Drs. L. Jay Katz, Jonathan Myers, Courtland Schmidt, and George Spaeth spoke about the newest glaucoma medications and diagnostic technologies as well as advances in the management and surgical treatment of glaucoma to comprehensive ophthalmologists and glaucoma specialists gathered for the 26th Annual Wills Eye Glaucoma Conference, “Glaucoma 2005: Meeting the Challenges,” held in St. John, U.S. Virgin Islands, February 2–5.

Also presenting were former Glaucoma Service fellow Dr. Steven Simmons, now Assistant Professor of Ophthalmology at Albany Medical College, Dr. Ralph Eagle, Director of the Wills Pathology Service, Dr. Jeffrey Liebmann, Clinical Professor of Ophthalmology and Director of Glaucoma Services, Manhattan Eye, Ear & Throat Hospital, and Dr. George Cioffi, Chief of Ophthalmology and Director of Glaucoma Services at Legacy Portland Hospital, Portland, Oregon.

Drs. Spaeth, Schmidt, Myers, and Katz covered the following topics:

**Dr. Spaeth:**
- How Does One Decide When and How to Treat Patients?

- How One Chooses Medications for the Treatment of Glaucoma

(Continued on Page 2)
Dr. Rhee and Former Fellow Dr. Leslie Jones Receive American Glaucoma Society Clinician-Physician Awards

Glaucoma Service physician Dr. Douglas Rhee and former Glaucoma Service fellow Dr. Leslie Jones (2000–2001) each received one of the five prestigious Clinician-Scientist Awards awarded this year by the American Glaucoma Society.

Dr. Rhee received the Award for the second year in a row, an especially unusual distinction. The announcements were made at the annual meeting of the Society in Snowbird, Utah, March 4–6.

The Clinician-Scientist awards are given to encourage those rare glaucoma specialists who are able to combine a busy clinical practice with groundbreaking research. Dr. Rhee, who in addition to being a Glaucoma Service physician is Director of the Laboratory for Molecular Ophthalmology at Wills, received the award for continuation of his work to discover the molecular biological aspects of intraocular pressure regulation in the eye.

Dr. Jones, currently Assistant Professor of Ophthalmology at Howard University College of Medicine in Washington, DC, received the award for her proposed project, “Genetic Risk Factors for Primary Open-Angle Glaucoma in an Urban African-American Population.”

Commenting on her project, Dr. Jones noted: “I believe insights into why glaucoma is the leading cause of blindness among individuals of black African descent and tends to be more severe in these individuals will help all glaucoma patients by increasing our understanding of the basic causes of the disease, leading to the development of better therapies.”

Wills Glaucoma Specialists Share Their Expertise
(Continued from Page 1)

- Objective Grading and Evaluation of the Angle/Optic Nerve/Visual Field

Dr. Schmidt:
- Setting and Re-Evaluating a Target Pressure
- Bleb Headaches (Hypotony, Leaks, Infections): Guidelines

Dr. Myers:
- Perimetry — What’s New? What’s Still Important?
- Electronic Medical Records 2005 — Time to Take the Plunge?
- Changing Indications for Combined Cataract/Glaucoma Surgery

Dr. Katz:
- Objective Evaluation of the Visual Field with Electrophysiology
- Selective Laser Trabeculoplasty — Trends and Tips
- Releasable Sutures for Trabeculectomy Microstents

Dr. Liebmann gave the Barnshaw Lecture: What Does Intraocular Pressure Really Mean? Reflections on Diurnal Variation, Central Corneal Thickness, and Perfusion Pressure.

Dr. Simmons gave the Benjamin Lecture: “What Guidelines Should We Use for Medication Use in Glaucoma?” Finally, Dr. Cioffi gave the Sivalingam Lecture: “What is the Best Primary Operation for Glaucoma Surgery? — Trabeculectomy? Tube Shunt? Non-Penetrating Surgery? Stents?”

Chat Support Group

www.willsglaucoma.org

Wednesdays, 8:30–9:30 pm
hosted by a Wills glaucoma specialist

Mondays, 8:00–9:30 pm
patients and family members only

Patient Support Group Meeting

May 15:
Dr. Marc Mydlarски
Glaucoma and the Aging Process

The meeting is from 1:30 to 3:00 pm on Sunday May 15th in the 8th floor auditorium of the “new” Wills Eye Hospital, southeast corner of 9th and Walnut Streets, with the entrance on Walnut Street, near 9th Street.
Seven studies by Glaucoma Service physicians, fellows, Glaucoma Research Center personnel, and researchers at the Wills Laboratory for Molecular Ophthalmology have been accepted for presentation as posters at the Annual Meeting of the Association for Research in Vision & Ophthalmology (ARVO), the premier national association for ophthalmic research, the first week of May.

In a note to the authors Dr. Spaeth said: “The ARVO Program Committee showed good sense. These are good projects. Congratulations to all who made them possible.”

- **Comparison of Intraocular Pressure Lowering Efficacy of Fixed Combination Timolol-Dorzolamide versus an Unfixed combination of Timolol and Latanoprost**
  
  Grace Lee, MD, L. Jay Katz, MD, Jeanne Molineaux, Joann Fontanarosa, PhD, William Steinmann, MD, MSc

  Combining two different types of glaucoma medications in a single formulation is convenient for patients, who, if they require both medications, would have to instill only one rather than two different drops. Also it is possible that the combined medication could be more effective in reducing intraocular pressure than the single medications taken separately. This study found that glaucoma patients treated with a fixed combination of timolol-dorzolamide and an unfixed combination of timolol and latanoprost had equivalent decreases in intraocular pressure.

- **Effect of Mitomycin C on Intraocular Pressure**
  
  Chandrasekharan (Dru) Krishnan, MD, Jonathan Myers, MD, Carol Shields, MD, Jerry Shields, MD

  Mitomycin C is an anti-scarring agent used in glaucoma surgery (trabeculectomy) to keep the surgically created bleb open and functioning rather than naturally healing over. Theoretically, this agent can be toxic to the ciliary body (which produces the aqueous fluid), decreasing intraocular pressure. The records of 20 patients treated by the Wills Eye Hospital Oncology Service with topical mitomycin C for conjunctival and corneal tumors were reviewed. None of these patients had a history of glaucoma and none were on topical glaucoma medications. The primary objective was to compare intraocular pressure before and after treatment with topical mitomycin C to determine whether treatment with mitomycin C was a factor in intraocular pressure changes. This study found that topical mitomycin C showed no statistically significant acute effect on intraocular pressure.

- **Color Vision Improvement Following Successful Trabeculectomy**
  
  Dara Lankaranian, MD, Leopoldo Magacho, MD, Jeffrey Henderer, MD, William Steinmann, MD, MSc, George Spaeth, MD, João Lopes, MD, Undraa Altangerel, MD

  The purpose of this study was to determine if color vision improves following reduction of intraocular pressure after trabeculectomy. The percentage of intraocular pressure reduction was compared with changes in a variety of color-vision parameters. The authors found that an intraocular pressure reduction of 20% following trabeculectomy was associated with an improvement in color vision, and that such an improvement can serve as a useful marker to assess the effect of treatment.

- **Healon 5® Subtenon Under the Bleb in Trabeculectomy Surgery: A Randomized Clinical Trial**
  
  Undraa Altangerel, MD, Marlene Moster, MD, João Lopes, MD, Melissa Tong, Heryberto Alvim, MD, Joann Fontanarosa, PhD

  Healon® (Advanced Medical Optics, Inc.) is a

(Continued on Page 4)
viscoelastic substance used as a surgical aid in cataract extraction, intraocular lens implantation, corneal transplant, glaucoma filtration (trabeculectomy), and retinal attachment surgery. In surgical procedures in the anterior segment of the eye, as in trabeculectomy, instillation of Healon serves to create and maintain a deep anterior chamber, which facilitates manipulation inside the eye, with reduced trauma to the corneal endothelium and other ocular tissues. The purpose of this study was to investigate the effect of applying the most recent formulation of Healon, Healon 5, under the sub-Tenon’s capsule (the layer of tissue that envelops the eyeball from the edge of the cornea to the optic nerve) following glaucoma surgery. The study found that application of Healon 5 in this way following glaucoma surgery was associated with more diffuse blebs. However, the success rate and the IOP-lowering effect were not statistically different between these eyes and controls one year after trabeculectomy.

• ExPRESS™ Shunt Implantation with Scleral Flap Technique for Complicated Glaucoma
  João Lopes, MD, Marlene Moster, MD, Sophia Wamsley, MD, Lior Haim, Undraa Altangerel, MD, Dara Lankaranian, MD, Joann Fontanarosa, PhD, William Steimann, MD, MSc

Glucoma drainage devices, also known as tube shunts, are implanted devices that are designed to maintain an artificial drainage pathway for patients with glaucoma, thereby lowering intraocular pressure. This procedure is often chosen for patients at high risk of failure with a traditional glaucoma filter procedure (trabeculectomy). The ExPRESS™ (Optonol, Israel) shunt is a new such device. We found in an earlier study that implanting this shunt under the conjunctiva was associated with a high rate of postoperative complications. Implanting the device instead under a scleral flap has been proposed to decrease the risk of postoperative hypotony (intraocular pressure too low) and conjunctival erosion. This study found that this technique of implanting the ExPRESS shunt controlled IOP in more than 75% of patients with complicated glaucoma, with no need for medications or additional surgery.

• Effect of Written Instructions on Accuracy of Self-Reporting Medications in Glaucoma Patients
  Bhairavi Kharod, MD, Paul B. Johnson, Heather Nesti, MD, Douglas Rhee, MD

The purposes of this study were to evaluate the accuracy of self-reporting ophthalmic medications in a glaucoma population, identify factors contributing to patient accuracy, and assess the effect of written instructions on the accuracy of self-reporting medications.

The study found that if patients are, indeed, reporting medications as they administer them, there is significant improvement in administration of medications after written instructions.

• Comprehensive Survey of Tissue Inhibitors of Matrix Metalloproteinase Enzymes and Their Transcriptional Response to Latanoprost Incubation in Human Trabecular Meshwork and Ciliary Body
  From the Laboratory for Molecular Ophthalmology: Jonathan L. Martin, Rachel Peck, Dong-Jin Oh, PhD, Douglas Rhee, MD, Director

In this study Dr. Rhee and colleagues continue the Laboratory for Molecular Ophthalmology’s groundbreaking work to discover the molecular biological aspects of intraocular pressure (IOP) regulation in the eye. Why, at the most fundamental level, is the pressure exerted by the fluid in the eye (the aqueous humor) on the optic nerve cells in certain eyes too high for the optic nerve cells in those particular eyes to withstand? The physiological controls that seem to prevent this damaging effect in most eyes, in these eyes seem somehow to be out of adjustment. Their studies over the past 4 years have revealed many similarities and some important differences between the cell signaling systems for the two pathways or tracts by which the fluid in the eye drains out of the eye — the conventional pathway (ie, the trabecular meshwork) and the uveoscleral pathway (ie, the face of the structure that produces the fluid in the eye, the ciliary body). Importantly, they have shown evidence that three enzymes, among a family of 21, may be the key effectors of IOP regulation.

The results of the study Dr. Rhee and colleagues are presenting at the ARVO meeting represent an especially important step forward in their work. Comments Dr. Rhee, “Our most recent efforts have investigated the natural inhibitors of these enzymes to understand how the interplay of enzyme to inhibitor may regulate IOP. In future studies, we will be testing methods to manipulate the balance of these enzymes and inhibitors to a ratio that correlates with improved drainage, thus reducing IOP to a level that will no longer damage the optic nerve.”
People Making A Difference

All of us at the Glaucoma Service Foundation to Prevent Blindness would like to express our sincere thanks to our many friends and supporters — both those who sustain us financially and those who donate their valuable time to our cause.

With Special Thanks to

Our lead donors, Mr. and Mrs. Raymond G. Perelman, for their continued support of glaucoma research and education.

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Mr. and Mrs. Raymond G. Perelman

Since he and his wife were our major financial benefactors in 2004, we asked Mr. Perelman about the inspiration for their gift.

“Having glaucoma personally, I know it is important that we develop a cure for this disease, and therefore I think we should support research and education towards this goal. All of us who are unfortunate enough to have this disease should generously support research and education that will help find a cure which will benefit us and future generations.”

Mr. Stanley Tuttleman

As a major donor of his valuable time and energy, we asked Foundation Board member Mr. Stanley Tuttleman why he expended so much effort advising and supporting the Glaucoma Service Foundation.

“The extremely important work being done by the physicians and researchers through the Glaucoma Service Foundation is already having a significant effect on the health of glaucoma patients around the world. Their work will make an even greater impact on peoples’ lives in the years to come. I feel privileged to be able to make some small contribution to this effort. I hope my example may inspire others to join us as we work to meet the challenge of glaucoma.”

2004 — A Fundraising Success!

Nearly 2,000 individuals, foundations, corporations, and estates donated a total of $795,937 to support our efforts to meet the challenge of glaucoma — cutting edge research, community screenings, patient support, physician education, and patient education. Our Annual Fund total was $163,016. An additional $508,523 was restricted to glaucoma research, and $124,398 was earmarked specifically for screenings, the Foundation newsletter and website, educational programs, and salary support.

With your continued help, our goal — to end blindness from glaucoma — is within our reach!

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Thank you for your extraordinary generosity.
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Is Glaucoma Loss of Peripheral Vision?

Participant: Can glaucoma be equated with loss of peripheral vision?

Dr. George Spaeth: It is a misconception that patients with glaucoma lose peripheral vision. “Peripheral vision” for most people means vision off to the side. That is, when a person is looking straight ahead, peripheral vision means vision way off to the right side and way off to the left side. But that kind of “side” vision is, in fact, the last part of the vision to be lost in people with glaucoma.

P: Perhaps part of the confusion comes from a misunderstanding of what “peripheral” vision means. For instance, the visual field tests I’ve taken for years on Humphrey machines test the central 30 degrees, not peripheral vision. Why isn’t the full visual field tested? Do doctors think that the peripheral loss outside the 30 degrees is acceptable to most of us?

Dr. George Spaeth: The central 30 degrees of vision is straightforward. It is the part you are using when you are reading or watching your computer screen. Testing outside the 30 degrees is difficult, and that is not where early field loss develops. Thus, it would be time consuming and would not tell us anything that we can’t learn from testing the more central portion.

P: Instead of saying that glaucoma affects peripheral vision first, shouldn’t that be phrased in another way?

Dr. Richard Wilson: Yes. It is more correct to say that glaucoma affects a doughnut of vision around the center, sparing the center and the periphery till later in the disease.
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From the “Chat Highlights” of the Glaucoma Service Website

What are the most important factors in determining if and how glaucoma damage will progress?

Dr. Richard Wilson: The main factors are intraocular pressure, genetic susceptibility to pressure, adequate blood pressure and circulation, and thickness of the cornea. Other factors, such as race, are important. Nearsightedness and diabetes play a lesser role.

Moderator: Does the attitude of the patient affect progression of glaucomatous damage?

Dr. Richard Wilson: Absolutely. A compelling person who always instills the eye drops on time has a far better chance than a recalcitrant or forgetful patient. I also think that a positive attitude and sense of humor help a great deal.

Participant: Are these differences among ethnic groups statistically significant?

Dr. Richard Wilson: Yes, very much so. African-Americans are 14 to 17 times more likely than Caucasians to go blind from glaucoma between the ages of 45 and 65.
Should you be treated if you have above-normal pressure, even though the optic nerve is healthy?

Participant: If the pressure is high and drops won’t lower it, but the optic nerve is healthy, is surgery still needed?

Dr. George Spaeth: If the nerve is healthy, why do you need any treatment at all?

P: Don’t data show that treating ocular hypertensives preserves vision over the long term, as opposed to not treating?

Dr. George Spaeth: The data are the other way around. Treating causes cataracts and introduces anxiety. The only long-term study, by Linner and Stomber, showed that after 25 years of not being treated, ocular hypertensives rarely (5%) lost enough vision to notice any visual loss. But everybody who is treated for ocular hypertension has some side effects from the meds.

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(Continued on Page 10)
From the “Chat Highlights” of the Glaucoma Service Website

New Ways to Prevent Glaucoma?

Dr. Jeffrey Henderer: I have an update on new research concerning neuroprotection. Researchers treated mice with radiation and then a bone marrow transplant. Somehow that prevented glaucoma in the mice. Perhaps there is some immunologic aspect that is being overcome by giving these mice a new bunch of blood cells.

Participant: How did the researchers know that it prevented glaucoma? Did they induce glaucoma in the mice?

Dr. Jeffrey Henderer: The mice were of a strain that develops glaucoma spontaneously. They didn’t get glaucoma. There are a number of animal models of glaucoma, especially in dogs. But mice are easier to work with. This particular lab is famous for its mouse strain, which looks a lot like pigmented glaucoma.

P: What kind of vaccination against glaucoma are the Israelis working on?

Dr. Richard Wilson: A vaccination that initiates an immune response that increases the patient’s resistance to glaucoma damage.
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From the “Chat Highlights” of the Glaucoma Service Website

Do vitamins and minerals help with primary open-angle glaucoma and normal-tension glaucoma?

Participant: My friends keep suggesting nutritional supplements. Is there any solid evidence that vitamins and minerals help with primary open-angle glaucoma and normal-tension glaucoma?

Dr. Elliot Werner: There is some evidence that gingko biloba helps stabilize the optic nerve. There is no other good scientific evidence for any other nutritional supplement, but good nutrition is always a good idea and certainly promotes good health.

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