

A PUBLICATION OF **EMORY EYE CENTER** | SUMMER 2008

# EMORY | eye

## Lucky ten <sup>2</sup>

Compassionate trial helps  
patients with retinitis  
pigmentosa.

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Through the eyes of an artist 11

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Eyeglasses for babies? 16



## From the director | Looking ahead

**A year of transition and re-invigoration—that's how I see the year 2008 for Emory Eye Center. It's a privileged time for us, and one that I'm honored to share so early in my tenure as chairman.**

Exciting developments are in the works! Over the next five to seven years, major changes—university-



wide— will sweep through the entire Emory campus. The medical complex, in particular, is poised for extraordinary growth and expansion.

While expanding our global reach, the new changes will strengthen Emory's standing as a top-tier competitor among educational institutions worldwide. And here at the Eye Center, the changes will support and enhance what we already do so well: conscientious patient care, first-rate education, and innovative research.

From the strong basis of that three-part expertise and toward increased national and international visibility, the Eye Center

can now begin to integrate ophthalmology into the many partnering opportunities available at Emory. Our prospective partners include the following:

**Georgia Institute of Technology and Emory University:** an established interactive collaboration that is ripe for innovation in vision-related technology. Emory and Georgia Tech now possess one of the nation's largest federally funded programs for biomedical nanotechnology, biomolecular and cellular engineering, bioinformatics and biocomputing, and translational research.

**Yerkes National Primate Research Center of Emory University:** an international leader in biomedical and behavioral research. Research conducted at the center involving nonhuman primates provides a critical link

in translational medicine between research with small laboratory animals and clinical trials with humans.

**The Centers for Disease Control and Prevention (CDC):** right next door!—and the nation's premier agency for health promotion, prevention, and preparedness. What's more, it's a global leader in public health. Recognized worldwide for conducting research and investigations, the CDC remains at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.

**Emory Global Health Institute:** developed at Emory in 2007 to create and enhance partnerships with governments and academic and private institutions in the neediest parts of the world. This effort will also incorporate the expertise of the **Rollins School of Public Health**. The Atlanta-based **Carter Center** is affiliated with Emory and has been helping eliminate river blindness and control trachoma for more than a decade through the **Lions International Foundation SightFirst program**.

**Emory's Neuroscience Initiative:** a major part of the university's plan to integrate neurosciences campus-wide. Vision science will certainly play a role as this initiative, led by Dennis Choi, seeks to advance understanding of the relationship between the physical brain and the human experience.

The future for Emory Eye Center looks both promising and productive. Already, Dr. Aaberg has led our program to a very high level, and the world-class faculty, alumni, staff, and friends of the Eye Center will take it to the next. I will enjoy bringing you updates on events as they unfold.

In recognition of the Eye Center's past achievements, current distinction and bright future, we send Dr. Aaberg our deepest thanks and unending respect. To all of you—the Eye Center's most valued partners—I send my enthusiasm for the journey ahead.

Timothy W. Olsen, MD

# EMORY | eye

A publication of **Emory Eye Center** Summer 2008



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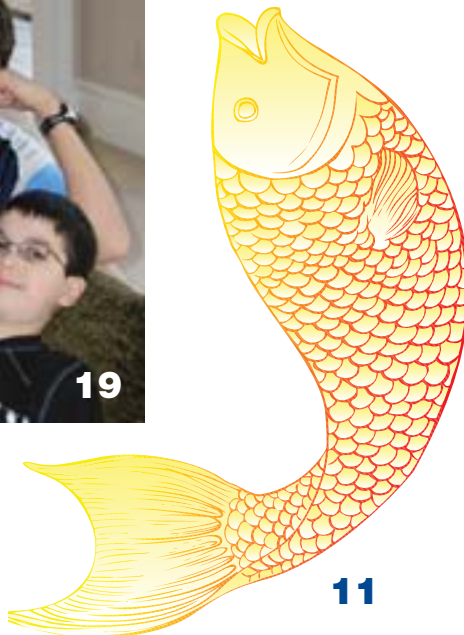
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Feature

# Going the

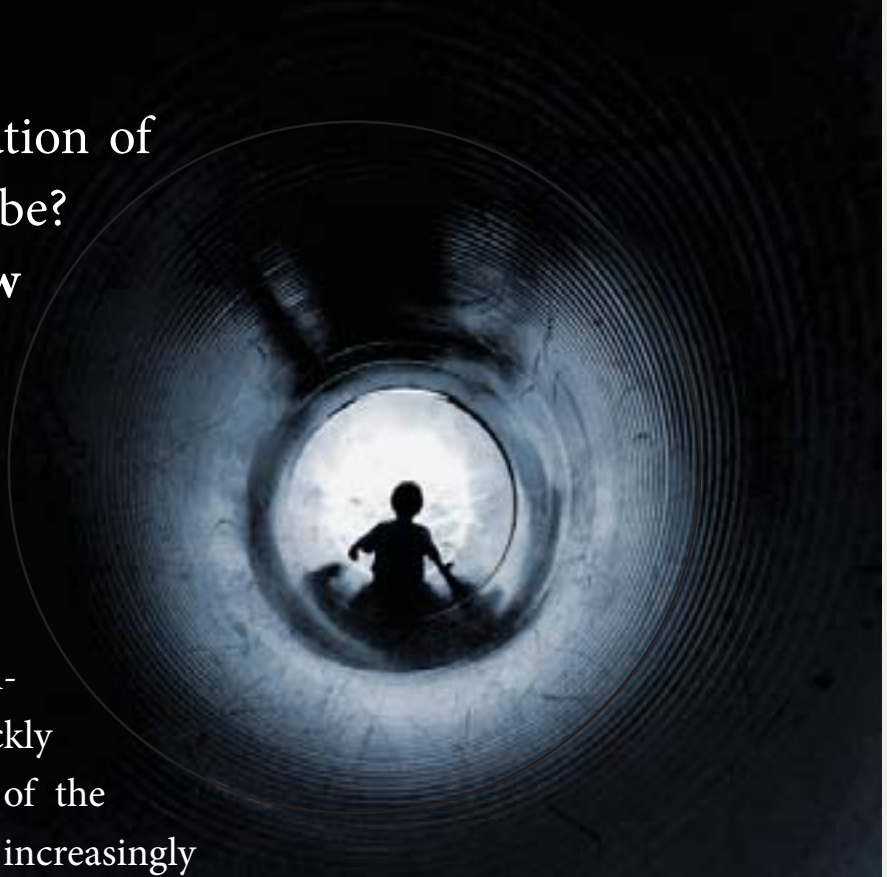
## COMPASSIONATE TRIAL HELPS PATIENTS

Remember the long-ago fascination of peering through a cardboard tube?

**Your childhood eyes met a new perspective: all the wide, surrounding world reduced to just one small circle.**

For a few moments' glimpse, that circle can intrigue and entertain. But as someone's only option—and as a view certain to become smaller and smaller—such “tunnel vision” quickly loses all novelty. Inherited degeneration of the retina, called retinitis pigmentosa (RP), increasingly narrows the field of vision. Night blindness comes first, then a gradual shrinking of the periphery; sight dwindles to the size of a cardboard-tube circle, then to a dot of light like that at the end of a straw, and progresses steadily toward blindness. And there's no known treatment for it. Yet.

This big yet continues to motivate the retinal surgeons and scientists of Emory Eye Center, much to the recent benefit of 10 patients from across the U.S. and Mexico. Starting with a newly invented device and ending with newly aroused hope, these patients' jubilant stories are ones in which everybody—from families to physicians—wins.



Try this: **Before you recycle that next paper-towel roll, take a moment to peer through its corridor to the small circle of light.**



# extra mile

## WITH RETINITIS PIGMENTOSA by Ginger Pyron

### The initial trials

In 2005 the “NT-501,” a one-of-a-kind implant for RP patients, underwent a clinical trial conducted by its maker, Neurotech. The six-month trial was encouraging. Designed to provide long-term release of a therapeutic protein (ciliary neurotrophic factor, or CNTF) directly into the back of the eye via Neurotech’s patented Encapsulated Cell Technology (ECT), NT-501 showed promising results in halting the progression of RP among participants.

The next step: Test the implant again—and again. As Neurotech continued its second and third studies (2006-2007), Emory Eye Center agreed to conduct a separate “compassionate trial” for 10 people with varying degrees of RP. These men and women, selected by Foundation Fighting Blindness and Neurotech, urgently sought help for their condition; a number of them had not been eligible for an earlier trial. Expecting the typical eight- to nine-month time frame for the study, the Eye Center’s trial team later learned that new circumstances dictated a hard choice: Either complete the entire trial before December 20, or wait until the following August.

### Compassion in action

From its Latin roots, the word compassion means “to suffer with.” For the sake of the 10 suffering and hopeful patients, and despite a December roster already crammed with appointments, Emory

chose to push ahead with all speed.

Within one and a half months, Emory had maneuvered its way through a university approval process that usually takes six months to a year. And within a highly compressed schedule—during just two short weeks in December—the Eye Center’s team accomplished the almost impossible.

Before receiving the implant, each of the 10 patients had to undergo extensive examinations and testing that involved laborious documentation and spanned many hours each day. Three clinical staff members, working with good will, efficiency, and stamina little short of heroism, engineered the complex processing. If the Eye Center offered an award called “Grace Under Pressure,” the three hands-down winners for 2007 would be clinical trial coordinators Donna Leef, Stacey Andelman, and Alcides Fernandez. From faculty and patients alike, they could expect a standing ovation.

Shouldering the task of performing all 10 surgeries at a stepped-up pace, Eye Center retina specialists Jiong Yan and Daniel F. Martin inserted each implant, one day after another. Neurotech donated the implants, but Emory covered all other expenses of the trial, including the surgical costs.

Jiong Yan observes in retrospect, “Two weeks! That was an almost unbelievable time frame for this trial. But we knew why we had made this decision, and all of us were willing to do whatever


was needed. Everything went perfectly. It was a triumph of teamwork.”

### Results: win-win

Ten people, including those featured here, celebrated the end-of-year holidays with the gift of a permanent implant. They and their families entered 2008 with fresh new hope.

At Emory Eye Center, a team of dedicated specialists and staff members enjoyed not only a well-earned rest, but the assurance that their intensive two-week push furthered an ongoing mission: seeking to open the vision and the future of these 10 patients—and of countless others who will come later.

For people who see well, the disheartening progression of RP is hard to imagine. Try this: Before you recycle that next paper-towel roll, take a moment to peer through its corridor to the small circle of light. Then, during your next restaurant meal, look way down to the tiny bright spot at the end of your drinking straw. What if your vision had shrunk that much? And what if you knew that the circle would become even smaller? When you come back to your full vision, notice the rich peripheral details you enjoy. They’re so easy to take for granted—until the day you realize they’ve begun to recede.

Emory Eye Center exists to protect those life-enhancing details. We exist to help preserve vision for people like these lucky 10. In myriad and compassionate ways, we offer our resources to you. 



Linda Maxie, the first person ever to receive the NBT-501 implant, also received a second implant at Emory.

LINDA MAXIE

## Emory's compassion: What it meant to us.

**"I could see that the computer screen was lit, but that was about all." That's how Linda Maxie from Virginia describes the extent of her RP vision—in her better eye—before she received the implant from Emory last December.** Now, post-implant, things appear different: she can tell there's print on the screen and recently has even been able to make out a letter. "That's so exciting—and it's also an important change," Linda says, "because it's something the doctors can actually measure."

Linda and RP became involuntary companions back in high school, when Linda received a diagnosis informed by three telling facts: her night blindness, her partial loss of peripheral vision, and her two older siblings' RP. Central vision stayed with Linda throughout college, though in classes she had to sit close to the blackboard. During her 30s, RP began affecting her mobility, and the next decade brought a new, much more welcome companion: her first seeing-eye dog. Two dogs later, Linda now goes everywhere with "very smart, very brave" Odette, a black labrador.

"I really understand people with visual impairments!" Linda says. This understatement comes not just from years of managing her own vision-related difficulties, but from working—aided by a reader and a specially adapted computer—with appeals for disability, in her complex job as a paralegal for the Social Security Office of Hearing and Appeals.

In the 2003 Phase I trials held at the National Institutes of Health in Bethesda, Md., Linda earned the distinction of

being the first person ever to receive the NT-501 implant. Placed in her poorer eye, the implant seemed to produce some improvement, which has stayed with her. When the opportunity arose to participate in Emory's compassionate trial last fall, Linda was immediately enthusiastic. Her hope soared.

During the grueling days of pre-testing and documentation that led up to her implant surgery, Linda was amazed by the Emory staff members' attentive care. "Those were

long, draining days for all of us," she says. "The potential for stress was really high, but the Emory people never seemed bothered. They went the extra mile with everyone—not just doing their job, but treating us like dear friends, and making everything seem easy."

Escorted to each appointment, treated with lunch each day, supplied with staff members' phone numbers, and shuttled to the hotel and the airport, Linda found that Emory Eye Center anticipated and met her every need. Odette herself came in for special at-

tention, including a well-filled water bowl, dog treats, and walks outside.

Linda will be returning to Atlanta periodically for follow-up checks, and she holds strong hope that her vision will continue to improve. "I won't ever be able to drive a car," she says, "but I hope I'll be able to see color and more objects, so I can get around better. One thing is sure, though: I know I'm in good hands at Emory. On every trip here, I feel like I'm coming back to friends." *Linda Maxie is a resident of Goodview, Va.*

**"Emory staff members went the extra mile with everyone—not just doing their job, but treating us like dear friends, and making everything seem easy."**

—LINDA MAXIE, PARTICIPANT IN THE  
RP COMPASSIONATE TRIAL.





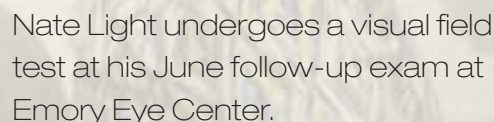
Because Neurotech was relocating its offices, no new implants were scheduled for production until summer 2008. To take advantage of the existing implants, the Eye Center chose the compassionate—and expedient—course. Emory staff rallied for a herculean task: preparing the 10 patients according to strict procedural protocol and then performing the 10 successful surgeries, all within only two weeks.

Clinical coordinator Donna Leef recalls, "There was no outside money to back this work, but those 10 eyes warrant the compassionate trial. The doctors said, 'This is important. We'll do what it takes.' Their generosity made me willing to put in all the extra effort."

# Helping others to help myself

**In the past, all we had to look forward to was total darkness. Now, Emory's research gives us some hope of stopping the disease and retaining our current vision. "We can't tell yet what the results will be; I just take it one day at a time."**

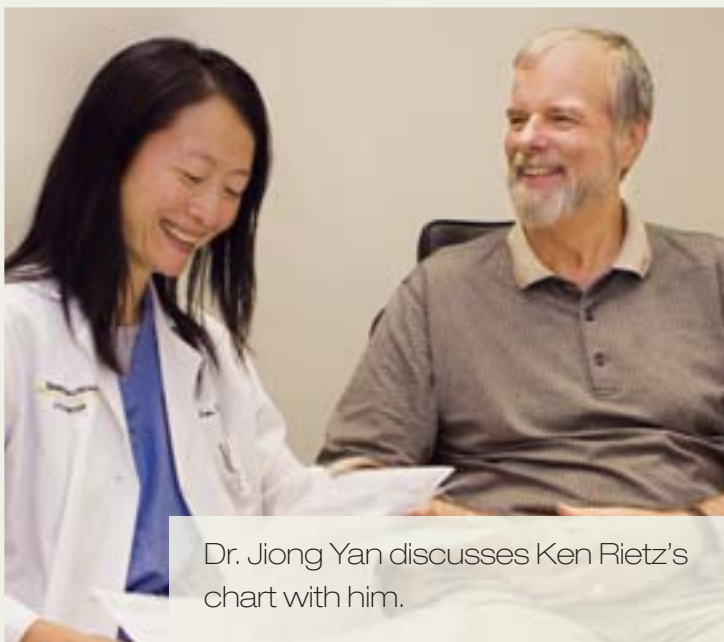
When I started raising money for Foundation Fighting Blindness, my intent was less about helping myself and more about helping other people in the years ahead—perhaps even my own child or grandchild, who may have inherited this disease. A lot of good and promising things are happening now. With all the new developments, we're living in a marvelous time. My wife Pattie is tickled pink to know there's some hope out there. *Nate Light is a retired CEO, Palm Beach Gardens, Fla.*





KEN RIETZ

## Working for those in the future



Dr. Jiong Yan discusses Ken Rietz's chart with him.

**Despite my progressive symptoms of RP,** I've been able to live actively. In fact, my diagnosis—35 years ago—came from my experience as a tennis player: I could play the game well enough, but after a point was over, I had trouble finding the ball in the court. My career with Burson-Marsteller didn't suffer from my RP, either. Whether I was working in Los Angeles, New York, Washington, or London, the company provided a car and a driver, and my wife Ursula or a staff member always traveled with me.

"Over and above" is how I'd describe the work of Emory Eye Center's staff. In every detail—from our daily schedule at the hospital to our plans for dinner—they were extremely helpful, a pleasure to work with. They were calm and organized, getting people through the whole process in a short period of time. Each one of us felt known and respected. I'm glad to say that since receiving the implant, I can read more letters on the eye chart. My improvement so far has been positive.

Both my wife and I feel blessed to be a part of the Eye Center's work. My main hope now is not for myself, but for people in the future, the ones with RP who are young and following us. I want them to have a future that they can really look forward to. *Ken Rietz is a retired COO, Delaplane, Va., and recipient of the 2008 "Hope and Spirit" award from Foundation Fighting Blindness.*


MEREDITH TYREE

## The hope of watching my children grow up

**At age 16, with a history of night blindness and fender-benders,** I got the doctor's verdict: "You have retinitis pigmentosa, and there's no cure. Start learning Braille, because by the time you're 45, you'll probably be blind." My dad immediately began raising money for vision research. He told me, "We're going to find a cure, Tiger."

Now I'm 42, with two young sons, a household to run, and this new implant—which my father's hope and dedication helped make possible. I won't receive a visual field test for another few months, but I can tell that my clarity has improved. For me, that's an extra bonus. I have only 5-percent vision, and if I can hang onto even that much, it's all I'd ask for.

I can't say enough good things about the wonderful staff at Emory Eye Center. They stopped everything else to help us, working long days and all weekend. All of us patients were a little fearful, and they handled us with love and patience. We think they walk on water! By offering this trial, they're giving us such a huge gift—the hope of watching our children grow up, of having independence and freedom. And they do it so humbly.

Somewhere there's another 16-year-old who's just now hearing those shattering words: "You have RP." I want her to know she doesn't have to live just waiting for the worst to come. There's promise, and there's hope. If my dad were alive today, he'd say, "I told you! We're going to make it happen!" *Meredith Tyree is a mother and homemaker, Midlothian, Va.* 



Tech Stacey Andelman checks Meredith Tyree's vision.

## Eye Center welcomes new director

**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,

**Dr. Tim Olsen brings to the Department of Ophthalmology his natural ability to teach and train, combined with a keen interest in important research in blinding eye diseases. He has combined an active clinical and surgical practice with highly focused research on age-related macular degeneration.**

THOMAS J. LAWLEY, MD  
DEAN, EMORY SCHOOL OF MEDICINE

with an energetic interest in Emory’s new global health initiative (see “From the director: Looking ahead,” inside front cover). 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 (see sidebar), 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. At Minnesota, Dr. Olsen and his 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 accompanying article), 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, PhD, and others, he helped develop and holds a patent on the use of bile acids (TUDCA, see accompanying article) 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.

## Timothy W. Olsen, MD

### 1985

BA summa cum laude,  
University of Kansas

### 1989

MD, University of Kansas

### 1993

Residency in ophthalmology,  
University of Minnesota

### 1994-1996

Vitreoretinal fellowship,  
Emory University

### 1996-1998

Assistant Professor of vitreoretinal  
surgery and diseases, University of  
Wisconsin, Madison

### 1998-2007

Professor of ophthalmology,  
University of Minnesota

William H. Knobloch Retina Chair;  
Director of Retina; Director, Minnesota  
Lions Macular Degeneration Center

### 2008

Director, Emory Eye Center;  
F. Phinizy Calhoun Sr. Chair of  
Ophthalmology

**CERTIFICATION.** American Board  
of Ophthalmology; National Board of  
Medical Examiners

**MEMBERSHIPS.** Macula and retina  
societies; Society of Heed Fellows;  
American Society of Retina Specialists;  
American Academy of Ophthalmology  
(AAO); Association for Research in  
Vision and Ophthalmology (ARVO)

**EDITORIAL BOARD.** American  
Journal of Ophthalmology; Investiga-  
tive Ophthalmology and Visual Science  
(IOVS)





## Thomas M. Aaberg: A leader, a legacy

**When Thomas M. Aaberg came to Emory Eye Center in 1988, he came with the zeal and energy to do great things. And he did them. Today every facet of the Eye Center reflects Dr. Aaberg's legacy:**

**People.** In 1988 the Eye Center housed Dr. Aaberg, 6 other physicians, and 3 researchers. Now the department boasts more than 40 faculty members, with a combined faculty and staff of almost 300.

**Place.** Dr. Aaberg leaves the Eye Center with considerably increased space: we occupy approximately 80,000 square feet in our main clinical location; nearly 4,000 square feet at Crawford Long's Medical Office Tower in Midtown; and almost 8,000 square feet at the Emory Clinic Perimeter, site of Emory's refractive surgery practice. At the VA medical center, we have an additional 7,000 square feet. That's 99,000 square feet, all committed to the work of our clinical, training, and research programs.

**Reputation.** The department continues to be ranked highly by *US News & World Report's* annual survey (9th in 2008) as well as by *Ophthalmology Times* in its surveys of academic eye institutions.

**Clinical care.** During Dr. Aaberg's two decades as director, our number of patient visits has grown from 15,000 to more than 80,000 per year.

**Research.** By 2006, almost \$6 million in funding provided for 25 clinical trials (9 federal; 16 industry) and 15 federal research grants. With \$9.3 million in total funding for vision research, Emory University now ranks 11th in NIH-NEI rankings (FY '06). 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, and the growth of a brilliant research team.

**Education.** Dr. Aaberg's teaching has always attracted a pool of eager young doctors. The department has continued to draw from among the brightest and most talented doctors in both residency and fellowship training programs. These young academic physicians arrive knowing that their opportunities are limited only by the degree of hard work they're willing to invest.

One of Dr. Aaberg's first and most sagacious hires—indicating his commitment to residency education—was Geoffrey Broocker, who as director of our residency program, steadily fostered its growth. Currently the Eye Center is training 18 resident physicians in various stages of their three-year residency. Within each division, a strong fellowship program has developed as well. This year, Emory Eye boasts 13 of the country's best fellows in seven subspecialties.

Between 1998 and 2008, Dr. Thomas Aaberg led Emory Eye Center into broader and deeper expertise. Along the way, he inspired his faculty and staff to maintain the highest standards, to treat people with compassion, and to cultivate hope. For this rare leadership, this lasting legacy, we are grateful.

## Dr. Thomas Aaberg led Emory Eye Center into broader and deeper expertise.



EMORY  
EYE CENTER

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

To friends of Emory Eye Center:

My first privilege as chairman of Emory Eye Center is to recognize the character and legacy of Dr. Thomas M. Aaberg Sr., a man of great integrity who led this department for the past 20 years.

An outstanding physician, Tom treats each patient with the consideration one would offer a close friend or relative. With discriminating care—and without taking undue risks—he uses the best and most advanced tools of the trade. His patients have consistently benefited from this balance of prudence and innovation; so has Emory Eye Center.

An illustrious educator, Dr. Aaberg is patient and unflappable, even amid the unexpected events that occur regularly during the training of young vitreoretinal surgeons. For more than three decades, his vitreoretinal fellowship training positions have been the most competitive in the country.

A persistent innovator, Tom habitually keeps an open mind—the first and most important prerequisite for advance in any field.

A leader par excellence, Dr. Aaberg has drawn wide respect and admiration. While leading one of Emory's premier departments for 20 years, he also developed a top-tier research program at Emory with his long-term collaborator Dr. Henry Edelhauser.

As a kind and loving husband, father, and grandfather, Tom Aaberg cherishes his family. He and his wife Judy are lifelong friends, proud of their children and grandchildren, whom they will finally have more time to visit.

Dr. Thomas Aaberg, however, is even more than this collection of exemplary roles. For all of us, he models compassionate thinking and living. When I asked Tom what he wanted to do next in his career, he smiled. He said he plans to teach at Grady Hospital, where he can help some of the people in Atlanta's large indigent population. As I listened, I thought, "That's vintage Tom Aaberg."

We're lucky to have known his leadership.

Timothy W. Olsen

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## Through the eyes of an artist

by Ginger Pyron



EVERY NOW AND THEN, acclaimed illustrator Verle Mickish stops by the development office at Emory Eye Center. In our eyes, he's always laden with gifts: his infectious smile; the twinkle in his eyes; and, in his hands, a new collection of his humorous cartoons, destined to find their way into the Eye Center's internal newsletter.

### Learning to give his best

Some of Mickish's enthusiasm comes from his successful participation in a 2006 clinical trial here at the Eye Center, but much of it has accompanied him through life. At age 14, diagnosed with polio and told that he would never walk again, Mickish faced a decision: give up, or give it his best? Will power won out, and after vowing that he would indeed walk, Mickish made a prophet of himself in just three months.

While he was still in the hospital, though, bedridden and virtually immobile, a science teacher gently reminded the young artist of another "best" that he could give. She asked him if he would use "the good parts" of his body to help her out by illustrating her science lessons. Mickish met that challenge as well; and years later, visiting that same teacher in a retirement home, he presented her with plaque reading "Distinguished Educator of the Year"—a testament to the perceptive kindness and new confidence she had long ago offered an ill and frightened boy.

Another experience, too, brought Mickish to the crossroads of despair and determination. After serving as a combat artist during the Korean conflict, Mickish was one of only 11 in his 65-man Marine unit who returned home to his family. Like all such survivors, he asked himself, "Why me?" Again he rallied and simply gave his best to the life ahead.

### The best meets the worst

Mickish became a sought-after art teacher and speaker, presenting worldwide more than 800 keynote addresses and workshops for budding artists. Over the years, he produced some 300 illustrations for newspapers, cartoons, CD albums and children's books, receiving accolades such as Distinguished

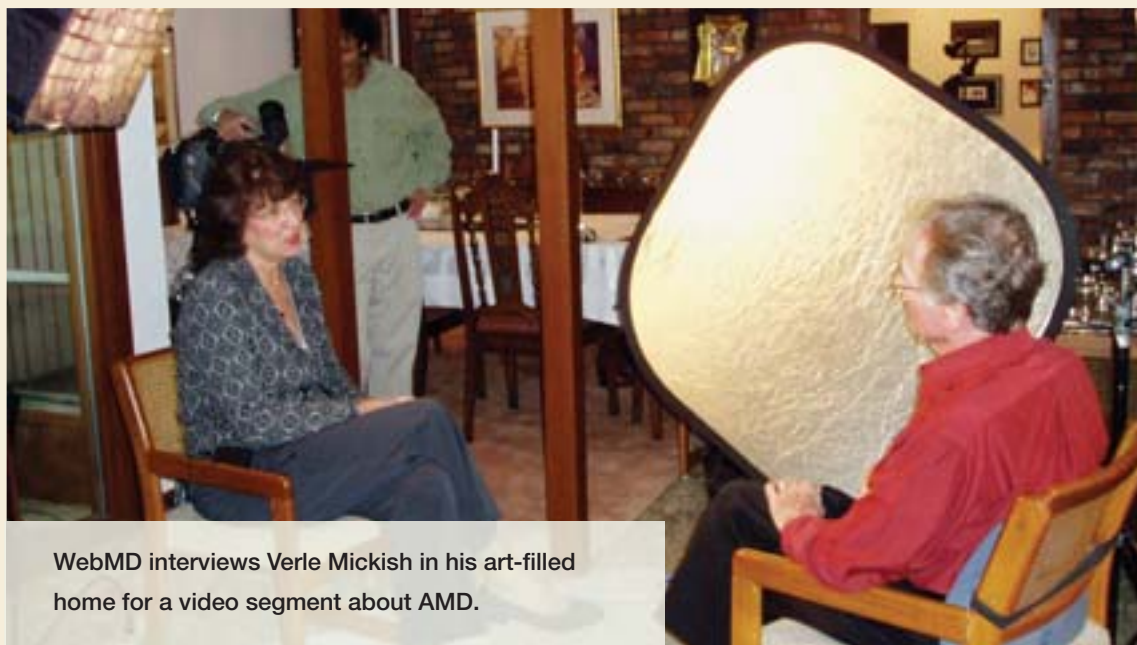
Georgia Educator and Distinguished National Art Educator.

Then the biggest test came. Just as he arrived at retirement age, intending to pursue his longtime vision of writing and illustrating a book for children, Mickish learned that his literal vision was in jeopardy. He remembers both

of their vision. One of those patients was Verle Mickish.

### A new best: giving back

Today Mickish credits Eye Center physicians Aaberg, Hubbard, and Yan, plus Emory's team of caring, professional technologists, with preserving his




WebMD interviews Verle Mickish in his art-filled home for a video segment about AMD.

the moment and the fear: "One morning when I looked into the mirror to shave, I couldn't see my face. I knew that something had to be done, and fast." At Emory Eye Center, he received the diagnosis: AMD, or macular degeneration—the "wet" kind. The kind that can quickly rob one of sight.

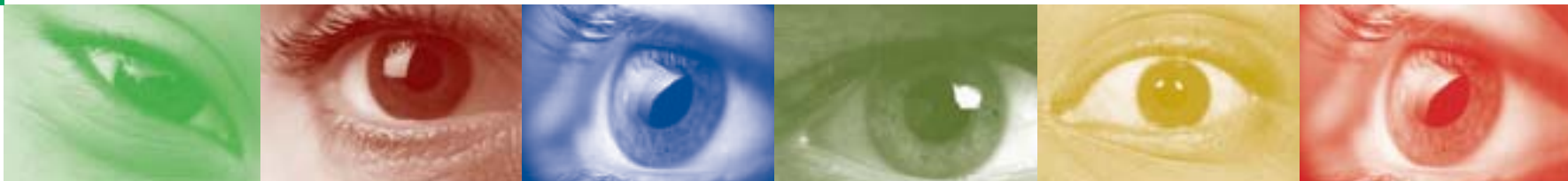
Mickish again revved up his "best"—his indomitably positive attitude—and used it well in the months that followed, while he simultaneously relied on the best of Emory Eye Center. Lucentis, a new drug, was about to undergo a clinical trial, and Mickish qualified for participation. When the eventual results of the trial were released, they showed that Lucentis had been effective in allowing some wet-AMD patients to regain some

career. He continues his work—more slowly than before, but with all of his signature joie de vivre.

In 2006, after Lucentis received FDA approval, WebMD produced a video on the drug's trial and spent an afternoon taping Mickish at home. The artist was glad to share his story then, and he gladly continues to share it. "I really enjoy helping other people understand about this disease, and what the trial at the Eye Center has done for me," he says. "Anything I can do to help spread the word makes me happy."

Through the eyes of our development staff, Verle Mickish is an artist who brightens our day with the gifts of his vision. Through his own eyes, Verle Mickish is an artist who owes the gift of his vision to Emory Eye Center. 





## Study alerts eye doctors of racial differences in treating vision disorders

**Blacks are more likely to lose vision due to increased pressure in the brain than other races**, reports neuro-ophthalmology fellow, Beau Bruce, MD, in the March 11, 2008 issue of *Neurology*, the journal of the American Academy of Neurology. Idiopathic intracranial hypertension was identified as the cause of the disorder.

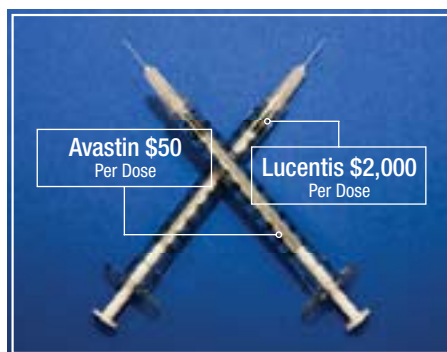
“Other factors such as differences in diagnosis, treatment or care don’t seem to matter,” said Bruce, Eye Center lead researcher for the study. “We found that intracranial hypertension clearly affects Blacks more aggressively than other races. This tells us that ophthalmologists and others treating Blacks need to monitor their vision very closely.”

## CATT— Emory lead center

Emory Eye Center is leading the country in a groundbreaking 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.

Dan Martin, Emory Eye Center’s director of Retinal Surgery and Disease, is the national study chair of the trial that takes place in 45 centers, and retinal specialist Baker Hubbard is leading the Emory trial.

“While it is clear that Avastin is highly effective, we do not know how it compares to Lucentis,” Martin said. “It’s important for the visual health of the public to understand if there is any difference between them. 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.”

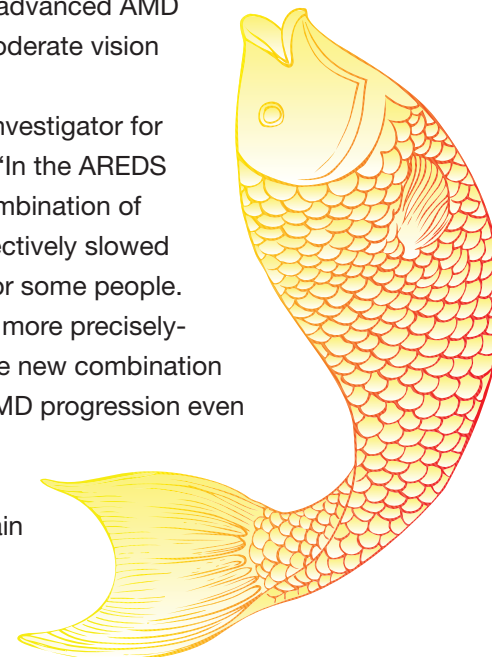


## AREDS 2: new nationwide study evaluates effect of antioxidants and fish oil

### 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 intramuscular 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 science researchers, 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 transscleral approaches using nanoparticles, microneedles, collagen gels, iontophoresis and electroporation.

## RPB funding boosts diagnostic skills

Emory Eye Center has 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 is already helping to underwrite an innovative teaching simulation. 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, 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.



**Our national reputation continues to be recognized. We rank in the Top Ten of U.S. News & World Report’s ophthalmology programs.**



## 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.

**“This new treatment shows promise for not only treating keratoconus, but for treating ectasia or keratectasia.”**

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.

## 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, the director of Eye Center research, 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).

## 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](http://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. Photoreceptor 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.

# Eyeglasses for babies? Isn't that premature?

# Exactly.



**Seconds after her eyeglasses were placed, little Princess finds her mobile a lot more intriguing than it used to be.**

The primary task for “pre-mature” babies isn’t to discern shapes or faces, of course, but to survive their precarious fragility and the host of problems that can accompany it. Often, though, some of those problems affect their eyes—causing critical conditions like congenital cataracts, myopia, corneal disorders, or retinopathy of prematurity (ROP). Then doctors must respond quickly in order to save the child’s vulnerable sight.

For these too-early babies whose vision is endangered, however, a timely and successful operation is only half the battle. The eyes must now develop properly; the brain must establish its connection to the eye; the eyes must be able to focus correctly on the retina. And the only way to help those processes along is to fit the child with corrective lenses, either eyeglasses or contacts.

After a premature infant receives major treatment such as a corneal transplant, cataract surgery; or retinal procedure for ROP, corrective eyewear is not only essential, but ongoing. Without early and continued optical correction, vision will not develop, and the child will become blind.

### Fit for a princess

Born two months early, weighing only 1 lb. 9 oz., tiny Princess Harris was immediately besieged with health risks: three surgeries, a staph infection, and influenza, to name just a few. Examining Princess, Emory Eye Center’s pediatric ophthalmologist Scott Lambert also diagnosed “accommodative esotropia,” an inward turning of the eye that causes the eyes to cross. For this condition, there’s a proven treatment: eyeglasses.

Princess needed glasses right away. What many people don’t realize is that for a baby whose eyes are developing and growing so rapidly, the initial pair of glasses is just that: initial. Within a few weeks, Princess had to come in for a prescription review. A few weeks after that, she was due back again. A few weeks further on, another trip to the Eye Center.

And every time her exam indicates a change in her eyes, she has to have new glasses.


The process contains another hitch as well. To avoid the risk of eventual blindness, babies with serious eye problems should start wearing the lenses without delay. That’s easier said than done. Like Princess, most pediatric patients depend on Medicaid, which pays for only one set of corrective lenses per year. Delivery of an eyeglass order can take as long as six weeks; and the glasses, once received, often arrive with incorrectly sized frames.

**Without early and continued optical correction, vision will not develop, and the child will become blind.**

### Emory Eye Center’s response

The Eye Center has taken decisive steps help families caught in this situation. We offer the lenses at cost and do not seek a profit. We work closely with the Georgia Lions Lighthouse, which provides limited supplemental funds. For our most critical cases, we’ve established our “source of last resort,” the Children’s Eyeglass Fund. Thanks to our donors, this source helps—but we are seeing more and more premature infants whose eyes urgently require correction, and the need is always greater than our ability to meet it.

When Princess finally went home from her long stay at the hospital, she was wearing her new eyeglasses. Her mom, Laquisha Harris, now says proudly, “She’s very strong and very smart, and she notices everything—especially people.”

Noticing people is something Emory Eye Center does well, too. And whenever we notice a vision problem—in even the tiniest person—we do everything in our power to relieve it. 



## New Dobbs Lab for ocular immunology research

**Emory Eye Center has been awarded a \$1 million grant from the R. Howard Dobbs Jr. Foundation.** The grant's purpose: to establish a new laboratory supporting the research of Santa Jeremy Ono, who is investigating the role of the immune system in the origin and development of age-related macular degeneration, or AMD.

Rufus Howard Dobbs Jr., an alumnus of Emory University, knew firsthand the debilitating effects of AMD. As a result, he particularly wanted to help underwrite the cost of vision research. In 2003, funding from his estate awarded Emory Eye Center an estate gift, specifically designated for research in macular degeneration.

In the new R. Howard Dobbs Jr. Ocular Immunology Lab, Dr. Ono will work with Eye Center retina specialist Sunil Srivastava. Dr. Ono's research team studies three major healthcare problems: the immune component of AMD, ocular cancer (melanoma and retinoblastoma), and ocular inflammation.

"I am honored to work with outstanding colleagues at the Emory Eye Center," Dr. Ono says, "and I'm committed to making the Dobbs Laboratory a world center for research into this facet of AMD. Emory research not only will help uncover how the immune system contributes to macular degeneration, but it will also pave the way for the development of new diagnostics that are at the heart of predictive medicine."



## Emory Eye Center Endowment Funds

*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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Currently held by Daniel F. Martin, MD

### **Thomas M. Aaberg Sr. Fellowship**

### **Earl Wills Anderson Memorial Fellowship**

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Currently held by Timothy W. Olsen, MD

### **F. Phinizy Calhoun Jr. Lectureship**

### **F. Phinizy Calhoun Jr. Professorship in Ophthalmic Pathology**

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### **R. Howard Dobbs Retina Research Fund**

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### **Pamela Humphrey Firman Professorship**

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### **Fund for Vision Care**

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### **Eugene Reichard Lectureship**

### **Frances and Leroy Rogers Fund**

### **M.L. Simpson Chair**

Currently held by Thomas M. Aaberg Sr., MD

### **Paul Sternberg Jr. Retina Lectureship**

### **Cyrus H. Stoner Professorship**

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### **Lila Mae Stanton Walthour and Lena Stanton de la Perriere Chair**

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### **Louis Stanley Whitaker Endowment**

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## A mitzvah that keeps on going

**mitzvah**, n. in Jewish tradition, a meritorious performance of a charitable act.

*Picture the Klebers: parents Scott and Nancy, five children, and one dog, variously boisterous. It's summer 2005, and despite the Atlanta humidity, the whole family is in high spirits—because, after all, summertime means fun.*

### Chase's story

As things turned out, the Klebers' fun suffered a setback. Something was wrong with six-year-old Chase: He couldn't see out of his right eye. The problem, his anxious parents soon learned, was Stickler's Syndrome, a rare group of disorders affecting the body's connective tissue and involving any of several organ systems. Striking Chase in the eye, the disease caused not only the right eye's loss of vision, but also—unusual in such a young person—a detached retina.

Scott Kleber, a physician and '86 alumnus of Emory School of Medicine, made a flurry of phone calls to major medical centers. Those conversations pointed him to the best doctor for Chase's problem: retina specialist Baker Hubbard at Emory Eye Center, less than four miles from the Kleber home.

Although his 2005 surgery could not save the right eye's sight, Dr. Hubbard continues to do everything possible to make sure Chase's left eye keeps its vision. The following year, Dr. Hubbard performed laser surgery and a scleral buckle to repair the retina of that eye—and has pronounced Chase's prognosis good. He also checked the other four Kleber children, none of whom has the syndrome.

Chase himself, now almost 8, has adjusted easily to his vision disorder. After his second surgery and a temporary loss of sight in his good eye, he told his mom, "Being blind isn't such a big thing. Lots of famous people are blind."

### Shaun's story

With Chase doing well in fall 2006, the family readied for



Shaun and Chase in their Atlanta home.

the bar mitzvah of his brother Shaun, who had come to his own conclusions about Stickler's Syndrome. Any gifts honoring his bar mitzvah, he requested, should go instead to Emory Eye Center.

The resulting abundance of gifts formed the Kleber Fund, which will enable Dr. Hubbard to conduct research on the treatment of Stickler's. At this printing, the fund has received more than \$10,000.

All the Klebers, says Nancy, are thrilled to see their young son's situation generating such a spirit of charity among friends and family members, and such a useful fund for Emory Eye Center. "We are all very grateful to the Eye Center and especially

to Dr. Hubbard," she adds. "He's an excellent physician and also a wonderful friend."

### The story continues

In their plans for celebrating the 80th birthday celebration of Nancy's father, Morris Habif, the Klebers followed Shaun's example. And gifts to Emory Eye Center followed suit. For this family, a tradition is now firmly in place: As each new appropriate occasion arises, the Kleber Fund at the Eye Center will continue to grow.

"With four more children to go through religious rites of passage," says Dr. Kleber, "I imagine we will be able to fund more research as the years progress. We're just glad to have found this way of helping."

**mitzvah**, n. in the Kleber tradition, a charitable act that multiplies—indefinitely.



**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** joins the neuro-ophthalmology section this summer. Dr. Bruce received his BS in Chemistry from Georgia Institute of Technol-

ogy 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 epidemiol-

ogy 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** joins the glaucoma section in the fall. Dr. Giangiacomo is originally from Missouri, 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** joins 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** joins the oculoplastics section this summer. Originally from St. Louis, Dr. Hayek graduated summa cum laude from Oral Rob-

erts 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 oculoplastics fellowship at MD Anderson Cancer Center in Houston, under preceptor Bitá Esmaeli.

**Eve 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 conjunctiva 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 8)

**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** joins 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.

**Sunil K. Srivastava, MD** joined the vitreoretinal section in September 2005. Dr. Srivastava graduated summa cum laude from Cornell University in 1994. He received his medical degree from the State University of New York in Buffalo in 1998, graduating summa cum laude. He completed his ophthalmology residency in the Department of Ophthalmology



at Emory University in 2002 (serving as chief resident in 2002). He completed a uveitis, ocular immunology and medical retina fellowship at NEI followed by a

vitreoretinal fellowship at Duke University Eye Center in 2005. Dr. Srivastava is board certified in ophthalmology. He is a member of the American Academy of Ophthalmology and the Association for Research in Vision and Ophthalmology. His interests include uveitis and ocular inflammatory diseases, age-related macular degeneration, diabetic retinopathy, retinal vascular diseases and retinal detachments.

**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 Op-



tometry 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.

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## Your gift. Our work. Their sight.

**Jerome Davis, soon to become a father, lost his retail job because he just couldn't see well enough to do the work.** Emory Eye Center doctors diagnosed his complex condition: aniridia (a missing iris), plus a congenital cataract. With the help of intraocular lenses, or IOLs, Jerome was able not only to find a new job, but to see every change of expression on his new baby's face.

At 11 years old, Tommy Woodyard already knows that he wants to host a TV game show someday. And he has the perfect personality for it—but his eyesight poses a challenge. Born three months premature, Tommy is blind in one eye and can see only slightly with the other. Thanks to the latest technology, though, low vision doesn't have to mean low aspirations. The doctors at Emory Eye Center's low vision service helped Tommy choose a high-tech vision aid that both meets his needs and encourages his dreams. He's now reading and writing (and cracking one-liners) right up there with other students his age.

We're known for researching the big problems.

And for making them a lot more manageable.



### RB Day 2008—another glorious event

For some of our youngest patients, June 14 was a beautiful day. Games, pony rides, Happy Tails pet therapy, great food and the gathering of more than 200 people made for a festive time for all. Emory Eye Center staff members and physicians joined our RB patients, their parents and siblings for a morning-long celebration, capped off with a great lunch. Each year, the event grows and parents come to find out what a great networking opportunity this is. They learn much from parents of older RB kids. And Eye Center staff are gently reminded what we're all about. Consider joining us as a volunteer next year or donating to the cost of the event. Retina specialist Baker Hubbard, who treats these young patients, shares that this is a time to come together in a relaxed, fun atmosphere and revel in the health of these children.



### New associate administrator



Andy Garrard, a Georgia Institute of Technology honors graduate, has joined the Eye Center as its associate administrator. He completed his Master of Healthcare Administration at the University of North Carolina, Chapel Hill this year.

His training in industrial engineering gives him a deep understanding of efficiency, business processes and system-wide operations. His six-years of real-life experience at IBM will bring industry expertise and management innovation to the Eye Center. His decision to enter the healthcare field has introduced him to the complex world of university medical department affairs. No doubt, his strengths in operations and systems management will improve efficiency in the future.

# Have a plan.



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 physi-

cians 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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The Barrett family from Kennesaw (clockwise, from left top: son Ryan, dad Roy, mother Krystal and brother Tyler) enjoy the day at the 2008 annual RB Picnic, given by Eye Center faculty and staff in celebration of the lives of our youngest patients who have benefited from the treatment of their retinoblastoma (RB).

