

DUKE UNIVERSITY EYE CENTER

# VISION



FALL/WINTER 2006 VOLUME 22, NUMBER 2

## Taking the Lead

Duke Eye Center Retina Specialists are Leaders in Age-related Macular Degeneration Treatment and Research



PATIENT CARE + RESEARCH + EDUCATION



## CHAIRMAN'S CORNER

**I**t has been an extraordinary year at the Duke Eye Center. At a time when the National Institutes of Health (NIH)—and subsequently National Eye Institute (NEI) funding is diminishing—the Eye Center has received a competitive, renewal \$3.7 million core grant to provide infrastructure funds for NIH-funded researchers to continue their quest to find a cure for blinding eye diseases. It is certain that our world-class research, outstanding faculty, as well as our new Albert Eye Research Institute (AERI) have played a prominent role in our receiving this award.

We are gratified by the support of NIH and NEI but to continue to be leaders in translating research to patient care, we also must rely on private support from our donors and supporters. Another immediate concern is the inability of our 35-year-old Wadsworth clinical building to support the more than 75,000 patient visits annually, and we are striving to develop support for a new clinical facility.

In this issue you will learn about the leadership Eye Center faculty have taken to pursue true cures/reversals for eye diseases, to provide the latest technologies for patient care, and to develop the next generation of ophthalmology leaders, both clinically and in research. In the cover story our AMD (age-related macular degeneration) researchers have taken the lead towards future novel treatment for this disease that affects individuals over 50 years old and is the leading cause of vision loss in the Western world.

Glaucoma researchers are studying a hunter-gatherer population in the Philippines who show no signs of glaucoma in their older population—an unusual finding, given that two percent of the world's population over 40 years of age have glaucoma. Other articles highlight our clinicians and IT professionals who are pursuing an electronic records system and the Eye Center's medical student programs that provide an intensive learning environment for Duke students to learn about careers in ophthalmology.

Our success would not be possible without the leadership and support of our Eye Center Advisory Board, our donors, patients, alumni, faculty, staff, and the Duke University Health system. I want to express my gratitude to all of you for another year of your dedication and generous support. To each of you, I wish a safe and happy holiday season.

*David L. Epstein, M.D.*

**David L. Epstein, M.D.**  
Chair, Department of Ophthalmology

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## Taking the Lead

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# TAKING THE LEAD

Duke retina specialists are studying new treatments for age-related macular degeneration that could change the way we approach this sight-stealing disease

Age-related macular degeneration (AMD) steals the sight of millions of Americans at an age when most are just beginning to reap the rewards of a lifetime of labor. AMD is the leading cause of vision loss in older patients in the Western world. As its name implies, the disease is caused by the aging process, striking people over age 50. (Other types of macular degeneration are not age-related.) About 15 million Americans have been diagnosed with AMD and as many as 60 million people worldwide may be affected.



Tremendous advances in the treatment of age-related macular degeneration have been made in the past five years, but there's still a long way to go—and clinicians and scientists at Duke University Eye Center are leading the way. The Eye Center is home to the Duke Center for Macular Diseases, which integrates comprehensive patient care with clinical and scientific research to accelerate the pace of discovery.

As baby boomers age, the number of people with AMD is expected to double in the next two decades. It's a race against the clock, and Duke retina specialists Scott Cousins, MD, and Eric Postel, MD, are among those taking the lead.

## AMD 101

At the back of the eye is the retina, the nerve tissue that lines the inside back half of the eye and is responsible for converting light into sight. At the center of the retina is the macula, home to the nerves and circuits needed for detailed vision. The entire macula is about the size of a match head; the rest of the retina, which is about two or three thumb tips wide, is wired for peripheral vision.

"If the macula is damaged by disease, you get a blurry gray spot in your central vision," explains Cousins, the Robert Machemer, MD, Professor of Ophthalmology and director of the Duke Center for Macular Diseases. "You lose the ability to read, drive, and recognize faces.

You're not blind—you still have peripheral vision, so you can take care of yourself, but you can't do the kind of activities that most people want to be able to do. It's devastating."

AMD occurs in two stages or forms—dry and wet. The disease always begins as the dry form, which results from an accumulation of fatty plaques and nodules under the macula. Over a long period of time—often about 20 years—the retina thins, resulting in a gradual loss of vision. In most individuals the disease remains in its dry form. But in about 20 to 30 percent of people with AMD, the disease eventually develops into the wet form, in which renegade blood vessels grow into the macula where blood vessels don't normally exist. Those renegade blood vessels can leak, bleed, and scar, causing dramatic loss of vision within days or weeks.

## Today's Treatments

Less than a decade ago, the only treatment available for wet AMD was thermal or "hot" laser therapy, in which laser was used to cauterize the leaking blood vessels. In the process the nerves in the macula were also damaged. One's only option was to get comfortable living with vision loss. Medical and surgical techniques evolved, focusing solely on the disease's progression. But in the past few years, medical treatment for AMD has taken a huge leap forward, to the point where some patients' vision can actually be *improved*.



Normal eye



Early stage Dry AMD

Fundus photos showing changes in the eye associated with Age-related Macular Degeneration.



# the number of people with AMD is expected to double in the next two decades

“This is an exciting time for the medical treatment of AMD, particularly at Duke where we’ve been involved in clinical trials for many of the breakthrough treatments and have done a lot of innovative clinical research in-house,” says Cousins, who came to Duke from the Bascom Palmer Eye Institute last year and sees patients in Durham, Danville, Va., and in Florida.

Recent breakthroughs have been developed for the wet form because it is a simpler form of AMD. Retina specialists have found some of the most effective treatments in a surprising place: in cancer therapies.

“For a cancer tumor to grow, it needs blood vessels to provide nutrients,” Cousins explains. “If you can block the blood vessels feeding the tumor, the tumor dies. The same biology that causes a tumor’s blood supply to grow causes the growth of those renegade blood vessels in wet AMD. By taking the basic science knowledge developed by cancer specialists and applying it to AMD, we’ve been able to take shortcuts in developing treatments.”

Stopping the growth of the renegade blood vessels in the macula is the target of several current treatments. Each treatment takes aim at blocking vascular endothelial growth factor (VEGF), a toxin that, when overproduced by the macula, causes those vessels to grow. Successfully blocking VEGF with medication can control the growth, leakage, and bleeding of these vessels.

Currently three anti-VEGF drugs are being used by retina specialists, all of which require direct injection into the eye. The first, introduced several years ago, is Macugen. Then came the development of Avastin, originally used to treat colon cancer. Although never formally studied in the eye, Avastin was tried based on its similarity to Lucentis, the latest medication specifically developed to block VEGF in the eye.

Cousins was involved in some of the clinical trials for Lucentis, which has significantly improved vision in 30 to 40 percent of newly diagnosed AMD patients studied and stabilized vision in 95 percent. Of the three medications, doctors have the most data on safety and



Dry AMD with geographic atrophy



Wet AMD



effectiveness for Lucentis. The only downside, Cousins notes, is its cost of about \$2,000 per dose, making the drug prohibitively expensive. (By comparison, Avastin is less than \$100 a dose.) Initial clinical trials indicate that to get the maximum benefit—to achieve sustained, improved vision for two years—patients may need a dose of Lucentis once a month, but Cousins and other retina specialists are still trying to determine the optimal scheduling regimen.

There are advantages and risks for each of these medications, and ophthalmologists choose which drug to use based on the specific concerns of each patient. For instance the weaker Macugen might be the best bet for some patients at cardiovascular risk since VEGF, despite its downsides, also regulates blood pressure and may be beneficial for patients who have had heart attacks or strokes. These medications are all new, so the risks of long-term use are not yet known.

The news on the dry AMD front is not as good: the only treatment available is a cocktail of vitamins to slow the chance that the dry will convert to wet. There is currently no specific treatment to stop the dry AMD, or even slow it down.

“As of now, we don’t truly understand the triggers and causes of dry macular degeneration,” says Cousins. “We know it is at the intersection of three complex phenomena: genetics, environment, and

systemic health issues. But dry AMD progresses slowly, often taking about 20 years before it severely affects vision.”

Thanks to medical advances, surgical intervention is no longer necessary in most AMD cases. However for patients who can benefit from surgery, Duke Eye Center retina surgeons, including Cynthia Toth, MD, pioneered many of the techniques used to treat AMD, including macular translocation surgery.

In addition to these treatments, the Duke Center for Macular Diseases also offers low-vision rehabilitation and counseling services to help AMD patients and their families adjust to the condition and achieve increasing independence in their daily lives.

## Hope for the Future

Fortunately advances in AMD treatment are coming at a rapid pace, and Duke Eye Center, as always, is leading the way.

Medically clinician-scientists are studying the optimal doses and frequency of treatment for individual patients with the anti-VEGF drugs. A Duke team is working to develop tests to determine how treatment may be customized to the needs of individual patients. They are also conducting trials to gauge the effectiveness of combining anti-VEGF medications with each other and with additional medications. Over the

Photos: National Eye Institute, National Institutes of Health



Normal photo view



Photo as it might be viewed by individual with age-related macular degeneration.



## NEW TREATMENT STABILIZES PATIENT'S VISION

Five years ago, about two years after she was diagnosed with age-related macular degeneration, Millicent R. Cannon decided to switch her care to the Duke Eye Center.



"I really wanted to go to the best place I could find, so I decided to go to Duke," says Cannon, who travels to the Eye Center every month or two from Greensboro, N.C.

Cannon, a patient of Eric Postel, MD, immediately agreed to participate in the Duke AMD Genetics Study. "When he took the blood sample [for DNA], I said he could take all he needed! This study might not help me now, but I hope

I might provide some information that could be helpful for future generations."

Prior to coming to Duke, Cannon had received laser treatment for wet AMD in her left eye; her right eye—her "good eye" at the time—was diagnosed in the dry form, then later progressed to wet, too. This summer Postel treated her with an injection of Lucentis, the newest and most promising medical treatment for wet AMD.

"I am so pleased," she says. "Dr. Postel said there was no bleeding or leakage behind the eye, and my eyesight has stabilized—it may have even gotten a little bit better. If my sight stayed just like this for the rest of my life, I would be very happy."

next few years, Duke Eye Center will be involved in several national clinical trials of new topical and intravenous medications to treat wet AMD.

Smoking is a major risk factor for wet macular degeneration. Smokers are three to four times more likely to develop wet AMD than those who don't smoke. Cousins and Duke clinician-scientist Ivan Suñer, MD, recently published study results of the link between smoking and AMD in laboratory animals.

One of the biggest medical challenges, Cousins says, is to prevent dry AMD from converting to wet. "We're working on two blood tests that can identify patients who might be at extra risk for converting dry into wet, and we are developing and testing medicines that might prevent that progression in people at greater risk."

On the dry AMD front, Cousins is optimistic that the next three to five years will bring new opportunities for treatment. Cousins' lab and the laboratories of Duke Eye researchers Catherine Bowes Rickman, PhD, and Goldis Malek, PhD, have created different strains of mice with dry macular degeneration to understand better the biology of the disease so opportunities for treatment can be developed. Clinical research is also underway to identify toxins in the blood that might explain some of the causes. For instance, some pollutants found in automobile emissions might be related to this disease.

## Genetics: The New Frontier

Today the understanding of the genetics of age-related macular degeneration is in its infancy but the potential for this approach is clear.

Things really heated up in March 2005, when a team of Duke researchers—and coincidentally, teams at three other medical centers, all working independently—announced the discovery of the first major risk gene for macular degeneration. People who possess a variant of this gene, called Complement Factor H (CFH), are at a significantly greater risk for developing AMD than those who don't have it, reported the Duke investigators and their colleagues in papers simultaneously published in the journal *Science*.

It was big news in the international medical community—and a big coup for the Duke team, which has long been at the forefront of this science. Years of work by Eric Postel, MD, associate professor of ophthalmology, and scientists at the Duke Center for Human Genetics, and the efforts of referring physicians and participating patients had finally begun to pay off.

That discovery got the ball rolling. Since then there have been a number of other genetic discoveries, including the location of a second gene, LOC387715, which may play a significant role in AMD. Duke researchers were part of that discovery as well and recently

## HOPE FOR A TREATMENT—AND A CURE

By the time Caroline Ervin and her husband came to Scott Cousins, MD, for treatment, Charles had already lost vision in one eye due to wet AMD, and was concerned about losing sight in his other eye.



“Dr. Cousins gave Charles the hope that he would keep his eyesight until the end of his life; the peace of mind of knowing that Dr. Cousins would do everything he could to help; and the confidence that research would lead to new treatments and a cure for macular degeneration.”

Two years ago, Caroline Ervin was also diagnosed with AMD. Hers is the dry form, and she has not experienced any

vision loss. When Cousins moved to the Duke Eye Center last year, the Vero Beach, Fla., couple followed, traveling to Durham every six months for check-ups and to adjust their vitamin regimens.

Charles passed away in June, but he enjoyed his sight until the very end—something she knows her husband truly appreciated.

Ervin has signed up to participate in the Duke AMD Genetics Study and has encouraged others to participate as well. “My mother had AMD, as did all the women in her family, so I felt that it was hereditary even before the genetics work began.”

reported on a significant interaction between cigarette smoking and LOC387715 in macular degeneration.

“It was really the first time we found that an environmental and a genetic risk factor actually worked to produce an even higher risk than the sum of their parts for AMD,” says Postel, who treats patients with AMD at Eye Center clinics in Durham and Raleigh.

The Duke team also recently published a paper reporting its preliminary finding that there is a stronger association between CFH and geographic atrophy, a severe dry form of AMD, than with the wet form. They are now trying to determine whether different genes are linked to the wet and dry forms—and if so, will they require different, targeted treatments.

“When we started this study six years ago, we never thought we would have these major findings so quickly,” Postel says. “We’re all very excited, but at the same time, it’s important to temper people’s expectations. The reality is that the clinical implications of this genetic

research are a ways down the road and will likely benefit people who have not yet been diagnosed with AMD. The baby boomers are just getting into this age group, so we’re hopeful that we’ll be able to use this knowledge to help make a major impact—and someday, not just to treat this disease, but to *prevent* it.”

“Right now, we treat the end stage of this disease—we can’t effectively prevent it in a majority of patients,” says Postel. “If we can really figure out what is going on with the disease—what it really IS—well then we may be able to prevent it in more people, or in most people.”

Postel thinks the future of AMD treatment will be a mix of the medical and genetic approaches. “It’s going to necessitate using all facets of our investigators, including the genetic discoveries, the phenotype/genotype analyses, and the biochemical and molecular investigations to help produce more effective and targeted treatments.”

*To participate in the Duke AMD Genetics Study, contact Jennifer Caldwell at 919-681-2746.*



# Indigenous Island Population Provides Insight into Eye Disease

When Rand Allingham, MD, service chief of the Glaucoma Service at the Duke Eye Center, heard about a remote, indigenous population in the Philippines, he knew he had to take a closer look. Allingham, who has conducted studies on the genetics of glaucoma all around the world, wondered if this population could offer insights into key questions about glaucoma and other eye diseases.

The Aeta have lived on Luzon, the main island of the Philippines, for thousands of years and are believed to be the founding population, perhaps arriving more than 20,000 years ago. Five to seven thousand years ago, a second migration—this one from Asia and Malaysia—displaced the Aeta into the interior, mountainous regions of the island. There they continued to live a largely hunter-gatherer lifestyle, with many settling around the slopes of Mount Pinatubo. In 1991 Mount Pinatubo erupted for the first time in nearly 500 years, killing and displacing many. Today about 80 to 90 thousand Aeta still live in the Philippines, both in resettlement villages and in the mountains of Luzon.

A first glance at the Aeta reveals a heritage very different from that of their fellow Filipinos. They are dark-skinned, with very curly, kinky hair, and are African in appearance; the other major Philippine populations are Asian in appearance with dark, straight hair. It's also impossible to overlook their small stature: their average height is about 4 ft. 6 in. and average weight is about 79 pounds.

Allingham first heard about the Aeta from Eye Center clinical coordinator Cecilia Santiago-Turla, a Filipino-trained ophthalmologist. Her late father, a past mayor of Guagua, a town near Mount Pinatubo, helped the Aeta resettle after the volcano eruption.

Earlier this year Allingham, his wife, Anna Stout, PhD, and Santiago-Turla traveled to

Guagua to do a vision screening. Over three days they and several Filipino ophthalmologists screened more than 230 individuals, distributed reading glasses, and referred individuals in need of specialized care to doctors in Manila.

This was the first vision assessment for the Aeta and few had had general health care. "As expected, we saw cataracts as a significant cause of vision loss, but we saw very little blindness," Allingham reports. "We saw a number of individuals who were blind in one eye from injuries and trauma to the eye. But surprisingly, out of all the individuals we examined—most of whom were over the age of 55—we only saw three cases of glaucoma, and no glaucoma blindness. That was very puzzling."

Allingham and his team have been studying the genetics of glaucoma in Africa for many years. The world's leading cause of irreversible blindness, glaucoma affects about two percent of all Americans over 40. Yet African-Americans are afflicted at a rate three to five times higher than that of Caucasians. Because of the apparent genetic link, Allingham's team has focused particularly on West Africa, to which most African-Americans can trace their ancestry. The Aeta are likely descended from eastern Africa where the incidence of glaucoma is lower. This ancestry may explain their low incidence of glaucoma. To learn more about this indigenous population, the Duke team is collaborating with the National Geographic Society to study DNA collected from the participants. This information will help to answer questions regarding their ancestry and may help determine how long ago the Aeta migrated to the Philippines.

In addition the research group, including Stout, professor emerita at Duke and associate director of research and clinical programs at Structure House, collected information on the Aeta's nutritional and eat-



Rand Allingham, MD

ing patterns. They are analyzing the dietary data for factors that may contribute to their very small stature and the impact of lifestyle changes created by resettlement and island development.

But for Allingham the greatest opportunity is to study a pure population whose genes have not been mixed with those of other populations. "We have looked at populations from all over the world—Hispanic, African and Icelandic—so I'm very curious why it appears that the prevalence of glaucoma in the Aeta is so much lower than expected. Clearly we need to look at more people so we can see if our original findings are accurate, and, if so, start to determine why."

"The Aeta are such a warm, delightful group," Allingham notes. "They were very appreciative of our services. They are such a unique population, and we look forward to visiting them again and learning more about them."

# Eye Center's Medical Records Go Digital to Enhance Patient Care

Changes in today's health care are happening with lightning speed. But when it comes to patients' medical files, most medical centers are still decidedly low-tech; manila files filled with reams of handwritten or typed notes, stored in wall-to-wall file cabinets are the norm. When a patient's records are needed, someone must hand-pick the file from its drawer and deliver it to the physician.

Duke University Eye Center prides itself on being a leader in delivering the highest quality medical care. Now the Eye Center is taking the lead nationally in moving patients' medical records onto the computer to serve patients at the Eye Center's growing network of clinics more efficiently.

The Eye Center's technical wizards, including Brian Rothfuss, a senior IT analyst, have worked closely with physicians and staff to create an electronic medical records ("e-records") system tailored to the Eye Center's needs. The record includes information from each patient exam, an electronic prescription pad—even the ability to record and transcribe electronically the physician's dictated notes immediately while he or she is meeting with the patient. Secure remote image sharing and voice recognition will be added in the next few months. More features will be added over time.

Paper records from past visits will be scanned into the system, making it possible to search quickly through these files electronically, rather than going page by page through a huge stack of papers.

Each exam room with access to "e-records" has its own computer to allow the doctor or technician to enter exam notes or look up patient records at the touch of a button. The digital files can also be sent by email to the referring physician and, in an emergency, the attending medical team can access patient records immediately.

Pull-down menus and other features save time and reduce the risk of errors or lost paperwork. Prescriptions can be processed more quickly, too. Billing information will be stored on the same system, making it easier to resolve billing questions.

Nick Hernandez, senior manager of information technology for the Department of Ophthalmology, leads this ambitious project and works closely with Rothfuss and Robin Vann, MD, service chief of the Comprehensive Service. "The main reason we've adopted this enhanced technology is to increase patient satisfaction with our services," Vann says. "We offer the same high-quality medical care as always, but we can be much more efficient in the way we handle patient information, so our health care providers can spend more time caring for patients and less time doing paperwork."

"The Eye Center piloted the 'e-records' system at our Southpoint clinic beginning in March 2005, refined it, then tested it with two of our busiest ophthalmologists, Drs. Robin Vann and Leon Herndon," says Hernandez. By year-end, the main Duke Eye Center clinic will be using e-records; soon after, all of the satellite clinics will be online as well.

Duke University Medical Center also plans to convert from paper records to an electronic system in three to four years. "Our system is a stepping stone technology to this plan and to which I wanted to align our similar technological goals—using the screens and data we build going forward, and utilizing the smart IT foundation already put in place by Duke Medical's central IT staff, led by Dr. Mike Russell," says Hernandez.



Brian Rothfuss, Nick Hernandez, and Robin Vann, MD discuss the Eye Center's new "e-records" system.

Vann now has electronic access to all of his patient information. "It has allowed me to communicate more thoroughly and clearly with my patients and the assistants, and technicians no longer have to scramble or wait for our paper records to make a decision," says Vann. "My patients are happy that we are transitioning into this new world so that they can have faster responses to their questions. With electronic records we can reduce errors and increase the quality of visits."

"Without the dedication of Rothfuss and Vann, we'd likely still just be thinking about these great tools," says Hernandez.

Security and privacy of patient information were priorities in developing the system, Hernandez notes. It uses an encrypted technology approved by HIPAA and the U.S. Department of Defense. Backup copies are also kept to guard against network failure.



Photo: Will Owen

Maria Perveiler, a certified ophthalmic assistant, prepares the equipment for the now bladeless LASIK procedure.

# Banish the Blade

## All-Laser LASIK Available at Duke

During the past decade, LASIK (laser in situ keratomileusis) surgery has freed more than eight million Americans from daily dependence on glasses and contacts, and the number of people who choose to undergo the procedure increases every year. LASIK alters the structure of the cornea, the transparent part of the eye that helps it to focus, by selectively removing tissue from the stroma, its middle layer. But first the eye surgeon cuts a corneal flap and folds it back to permit laser access to the underlying tissue. The flap is created with a tiny surgical blade called a microkeratome. And, simply put, patients are afraid of the blade—it has traditionally been the most anxiety-provoking part of the procedure.

Fortunately a bladeless LASIK procedure is now available at the Duke Center for Vision Correction, and it has become the overwhelming choice of patients. Replacing the blade is the IntraLase, a laser that emits infrared light pulses of extremely short duration—measured in femtoseconds (a millionth of a billionth of a second). This computer-guided laser creates a predictable flap with pinpoint accuracy and with less damage to surrounding tissue, says Alan Carlson, MD, professor of ophthalmology and chief of the Cornea and Refractive Surgery Service. The

super-fast laser (delivering 60,000 pulses per second) gives the surgeon more control during the procedure as well as the ability to establish the precise dimensions and thickness of the corneal flap—factors critical to a successful LASIK outcome. In addition it takes only 20 seconds to create the flap, and the surgeon can see exactly what is occurring during the procedure.

“Even though the microkeratome is an accurate instrument, we were often confronted with that ‘fear factor’ among our patients,” Carlson says. “But with the IntraLase, we can more predictably create a corneal flap and reduce our patients’ anxiety levels at the same time.”

Since the IntraLase arrived in the spring, only one of several hundred patients undergoing LASIK at Duke opted for the microkeratome step instead of IntraLase. “I’m pleasantly surprised because I thought patients would be hesitant about the new technique,” says Terry Kim, MD, associate professor of ophthalmology. “But patients have embraced this new technology and have associated the laser with precision, safety, greater effectiveness, and less invasiveness.”

The all-laser LASIK procedure has few drawbacks, Kim says. Patients treated with the earlier generations of IntraLase some-

times experienced more inflammation and light sensitivity after LASIK, although it was generally resolved with medications. Duke’s IntraLase is the latest, fourth-generation model, which few other centers have. “The all-laser procedure is more expensive, but patients agree that the added levels of safety, assurance, and predictably better vision are worth the investment,” Kim adds.

The Eye Center corneal specialists also have plans to use the IntraLase for select patients needing a corneal transplant, Carlson notes. In fact, the laser’s versatility is one of the reasons the Eye Center decided to invest in the technology. Currently patients with scarring on the front of the cornea or disease within it receive a full-thickness, donated cornea from an eye bank. The IntraLase has renewed interest in lamellar procedures, which involve removing and replacing only those corneal layers that are diseased or damaged. “The ability to remove tissue selectively in a precise and programmable way means that we can use fewer stitches and shorten the healing process after the transplant,” Carlson says.

Carlson and Kim are pleased with the outcomes using IntraLase and the enthusiasm of their patients. “All I can say is, patients love the laser,” Kim says.

# Cousins Awarded the Robert Machemer, MD, Professorship

In May Scott W. Cousins, MD, became the second member of the Duke Eye Center faculty to receive a professorship named for its past chairman. The second endowed chair was established by the generosity of Robert A. Machemer, MD, who provided seed money for the endowment.

Machemer was chair of the Duke Department of Ophthalmology from 1978 to 1991. Under his leadership, the Duke Eye Center began building its international reputation as a leader in the ophthalmology field. Considered a pioneer in vitrectomy surgery, he developed a procedure (macular translocation) that has restored sight to many and also invented surgical instruments and techniques to treat vitreoretinal disease, diabetic retinopathy, and retinal detachments. Machemer, world-renowned as a clinician-scientist and master teacher, retired from Duke in 1998.

"The name Robert Machemer, MD, is synonymous with Duke Ophthalmology, and we are blessed to have two Machemer Professorships that honor his true genius as a clinical scientist and outstanding clinical chairman," says David Epstein, MD, chairman of ophthalmology. "Dr. Machemer revolutionized the field of retina surgery and disease pathogenesis, and as clinical chairman of ophthalmology at Duke, he established the highest level of clinical, educational, scientific credibility and achievement. In his retirement he continues to be a wonderful supporter and catalyst for our ophthalmology program. Scott Cousins, MD, the recipient of the most recent Machemer Professorship, is most worthy of this recognition for his scientific leadership and innovation in his studies of age-related macular degeneration."



Scott Cousins, MD, and Robert Machemer, MD

"Dr. Machemer is one of the greatest legends in my field (retinal diseases)," says Cousins. "To receive the Robert Machemer Professorship is one of the highest honors I could imagine. The financial support I receive from this endowment permits me to spend about half my time performing research and supervising young investigators in my laboratory."

Cousins, who joined the Eye Center faculty in 2005, is a professor of ophthalmology and director of the Duke Center for Macular Diseases. A retina-trained ophthalmologist who specializes in the diagnosis, treatment, and research of macular diseases, his Duke clinical practice focuses on age-related macular degeneration, diabetic retinopathy, and retinal vascular diseases.

His research includes both NIH and industry-funded research in various areas of dry and wet macular degeneration. He is also involved in many clinical trials and innovative therapies for the treatment of macular diseases, especially age-related macular degeneration.

An accomplished researcher, Cousins has coauthored nearly 80 journal articles, more than 13 book chapters, and more than 100 published abstracts. Among his numerous awards for excellence in the field of ophthalmology are the 2003 Lew R. Wasserman Merit Award, given by Research to Prevent Blindness, and the 2006 Alcon Research Institute Merit Award.

Before his arrival at the Eye Center, Cousins was a professor of ophthalmology at the Bascom Palmer Eye Institute at the University of Miami where he was affiliated in different capacities including director of research and deputy director of the Vascular Biology Institute.



## M. Tariq Bhatti, MD

Neuro-ophthalmologist and Scientist

The arrival of M. Tariq Bhatti, MD, in November filled a vacancy in a lesser-known but important subspecialty at the Eye Center—the Neuro-ophthalmology Service.

Neuro-ophthalmology deals with eye disorders that accompany diseases of the brain and nervous system. Neuro-ophthalmologists diagnose and treat a variety of optic nerve, cranial nerve, and brain disorders, including infectious and inflammatory conditions as well as tumors of the optic nerve, orbit, and brain. Often described as eye detectives, neuro-ophthalmologists sleuth through the examination and history of patients for clues to the origin of the problems and decide if additional tests are needed for diagnosis and treatment.

Bhatti, an associate professor of ophthalmology, arrived at Duke after eight years on the ophthalmology faculty at the Shands Eye Center, at the University of Florida College of Medicine in Gainesville. He also held joint faculty appointments in the Departments of Neurology and of Neurological Surgery. He holds a secondary appointment in the Department of Medicine, Division of Neurology at Duke.

The extraordinary reputation of Duke and especially the Eye Center convinced him to join the faculty here, Bhatti notes. “It’s a wonderful opportunity for me to continue my career in academic medicine,” Bhatti says. “The Eye Center is one of the top ten in the nation, and the neurology and neurosurgery divisions are also very strong. My affiliations with all of these colleagues will help to make me a better neuro-ophthalmologist.”

Bhatti treated a number of diseases at the University of Florida, including optic neuritis, an inflamma-

tion of the eye that is a common symptom of multiple sclerosis; pseudotumor cerebri, increased pressure within the brain in the absence of a tumor; diplopia, double vision; nystagmus, involuntary oscillating eye movements; ischemic optic neuropathy, a loss of sufficient blood supply to the optic nerve; unexplained vision loss; and tumors of the brain and eye socket. He was involved with several clinical trials examining new treatments for several of these disorders and plans to continue conducting similar studies at Duke.

Bhatti was born in Karachi, Pakistan, but he grew up in the New York City suburbs. After graduation from the State University of New York at Binghamton in 1989, he earned a doctor of medicine with honors from New York Medical College in Valhalla and completed an internship in internal medicine at

Greenwich Hospital, at the Yale School of Medicine. Then he completed an ophthalmology residency at the University of Florida in Gainesville. Following a one-year fellowship in neuro-ophthalmology at Emory University School of Medicine, he returned to Gainesville and joined the ophthalmology faculty in 1998. He also completed a fellowship in orbital and oculoplastic surgery at Allegheny General Hospital, Pittsburgh, during a six-month sabbatical in 2004-2005.

Medicine is all relative to Bhatti since his father and one of his sisters are physicians (the other sister is an attorney), and his wife Lubna recently graduated from medical school. The Bhattis are just getting settled in the Durham area and preparing to experience weather a bit more like New York’s winter than Florida’s. He notes that he doesn’t fit the physician-avid golfer stereotype, preferring to travel and do weight lifting in his spare time.

Edward Buckley, MD, professor of ophthalmology and pediatrics and chief of the Neuro-ophthalmology Service and Pediatric Ophthalmology and Strabismus Service, has been anticipating Bhatti’s arrival because Buckley has been the only neuro-ophthalmologist at the Eye Center for a number of months. “I am really pleased that Dr. Bhatti is coming to Duke,” Buckley says. “He has a national reputation as an outstanding neuro-ophthalmologist with a solid record of academic accomplishment. He will provide much needed assistance both to our clinical and educational efforts. I am confident that he will help re-establish Duke as a major center for the treatment of neuro-ophthalmic disorders.”



Even though she is an alumna of the University of Michigan, Duke Eye Center's new comprehensive ophthalmologist and cornea specialist says she doesn't mind cheering for Duke. After all, Aaleya Koreishi, MD, ("Kor-EH-shee") says Duke is her husband's *alma mater* and a place where she is excited to work. But make no mistake, Michigan will always have her first loyalty as a fan.

Koreishi grew up in Buffalo, N.Y., and was a student athlete who went to the University of Michigan to play field hockey—and to get her bachelor's degree with high honors in 1996—then remained to earn her medical degree. She returned to the East Coast for her residency in ophthalmology at the Wilmer Eye Institute at Johns Hopkins and headed south for a one-year fellowship in cornea and external diseases at the Bascom Palmer Eye Institute at the University of Miami. She also did research on new treatments for corneal disease and ocular surface cancers.

After her fellowship she spent a year in a private ophthalmology practice in Baltimore, Md., while her husband Jawad Qureshi, MD, (the same last name, just spelled differently) finished his residency. This spring the couple was excited when the Eye Center offered opportunities to both of them; he is a fellow in the retina fellowship program, and she is the newest member of Duke Eye Center's Comprehensive Ophthalmology Service.

"Duke has a fantastic reputation," she says. "After being in two great academic institutions for my training, I missed that academic environment while I was in private practice this past year. I love the teaching and learning, the interaction with colleagues and staff. Duke has this great reputation for exercising not only patient care, but education and research, and everyone at Duke holds these as priorities. You can see it in the environment, the way they interact with each other, and I'm really looking forward to becoming a part of that."

Koreishi officially joined the Duke Department of Ophthalmology as an assistant professor in August. As a comprehensive ophthalmologist at the main campus Eye Center location and the Duke Eye Center at Southpoint, near Southpoint Mall, she performs general eye exams and treats routine eye conditions. She also does cataract evaluations and surgery and helps patients manage glaucoma and diabetic eye disease. Since Koreishi is trained as a cornea specialist, she works closely with the Eye Center's Cornea Service and sees cornea patients at the Cary office at Regency Park. In addition to seeing patients, she will also teach medical students and residents. Eventually she plans to be involved in some of the Eye Center's clinical research endeavors.

For Koreishi, medicine is the family business. Her father is also an ophthalmologist and her mother specializes in child psychiatry. "At the end of medical school, when I had to decide my specialty, I tried *not* to think about ophthalmology, as I wanted to pave my own path," she says. "But I knew I liked ophthalmology because I had spent time with my father in his office, so I tried it out as a rotation, and I *loved* it. That confirmed what I wanted to do."

"Dr. Koreishi will make a fine addition to our growing Comprehensive Ophthalmology Service," says service chief Robin Vann, MD. "Her cornea and refractive surgery experience will address some of the growing interests of our patients."

## Aaleya Koreishi, MD

Comprehensive Ophthalmologist  
and Cornea Specialist





## Jill Koury, MD

Comprehensive Ophthalmologist  
and Glaucoma Specialist

In August 2005 just weeks before Hurricane Katrina hit, Jill Koury, MD, opened her private ophthalmology practice in New Orleans. When the storm slammed, Koury and her two children evacuated to her brother's home in Raleigh, N.C., and her practice shut down. Nearly a year later, after many ups and downs, Koury has decided to settle in her native North Carolina and join the Comprehensive Ophthalmology Service at the Duke Eye Center.

Koury, born at Duke Hospital, is a 1976 graduate of Duke University who moved to New Orleans in the late 1970s to attend medical school at Tulane University. She stayed in "The Big Easy" for her ophthalmology residency at the Ochsner Medical Foundation and a glaucoma fellowship at Louisiana State University. Then she went into private practice in established practices in Metairie and New Orleans, providing comprehensive eye care for 22 years.

Having grown up in Burlington, N.C., she is the daughter of two physicians who were Duke Medical Center faculty members. Her father attended medical school at Tulane; her mother attended LSU as an undergraduate and medical school student, courtesy of generous tuition grants from the city of New Orleans.

"My mother always felt a profound debt to the city of New Orleans for her education," says Koury. "So when I ended up staying in

New Orleans after medical school, I thought, 'Okay, Mom, your debt is repaid!'"

When Koury and her children fled to Raleigh after Katrina, they were awed by the generosity of the community. The Ravenscroft School in Raleigh offered to enroll the children at no cost, another parent offered an apartment for very low rent, and on move-in day, an army of Ravenscroft families showed up with trucks full of furniture, silverware, linens, gift cards—everything the family would need to get back on its feet.

"It was just amazing what they did for us," says Koury.

Koury explored work opportunities in the Triangle but went back to New Orleans at Christmas and started to put her practice back together. Just a few months after her practice reopened, Duke offered her a position, and she happily accepted.

"Duke is home for me, and I am thrilled to be coming home and joining the academic community here," she says. "I have always been strongly interested in the educational process—I love to attend lectures and conferences—and I am very much looking forward to that."

Koury joined the Duke Eye Center's Comprehensive Service as an assistant professor of ophthalmology in July. As a general ophthalmologist, she sees patients of all ages at the Eye Center's North Durham facility and at the main campus Eye Center for routine eye exams and eyeglass prescriptions. She also monitors and treats patients with diabetes-related eye conditions and glaucoma (her specialty) and diagnoses children for conditions such as strabismus and amblyopia. As an Eye Center faculty member, she also helps train Duke's ophthalmology residents.

A former competitive distance runner who has won marathons and qualified for and run the Boston Marathon, Koury comes from a tennis family and still plays a lot of tennis.

She is excited about being home in North Carolina for the rest of her career. This year her 10-year-old daughter lives with her and attends Ravenscroft School; her 14-year-old son will live with his father and finish middle school in New Orleans.

"We are very pleased to have Dr. Koury join our Comprehensive Service," says Robin Vann, MD, service chief of the Comprehensive Service. "Our team will benefit from her expertise in glaucoma and her clinical experience."

**Rand Allingham, MD,**

Glaucoma Service, found in a recent study, funded by a philanthropist, that major glaucoma genes may exist and be prevalent among certain populations. In this study some gene locations were identified in primarily Caucasian families, and others were found primarily in African-American families with glaucoma. Other genes were found in both groups. This important finding may explain why people of African descent are more likely to develop glaucoma and may lead to discovery of the gene types that are responsible. Research of this nature will ultimately lead to customized treatment for disease in general, in this case, glaucoma. This discovery has particular relevance for the research that is currently being conducted by Duke researchers in Ghana, West Africa, where studies of these glaucoma genes are underway. Allingham is also funded by the National Eye Institute of the NIH and private foundations.



**Sanjay Asrani, MD,**

Glaucoma Service, presented his research on imaging of narrow angle glaucoma at the annual meetings of the American Glaucoma Society, the New Delhi Ophthalmologic Society, and the Bombay Ophthalmic Society in March. His research was selected as a paper presentation at the annual meeting of the American Academy of Ophthalmology in Las Vegas, Nev., in November. Asrani was the keynote speaker for the Residents' Day 2006 ceremonies at Emory University.



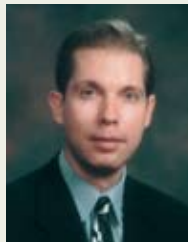
**Edward Buckley, MD,**

Pediatric and Strabismus Service, is serving on the steering committee of a National Eye Institute study that is looking at the treatment of pediatric cataracts, specifically the feasibility of implanting intraocular lenses in infants. Duke is one of the study sites. He was named interim vice dean of Education for the Duke University School of Medicine.



**Alan Carlson, MD,**

Cornea and Refractive Surgery Service, was promoted to professor of ophthalmology. He delivered a number of lectures on topics, including multifocal intraocular lens technology, laser refractive surgery, and advanced corneal imaging analysis. His recent lecture locations included Atlanta and Savannah, Ga., Roanoke, Va., Ft. Worth, Tex., Washington, D.C., Chicago, Ill., and Raleigh and Chapel Hill, N.C. He delivered the ninth annual VISX laser certification course at Duke and taught a hands-on advanced cataract surgery lab at the AAO meeting in Las Vegas, Nev. His recent publications have been on topics such as keratoconus, INTACS corneal rings, multifocal intraocular lenses, and corneal transplantation using the new endothelial transplantation technique. He was elected to the IntraLase advisory panel and was interviewed on UNC public television in August to discuss recent trends in eye surgery.



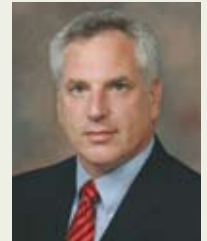
**Pratap Challa, MD,**

Glaucoma Service, recently received the Research to Prevent Blindness Sybil B. Harrington award. This RPB special scholar award supports young scientists conducting research of unusual significance and promise. It was awarded for his research into the genetic causes of pseudoexfoliation glaucoma.



**Scott Cousins, MD,**

Vitreoretinal Diseases and Surgery Services, was named a Robert Machemer, MD, Professor of Ophthalmology. He also received a \$100,000 Alcon Research Award.



**David Epstein, MD,**

chairman, Ophthalmology Department, spoke at the Glaucoma Research Society of The International Congress of Ophthalmology in Vancouver, Canada, in June. He was a guest panelist at the International Glaucoma Think Tank, sponsored by Allergan, held in Taormina, Sicily, in July. He also delivered two lectures at The XVII International Congress of Eye Research (ICER), held in Buenos Aires, Argentina, in October. Epstein is a co-inventor of an "Ophthalmological Drugs" patent that has now been published both abroad and in the United States.



**Sharon Fekrat, MD, FACS,** Vitreoretinal Diseases and Surgery Services, was an invited speaker at the Medical University of South Carolina in Charleston in June, and she spoke



at the 2006 Midwest Ocular Angiography Conference in Girdwood, Alaska, in August. She is site PI for the READ 2 Trial, evaluating Lucentis for diabetic macular edema. She and co-author Tamer Mahmoud, MD, published "Recombinant Tissue Plasminogen Activator Injected into the Vitreous Cavity May Penetrate the Retinal Veins of a Porcine Model of Vascular Occlusion" in the *British Journal of Ophthalmology*. She and co-author Adrienne Williams Scott, MD, have recently had two manuscripts accepted for publication in the *American Journal of Ophthalmology*, and Fekrat also has had a manuscript accepted for publication in *Retina*. Fekrat and co-author Srilaxmi Bearely, MD, contributed a book chapter "Ciliochoroidal Effusion" in *Duane's Ophthalmology* series. She was named to Best Doctors in America and was inducted into the American Retina Society this year.

**Paulo Ferreira, PhD,** Research, became a member of the editorial board of *Experimental Biology and Medicine*, a journal of the Society for Experimental Biology and Medicine. He and Patsy



Nishina, PhD, of The Jackson Laboratory organized "New Frontiers in Retinal Diseases: Linking Genetics to Molecular Pathways and Therapeutic Strategies," a research conference scheduled for the summer of 2007, under the auspices of the ARVO summer research conference.

**Sharon Freedman, MD,** Pediatric and Strabismus Service, recently had a paper accepted for publication in the *American Journal of Glaucoma*, titled "Central Corneal

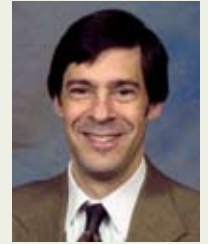


Thickness in Children: Racial Differences (black vs. white) and Correlation with Measured Intraocular Pressure" (co-authors include first author and current Duke ophthalmology chief resident Kelly Muir, MD, as well as Lois Duncan and colleague Laura Enyedi, MD). Freedman's article "Endoscopic Laser Cyclophotocoagulation in Pediatric Glaucoma with Corneal Opacities" was accepted for publication by the *Journal of AAPOS*. She was an invited speaker and symposium chair at the 2006 World Ophthalmology Congress held in Sao Paulo, Brazil, and at the 2006 annual Crawford Symposium in Toronto, Canada. She gave several presentations and chaired a symposium at the annual meeting of the Academy of Ophthalmology in November.

**Leon Herndon, MD,** Glaucoma Service, was promoted to associate professor of ophthalmology with tenure. He served as course director of the 18th annual Fall Glaucoma Symposium in September and served as visiting professor at George Washington University in October. He lectured during Subspecialty Day at the annual Ophthalmology Academy meeting in Las Vegas, Nev., in November.



**Glenn Jaffe, MD,** Vitreoretinal Diseases and Surgery Services, gave three different presentations on topics related to medical and surgical therapy of uveitis (eye inflammation) at



the Pan-Asian Academy of Ophthalmology in Singapore in June. He delivered the Seslen Lecture at Washington University in St. Louis, Mo., in September and presented a report on the three-year results of the fluocinolone acetonide implant to treat posterior uveitis (a multicenter trial) at the combined American Retina Society and Club Jules Gonin meetings in Cape Town, South Africa, in October. He and Ping Yang, PhD, a Duke post-doctoral fellow, recently published a paper in *Investigative Ophthalmology and Visual Science* titled "Oxidant-mediated Akt Activation in Human RPE Cells." Jaffe published *Intraocular Drug Delivery* with coauthors Andrew Pearson, MD, a former Duke fellow and current chair of ophthalmology at the University of Kentucky, and Paul Ashton, a long-time collaborator. Jaffe was named to Best Doctors in America.

## FACULTY UPDATE

### **Terry Kim, MD,** Cornea

and Refractive Surgery Service, was chosen by the American Academy of Ophthalmology to represent ASCRS in its Leadership Development Program. Kim's paper "Postoperative Complications of Cataract Surgery" was selected as one of the best papers from the 2006 ASCRS meeting and was presented at the Best of Anterior Segment Specialty Meeting held at the AAO's Annual meeting in Las Vegas, Nev., John DeStafeno, MD, and Kim presented their paper "Topical Avastin for Corneal Neovascularization and the Effects of Flomax on Iris Dilator Muscle" at the AAO meeting. At the ASCRS meeting, Kim presented preliminary results of a clinical trial on a new ocular sealant system developed by HyperBranch Medical Technology and his work with John DeStafeno, MD, and John Berdahl, MD, on "Corneal Wound Architecture after Phacoemulsification" was also presented. In December Kim will serve as the Ninth Wilfred E. Fry lecturer at the 16th Biennial Cornea Conference at Wills Eye Hospital and participate as a keynote speaker at Emory's Annual Clinical Ophthalmology Course.



### **Brooks McCuen, MD,**

Vitreoretinal Diseases and Surgery Services, vice chairman, Department of Ophthalmology, participated in a combined meeting of the American Retina Society and the Club Jules Gonin in Cape Town, South Africa, in October. He presented a variety of vitreoretinal papers and directed a course on the treatment of complicated retinal detachments with severe proliferative vitreoretinopathy at the American Academy of Ophthalmology meeting in Las Vegas, Nev., in November.



### **Frank Moya, MD,**

Glaucoma Service, Winston-Salem, and the office team had a successful community screening in Winston-Salem, seeing more than 100 individuals. They diagnosed numerous cases of glaucoma as well as other eye diseases. Moya was quoted in the *Winston-Salem Journal* regarding the event.



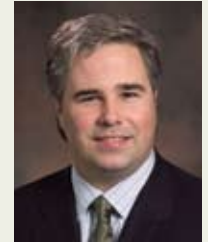
### **Prithvi Mruthyunjaya, MD,**

Vitreoretinal Surgery and Ocular Oncology Services, was lead author of the article "Efficacy of Low Release Rate Fluocinolone Acetonide Implants to Treat Experimental Uveitis" in the July 2006 *Archives of Ophthalmology*. Sandra Stinnett, DrPH, Eye Center biostatistician, was a coauthor, and Glenn Jaffe, MD, was senior author.



### **Eric Postel, MD,**

Vitreoretinal Diseases and Surgery Services, published "Complement Factor H Increases Risk for Atrophic Age-Related Macular Degeneration" in *Ophthalmology* in July. And "Cigarette Smoking Strongly Modifies the Association of LOC387715 and Age-related Macular Degeneration" was published in *The American Journal of Human Genetics* in July. He has submitted several articles that further characterize the phenotype-genotype relationships in AMD.



### **William Rafferty, OD,**

Cornea and Refractive Surgery Service, Winston-Salem, was awarded the John D. Robinson, Jr., OD, Clinical Excellence Award at the N.C. State Optometric Society Annual Spring Congress in Myrtle Beach, S.C., in June. This award is presented annually to an optometrist who has shown outstanding dedication and contribution to clinical advancement in optometry. Rafferty was the fourth recipient of this distinguished award.



**Ivan Suñer, MD,**

Vitreoretinal Diseases and Surgery Services, received a research grant from the International Retinal Research Foundation to study smoking, nicotine, and nicotinic receptors in wet AMD. He published “The Biology of Smoking in Age-related Macular Degeneration” in the *Review of Ophthalmology* in July. Suñer was accepted as a member of the American Retina Society, and he appeared on NBC Nightly News discussing Lucentis, a new drug for wet AMD.



**Robin Vann, MD,**

Comprehensive Service, lectured to residents at Alcon Labs headquarters in Dallas, Tex., in May and to ophthalmology residents at the Harvard Intensive Cataract Surgery Course in June. He and Eye Center IT staff continue to work on a customized departmental electronic medical record system, and they presented their efforts at the NCHICA meeting in September. Vann lectured on cataract surgery calculations and teaching at the AAO/JCAHPO meeting in Las Vegas, Nev., in November.



**David Wallace, MD, MPH,**

Pediatric and Strabismus Service, was the lead author of “A Randomized Trial to Evaluate 2 Hours of Daily Patching for Strabismic and Anisometropic Amblyopia in Children,” published in the June issue of *Ophthalmology*. The paper describes results of a multi-center, randomized clinical trial conducted by the Pediatric Eye Disease Investigator Group (PEDIG). He was recently appointed to the executive committee of PEDIG and also serves on several study-planning and steering committees. Wallace discussed the difference between comprehensive eye examinations and vision screening in children during a UNC-TV interview for “Legislative Week in Review” and during radio interviews for The Bill Lumay show (WPTF) and for the state government radio in Raleigh. He authored a chapter on surgical dressings in a new book *Basic Principles of Ophthalmic Surgery*, published by the American Academy of Ophthalmology.



**Julie Woodward, MD,**

Oculoplastics Service, was a guest lecturer at the Brazilian Society of Oculoplastic Surgery in September, lecturing on the uses of CO2 lasers in oculoplastic surgery as well as soft tissue fillers.



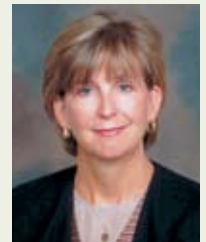
**Terri Young, MD,**

Pediatric and Strabismus Service, was the invited speaker at the International Marfan Syndrome Scientific Meeting in Philadelphia, Pa., in July. She was a platform speaker and scientific program chair at the annual Women in Ophthalmology Meeting in Montreal, Canada, and was a plenary speaker and session chair at the International Myopia Conference in Singapore in August. She was a moderator of the “Breakfast with the Experts” session at the annual American Academy of Ophthalmology meeting in Las Vegas, Nev., and was an invited speaker at the international symposium Cardiofaciocutaneous Syndrome and Noonan Syndrome Scientific Meeting in Potomac, Md., in November. Her recent publications include “Ocular Phenotype Correlations in Patients with TWIST versus FGFR3 Genetic Mutations” in the *Journal of the American Association of Pediatric Ophthalmology and Strabismus* and “The Cardio-Facio-Cutaneous (CFC) Syndrome” in the *Journal of Medical Genetics*.



**Carol Ziel, MD,**

Glaucoma Service, Winston-Salem, spoke to the local district society of optometrists about risk assessment in patients suspected of having glaucoma. She also spoke at the Annual Duke Glaucoma Symposium on refractive surgery and glaucoma and attended the Women in Ophthalmology annual meeting in Montreal, Canada.



## AWARDS & RECOGNITION

### AHMAD RECEIVES THE MACHEMER AWARD

Saad Ahmad, MD, received the prestigious Robert A. Machemer Research Award at the Annual Residents' and Fellows' Day program in June for his research "Pre-treatment Prognosticators of Response to a Fluocinolone Acetonide Implant for Diabetic Macular Edema," which was presented at ARVO in May.

The Robert A. Machemer Research Award recognizes a resident, clinical fellow, or research fellow whose clinical or basic science research proposal demonstrates high intellectual curiosity, outstanding scientific originality, and has a high impact on the clinical management of persons with ophthalmic disease. The award honors Robert A. Machemer, MD, a past chair of the Duke Department of Ophthalmology.



Saad Ahmad, MD and Robert Machemer, MD

### WILLIAMS SCOTT RECEIVES THE OCULAR INNOVATION AWARD

Adrienne Williams Scott, MD, was presented the Duke Eye Center Ocular Innovation Award at the Annual Residents' and Fellows' Day. She received the award for "Longitudinal Rates of Cataract Surgery, 1995-2002," published in the *Archives of Ophthalmology* in September.

The cash award is given annually to the resident who has produced the best published article in a national eye journal (peer or peer reviewed) during the year of an original concept, operation, instrument, or invention in ophthalmology. The judging gives less weight to papers that do not represent an innovation such as reviews of the literature, reports of a series of operations, descriptions of diseases or cases, or quantification of former concepts. The award is sponsored by a former Eye Center resident.



Pratap Challa, MD and Adrienne Williams Scott, MD

### COUSINS IS RECIPIENT OF ALCON RESEARCH INSTITUTE AWARD

Scott Cousins, MD, Robert A. Machemer, MD, Professor of Ophthalmology and director of the Duke Center for Macular Diseases, received a prestigious Alcon Research Institute Award for \$100,000 in April. The award will support the research of young scientists and new recruits in Duke's Center for Macular Diseases.

The Alcon Research Institute is a "virtual institute" that seeks and honors outstanding ophthalmology researchers from around the world. Nominees are selected by an elite group of national and international researchers. Recipients of the awards are honored at its biennial symposium when they become members of the "virtual institute."

"The Alcon Research Institute Award is one of international recognition for true excellence, scientific leadership and breakthroughs, especially in applying the best in science to human ocular disease," says David Epstein, MD, chairman of ophthalmology. "This award recognizes Dr. Scott Cousins' outstanding achievements in ocular immunology and points with great optimism to his ongoing, amazingly innovative research studying age-related macular degeneration."

### MUIR RECEIVES PREVENT BLINDNESS AMERICA AWARD

Kelly Muir, MD, chief resident, received a \$20,000 award from Prevent Blindness America for a research project titled "Randomized Trial of Literacy Level Appropriate Education in Improving Patient Adherence to Glaucoma Therapy."

The study's goal is to determine if employing an education program catered to the patients' level of literacy will improve the treatment of patients with glaucoma.



## RESEARCH TO PREVENT BLINDNESS AWARDS

Duke Eye Center Faculty members, Vasantha Rao, PhD, and Pratap Challa, MD, and third-year Duke medical student Emily Davies have received awards from Research to Prevent Blindness (RPB).

Rao, an associate professor of ophthalmology, pharmacology, and cancer biology, has been selected as the recipient of a \$55,000 Research to Prevent Blindness Lew R. Wasserman Merit Award. Established in 1995, the award provides unrestricted support to mid-career MD and PhD scientists who hold primary positions within departments of ophthalmology and who are actively engaged in eye research at medical institutions in the United States.

Challa, an assistant professor in the Glaucoma Service, has received the Sybil B. Harrington Scholar Award in the amount of \$50,000 to support research. The award is part of the RPB's Special Scholar program designed to support young scientists who are conducting research of unusual significance and promise.

Davies received a \$30,000 Medical Student Eye Research Fellowship. The fellowship allowed Davies to devote time to a research project within the Department of Ophthalmology during her third year of medical school. She trained with Dennis Rickman, PhD, assistant research professor of ophthalmology and neurobiology.

RPB is the world's leading voluntary organization supporting eye research. Founded in 1960, RPB has facilitated the advancement of research to develop more effective treatments, preventions, and cures for eye diseases.



Vasantha Rao, PhD



Pratap Challa, MD



Emily Davies

## ANNETTE TAYLOR-SNEED RECEIVES FRIENDS OF NURSING AWARD

Annette Taylor-Sneed, RN, a nurse in the Eye Center operating room, has been awarded the Stryker Award for Excellence in Perioperative Nursing, sponsored by the Friends of Nursing Program. She received a plaque and a \$1,000 education award at the Friends of Nursing gala in November.



Taylor-Sneed received an associate's degree in nursing from Durham Technical Community College. She has worked at Duke for 17 years, nine of which have been with the Eye Center.

## JAFFE NAMED RECIPIENT OF DUAG-UVEITIS AWARD

Glenn Jaffe, MD, director of the Uveitis Center at the Eye Center, received an award from DUAG (Deutsche Uveitis-Arbeitsgemeinschaft), the root of all German uveitis patient interest groups. This award honors the best three publications in peer-reviewed journals from the previous year that have made a significant contribution to the area of clinical or basic science in uveitis research. Jaffe was cited for his article "Long-term Follow-up Results of a Pilot Trial of a Fluocinolone Acetonide Implant to Treat Posterior Uveitis," published in *Ophthalmology* last year. The award ceremony was held along with the meeting of the German Ophthalmology Society in Berlin, Germany, in September.

Eye Center Leader Retires After 44 Years of Service



Nancy Anderson, Banks Anderson, Jr., MD, Calvin Mitchell, MD, and Lynn Mitchell celebrate Anderson's retirement at the annual Residents' and Fellows' Day dinner in June.

After serving patients and the Department of Ophthalmology for more than four decades, Banks Anderson Jr., MD, professor of ophthalmology in the Comprehensive Service, retired from Duke in June.

Anderson followed his father, the very first member of Duke's ophthalmology faculty, to Duke, dedicating his professional life to advancing the science and art of ophthalmology. After joining the Department of Ophthalmology in 1962, he worked closely with all four department chairmen and helped build Duke Eye Center's reputation through his service as a national leader in ophthalmology.

"Dr. Anderson has been the 'heart and soul' of the Duke Eye Center, our moral compass, and a wonderful colleague and important advisor to me," says David Epstein, MD, chairman of ophthalmology. "He represents the outstanding heritage of the Duke Eye Center with a metric of true excellence across all of our missions. Also he is a very wonderful and noble human being, and I am very grateful to Banks and Nancy Anderson for all their support of me over the past decade."

During his early career, when the Eye Center faculty was small, Anderson treated patients needing retinal reattachment surgery, corneal transplants, and muscle and glaucoma surgery. As the faculty grew and Anderson climbed the ranks, he focused primarily on cataract surgery and retinal laser surgery. As a general ophthalmologist for 44 years, he cared for the children of patients he treated when they were children. He also pursued eye research and taught several generations of ophthalmology residents, medical students, and fellows. To celebrate his career and retirement, he was honored at the annual Residents' and Fellows' Day dinner in June.

For Anderson, "restoring patients' vision" was always an intense joy but long-lasting satisfaction comes from participation in building Duke Ophthalmology to what it is today and in the trainees whose knowledge and skills he has furthered. "They, in turn, have taught what I have taught them."

Anderson says he has eased into retirement, gradually shedding his responsibilities at the Eye Center. "What I suspect I will miss most now is the frequent contact with patients and staff and that sense of accomplishment and self-worth that results from solving patients' vision problems."

Now he says he will spend more time playing the violin in his string quartet, sailing, gardening, playing tennis, and, with his wife Nancy, enjoying leisurely visits with their ten grandchildren.

"This is but another 'waypoint' in my life's journey, with perhaps a more radical course change than some," says the accomplished sailor. "This is a new course, more off the wind, and we will see where it leads."

Neuroprotection and the Eye Conference:  
Frontiers in Glaucoma Therapy

May 19, 2007

Albert Eye Research Institute  
Duke University Eye Center  
Durham, North Carolina

Course director  
Stuart McKinnon, MD, PhD

**Diane Beasley Whitaker, OD**  
 Optometrist Specializing in Low-Vision Care  
 Director of Vision Rehabilitation

Optometrist Diane Whitaker is passionate about helping people with low vision get the most out of life.

In October Whitaker joined the Duke University Eye Center faculty as an assistant professor of ophthalmology and director of Visual Rehabilitation in the Duke Center for Macular Degeneration. As a low-vision specialist, she sees referred patients who have permanent, irreversible vision loss, whether from a congenital or an acquired condition, the result of trauma, or associated with a systemic disease like hypertension or diabetes. Many of her patients have glaucoma, diabetic retinopathy, age-related macular degeneration or other ocular diseases.

“When I first meet patients, I assess their limitations due to their visual status, and then we establish their goals,” explains Whitaker, who sees patients three days a week in the Duke Eye Center clinic. “Then we incorporate assistive technology and other tools to help them meet their goals so they can continue to have an acceptable quality of life.”

Prior to coming to Duke, Whitaker spent nearly five years working in the field of low-vision care at UNC Hospitals. It was an area she became interested in while working in a fast-paced private practice in Fayetteville. “I encountered many people who had so much more life to live but who had functional limitations and concerns because of vision loss. There was a dire need for someone to help them but few resources in the area. That sparked my interest in and commitment to providing visual rehabilitation.”

Whitaker, a Texas native, earned her undergraduate degree in biomedical sciences at Texas A&M University and her doctor of optometry degree at the University of Houston College of Optometry.

“Sight is precious: it is the sense that people cherish most, and doing anything that enhances or preserves people’s vision is a vital service to provide,” says Whitaker.



And it’s a service that will be needed even more in the future. By the year 2030, Whitaker notes, there will be 72 million Americans over age 65—double today’s senior population—and 13 million of these people will be visually impaired.

“We don’t have adequate resources to handle today’s visually impaired population—much less a population double that size,” she says. “The White House Conference on Aging is working to improve access of the visually impaired to technology information services, employment, transportation, etc., and North Carolina is one of just six states selected by Medicare to participate in its Low Vision Device Demonstration Project. It’s an exciting time in this field and a great opportunity for Duke to play a major role on the national stage.”

Whitaker is particularly excited about Duke Eye Center’s long-term commitment to build a regional program for vision rehabilitation. This comprehensive program will ultimately cover all aspects of vision rehabilitation, from counseling and education to assistive technology and vocational training. Eventually Whitaker envisions a program staff that includes occupational therapists, certified low-vision specialists, orientation mobility specialists, teachers and nurses, as well as optometrists and ophthalmologists.

“I am excited about my work with visually impaired patients, and I believe that Duke is in an ideal position to build a preeminent regional program. That is my long-term vision, and I feel that Duke is the place it will happen.”

“We are fortunate to have recruited Diane Whitaker, a world-class low-vision specialist, to head a world-class low-vision program at the Duke Eye Center,” says Scott Cousin, MD, Robert Machemer, MD Professor of Ophthalmology and director of the Duke Center for Macular Diseases.

## Duke University Eye Center Ranks in the Top Ten U.S. News & World Report

Ophthalmology #8



## Kathleen Durr, MBA, CRA New Director of Sponsored Projects

It could be said that Kathleen Durr's job is like that of an orchestra leader. Combined with the outstanding research of a scientist, the information she collects and puts together creates a work that hopefully becomes music to a researcher's ears—grant money. "By providing the PIs (principal investigators) with administrative services, they can concentrate on what is really important—their medical research," says Durr.



Kathleen Durr, MBA, CRA, is the new director of Sponsored Projects Administration in the Department of Ophthalmology. She will provide fiscal and administrative management of grants, contracts, and institutional funding for faculty members. This work includes assisting in the preparation of grant proposals, monitoring/projecting budgets, complying with sponsor/institutional regulations, acting as liaison/negotiator between faculty and sponsors/institutional departments, and submitting reports to faculty, management, and sponsors.

A native of upstate New York, Durr comes to Duke from several time zones and thousands of miles away. She was previously the director of Sponsored Projects Administration at the House Ear Institute in Los Angeles. There, she administered more than \$12 million in annual biomedical research grants and contracts with more than 20 principal investigators.

She has also worked in contracts and grants at Cedars-Sinai Medical Center in Los Angeles. At Seton Hall University, she held several positions, serving as director of Annual Fund and Development Information Systems and as manager of Grants, Accounting and University Disbursements.

Being able to organize and direct are skills she cultivated at an early age, she admits, and are probably the skills she has utilized most in her previous positions. She prides herself on being able to meet deadlines and says she has never missed one. Her favorite part of the process is when the grant is awarded, of course, but she also says her heart skips a beat when the application package goes into the FedEx drop-in bin or the "submit" button is hit... on time.

"I am proud to be a part of an important, recognized profession which helps to facilitate medical research," she says. "The job is never static, either. I am always working with different sponsors and different regulations."

"We are very fortunate to have a person of Kathleen's caliber join our department," says Matt Kotsovolos, associate administrative director of the Eye Center. "Kathleen is the most polished and seasoned grants administrator whom I have met. She has all the tools that we are looking for, including high energy, excellent communicating and facilitating skills, high aptitude for developing relationships with PIs and sponsoring agencies, and she has a complete understanding of basic science and clinical study grants and its culture. She is an excellent addition who will strengthen many facets of our expanding research program."

Durr says she is still getting lost around Durham but has found no lack of friendly help at the Eye Center. "Everyone has been very helpful and informative, but especially JoAnn O'Neal, who works with me and has been really 'carrying the load' of our work while I try to get up to speed on 'the Duke way' of research administration."

It was Duke's reputation as a premier research university that lured Durr in this direction. And it certainly didn't hurt that her father, two brothers, and a sister all live in North Carolina. A third brother lives just over the state line in Virginia. Two of her brothers did their residencies at Duke. In her spare time (of which she admits she has little), she enjoys gardening and trying out different cuisines.

## Medical Student's Learn about Ophthalmology



Lenny Talbot, Nanfei Zhang, Emily Davies, Catherine Bowes Rickman, PhD, Ophthalmology and Visual Science Study Program (OVS) director, Pallavi Kumar, Mark Fernandez and Nieraj Jain.

Duke medical students are able to work with and learn from clinicians and researchers in one of three programs at the Duke Eye Center each year. Providing great insight into the world of ophthalmology, these programs help students assess ophthalmology as a potential career.

Directed by Sharon Fekrat, MD, the second-year medical student program offers a comprehensive rotation and exposure to each ophthalmic subspecialty. The two-week ophthalmology program is offered five times over a 12-month period. Students attend lectures and have hands-on training with equipment. Two general ophthalmology courses and a pediatric course, taught by pediatric physicians, are also available.

The Eye Center also offers a short-term program to fourth-year medical students. The four-week program, directed by Rand Allingham, MD, provides exposure to comprehensive and specialized areas in ophthalmology. The medical student becomes part of a team and learns basic elements of ocular diagnosis and treatment. This rotation is popular because it offers the chance to work with a large number of Eye Center faculty, residents, and clinical fellows. Two general courses and a pediatric section are offered. The general and medical courses rotate through the Durham Veterans Affairs Hospital, which provides more hands-on experience. Students in the pediatric course participate in the outpatient pediatric ophthalmology clinics and encounter the more common ocular disorders of childhood and adult motility.

Third-year medical students may join the Eye Center for a year of research. Directed by Catherine Bowes Rickman, PhD, the Duke Third-year Ophthalmology and Visual Science Study Program (OVS) is a 10–12-month program, providing the Duke third-year medical student with in-depth exposure to the sciences (basic and clinical) within ophthalmology.

Developing the next generation of clinician-scientists is a priority of the educational mission of the Department of Ophthalmology and is embodied by the OVS program. The student is mentored closely by an individual faculty member and may participate in an array of departmental research and clinical seminars, lectures and tutorials, and in a national scientific meeting. These activities provide an intensive learning environment and could help launch a career that bridges basic and clinical sciences with the practice of medicine.

“I truly believe that the Duke University School of Medicine curriculum fosters the development of inquisitive clinicians who will contribute to our profession with excellence in both patient care and the creation of new knowledge,” says David Epstein, MD, chair, ophthalmology. “Through the leadership of Ed Buckley, MD, Sharon Fekrat, MD, Catherine Bowes Rickman, PhD, and Rand Allingham, MD, we have an exciting and innovative experience for Duke medical students in years two through four. During the third-year research experience where students have eight plus months to pursue research electives in the Albert Eye Research Institute and Duke Eye Center, students not only gain translational science skills but are really welcomed/adopted by our entire faculty and learn by participation in all of our activities whether ophthalmology should be their chosen career.”

“Most importantly, I am ‘fanatical’ in my strong belief that physicians who do research early in their careers become inquisitive but also more astute clinicians in their subsequent practice and thereby may become major contributors to our profession,” Epstein says.

### Eye Center Welcomes New Clinical Services Manager

In June, Ray Fligman joined the Duke Eye Center as clinical services manager, replacing Carolyn Vaughan who retired in May. In his new role, Fligman oversees the ophthalmic medical technicians and nurses on several services throughout the Eye Center clinics. He will also oversee the Ophthalmic Medical Technician Training Program next year.



Fligman is a second-generation eye care professional. Both his father and uncle were optometrists. After receiving a bachelor's degree in biology from Michigan State, Fligman subsequently trained to be a certified ophthalmic technician, a licensed optician, a fellow of the Contact Lens Society of America, and a registered ophthalmic ultra-sound biometrist. As his skills grew, he took on more management and administrative responsibilities, first at smaller optometric clinics, then at two larger optical chains, and at large medical/surgical ophthalmology facilities. He practiced clinical care for many years, including fitting contact lenses, assessing low vision patients, and testing patients for various eye conditions. Fligman speaks regularly at regional and national conferences.

Just before coming to Duke, Fligman and his wife, Julia, were living in Florida where he was clinical supervisor at a large private ophthalmology practice in Delray Beach. At that practice, he saw patients, but his main responsibilities were supervisory and administrative, overseeing the technical staff and the scheduling and flow of patients through the clinic—a role similar to that of his new role at Duke.

Julia hails from Greensboro, and the couple and their four-and-half-year-old daughter Rachel had been considering moving to North Carolina for a while. "The last hurricane that came through Florida was a catalyst. I started putting out feelers for a job in the Raleigh-Durham area, and as luck—or fate—would have it, I called Duke one day and they were doing a national search for an experienced clinical manager."

So the Fligmans packed up their belongings and headed to the Triangle. They are now living in a Raleigh apartment while they decide where to buy a house.

The Duke Eye Center is a great fit for Fligman. "I love keeping busy, and Duke definitely keeps me busy," he says. "But the main thing that brought me here is that, although I've worked for many great private practices, I never worked for a large teaching institution, and I always had a desire to be part of an institution that was providing the top-notch care in the entire region," he continues. "And now I'm at Duke, and I'm part of the team doing that!"

## Duke University Eye Center Locations

### Duke University Eye Center

Duke University Medical Center  
Erwin Road  
Durham, NC 27710  
(919) 681-3937  
1-888-355-0204

### Duke Center for Vision Correction

Duke Center for Living Campus  
1300 Morreene Road  
Durham, NC 27710  
1-888-429-0555

### Duke Eye Center of North Durham

3116 N. Duke Street  
Durham, NC 27704  
(919) 681-3937  
1-888-355-0204

### Duke Eye Center of Southpoint

6301 Herndon Road  
Durham, NC 27713  
(919) 681-3937  
1-888-355-0204

### Duke Eye Center of Cary

2000 Regency Parkway  
Suite 100  
Cary, NC 27511  
1-866-403-0900

### Duke Eye Center of Winston-Salem

2025 Frontis Plaza Boulevard  
Greystone Professional Center  
Suite 100  
Winston-Salem, NC 27103  
1-888-642-0554

[www.dukeeye.org](http://www.dukeeye.org)

## 2006 Residents' and Fellows' Day



Dimitri T. Azar, MD, professor and chairman in the Department of Ophthalmology at the University of Illinois, delivers the keynote presentation.

Eye Center faculty, residents, and fellows celebrated the culmination of a year of research at the Annual Residents' and Fellows' Day in the AERI auditorium in June. At the two-day scientific symposium, residents, fellows, and Duke medical students, who participated in a one-year ophthalmology research program, presented their research papers.

Dimitri T. Azar, MD, professor and chairman in the Department of Ophthalmology at the University of Illinois, Chicago, was the keynote speaker and presented "Corneal Angiogenic Privilege: The Molecular Basis Of Corneal Clarity After Surgery" and "Management Of Anterior Segment Trauma."

Following the two-day program, the Eye Center honored retiring faculty member Banks Anderson, MD, and the graduating residents and fellows at a celebration dinner at the Levine Science Research Center.

## Duke Eye Center Ranks in Top Ten in NIH Ophthalmology Funding for 2005

1 Johns Hopkins University School of Medicine	\$14,115,442
2 Washington University School of Medicine	\$12,992,976
3 University of Wisconsin Medical School	\$12,851,884
4 Keck School of Medicine of USC	\$8,159,129
5 University of Pennsylvania School of Medicine	\$7,898,332
6 University of Michigan Medical School	\$7,591,367
<b>7 DUKE UNIVERSITY SCHOOL OF MEDICINE</b>	<b>\$6,583,199</b>
8 David Geffen School of Medicine at UCLA	\$5,823,629
9 Oregon Health and Science University	\$5,639,800
10 University of Utah School of Medicine	\$5,491,021

## Learners Update

John Berdahl, MD, resident, had his paper "Surgical Approach to Malignant Melanoma of the Upper Face" accepted for publication in the *Annals of Plastic Surgery* and a book chapter "Preoperative Evaluation for Cataract Surgery" in the *Essentials of Cataract Surgery*.

Emily Davies, fourth-year Duke medical student, received an outstanding poster award at the AOA Day. She worked with Dennis Rickman, PhD, during her third-year research program at the Eye Center.

Benjeil Edghill, MD, glaucoma fellow, received a first-place award at the Rabb Venable Competition at the National Medical Association 2006 Convention and Scientific Assembly in August in Dallas, Tex. He presented "Risk Factors for ROP" at the Kings County Hospital Center.

Carrie Morris, MD, third-year resident, presented a video titled "Triple Procedure: Surgical Considerations in Patients Having Cataract Surgery with Descemet's Stripping Endothelial Keratoplasty" at the 2006 joint meeting of the American Academy of Ophthalmology (AAO) and Asia Pacific Academy of Ophthalmology. The video was produced for inclusion in AAO's marketing. At the 2006 ASOPRS/AAO Fall Scientific Symposium in November, she presented "A Clinical Evaluation of the Role and Safety of Restylane® in Eyelid and Orbital Soft Tissue Augmentation."

Adrienne Williams Scott, MD, retina fellow, and coauthor Sharon Fekrat, MD, recently had two papers accepted for publication in the *American Journal of Ophthalmology*.

Nanfei Zhang, fourth-year Duke medical student, received an outstanding poster award for her presentation "The Importance of Bcl-xL in the Survival of Human RPE Cells" at the AOA Day. She worked with Glenn Jaffe, MD, during her third-year research program at the Eye Center.



## Duke Eye Center Receives \$3.7 Million NEI Grant

In the spring Duke University was named the recipient of a \$3.7 million, five-year Core Grant for vision research from the National Eye Institute (NEI), a division of the U.S. National Institutes of Health. Fulton Wong, PhD, director of research, is the principal investigator.

This is a competitive renewal grant which has supported investigators at the Duke Eye Center and their colleagues throughout the Triangle area, in their efforts to cure blinding eye diseases for over 20 years. The funds provide Duke Eye Center investigators who maintain independent NEI funding with additional research support. The current award also serves other NEI-funded investigators at Duke University, UNC-Chapel Hill, and North Carolina State University and links researchers from ophthalmology, medicine, neurobiology, pathology, and cell biology.

As the name suggests, the core grant supports an infrastructure where all scientists share resources and services that are not readily supported by individual grants. With a common pool of resources, the researchers collaborate in an environment that is conducive to sharing research techniques and innovative ideas. The award is made to improve an institution's environment and capability to conduct vision research, to facilitate collaborative studies of the visual system and its disorders, and to attract scientists of diverse disciplines to research the visual system.

"At a time when NIH funding is decreasing, the Eye Center continues to be competitive," says David Epstein, MD, chairman of ophthalmology. "Our 72,000 sq. ft. state-of-the-art Albert Eye Research Institute (AERI), which houses two floors of open-lab space, is specifically designed to encourage basic science researchers as well as clinician scientists to collaborate."

"AERI allows us to bring together a critical mass of basic scientists and clinician scientists who are committed to the disease translation goals of preventing blinding eye diseases. In this environment, and with the assistance that the core grant provides, we will catalyze interactions and collaborations."

Established by Congress in 1968, the NEI's mission is to protect and prolong vision in Americans by preventing and treating eye diseases and disorders. Vision research is supported by the NEI's approximately 1,600 research grants and teaching awards at more than 250 medical centers, hospitals, universities, and other facilities across the country and around the globe.

## Ferrell Retires After 37 Years of Service

In October Irma Ferrell, a surgical technician at the Eye Center, celebrated 37 years of service to Duke at a reception with friends and colleagues.

Ferrell has been a Duke Eye Center employee since 1973. She worked in the Duke South operating room from 1969 to 1973.

She's also well-known around the Eye Center (and elsewhere at Duke) as the singing member of The Complications, a band organized by Eye Center alumni and other medical staff. In the spring Ferrell received the Presidential Award, Duke's top employee award.



## Sinskeys Establish Education Fund at the Eye Center



Robert Sinskey, MD, and Loraine Sinskey present Roslyn Lachman, advisory board member, and David Epstein, MD, chair, ophthalmology, a check for \$100,000.

During the October Eye Center Advisory Board meeting, Robert Sinskey, MD, devoted and distinguished alumnus and supporter of the Duke University School of Medicine and the Eye Center, and his wife Loraine Sinskey presented a \$100,000 check to David Epstein, MD, chair of ophthalmology, to fund an endowment to support Duke Ophthalmology residents and faculty travel to international sites for further education and clinical outreach.

Robert Sinskey, MD, a graduate of Duke Medical School and a current member of the Duke Eye Center Advisory Board, is recognized internationally for his innovation, teaching, mentoring, and philanthropy. A loyal supporter of Duke and the Eye Center, he established an endowed professorship in ophthalmology in 2001. The Loraine & Robert Sinskey Terrace in the new Albert Eye Research Institute honors their generous donation to the building.

In January 2006 he received the Philip M. Corboy Memorial Award, and in May he received a doctor of medical science, honoris causa, from the Medical University of South Carolina in recognition of his accomplishments.

## Alumni Weekend



Eye Center Alumnus Y. Ralph Chu, MD, presented “Refractive IOLs: A New Era in Cataract Surgery” during Grand Rounds presentation for Duke Medical Alumni Weekend at the AERI Auditorium in October. More than 100 alumni, faculty and learners attended.

## Buckley Appointed Interim Vice Dean of Education

The Eye Center’s Edward Buckley, MD, professor of ophthalmology and pediatrics and service chief of the Pediatric Ophthalmology and Strabismus and Neuro-ophthamology Services, has been appointed interim vice dean of Education at the Duke School of Medicine. Buckley, who previously was associate dean for Undergraduate Medical Education, is now responsible for all aspects of the education of medical students including admissions, registration, curriculum, and the library. He started in this new position in October, succeeding Ed Halperin, MD.



“To me Ed Buckley is a ‘secret hero’ of Duke University School of Medicine for the highly professional, effective, and ‘classy’ way he has accomplished the modernization of the Medical School student curriculum, while at the same time maintaining his outstanding clinical and academic leadership within our Department of Ophthalmology,” says David Epstein, MD, chair of ophthalmology. “I am very proud of him.”

Get the latest information!



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