

# *Eye to Eye*

Spring 1996

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## **Living with Glaucoma**

My doctors call me "the very lucky lady". When you hear my story, you'll understand why.

In the Fall of 1981, I was experiencing some discomfort in one of my eyes. I scheduled an appointment with my optometrist to have it checked. As part of the routine exam, he discovered that I had a slight eye infection and he became concerned about the results of a glaucoma test he administered. He suggested I see an ophthalmologist for a more extensive glaucoma exam.

I knew nothing about glaucoma, so I was not particularly concerned. My oldest daughter accompanied me to what I thought would be an uneventful appointment with an ophthalmologist. It was anything but that. The doctor told me I had a serious eye disease, glaucoma, and I needed surgery immediately or I would go blind. By the time I returned home, I was hysterical. I tried to calm down by telling myself that the doctor was wrong. But, I didn't ignore his warning. Immediately I sought a second opinion from another doctor.

My new ophthalmologist was not an alarmist. He conducted an extensive exam and explained that I had a less common form of the disease, angle-closure glaucoma, which a person is born with due to the structure of the eye. He recommended laser surgery to treat my condition.

Upon my return home, I was still worried but I was also somewhat relieved. I wanted to find out more about glaucoma so that I could understand my diagnosis and the treatment that was warranted. I remembered that my boss had mentioned that he had glaucoma. I asked him about it and he referred me to a specialist. The glaucoma specialist had to see the diagnostic reports from my two previous doctors before he could convey his opinion about treatment. The specialist found that all the findings of my ophthalmologist were correct. I did have angle-closure glaucoma and I needed to undergo an iridectomy in both eyes. The next step was to submit to extensive testing that was both physically and mentally taxing. My patient husband sat at my side throughout this entire evaluation period. The testing confirmed the findings and in May 1982, I underwent laser surgery to correct my angle-closure glaucoma.

I went home later that afternoon, with doctor's appointments scheduled for three consecutive days. Shortly after, my slightly blurry vision subsided and I returned to work full time.

I have been extremely diligent about having my condition monitored. During a routine screening about four years ago, I found out that I had plateau iris. Plateau iris is a condition which pushes the iris up against the trabecular meshwork (the draining mechanism), causing angle-closure glaucoma. I needed additional laser surgery in both eyes. Although eye drops had not been necessary for controlling my glaucoma for ten

years, I now had to use two types of drops. There have been some side effects -- headaches, dim vision -- but I really can't complain.

When I first found out I had glaucoma, I was terrified that I would lose my sight. I prayed that I would not go blind before I saw the youngest of my three daughters graduate from high school. My prayers were answered and now the trick is to see my grandchildren do the same thing.

Angle closure glaucoma can lead to blindness within 24 hours of an acute attack. If my condition had not been discovered, I could have lost my eyesight at any time. Glaucoma really is a silent disease. I know I was "lucky" -- I want others to be "lucky" too. Because angle closure glaucoma is hereditary, I urge my daughters to have annual eye exams. So far, they are all fine. My husband also has a high intraocular pressure and is being closely monitored.

If it had not been for my experience, we would probably still be taking our eyesight for granted. I am thankful that I found out about the disease before it was too late. My family and I know that I am a "very lucky lady" indeed.

## Doctor, I have a question

by Robert Ritch, M.D.  
Medical Director, The Glaucoma Foundation  
Professor of Clinical Ophthalmology and Chief of Glaucoma Service,  
New York Eye and Ear Infirmary

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**Q:** At times you hear people say "terminal cancer." Do you think there is such a thing as "terminal glaucoma"? By this term I mean a point beyond which all treatment seems to fail and there is no hope to stay or slow significantly the damage from glaucoma. You probably have seen cases of this type. I would appreciate your comments.

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**A:** No. There is always something to try until all light perception is lost. No matter how little vision is left, glaucoma should be treated aggressively enough to try to preserve that vision.

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**Q:** I was just classified as a suspect for glaucoma. I took the visual field test and I understand that you are to look at the center which is a green and red object. However, was I only to focus on that green and red object without moving my head? I saw with the corner of my eye light objects and, of course, took my eye off the center and looked at it and pushed the button. I have to take the test again and would like to know if I am using the correct method.

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**A:** There are a number of different machines for testing the visual field. You are supposed to focus on the target and not move your head so that the computer can determine whether or not you can see the lights appearing in your peripheral vision. When you are taking the test, it is easy for your eye to wander, but the technician administering the test should be with you to watch while you take the test and prevent you from looking around and encourage you in the proper way of taking the test. The technician should also give you complete instructions about how to take the test before you begin.

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**Q: My doctor has told me that an operation to correct open angle glaucoma can have some complications. Some of these can be bleeding, infection and blindness. Because of this he is very conservative in his treatment and will only operate if truly necessary. I am very concerned about this should I ever need an operation, but, from all the reading I have done on this subject, I have heard that these operations are very successful. I hope my doctor will not delay in my needing an operation until my vision has been seriously impaired. Needless to say either way, I am worried about the outcome of any future operation.**

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**A:** Any intraocular surgery can result in bleeding, infection and blindness. For many years, and actually, until quite recently, glaucoma surgery was considered fairly hazardous and generally regarded as a last resort after the failure of medication and laser treatment to control the disease. Many ophthalmologists are still conservative when it comes to glaucoma surgery.

However, in the past few years, the success of surgery for open-angle glaucoma has markedly improved. The first major reason for this is, the use of antimetabolites, such as 5-fluorouracil and mitomycin C, to decrease postoperative scarring. This has resulted in a significant improvement in the success rate of surgery, particularly in those conditions with previous intraocular surgery, such as cataract extraction, patients with previously-failed filtration surgery, younger patients, black patients, and patients with complicated forms of glaucoma or glaucoma associated with uveitis.

The second advance has been post-laser suture lysis. With this procedure, sutures which are buried under the conjunctiva and which close the flap in the wall of the eye after the trabeculectomy has been performed, can be cut using a laser and a special lens. This has allowed glaucoma surgeons to make the flap tighter at the time of surgery. This prevents too much fluid leaving the eye, which can result in a number of undesirable complications, particularly a flat anterior chamber, which can be a surgical emergency.

As a result of these advances, the success rate has significantly increased and the complication rate has significantly decreased. Hemorrhage is extremely uncommon in an eye which has had no previous surgery. It is slightly more common in eyes which have had previous surgery and the chance of its occurring increases with increasing myopia (nearsightedness) in such eyes. Late infections of the filtration site are becoming more common with the use of antimetabolites.

The safety of glaucoma surgery has increased significantly in the past few years and concomitantly, our awareness of the side effects of long-term medications has also increased. At the present time, there is an ongoing multi-institutional study sponsored by the National Eye Institute, known as the Collaborative Initial Glaucoma Treatment Study

(CIGTS) [see Eye to Eye Spring 1995 edition -- ed.] comparing the safety and efficacy and the effect on quality of life of initial glaucoma surgery compared to initial medical treatment in patients with newly discovered open-angle glaucoma.

Nevertheless, if the glaucoma is uncontrolled and your visual field is getting worse, the chance of an adverse effect from surgery is less than the chance of your losing vision from glaucoma, and glaucoma surgery is generally advisable in such circumstances.

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**Q: Besides taking your medication and keeping yourself as healthy as possible, is there anything significant a person with glaucoma could be doing? Emotionally this medical condition is very draining. Not really knowing what the future may hold can be hard to deal with at certain times. Can you offer any hope of future medications, treatments and maybe even a cure in the not so distant future? Anything you could suggest as far as handling this medical condition would be a help.**

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**A:** Until recently, my answer would have been that taking your anti-glaucoma medications rigorously is really the only way to slow down or prevent worsening of the visual damage. However, some very interesting facts have been coming to light and I believe our knowledge of these other factors is going to increase markedly in the next few years.

Back in 1981, a study by Dr. Ivan Goldberg, now of Sydney, Australia, and his colleagues showed that patients with normal tension glaucoma who were sedentary had more rapid progression of their disease than patients who exercised. Aerobic conditioning appears to increase blood flow to the eye (as do calcium channel blockers). Researchers in Portland, Oregon have shown that aerobic conditioning can lower your baseline intraocular pressure and a further, transient lowering occurs on an acute basis with exercise. A study in Japan has shown that obesity is a very important factor in the progression of glaucomatous damage, parallel to what we already know in association with diabetes and hypertension. Some patients with glaucoma may be worsened by smoking. There is increasing evidence, although as yet no proof, that high dose antioxidants may also be of some benefit in at least some patients with glaucoma. How significant all of these factors are and how much their impact is compared to medications remains to be established.

New medications and treatments are under development all the time. Glaucoma is not one single disease but really is an end stage. It is a particular pattern of optic nerve damage and visual field damage caused by a number of different diseases which affect the eye. Most of these diseases, but not all of them, are associated with elevated intraocular pressure which is the most important risk factor, but still only a risk factor, for

glaucomatous damage. Intraocular pressure is not the disease itself. Some of these diseases are hereditary and some are acquired. We have a great deal to learn about the causes of most of these diseases, but the more we learn, the more specifically they can be treated and the sooner a cure can be developed. Certainly today, the outlook is far, far better for patients with glaucoma than it was even a few years ago.

## **Glaucoma and Pregnancy**

by Jacqueline S. Lustgarten, M.D.

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"Doctor, I Have A Question..." recently received the following question regarding pregnancy and glaucoma. We are pleased that Dr. Jacqueline S. Lustgarten, who frequently deals with this issue, has taken the time to provide an overview of the issues the glaucoma patient who is planning a family should consider.

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**Q:** Please tell me what the dangers are to an unborn child for patients taking glaucoma medications. I am 28 years old and have been using Betagan to control my pressure. I am now five weeks pregnant and my pressure is again elevated. I stopped taking my glaucoma medication and am concerned about the danger to my eyes since I have already experienced some vision loss as a result of glaucoma.

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**A:** The literature on toxicity of anti-glaucoma drugs used during pregnancy is extremely spotty. As with all drugs in pregnancy, if the use of the drug can be avoided, it certainly should be. The importance of using naso-lacrimal occlusion (proper insillation of eye drops) with your drops to significantly reduce (possibly up to 90%!) the amount of drug that gets into the body cannot be overstated.

Not surprisingly, we have the most experience with pilocarpine, one of our oldest medications, with regard to maternal/fetal toxicity. One large collaborative study found no association between the use of pilocarpine during the first four months of gestation and development of congenital abnormalities. The same study found some association between the use of systemic epinephrine and some congenital abnormalities, as epinephrine seems to readily cross the placenta. Similarly, beta-blockers seem to cross the placenta, and as such bear some potential risk. Oral carbonic anhydrase inhibitors (CAI) have been implicated in numerous case reports in producing congenital malformations. All this sounds somewhat foreboding, and it should be taken seriously. However, there is no data I am aware of with regard to how much of the drugs get across the placenta from topical ophthalmic dosing (epinephrine-Propine; beta-blockers-Timoptic, Betagan, Betoptic, etc; CAT-Trusopt); because of the significantly smaller systemic dose, it is reasonable to assume that there would be significantly less danger.

I personally have carried several women through pregnancy without ill-effect on pilocarpine, as they needed the pressure-lowering effects of medication. To me, this drug seems to have the best margin of safety. If this could not maintain control, I would have considered the possibility of laser treatment to avoid loss of visual field. Pregnancy itself,

however, can affect the intraocular pressure, and I have found that some women need less medication than before pregnancy to control their intraocular pressure. This observation has been supported by several other physicians.

Another issue to begin to consider at this point is whether or not you are going to want to nurse your child, as it has been shown that certain drugs, most notably the beta-blockers, are not only filtered into breast milk, but actually are concentrated in breast milk. Therefore, given the potential side effects of beta-blockers in children, you would probably not want to nurse if you need to be on beta-blockers.

Providing an absolute answer is not easy. The situation has to be weighed both in terms of the risk to the mother and also risk to the unborn baby. If control is only marginally lost by stopping your medications, then you may very well be able to carry through the nine months of pregnancy without medication and without harm to you or to your baby. However, you must be under close supervision by your ophthalmologist during this period to determine the minimum amount of medication/control necessary to carry you through. Once you have passed the first trimester, when most of the infant differentiation has occurred, the addition of drugs if absolutely necessary would perhaps seem to be less dangerous.

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Dr. Lustgarten has a private practice in New Jersey and is affiliated with Hackensack Hospital.

## **Aniridia, A Pediatric Glaucoma**

by Maurice Luntz, M.D., F.A.C.S., F.R.C.S. (ed.)  
a member of the Board of Directors, The Glaucoma Foundation  
Director of Glaucoma Service, Manhattan Eye, Ear and Throat Hospital

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Aniridia is a rare developmental disorder present at birth and progressive from an early age. The most striking feature is the seeming (but actually incomplete) absence of the iris in the affected eye. A number of other components throughout the eye are also affected in this condition. Although both eyes are always involved, the degree of this involvement may be very different between the two eyes.

Since progressive glaucoma can develop in up to 50% of the patients, it is important to have early evaluation and regular follow-up by an ophthalmologist. Medical therapy is helpful but anti-glaucoma surgery may eventually be required.

Most patients with aniridia have poor vision and are light sensitive. Some may have a rhythmic pendular horizontal movement of the eyes (nystagmus), misalignment of the eyes (strabismus), or loss of vision in the non-dominant eye (amblyopia). Cataract may be present at birth or may develop later, requiring surgical cataract removal.

Aniridia is based on a genetic defect (the Pax6 gene). Most are hereditary. In a minority of patients, this genetic abnormality is not inherited but occurs sporadically. In this group, a number of other physical and mental abnormalities may be present. Of these, Wilm's tumor of the kidney usually occurs in early childhood. It is usually associated with genetic-urinary abnormalities and mental retardation (autosomal dominant type). A second, autosomal recessive syndrome is associated with mental retardation and cerebellar ataxia (muscle incoordination). Early recognition and treatment of Wilm's tumor can be life-saving. It is therefore important that children with aniridia undergo thorough physical examination, developmental evaluation, and chromosomal (genetic) studies. They should be followed with regular pediatric evaluations including blood pressure measurements.

## What's Up Doc: My Pressure?

by David S. Greenfield, M.D.

Clinical Assistant Professor of Ophthalmology, New York Eye and Ear Infirmary

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Is it possible to have been diagnosed with glaucoma and have "normal" intraocular pressure (IOP)? In a nutshell, the answer is yes. Interestingly, this is not a rare disorder, as it may be identified in approximately one-third of all individuals diagnosed with glaucoma. In fact, as many as 50% of the patients with "high" tension glaucoma, or glaucoma associated with elevated IOP, will have presented without increased IOP at the time of initial diagnosis.

While the underlying mechanism of damage to the optic nerve is currently unknown, we believe that several processes may be involved. In some individuals, spasm of the arterial blood supply to the optic nerve is thought to contribute to the loss of visual field. These patients typically complain of very cold fingers and toes when outdoors and may in fact notice a change in hand color as well. Additionally, migraine headaches are common in this patient population. Certain medications known as calcium channel blockers are commonly used for treating cardiovascular diseases; they are used by some ophthalmologists for low-tension glaucoma. Their value for low-tension glaucoma remains controversial, and is under study.

Another hypothesis is that the IOP, while in the "normal" range for 95% of the general population, is too high for these patients' individual eyes. Medical or surgical reduction in IOP remains the mainstay of therapy. This, however, presents a challenge to both physician and patient alike since the pressure is often quite low even before intervention.

Interestingly, in addition to having low IOP, individuals with this disorder typically exhibit low systemic blood pressure. This may be seen both in healthy individuals as well as in patients who experience a side-effect of antihypertensive therapy. In fact, 24-hour ambulatory blood pressure studies have revealed that patients with normal tension glaucoma may develop significant "dips" in systolic blood pressure during sleep that may interfere with the blood supply to the optic nerve. Since these "dips" in blood pressure occur more commonly in patients taking antihypertensive medication, it is important to inform your ophthalmologist of any change in medication or new medical problems that have developed since the last examination.

As with other forms of glaucoma, normal tension glaucoma typically produces no visual symptoms until a moderate amount of optic nerve damage has occurred. Some patients may notice a sense of overall darkening in their visual environment. Others may become aware of "blind spots" in their vision.

The diagnosis of normal tension glaucoma is often a more challenging task than with other forms of glaucoma since the IOP is normal. Indeed, a number of non-glaucomatous processes can produce similar changes in the optic nerve appearance, referred to as

"cupping." Optic nerve strokes, commonly associated with a systemic vasculitis known as giant cell arteritis, may cause visual field disturbances and changes in the morphology of the optic nerve that resemble normal tension glaucoma. In addition, mass lesions inside the brain, previous episodes of optic neuritis (inflammation of the optic nerve), hereditary diseases of the optic nerve, toxic effects of heavy tobacco and alcohol abuse, and trauma to the optic nerve may produce similar changes in the optic nerve that resemble normal tension glaucoma. With a careful history and complete ocular examination, arriving at the correct diagnosis is made less difficult.

Much remains to be learned about the cause, diagnosis, and treatment for this not uncommon variety of glaucoma. With modern advances in optic nerve imaging technology, precise instrumentation using ultrasound and laser to measure ocular blood flow, and new topical medications shortly on the horizon, we are optimistic that our increased understanding of this disorder will provide patients with more effective therapy and better overall visual prognoses.

## From the Desk of the Executive Director

by John W. Corwin

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It took me awhile to discover the World Wide Web. My teenage son, a whiz at computers, persuaded me that a Web site would enhance the program of The Glaucoma Foundation. He was right.

For an organization whose mission is to communicate widely and effectively the need for regular eye checkups to catch glaucoma before it catches its victims, the Internet is an ideal medium. The Internet provides a continuous two-way channel currently in use by more than 30 million people around the world. (For those readers not familiar with this medium, the Internet is a network linking together all of these people who have computers and who can "visit" locations where other people present information on a seemingly infinite variety of topics. The Web is an Internet innovation which includes pictures as well as text.)

In the short time since we established our Web site, our experiences "talking" to people everywhere have been remarkable:

- More than 3000 people have "visited" our site.
- Within three months, people from a majority of the 50 states had sent us requests to join our mailing list.
- During a recent weekend, we received inquiries from people in eight countries: Canada, Malaysia, Taiwan, England, Spain, Israel, Japan, and Malta. Incidentally, all the writers wrote to us in English.

We have made available to anyone who is interested a wealth of information about The Glaucoma Foundation and glaucoma, in more than 50 pages of text, woven together in an easy-to-use structure with lots of cross-indexing, available at the click of a mouse. In addition to glaucoma, you can learn about our Board of Directors, our Scientific Advisory Board, our upcoming fundraising events, recent press releases and press coverage, and resources available to glaucoma patients and doctors. We post new information at least twice each month. In fact, this newsletter is available online, beginning with the previous issue, as is our 16-page color brochure, entitled Doctor, I Have A Question. Over time, we will be adding information about our medical research program, glaucoma screenings, and special events.

Crucial to the value of our Web site is that it is a two-way street. If you have a question about glaucoma, or you need a referral to an eye doctor, or you want us to send you some literature, or you have information you would like us to share with others---send us a note. Our email address is [glaucomafdn@interramp.com](mailto:glaucomafdn@interramp.com). (If you don't have Internet access, you can still call us at 1-800-GLAUCOMA.)

As a result of our journey into cyberspace, we are able to send and receive information to record numbers of people, very quickly and efficiently. Please stop by and visit our site at <http://www.glaucoma-foundation.org/info>. If you have ideas about what you would like to see added to our site, please let us know. We've gotten onto the information superhighway for the same reason we do everything else we do here -- to create a world without blindness. You can help us do it better.

# Making Progress Toward A World Without Blindness

by Michele M. Burnett Director of Development, The Glaucoma Foundation

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## *"How to Make a Contribution in Three Easy Steps"*

In the last three issues of Eye to Eye, The Foundation has tried to provide information to our supporters about a variety of contributions methods. These have included bequests and charitable remainder trusts. While these are valuable options for some individuals, they may not be for everyone. I hope that the following three-step giving method will be useful to you as you plan your charitable donations for 1996.

### 1. Become a Steward of The Foundation

Many times our supporters will say to me, "I would like to give more but it's difficult to take one large sum of money out of this month's budget." An ideal way to increase your support of The Foundation's activities is to select an amount that you can manage on a monthly basis rather than a once-a-year gift. By pledging a Stewardship Gift, you can determine, in advance, the amount you wish to contribute, and make payments on that pledge over a period of months.

For example, suppose you are now contributing \$25.00 a year but would like to increase your gift. By pledging to contribute \$10.00 a month for the next six months, your total contribution for the year is raised to \$60.00! You can also choose the number of months (3, 6, or 12) over which you want to make payments, and The Foundation will send you a reminder each month to return with your payment. Remember, \$10.00 a month for 12 months equals a \$120.00 contribution.

With a Stewardship Gift, you will be making a contribution in a way that is not a financial burden in any particular month, you can increase your charitable deductions for tax purposes, and you guarantee a greater stream of income for The Foundation's activities.

The Foundation offers special recognition for those making Stewardship Gifts. Your name will appear on the Stewardship Honor Roll

- in Eye to Eye during the time of your Stewardship,
- in the annual Black & White Ball Journal, and
- in a special section of The Foundation's Annual Report.

In addition, you will receive a "Certificate of Recognition" for your gift, and you can even make a "down payment" when you send in your pledge to accelerate your payments.

Only you can decide what giving method is right for you -- a contribution once a year or a Stewardship Gift. Pledging a monthly gift simply enables you to give more generously in balance with your other important economic responsibilities.

To begin the process of making a Stewardship Gift, please return the coupon below to The Foundation's Development Office at 33 Maiden Lane, New York, NY 10038.

## 2. Corporate Matching Gifts

Another way to provide increased support for The Foundation is by taking advantage of your company's Matching Gift Program. Most employers want to support the charitable causes that are of interest to their employees. To do this, companies make a "matching gift" based on a ratio established by company policy, the kind of charity you want to support, and on the amount of money that you have contributed. Some companies will also match the gifts of their retired employees.

For example, your company may be willing to "match" your gift on a 1-to-1 basis. This means that your company will send The Glaucoma Foundation \$50.00 if you have already sent us \$50.00. As the "primary" donor, you will be listed in our various publications with other donors who have given \$100.00. In addition, your company is credited with having provided a matching gift. Stewardship gifts may also qualify for matching funds from your company. The ratio of the match varies from company to company, and there are usually specific forms to be filled out for matching gifts. To determine if your company will make a matching gift, please contact your Personnel or Human Resources Department.

## 3. The Glaucoma Foundation Tribute Gifts Program

As a third step to easy charitable giving, we encourage you to consider participating in the Tribute Gifts Program to acknowledge the special people in your life. Tribute Gifts are appropriate for all kinds of occasions: birthdays, weddings, anniversaries, or just to say thank you to a colleague or customer. Tribute Gifts can also express sympathy for the loss of a loved one.

Tribute Gifts are easy to give: simply return the enrollment card that is included in the Tribute Program Gift Package with your contribution, or call The Foundation to charge your gift to a credit card. The Foundation does the rest for you, including notifying the honoree or their family of your generosity and sending you a replacement Gift Package for future use.

There are special privileges associated with the Tribute Gifts Program. One that you may be aware of is the special listing in Eye to Eye. These gifts are also listed in The Foundation's annual report. In addition to the attractive gift card sent in your name, honorees, or the family of persons being remembered, are added to

our mailing list and receive our newsletter, Eye to Eye, beginning with the issue in which your gift is listed.

To receive a Tribute Program Gift Package, please call The Foundation's Development Office at (212) 504-1902 today.

I hope you agree that it really can be easy to support The Glaucoma Foundation. We will continue to provide you with information on other planned giving opportunities. There is a giving plan that is right for you.

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Yes, I want to be a Steward of The Foundation and I want to make my pledge as follows:

The total amount I pledge to The Glaucoma Foundation is \$ \_\_\_\_\_.

I will make my payments in monthly installments of \$ \_\_\_\_\_ over 3 6 12 month period.

(circle one)

I want to make a down payment now of \$ \_\_\_\_\_.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Please print and return this form or e-mail the information to The Foundation at 33 Maiden Lane, New York, NY 10038.

## **A Thank You to Our Donors**

The Glaucoma Foundation gratefully acknowledges the following individuals and corporations, who have made a substantial contribution to support our many programs since January 1, 1996. We appreciate the support of all of our donors and will continue to acknowledge their support in each issue of Eye to Eye.

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### Contributions

Lorraine J. Brancato, M.D.  
Mr. and Mrs. Fred Klinghoffer  
Mr. and Mrs. Keith Kretschmer  
Putnam Lovell Inc.  
Ms. Judith Lash  
Sanofi, Inc.  
Donations of Services  
Mr. Richard Blodgett  
Merrill Corp.  
Peckolick Inc.  
Rosenman & Colin LLP  
Strategix, Inc.

## Tribute Card Program

The Glaucoma Foundation is pleased to acknowledge the following Tribute Gifts that were received since January 1, 1996. These gifts not only provide valuable financial support for The Foundation's many projects, but also recognize the special individuals in the lives of our donors.

<b>Honoring</b>	<b>From</b>
Mrs. Margaret McK. Treacy	Mr. David R. Treacy in honor of her birthday

### *Gifts in Memory of Those Who Have Passed Away*

<b>Honoring</b>	<b>From</b>
Ms. Mathilde Lawson	Mr. and Mrs. Walter Bryggman
Mr. Dick Iverson	Merrill Farms
Ms. Anna Luback	Ms. Wanda Drahos
Ms. Minnie McIntyre	Ms. Karen Winston
Ms. Eleanor C. Suarez	Ms. Sharyn Ferretti
Flora Harper	Ms. Judy Lash

To receive a Tribute Gift Program Package or to make a Tribute Gift, please call The Foundation's Development Office at (212) 504-1902.

## Let's Get Acquainted

In this issue of Eye to Eye, The Glaucoma Foundation is pleased to continue introducing our readers to the medical professionals who serve on the Board of Directors and on the Scientific Advisory Board. These individuals provide valuable insights in the evaluation of research grant proposals and advise The Foundation on the future direction of research and education. Other Board members, whose support and advice is so critical to The Foundation's work, will be featured in future issues of this newsletter.

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*Lorraine J. Brancato, M.D.*

Member of the Board of Directors and the Scientific Advisory Board, The Glaucoma Foundation

Executive Director, Ophthalmic Pharmaceutical Research Group  
American Home Products/Storz Ophthalmic Pharmaceuticals

Dr. Brancato graduated from Barnard College of Columbia University in New York and Georgetown University Medical School in Washington, D.C. After an internship at an affiliate of Hahneman Medical School at Monmouth Medical Center in Long Branch, New Jersey, she completed her ophthalmology residency at Mount Sinai Medical Center in New York City. As a Heed Scholar and an NIH fellow, she completed a fellowship in glaucoma at the Wilmer Eye Institute of Johns Hopkins. Dr. Brancato was a Director of Clinical Development at Ciba Geigy Pharmaceuticals Corp. where she completed all the preclinical and clinical work for the Voltaren Ophthalmic New Drug Application which she filed at FDA in 1989 and which was approved in 1992. She was a clinical attending physician in glaucoma at Manhattan Eye, Ear and Throat Hospital while with Ciba. She is now the Executive Director for Research and Development for Pharmaceuticals for Storz Instrument Company (St. Louis), a division of American Home Products (Madison, New Jersey). She is also responsible for all new product development and for all manufacturing changes and adverse reaction reporting of existing Storz products including DIAMOX and NEPTAZANE, two oral agents used for the treatment of glaucoma. She was the Director of the Glaucoma Service for 7 years and is an Assistant Clinical Professor of Ophthalmology at UMD-NJ Medical School. She also maintains a private practice for glaucoma patients in Paramus, New Jersey, and is on staff at Valley Hospital in Ridgewood, New Jersey, for surgical treatment of her patients. She also operates at the surgery centers at the Bergen Medical Center in Paramus and the Doctors Office Complex of UMD-NJ in Newark. She is author and co-author of abstracts and papers on glaucoma and ophthalmic pharmaceuticals.

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*Maurice Luntz, M.D., F.A.C.S., F.R.C.S. (ed.)*

Member of the Board of Directors, The Glaucoma Foundation

Maurice Luntz was President of the Board of Surgeon Directors (1992-1995), and is Director of Glaucoma Service of Manhattan Eye, Ear and Throat Hospital in New York. He is a Director Emeritus and Consultant of the Department of Ophthalmology at Beth

Israel Medical Center of New York. He is Clinical Professor of Ophthalmology at Mount Sinai School of Medicine and First Vice President of Academia Ophthalmologica Internationalis. Dr. Luntz was Professor and Chairman of the Department of Ophthalmology at the University of Witwatersrand, Johannesburg, South Africa, from 1964 to 1978. He became a Diplomate of the American Board of Ophthalmology in 1979. Dr. Luntz has been the recipient of numerous honors, prizes and scholarships, and academic awards including the American Academy of Ophthalmology Honor Award and a Gold Medal from the University of Rome. He is the 1995 Helen Keller Honoree.

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*Sek-Jin Chew, M.D.*

Member of the Scientific Advisory Board, The Glaucoma Foundation  
Deputy Director, Singapore Eye Research Institute  
Graduate Fellow, Rockefeller University

Dr. Sek-Jin Chew graduated from National University of Singapore in 1983 and completed his FRCS in Edinburgh, where he earned the Gold Medal in 1987. Following a research fellowship in the cornea at the LSU Eye Center, where he earned a M.S. in Anatomy and Cell Biology, Dr. Chew enrolled as a Ph.D. candidate in the neurosciences at Rockefeller University where he is working on adult neuronal plasticity. He is concurrently a Visiting Associate Professor of Biology at City University of New York where he collaborates with Dr. Josh Wallman in myopia research. At the New York Eye & Ear Infirmary, he works with Dr. Robert Ritch and Dr. Jeffrey Liebmann as a Research Associate in Glaucoma. Dr. Chew is the Deputy Director of the Singapore Eye Research Institute, and Vice President of the Myopia International Research Foundation. He is a fellow of the Academy of Medicine of Singapore, and of the American Academy of Ophthalmology.

## **The Glaucoma Foundation Welcomes A New Board Member**

Susan A. Murphy  
President and Chief Executive Officer  
Oppenheimer Capital Trust Company

Ms. Murphy is President and Chief Executive Officer of Oppenheimer Capital Trust Company, a trust company providing trustee and asset management services for qualified plans, public funds and health and welfare plans. She is also President of Quest Cash Management Services, a business division of Oppenheimer Capital which specializes in the development and distribution of money market funds, brokered CDs, and unit investment trusts to a nationwide network of brokerage firms. Prior to joining Oppenheimer Capital in 1989, she held management positions at Alliance Capital and at Southern California First National Bank (now Union Bank). Ms. Murphy is actively involved in Gilda's Club and is a Co-Chair of the Gilda's Club Comedy Gala Benefit Committee. Gilda's Club is dedicated to providing emotional and social support to cancer patients and their families. Ms. Murphy is also a long-standing member of Manhattan Theatre Club where she is a Patron's Leadership Council Member.

## Calendar of Events

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### **The 2nd Annual Glaucoma Golf Classic**

Monday, June 3, 1996

Marriott Windwatch Hotel & Golf Club

Hauppauge, Long Island

Tee-Off at 12:30 p.m.

Pre-Tee-Off Lunch and Post-Play Reception

Celebrity Sports Auction

Special Sports Celebrity Guests

For information call (212) 504-1902

### **The 10th Annual Black & White Ball**

Thursday, December 12, 1996

World Financial Center Winter Garden

Cocktails at 6:30 p.m.

Dinner & Dancing at 8:00 p.m.

Silent Auction/Raffle

For information call (212) 504-1902

## **CORRECTION:**

In the last issue of Eye to Eye (Winter 1996), the copyright notice for the article by Ronni G. Davidowitz on bequests was inadvertently omitted. The notice should have read:  
"Why You Need a Will" © Ronni G. Davidowitz, Special Counsel - Trusts & Estates,  
Rosenman & Colin LLP