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Sightline

THE WILMER EYE INSTITUTE
AT JOHNS HOPKINS
BALTIMORE, MARYLAND



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The power of communication

In this issue of *Sightline*, you will find story after story of remarkable people whose lives have been touched in some way by the dedication and expertise of Wilmer's physicians and scientists. These men and women felt strongly about supporting the important work being done at the Institute, whether through outright gifts, multi-year pledges or through estate planning.

We present these stories to you in the hope that you will find them to be a source of inspiration, as we have. We hope you will be moved to tell others about your Wilmer experiences, and to share this publication with friends and relatives who may find one of these stories to be relevant to their personal situation.

And, of course, if reading these stories inspires you or someone you know to consider supporting the work being done at Wilmer, we would certainly be pleased to answer any questions you may have in that regard. After all, many of the Institute's most promising advancements would not have been achieved without the enlightened philanthropy of Wilmer's extraordinary benefactors.

A handwritten signature in cursive script that reads "Laurette J. Hankins".

Laurette Hankins
Director of Development

On the cover

Walter J. Stark, M.D., and the late Margaret C. Mosher, photographed at the Wilmer 75th Anniversary Gala. See story on page 3.

Fund to honor Dr. Goldberg and enable future directors to support "pilot" research

After a highly successful fourteen-year tenure of providing brilliant leadership as Director of the Wilmer Eye Institute and William Holland Wilmer Professor of Ophthalmology, Morton F. Goldberg, M.D., will step down from his duties as the Institute's fifth director on July 1, 2003. Fortunately, he will remain a vital force in Wilmer's clinical, teaching and research activities. In anticipation of this event, patients, colleagues and friends have asked how they might show their gratitude and appreciation of Dr. Goldberg's extraordinary work and accomplishments on behalf of the Institute. One way to do so is to consider a gift to the newly established Morton F. Goldberg, M.D., Director's Discovery Fund.

The Discovery Fund was created in response to Dr. Goldberg's stated desire to provide future directors with opportunities to support the most promising research throughout the Institute. He explains, "Wilmer today is the leading recipient of ophthalmic research funding from the National Institutes of Health, which supports well-established investigations. The Discovery Fund will enable future directors to support the research which government funding does not: "pilot" studies in which investigators' creativity and original insight have their strongest and earliest expression, and when pioneering breakthroughs are most likely."

Our goal for the fund is \$3 million. Even though we have begun this initiative quietly, we have already received over \$1 million in commitments. The names of major donors will be prominently displayed on a plaque recognizing all gifts of \$25,000 or more. They will also be featured in Johns Hopkins and Wilmer publications and in press releases



Morton F. Goldberg, M.D., fifth director of the Wilmer Eye Institute

provided to local and national news agencies. Donors who contribute \$5,000 or more to the Fund will be listed in a future issue of *Sightline*.

"It is very satisfying," concludes Dr. Goldberg, "to think that a fund in my name will support a future researcher's exciting idea—and perhaps lead to improved treatments for ophthalmic diseases." ✦

The Walter J. Stark, M.D., and Margaret C. Mosher Center for Cataract and Corneal Disease: new approaches to cure cataract and other eye diseases

Cataract surgery is one of the great success stories of modern ophthalmology. That success stems in large part from the creativity, expertise and dedication of surgeons in practice. Wilmer's pioneering cataract surgeons include the late Wilmer Director A. Edward Maumenee, M.D., and current-day Wilmer leaders he influenced profoundly, such as Walter J. Stark, M.D., the Walter J. Stark Distinguished Professor of Ophthalmology, and John D. Gottsch, M.D., the Margaret C. Mosher Professor of Ophthalmology. Drawing on their extensive surgical experience, they developed and tested new surgical techniques and instruments, and trained surgeons in their use. Together with colleagues at other institutions, they made cataract surgery safe and effective.

That process continues today with the latest advances developed by Drs. Stark and Gottsch and the faculty of Wilmer's Corneal and Cataract Service. Yet, for these surgical experts, improving surgery is not enough. They seek entirely new approaches for diagnosing, treating and even curing cataract, for understanding its involvement with other eye diseases and for reducing the need for surgery. Now, supported by the

magnificent generosity of Margaret C. Mosher, her estate, and the Samuel B. Mosher Foundation, they are creating the means to do so: the Walter J. Stark, M.D., and Margaret C. Mosher Center for Cataract and Corneal Disease.

New tools for cataract research

"The Center," explains Dr. Stark, "will be founded on the immense experience we have developed at Wilmer in the care of cataract and corneal disease. Its goal, however, is to go beyond known methods and gain new knowledge, not only in cataract but in all aspects of eye disease related to cataract, including

corneal disease, glaucoma and macular degeneration. This will require close interaction with colleagues who specialize in those areas, and the Center will indeed be multidisciplinary, involving clinicians from multiple Wilmer divisions and basic scientists from Wilmer and Johns Hopkins.

"Further, the Center will utilize the latest tools in modern medicine—molecular biology, genomics, proteomics—which those other subspecialties have already begun to utilize. Working together, we will quickly gain from our combined expertise."

What will the Center achieve? "Over the next several years," Dr. Stark states, "we will learn to treat cataract with newer, non-surgical approaches, slowing or stopping the genetic processes which underlie them. If we can find ways to reduce the progression of cataract by ten years, we can reduce by 50% the need for cataract surgery. That would be an enormous benefit to patients everywhere. We also hope to make progress in a number of specific areas, such as reducing the body's rejection of corneal transplants, developing gene therapy treatments for corneal dystro-

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At the dedication of the Margaret C. Mosher Professorship (from left): Walter J. Stark, M.D.; Edward E. Birch, Ph.D., trustee of the Margaret C. Mosher Trust; John D. Gottsch, M.D., the inaugural Mosher Professor; William R. Brody, M.D., Ph.D., Johns Hopkins University President; Edward D. Miller, M.D., dean and CEO of Johns Hopkins Medicine; and Morton F. Goldberg, M.D.

In brief: cataract and its current treatment

As defined in *The Eye Book: A Complete Guide to Eye Disorders and Health* (a publication of the Johns Hopkins University Press with a foreword by Morton F. Goldberg, M.D.), a cataract is “an opacity or haziness that develops in the eye’s lens.” A normal part of aging for all people, cataracts progress and begin to affect vision, leading in some cases to symptoms such as impaired distance vision, blurred vision, poor night vision, glare, haloming, and double vision. Posterior subcapsular cataracts, sometimes called fast

cataracts, form an opaque growth on the back of the lens, often in the center, greatly reducing reading vision and causing serious visual impairment.

There are no widely accepted medications for cataract, and up until some twenty years ago, surgery to remove cataracts was painful, entailed a slow recovery, and required the patient to use “coke-bottle” eyeglasses. Today, precise procedures to remove cataract lenses, together with implantation of artificial lenses, are highly successful treatments.

The generosity of Margaret C. Mosher

The late Margaret C. (“Maggie”) Mosher began treatment at Wilmer in the 1980s. She developed close ties with Wilmer physicians, notably Drs. Stark and Gottsch, and joined the Wilmer Advisory Council. In 1991 she began a series of gifts valued at nearly \$9 million. These include:

- The lead gift for the Walter J. Stark Distinguished Professorship in Ophthalmology (Walter J. Stark, M.D., inaugural recipient)
- The lead gift for the A. Edward Maumenee Professorship in Ophthalmology (Harry A. Quigley, M.D., inaugural recipient)
- The Walter J. Stark Corneal Research Fund
- The Margaret C. Mosher Professorship in Ophthalmology (John D. Gottsch, M.D., inaugural recipient)
- The Walter J. Stark, M.D., and Margaret C. Mosher Center for Cataract and Corneal Disease.

Summing up Mrs. Mosher’s commitment to Wilmer, Edward E. Birch, Ph.D., trustee of the Margaret C. Mosher Trust, states, “Wilmer was Mrs. Mosher’s special place. She had great confidence in the Institute and its wonderful doctors, and she knew her gifts to Wilmer would make a significant difference in eye research and help others obtain the best in care.”

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phies such as Fuchs’, and creating new treatments for infections such as herpes eye disease. When we achieve these goals, we will have done much to reduce the suffering and blindness associated with cataract and corneal diseases today.”

Private philanthropy makes the Center possible

The Mosher Center will develop fundamental information about cataract origination and progression, and devise innovative therapies. That’s why private support such as Mrs. Mosher’s is vitally important: government funding sources such as the National Eye Institute of the National Institutes of Health do not fund research that is not already well established and backed by significant data. “The Center invests in start-up studies,” states Dr. Stark, “projects developed by Wilmer investigators collaborating with Hopkins experts in molecular biology and genetics. As we develop preliminary data, we can then apply for government funding and obtain large-scale support for these projects. Until that time, we depend entirely on private support for all aspects of our work.”

There are many opportunities for interested people to make a difference in cataract care through support of the Mosher Center. For example, gene sequencers, specialized microscopes, and other technologies will enable the Center’s members to perform their explorations more efficiently, and develop new therapies faster. “We welcome the participation of all who are committed to finding new approaches to cataract care,” Dr. Stark concludes. “We hope you will join in our work by supporting the Center.” ✦

Forsythe gift is inspired by Panitch advocacy and Wilmer care

When Richard A. Forsythe met Michael B. Panitch, it was a fortunate day for the Wilmer Eye Institute. Mr. Forsythe not only became a Wilmer patient at Mr. Panitch's recommendation, but he and his wife, Sandra, also contributed \$100,000 to the Michael B. Panitch Fund to Stop Age-Related Macular Degeneration (AMD), and \$137,000 to the Michael B. Panitch Macular Degeneration Research Laboratory, for the purchase of advanced equipment. Mr. Panitch established the Fund and Laboratory with gifts to Wilmer totaling \$4 million. He has also added nearly \$1.5 million to the Fund by encouraging friends and associates to contribute.

AMD is the leading cause of blindness

in people over 55. Both Mr. Forsythe and Mr. Panitch have the disease. They met through Mr. Jim Kesteloot, executive director of the Chicago Lighthouse for People Who Are Blind or Visually Impaired. That organization sponsors programs to assist people with low vision, a frequent result of AMD. When the three spoke together, Mr. Panitch was passionate about AMD research and the need to support it.

"Mike Panitch is a powerful advocate for AMD research in general and Wilmer in particular," relates Mr. Forsythe. "He described the highly successful care he received at Wilmer, his commitment to supporting Wilmer's AMD research, and his mission to convince others to



Richard A. Forsythe

do the same. At the end of our discussion, he and Jim advised me to go to Wilmer and see Dr. Goldberg. They said, 'He's the best.' They were right."

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"We are thrilled by their generosity."

Last summer, investigators at Wilmer's Michael B. Panitch Macular Degeneration Research Lab gave a tour of their facility to Richard Forsythe, a patient of Dr. Goldberg's. Then, in February of this year, they learned Mr. and Mrs. Forsythe had contributed funding to purchase important new technologies for the lab. "We had given Mr. Forsythe a capsule summary of our work, nothing out of the

ordinary," recounts James T. Handa, M.D., one of the lab's principal investigators. "So when the Forsythes' gift came, it was totally out of the blue. We are thrilled by their generosity."

The equipment purchased with Mr. and Mrs. Forsythe's gift will improve the efficiency and accuracy of the lab many-fold. With their new inverted microscope, researchers will examine changes in human and animal tissue samples in which AMD is present, and document these findings with digital photography. With a special ultracentrifuge, they will separate DNA, RNA, and other molecules from tissue sam-

ples, so they can detect disease-related changes. A microtiter plate reader will allow them to measure, from very small samples, the proteins produced by the RNA and DNA, and thus observe the workings of the disease at the molecular level, where new therapies can be evaluated.

"Increasing efficiency is just one advantage of private funding," Dr. Handa notes. "Gifts like the Forsythes' let us develop new ideas, and respond to the new ideas of others, long before government funding sources will help. Private funding sustains the creativity in our research."

The Wilmer experience: advanced treatment, exceptional care

At Wilmer, Dr. Goldberg gave Mr. Forsythe a rigorous “stem to stern” eye examination, then laid out his options. “We both agreed that an experimental drug treatment—*anecortave acetate* in conjunction with photodynamic therapy—was the best course of action for me. And it just so happened that a patient Dr. Goldberg was treating with that medication had canceled his appointment at the last minute. So, with Dr. Goldberg’s help—he had to obtain permission from the manufacturer, Alcon, Inc., and from Johns Hopkins and the FDA—I was able to have my first treatment the very day I first flew to Baltimore!”

While waiting for Dr. Goldberg to arrange for the treatment, Mr. Forsythe took a tour of the Michael Panitch Macular Degeneration Research Lab.

Here, Wilmer physician-scientists explained their research to find a cure for AMD, and the crucial support provided by Mr. Panitch and others he had convinced to join in the battle. “These brilliant researchers were clearly excited by their work and the good they hope to accomplish,” notes Mr. Forsythe. “I understood only part of what they were explaining, but I could clearly understand why Mike Panitch feels so strongly about Wilmer.”

Another encounter made a strong impression on Mr. Forsythe. He mentioned to Dr. Goldberg the outstanding care and kindness he received from everyone during the steps of his treatment that day, especially the ophthalmic photographer who performed his retinal angiography. When Dr. Goldberg asked him for the name of the photographer (it was Charles Mark Herring), Mr. Forsythe could not remember it. “Dr. Goldberg would not rest until he knew who had been so helpful and could offi-

cially recognize him,” states Mr. Forsythe. “You can see that attention to the individual patient is important to everyone at Wilmer, from the top down.”

The right thing to do

Mr. Forsythe’s treatment was highly successful. He has returned to Wilmer for evaluation, and now has 20/20 vision. “Dr. Goldberg has shown me images of my eyes, and the change is remarkable,” Mr. Forsythe states. “He and Wilmer are everything Mike Panitch promised. Supporting their work is the right thing to do.”

In addition to making their contributions to the Panitch Fund and Laboratory, Mr. and Mrs. Forsythe have joined the Wilmer Advisory Council. “We are honored to play a part in the Institute’s work,” states Mr. Forsythe, “and we encourage everyone to consider contributing to the battle against AMD.” ✦

The value of advocacy

If you spend five minutes with Wilmer contributor Michael B. Panitch, you are likely to hear the following statements:

- Macular degeneration must be stopped
- The Wilmer Eye Institute is leading the effort to do so
- I’ve contributed to their work, and so should you
- And, you should tell someone about it.

The last point—telling someone that you contributed to AMD

research, and why—is the key to gifts like Mr. and Mrs. Forsythe’s and the many others Mr. Panitch has brought to Wilmer through his Fund, now totaling nearly \$5.5 million. “People don’t understand the economics of research and treatment for this disease,” Mr. Panitch states. “You’ve got to explain the vital importance of private philanthropy, and back up your explanation by stating that you are contributing and that they should, too. You can’t be shy about this. It’s too important.”



Morton F. Goldberg, M.D. and Michael B. Panitch at the dedication of the Panitch Laboratory

Oliver Birckhead: a personal statement on giving to Wilmer

Oliver Birckhead, a retired banker, offered this statement regarding his decision to contribute to the Wilmer Eye Institute.

“Four years ago, my distinguished Cincinnati ophthalmologist presented me with a diagnosis of ‘wet’ macular degeneration. Normal procedures were followed, involving laser techniques. After six such procedures, my wonderful wife, Jane, also known as Spunkie, said, ‘That’s enough.’ She telephoned Johns Hopkins, and we were seen at the Wilmer Eye Institute within 24 hours.



Spunkie and Oliver Birckhead

“There, Dr. Andy Schachat gave me four choices to deal with my ‘peculiarity,’ and I elected the retinal translocation surgery, performed by Dr. Gene de Juan. ‘Gino,’ as I came to call him, said I would be one of only a hundred patients to receive this surgery worldwide at that time. After my surgery, he stated I was also one of the most successful. The understatement we would make is that, as a result of Dr. de Juan’s surgical care—and the pre- and post-surgical advice and care I received from Dr. Mort Goldberg,

Dr. Schachat, Dr. Neil Bressler, Dr. Peter Campochiaro and Betsy Campochiaro, and a staff which in my experience is not equalled in the medical profession—I now have 20/20 vision in my left eye and 20/40 in my right!

“Spunkie and I feel a deep appreciation and obligation and responsibility to Wilmer and its entire staff, and have established a charitable remainder unitrust (CRUT) to support the Institute’s work. In the hope that this publication’s readers may also be interested in this form of support, I offer a few thoughts. This legal vehicle, for the ultimate benefit of the recipient, has many tax advantages for the contributor which should not be overlooked, such as important tax credits. Depending upon the CRUT document, withdrawals as high as 8% may be made quarterly, annually, and as long as five years after the death of the benefactor. Importantly, contributions, hopefully substantial, may be added annually to the CRUT with further tax advantages. Based on our experience, competent legal counsel is a ‘must,’ along with the guidance of a certified public accountant.

“Without wishing to impose on readers, Spunkie and I urge that people who feel a similar obligation to Wilmer explore this giving vehicle. We are very pleased to know that through our gift we can play a part in Wilmer’s great work.” ☆



Ellenor Jarrett speaks with Wilmer resident Saurabh Patel, M.D.

Ellenor Jarrett’s gift to Wilmer Residents

For some 30 years, Ellenor Jarrett was a trusted ophthalmic technician at the Wilmer Eye Institute. She worked closely with some of the world’s best-known ophthalmologists, including A. Edward Maumenee, M.D., Walter J. Stark, M.D., Frank Walsh, M.D., and Robert Welch, M.D. While she treasures her memories of working with these men, she has a special fondness for the physicians she first knew as residents. That link has led her to designate the major portion of her estate to support the work of Wilmer residents, so that she can “make the residents’ time at Wilmer a little easier.”

Ms. Jarrett came to Wilmer in 1964 at the recommendation of her neighbor, Elliott Randolph, M.D., a distinguished member of Wilmer’s part-time staff. She worked as a technician in training for Irvin Pollak, M.D., then chief of the Glaucoma Service and now retired from serving as Director of Ophthalmology at Sinai Hospital. Her brother in law, Bill Jarrett, M.D., was

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Wilmer Chief Resident, and a young physician named Morton F. Goldberg, M.D., was in his first year of residency. “Dr. Goldberg, even then, made quite an impression,” recalls Ms. Jarrett. “You had the feeling that he read all night, every night. What he has gone on to do since then, not only for patients but for the Institute, is just incredible.”

Ms. Jarrett considers herself fortunate to have worked at Wilmer in a period of great progress, witnessing firsthand the revolution in cataract surgery and corneal transplants. “It was terribly exciting,” she explains, “and there was so much to learn. It meant a lot to me that many of the residents would take time from their unbelievably busy schedules to teach me—people like Drs. James Wise, Dan Finkelstein, Nick and Jack Iliff, Neil Miller, Earl Kidwell, and others.” She developed immense respect for the Wilmer teaching mission, “that process of bringing out in people capabilities they didn’t think they possessed.” Later on, she was able to return the favor and use her knowledge and experience to help new residents.

“Teaching takes place at all levels at Wilmer,” she notes. “The faculty take their roles very seriously and the residents and fellows feel a great responsibility to live up to their expectations. And all the while, the residents are getting their careers started, their families started, facing financial hurdles, and they contribute more than they will ever realize. I think we need to give something back to them.” ✦

Wilmer’s top priority: a new eye care and research building



Architect's rendering of the planned Wilmer care and research building

In the last ten years, Wilmer has achieved a 120% increase in annual outpatient visits, and consistently ranked as the top recipient of NIH funding for eye research. Yet in the same period, it increased its physical space by only 30%. Certainly, Wilmer can claim a truly exceptional cost-effectiveness for its East Baltimore and multiple suburban facilities. However, each year thousands more seek care here than can be treated. Research labs must share technologies, materials, and office space, when space can be found at all.

How will the Institute treat more people, and in the process train new generations of eye experts? How will we find room to launch the new research projects devised by our investigators, and increase the speed with which they complete projects and create new ways to treat glaucoma, macular degeneration, cataract, diabetic retinopathy, and other major eye diseases? How will we continue to attract leading physicians and scientists to Wilmer who have been offered unlimited facilities at other centers?

There is only one answer to these questions: we must now design and construct a major building, a facility where patient care, research and training will take place side

by side, with ample room to work and grow. As summed up by Morton F. Goldberg, M.D., “We are now facing a space shortage that threatens our mission, and we seek philanthropists who are committed to that mission and will take on this challenge. This is the top priority of the Institute today.”

Preliminary plans

Working with architects and Johns Hopkins, we have begun to develop plans for a new building.

Location: The Wilmer complex presently faces the Johns Hopkins Outpatient Center across Broadway. Johns Hopkins will provide prime real estate just south of the Outpatient Center, also on Broadway, fully visible from and easily accessible to our current complex. A ground level parking lot is now located on that spot, adjacent to the recently completed Bunting-Blaustein Building.

Size: Our projections indicate that a six-story building of approximately 140,000 square feet will be required for anticipated growth in existing clinical and research programs and for the creation of new programs.

Capabilities: The new building in this location will enable the Institute to treat at least 15,000 additional patients annually, and immediately attract an additional \$3 to \$4 million annually in research support from the NIH. A large cadre of new physician-scientists can then be recruited.

Projected Cost: Aside from the contribution of land by Johns Hopkins, the building itself will be funded solely from private philanthropy, at an estimated cost of \$64 million. ★

Two Wilmer inventions on the verge of completion

The Wilmer Ophthalmic Physics Laboratory, directed by Ran Zeimer, Ph.D., has developed two ingenious vision-saving inventions, one therapeutic, the other diagnostic. These technologies could help millions of patients here and around the world, if funding can be found to see them through the final stages of testing and implementation.

“Laser-targeted delivery” for retinal imaging and therapy

One of the great challenges of treating “wet” age-related macular degeneration (AMD) is that the abnormal blood vessels involved in the disease are so tiny and in such close proximity to healthy tissue. This makes it very difficult to distinguish the abnormal from the healthy and to apply occlusive therapy only to the abnormal vessels, while protecting the healthy, surrounding tissues.

Through the generosity of Mr. and Mrs. Harold W. McGraw, Jr., Mr. and Mrs. Glenn MacDuffie, and others, Dr. Zeimer’s lab has developed a patented technology called “laser-targeted delivery.” The technology applies AMD drugs to abnormal blood vessels in a highly specific manner, adapting a method called liposomal delivery. In liposomal delivery, microscopic sacs called liposomes are filled with a medication and injected into the blood stream. The medication is released only when the liposomes reach the desired location and are then activated; thus only diseased

areas are treated, and healthy areas are protected. Dr. Zeimer has devised a brilliant method for activating liposomes in the retina. He directs a low-powered laser through the pupil, shining it on the blood vessels where the liposomes flow. The laser gently heats the liposomes, which then release their contents.

Dr. Zeimer has achieved successes in two of many possible uses for laser-targeted delivery. First, using animal models, he has obtained unsurpassed

“The generosity of individuals could make all the difference.”

— Ran Zeimer, Ph.D., Director, Wilmer Ophthalmic Physics Lab

images of normal and abnormal vessels in the retina and in subretinal tissues *selectively*, which is impossible with conventional angiography. This should at the very least permit greatly improved delineation of healthy and unhealthy tissues, so that existing therapies may be applied more accurately. Second, he has delivered therapeutic agents in animal models, with exciting results. “We were

able to occlude abnormal vessels without damaging normal cells within microns of them,” Dr. Zeimer states.

With preliminary results like these, one would expect corporate support, a series of clinical trials, and the rapid introduction of light-targeted delivery for AMD. But the process is slow and complex, and requires funding.

“The pharmaceutical companies won’t support this without more data,” explains Dr. Zeimer. “We created a start-up company to develop the technology, but it has struggled in the current economy. Now we’re attempting a simpler ‘proof of principle’ demonstration to persuade industry or the government to invest. Private funding would be a great advantage in accelerating the trial process. The generosity of individuals could make all the difference.”

Digiscope: overcoming the barriers to care

There is a successful, 30-year-old treatment for the ophthalmic complications of diabetes that, if administered before symptoms appear, prevents or delays loss of vision. However, fewer than half of diabetic patients see an ophthalmologist yearly, despite efforts to educate patients in radio and TV ads. Thus, the treatment is badly underutilized, and needless loss occurs routinely.

How to change this situation? Most diabetic patients visit their general practitioners regularly, even if they do not visit ophthalmologists. Dr. Zeimer intends to take advantage of this fact. He has invented an easy to use diagnostic camera called the Digiscope. The camera automatically takes a photo of the patient’s retina and sends digitized information and images through the Internet to a reading center. There, an

expert determines whether the patient should consult an ophthalmologist. Dr. Zeimer proposes placing the Digiscope in general practitioners’ offices throughout the world, so that digitized retinal photographs become a standard part of physician exams, like blood pressure. Explains Dr. Zeimer, “We’ll find the high-risk people who would benefit most from a referral to an ophthalmologist.”

When an outside group tested the Digiscope, its sensitivity and specificity were found to be 98%, fully suitable for producing an image adequate for screening. A company was created to develop the product further, and prototype devices were manufactured and installed, mainly in larger-scale health-care sites. Results were very good. The company is searching now for funding to enable full production of large quantities of the camera.

The next step for Dr. Zeimer is to

expand the Digiscope’s applicability to screen for macular degeneration and glaucoma. This will increase the likelihood of reducing loss of vision associated with those diseases. It will also increase the likelihood that Medicare will reimburse for the test, and that general practitioners will make it a routine exam for appropriate patients.

Dr. Zeimer is now planning a proof of concept demonstration to show that the Digiscope can create suitable images to screen for all three diseases. “People who are committed to improving awareness of these diseases, and improving the level of care patients receive for them, should consider supporting our proof of concept project,” he concludes. “Participation in this unique project will provide donors with an opportunity to have an immediate impact in early diagnosis and treatment of serious eye disease.” ✦



When President Bush visited Wilmer, he was given a presentation of the laser-targeted delivery system. From left are Mr. Bush; Dr. Terry Fuller, president of the company developing the system; Ran Zeimer, Ph.D.; and Edward D. Miller, M.D.

New faces in Wilmer's Development Office

On July 1, Laurette Hankins came on board as Wilmer's Director of Development. Ms. Hankins is no stranger to Johns Hopkins, having served from 1996-2001 as the Director of Development and Alumni Relations, and later, as the Associate Dean of Development and Alumni Relations at The Peabody Institute. During her tenure at Peabody, she raised \$32.2 million toward an initial goal of \$20 million. She accumulated the balance of her 15 years of development experience at the following institutions: Fordham University, the Metropolitan Opera, Severn College Preparatory School and Towson University.

"Working for the world's premier eye institute is quite a rewarding experience. It is exhilarating to be part of the Wilmer team," Ms. Hankins states. "Everyone here, whether involved in research, patient care, teaching, or administration, recognizes the importance of the work that's being done. I am frankly in awe of their extraordinary talent and dedication. It is no wonder that Wilmer has such a remarkable history of philanthropic support!"

In terms of the other new members of the development staff, Ms. Hankins was delighted to engage Renee Branch, who began her duties as Associate Director of development the first week of November. Ms. Branch was formerly the Vice President for Institutional Advancement at Peirce College in Philadelphia.

Ms. Hankins was also pleased to obtain the services of Ms. Jean Meile, Wilmer's new Senior Development Program Coordinator, who joined Wilmer in mid-February. Ms. Meile was the Executive Director of Arts in the Neighborhood in Baltimore.

Many readers may already know Ms. Sara Rubin, Senior Associate Director of Development. Ms. Rubin has been with Johns Hopkins for the past nine years. Ms. Doris Zendrian, Development Coordinator, has served the Wilmer Development Office for the past four years. The entire Wilmer Development team is ready, willing and eager to assist you.

Please contact the Development Office to obtain information about giving opportunities, to ask questions, or just to say hello. We look forward to speaking with you. ✦



Laurette Hankins
Director of Development

Giving to the Wilmer Eye Institute

Commitments to the Johns Hopkins Wilmer Eye Institute may be funded through a variety of mechanisms. These include:

- An outright gift of cash or securities
- A pledge payable over a period of years
- A life-income gift (such as a charitable remainder trust or annuity)
- A bequest.

Please phone the Wilmer Development Office at 410-955-2020, or e-mail us at supportwilmer@jhmi.edu, to learn more about any of the giving opportunities described in this issue, or to discuss giving methods appropriate for your situation.

For a free subscription to *Sightline*, please send your name and address to:

The Wilmer Eye Institute
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Readers who use the Internet are welcome to visit the Wilmer home page at:

www.wilmereyeinstitute.net.

About the Wilmer Eye Institute at Johns Hopkins

Wilmer provides diagnostic, medical, and surgical care for adults and children and is a referral center for all eye problems. Wilmer provides routine preventive care, and evaluates and treats patients with specific complaints or those with a family history of eye disease. Treatment for eye emergencies is available 24 hours a day through Wilmer's Eye Emergency Service, a designated Maryland eye trauma center.

How to reach Wilmer Comprehensive Eye Care Services

General information and referrals	410-955-5080
Emergency services	410-955-5347

Area locations:

Johns Hopkins Hospital	410-955-5080
Bayview Medical Center	410-550-2360
Columbia	410-884-7048
East Baltimore Medical Center	410-522-9800
Frederick	301-620-9268
Green Spring Station	410-583-2800
Wilmer Laser Vision Center	410-583-2802
Odenton	410-519-2425
Owings Mills	410-363-6646
Rockville	301-926-9268
White Marsh	443-442-2020
Wyman Park	410-338-3169
Toll-Free Directions Line	877-477-9519

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