.

The cause of IIH is not known. Symptoms include headache, ringing in the ears, and vision problems (due to swelling of the optic nerve) such as bluriness and double vision. It is most common in young, obese women. If untreated, vision loss is possible.

According to research published in the October 15, 2008, issue of Neurology®, the medical journal of the American Academy of Neurology, Bruce and his colleagues here and at the University of Mississippi and Wayne State University retrospectively reviewed the medical records of more than 700 people with the disease. Nine percent of the group was male. The participants had visual acuity exams, visual field exams, and brain scans as part of their evaluations. At both initial and final evaluations, men’s vision was worse than the women’s.

The study found that men with IIH were more likely to present with visual loss, while women presented with headache more frequently. It was also noted that men had a diagnosis of sleep apnea more frequently (24% vs. 4% for the women). It is not known how much that condition contributed to the vision problems.

“This study highlights the importance of following men with IIH carefully because they may not have the typical symptoms of raised intracranial pressure to alert the physi- cian to be more aggressive,” says Bruce. “In addition, it emphasizes the importance of screening patients with IIH for sleep apnea when appropriate.”
Outreach to Dominican Republic – ORBIS 2009

S. Grace Prakalapakorn, MD, MPH

February 22, 2009

“Esprit de Corps”

Against the tropical backdrop of palm trees and blue waters, the ORBIS DC-10 Flying Eye Hospital made a perfect landing in Santo Domingo, Dominican Republic. On the ground, both crew and FedEx members eagerly awaited to welcome the plane. As soon as it arrived, a bustle of activity ensued on board as both crew members and volunteers worked side-by-side to unpack the plane and prepare it for the weeks ahead.

For the remainder of its stay, the ORBIS team along with partnership from the local Ophthalmology Society, six local hospitals and FedEx worked tirelessly to complete a program that focused on building local capacity and public advocacy. Through screening days, surgical cases, symposiums and a public advocacy campaign involving mobile screening units, ORBIS was able to fulfill its goals.

Throughout the trip, there was continuous exchange of knowledge, ideas and skills. While the most overt example of this was through the direct transfer of knowledge and skills from the visiting faculty and nurses to their trainees, it also occurred in the reverse direction from the trainees to the visiting faculty and nurses through sharing of experiences and between the individual team members at all levels. What impressed me the most was how the ORBIS team members came together to work as a unit. The team members themselves were a diverse group that came from all over the world (including Canada, China, India, South Africa, the United Kingdom and the United States to name a few) and each member brought a unique skill set to the team via their different backgrounds in training (pilots, mechanics, engineers, nurses, doctors, etc.) and life experiences.

Overall, I enjoyed the opportunity to work with such a great and unique organization. Through its endeavors at capacity building, increasing local awareness about eye care and forming partnerships with local organizations and individuals, ORBIS Flying Eye Hospital's impact on the community will extend well beyond its two-week tenure in Santo Domingo.

S. Grace Prakalapakorn, MD, MPH
Michael Iuvone joins Emory Eye Center as director of research

P. Michael Iuvone, a professor in Emory’s department of pharmacology, will move to the department of ophthalmology and serve as director of research at the Emory Eye Center beginning in September. Iuvone will take the lead role in vision research at the Emory Eye Center and continue the national reputation of scientific excellence that Henry F. Edelhauser has cultivated over the past two decades.

Research, an important part of the Emory Eye Center’s mission, seeks to translate laboratory findings into treatments for eye diseases and the prevention of blindness. A number of “firsts” have occurred at the Eye Center, many during the past 20 years: pivotal clinical trials, innovative treatments and procedures for numerous vision disorders, along with the growth of a brilliant research team. Iuvone will complement the excellence that already exists.

Originally from New York, Iuvone received his BS in psychology at the University of Florida. He completed his graduate work there, earning his doctorate in neurosciences. His post-doctoral experience was conducted at the National Institute of Mental Health (NIMH). He came to Emory in 1978, serving in the pharmacology department and was promoted to full professor in 1990. He has held a joint appointment in ophthalmology since 1980.

“Dr. Iuvone clearly has the respect and admiration of our basic scientists as well as our clinicians,” he continues. “We are thrilled he is joining us. We anticipate that he will lead the Emory Eye Center’s research efforts to new heights.”

Iuvone is a leader in numerous research organizations, such as the Association for Research in Vision and Ophthalmology (ARVO) and the International Society of Eye Research. Iuvone currently serves as principal investigator on a NIH grant that deals with retinal function, which provides basic science information relevant to eye diseases such as age-related macular degeneration and diabetic retinopathy. He has been an editorial board member on five distinguished journals including the Journal of Neurochemistry, Experimental Eye Research and Molecular Vision. He was named a fellow of ARVO at the society’s 2009 meeting. He is a co-investigator on several other NIH grants dealing with myopia, ocular melanoma, and circadian rhythms in health and disease. He has published more than 140 articles in peer-reviewed literature.

Kudos: Edelhauser, Grossniklaus, Iuvone and Nickerson named ARVO 2009 fellows

Four Eye Center scientists were honored as distinguished fellows at this year’s annual Association for Research in Vision and Ophthalmology (ARVO) meeting in early May: Hank Edelhauser was awarded the highest distinction, Gold Fellow; Hans Grossniklaus, John Nickerson and Michael Iuvone were each awarded Silver Fellow distinctions.

Night of Spectacles a great success!

The evening of April 30 saw a dazzling array of beautifully attired folks from around the metro area—and some attired in recycled eyeglasses! All for a good cause, as this event helps fund the Georgia Lions Lighthouse. Its mission is to provide vision and hearing services through education, detection, prevention and treatment. Through collaborative partnerships, such as that with the Emory Eye Center, it enables greater independence and increased quality of life for Georgians in financial need.

According to event co-chair Tom Aaberg and unidentified woman enjoying the evening.

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According to event Co-chair Baker Hubbard, retina specialist at the Eye Center, “the Light-house is a wonderful organization that helps fund eye surgery for patients in Georgia who cannot pay. We at Emory partner with this organization on a weekly basis to perform vision saving eye operations.” The event brought in $85,000, a significant increase over last year’s $53,000. Emory Eye Center’s retina service was a sponsor for this worthy event.

Philanthropy | Our physicians do good

Emory Eye Center, it enables greater independence and increased quality of life for Georgians in financial need.
Have a plan.

THe “LIFe LIST” that Dr. John Hagan made in his forties included big dreams: travel more, seek adventure—and endow a chair in ophthalmology at Emory. Years before, Hagan had made Emory Eye Center the top choice 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 professorship through a bequest to Emory Eye Center made good sense financially and also 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.’” Legacy giving ensures that what you’ve worked hard for will keep going. To learn how Emory can fit into your estate plans, call 404.727.8875 or visit www.emory.edu/giftplanning.

Plan to outlive yourself.

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Faculty | New additions

**Blaine Cribbs, MD** will join the vitreoretinal section in August. Dr. Cribbs is originally from California. He completed his medical education at UCLA, followed by his internship and ophthalmology residency at Emory University. Dr. Cribbs completed a vitreoretinal fellowship at the Emory Eye Center. Prior to his fellowship, he served as an instructor at the Emory University School of Medicine in the comprehensive ophthalmology section. His clinical interests include medical and surgical management of diabetic retinopathy, retinal vascular disease, age-related macular degeneration and retinal detachment.

**Phoebe Lenhart, MD** will join the pediatric ophthalmology section in September. Dr. Lenhart graduated from Medical School at Emory University and completed her internship there. She completed her residency in ophthalmology and her fellowship in pediatric ophthalmology at the Emory Eye Center. Her clinical interests include pediatric keratoplasty, which she will inaugurate as a new service within pediatric ophthalmology. Other clinical interests include strabismus, pediatric cataracts, vision screening in Georgia, ptosis, management of capillary hemangiomas and Morning Glory Disc Anomaly.

**Paul Pruett, MD** will join the glaucoma section in July. Dr. Pruett completed his medical education at Emory University School of Medicine. He remained at Emory for his residency where he served as chief resident. Dr. Pruett completed his glaucoma fellowship at Emory as well. His clinical interests include medical and surgical management of glaucoma, including laser therapy, as well as surgical management of cataracts. He also has a special interest in the education of ophthalmology residents.

**Maria Woodward, MD** will join the cornea section of the Emory Eye Center in August. She earned her medical degree at Columbia University Medical Center in New York. Dr. Woodward completed her residency at Emory, served as chief resident, and finished her fellowship in cornea and refractive surgery. She has a strong interest in refractive surgery. Dr. Woodward has an impressive seven published articles to date, four as first author. She will see patients at the Emory Eye Center and at Emory Vision, its refractive surgery center.

Dr. Schwent’s clinical interests include medical and surgical management of vitreoretinal diseases including diabetic retinopathy, retinal vascular disorders, macular degeneration, retinal detachments and uveitis. He will see patients at the Emory Eye Center, Emory University Hospital Midtown, Grady Memorial Hospital and at a satellite clinic in Covington, Ga.

**Susan Shields, OD** joined Vision & Optical Services of the comprehensive section this spring. She did postgraduate training at SUNY State College of Optometry in New York and finished a residency at East New York Diagnostic and Treatment Center. Dr. Shields has interest in the treatment and management of ocular disease and contact lens fittings.

**Jill Wells, MD** will join the comprehensive ophthalmology section in July, while also completing an ocular oncology fellowship. Dr. Wells graduated from the Medical College of Georgia and completed her internship at Carraway Methodist Medical Center in Birmingham, Ala. She completed her ophthalmology residency at the University of Alabama-Birmingham. Her clinical interests include adult comprehensive ophthalmology, cataract surgery, and tumors of the eye.

**Bryan Schwent, MD** will join the vitreoretinal section in August. Dr. Schwent completed his medical education at Saint Louis University. He completed his ophthalmology residency and a vitreoretinal fellowship at the Emory Eye Center.
RB Day participant Aiden enjoys one of the most popular events of the day — blowing bubbles. The annual summer event offers retinoblastoma (RB) patients and their families an opportunity to celebrate their young lives among friends and fun activities.

Emory Eye Center
Uncommon knowledge. Uncommon sharing.