



SightLine

Spring 2013

Wilmer Eye Institute at Johns Hopkins

Tiny Telescope, **Huge Promise**

Age-related macular degeneration (AMD) slowly robbed Jim Hindman of his sight. Now a newly implanted device allows him to see—and holds great promise for others with AMD.



Dear Wilmer Friends and Family,

With the Ravens' victory in Super Bowl XLVII, 2013 got off to a delightful start. But admirable feats on the "gridiron" are by no means eclipsing the accomplishments of Wilmer's team of hardworking faculty, residents, medical students, nurses, and staff.

One of the Wilmer Eye Institute's central missions is training a new generation of ophthalmologists who can carry on the level of care for which Dr. Wilmer

was famous. With about 90 applicants per training slot in our residency, Wilmer was deluged this year with applications from incredibly brilliant medical students from around the world. The group we selected, as some of my colleagues on the selection committee assert, is by some measures the most talented in our almost 90-year history. In this issue of *SightLine* you will read that more Wilmer trainees have become department chairs of prestigious programs around the country. But just like the Ravens, we have a pipeline of promising "rookies" on Wilmer's team who are now being nurtured by their senior faculty and who will be tomorrow's department chairs, society presidents, and other leaders in ophthalmology.

Dr. Wilmer believed strongly that this institute would only provide the best care if it included a robust research program. He would be impressed, I believe, with the breadth and depth of our clinical, basic, and translational research efforts today. Our professors have recently endorsed the strategic initiative of a clinical research network to be based within our satellite locations across Maryland. This network will make the latest innovative treatments in clinical trials more accessible to our patients and their referring physicians. Similarly, we have active research programs in countries around the world.

Dr. Wilmer, according to his contemporaries, "was begotten of a warm sympathy with suffering, to the relief of which all his energies were directed." Today, I believe it is fair to say, the Wilmer Institute's physicians, nurses, and staff display that same sympathy. This is evidenced by the letters I receive from grateful patients who tell of calling Wilmer with a worrisome eye problem. They are surprised to be offered an appointment almost immediately. They go on to discover in our physicians and staff not only superlative medical skills but a truly caring attitude.

No matter how large the Wilmer Institute becomes, and despite the hustle and bustle that characterizes the lives of the Wilmer team members, we will keep paramount Dr. Wilmer's commitment to alleviate the suffering of our patients.

Peter J. McDonnell, M.D.
William Holland Wilmer Professor and Director

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Lion-ized at the White House

“**N**ot everything goes perfectly when you visit the White House,” observes Robert Massof, PhD, one of 11 people honored as Champions of Change at the White House last October. Massof was prepared for pomp and circumstance, but he wasn’t prepared for a drenching.

“It poured down rain that day. We were dropped not far from the White House, then walked the rest of the way and stood in a long line at the security area. When we arrived inside we looked like drowned rats. Fortunately, everyone was in good humor,” recalls Massof, professor of ophthalmology and neuroscience and director of the Lions Vision Research and Rehabilitation Center at Wilmer.

The Champions of Change program recognizes Americans who are working to innovate, educate, and improve life for their neighbors. Massof represented the Lions Club International and the 24-year partnership between the Lions Vision Center at Wilmer and the Lions of Multiple District 22 (Maryland, Delaware, District of Columbia). He was honored for his research on low vision and his dedication to improving the vision of those with macular degeneration and other eye diseases.

“Twenty years ago, low vision was not well understood and little research was being done,” Massof notes. “The field has changed considerably since then. The work we’ve done, the patients we’ve served, and the people we’ve trained have certainly contributed to much better adaptations for low vision patients.”

According to the National Eye Institute, an estimated 3.6 million American adults suffer from low vision, caused by conditions including age-related macular degeneration, glaucoma, diabetic retinopathy, and cataracts.

Developing new technology for low vision has been a



Massof was honored as a Champion of Change for his dedication to improving the lives of those with low vision.



major part of the effort, says Massof, most notably the Low Vision Enhancement System (LVES), a portable video visor that magnifies and clarifies images for the wearer. “This was a major project involving NASA, the Veterans Administration, and Johns Hopkins. We helped create a company to set up centers around the world to fit patients with LVES, and really got low vision treatment out of the shadows,” says Massof.

The LVES work has been recognized with numerous awards, including the Popular Mechanics Design and Engineering Award, the NASA Award for Excellence in Technology Transfer, and a yearlong exhibit at Epcot Center in Florida.

The Lions Vision Research and Rehabilitation Center at Wilmer has also developed service delivery programs and become a strong advocate for obtaining Medicare coverage for low vision treatment. More recently the focus has expanded to helping provide services in community settings. Members of local Lions Clubs actively participate by conducting presentations to educate the public about low vision.

“The Lions are very strong partners,” Massof says. “Having an association with the Lions and having their name on the door has been enormously productive. The Lions are recognized by the public and government as an organization with a lofty mission. It’s a very grassroots organization. Our research endowment comes from local clubs and is raised one dollar at a time.”

While Massof enjoyed the soggy trip to the White House, he is quick to point out that low vision research and rehabilitation is a group effort. “I’m the one who gets my picture taken and gets to speak publicly, but I represent the local Lions. I’m honored to be a representative, but the credit goes to all the people with whom we’ve worked throughout the years.” ■

—Debbie Joy



Dr. Neil Bressler, president of the Macula Society, and Dr. Peter Campochiaro, this year's recipient of the Macula Society Arnall Patz Medal.

Macula Society Connections Run Deep

Wilmer's roots run deep in the Macula Society, an international association of leading investigators and clinicians in the field of retinal vascular and macular diseases.

Lawrence Singerman, MD, founded the society in 1977, shortly after completing his retinal training at Wilmer. He enlisted his mentor and leading retinal researcher Arnall Patz, MD, to become the society's first president. "Dr. Patz's agreement assured the early recognition of the society," says Singerman, founder of and practicing physician with the Retina Associates of Cleveland.

Over the ensuing years, 11 more Wilmer alumni have served as president of the society, which now has 415 members. Now at the helm as 21st president is Neil Bressler, MD, chief

of Wilmer's Retina Division and the inaugural James P. Gills, Professor of Ophthalmology.

Accepted as a member of the Macula Society in 1989, Bressler has served as the society's representative to the American Academy of Ophthalmology and held several executive committee positions in the society, including program committee chair for six years for the annual meeting, during which members share and discuss their most recent research findings. This highly regarded forum for knowledge dissemination and peer review is one that Bressler hopes he can help grow in depth and breadth to include an even stronger international component.

"Retina problems don't stop at the U.S. border," he says. "We do have international members now, but we're looking for a way that the Macula Society can be more available and a stronger conduit for leaders in retina

around the world."

Through the society, Bressler has received the Young Investigator Award in 1997 and was the youngest member to receive its J. Donald M. Gass Medal in 2003, in recognition of his substantial contributions



Drs. Morton Goldberg, Arnall Patz, and Daniel Finkelstein, past presidents of the Macula Society, 2004.

to multicenter clinical trial research in retina. At the society's annual meeting in February, he presented the prestigious 2013 Arnall Patz Medal to his Wilmer colleague Peter Campochiaro, MD, the inaugural George S. & Dolores Doré Eccles, Professor of Ophthalmology and Neuroscience.

Campochiaro also previously received the Young Investigator Award and is the ninth Wilmer alumnus to be honored with the Arnall Patz Medal.

"This is a great honor for me as I've always thought very highly of Arnall and his work," Campochiaro says.

The award recognizes Campochiaro's groundbreaking research on many retinal fronts. He developed models in mice that mimic aspects of retinal diseases, including wet age-related macular degeneration (AMD). He also helped to determine that vascular endothelial growth factor plays a critical role in AMD. His research demonstrated that the drug aflibercept (Eylea®, Regeneron Pharmaceuticals, Inc., Tarrytown, NY) is effective in stopping abnormal blood vessel growth in the mouse models, which contributed to justifying its testing in humans. It is now one of the most effective treatments for patients with wet AMD. Campochiaro also conducted the first gene therapy study in patients with wet AMD and is currently helping conduct two new gene therapy studies. He also determined that in retinitis pigmentosa (RP), after rods die from genetic defects, cone photoreceptors die from oxidative stress. Clinical trials are being organized to test various antioxidants in patients with RP, based in part on these critical findings.

The society's awards and annual meetings work together to move research forward and inspire collaborations between experts in the field that might not otherwise happen, Bressler notes.

The society also provides a modicum of research funds to carefully vetted recipients. "Funding for retina research is very limited, and this is a way of providing pilot funds that help investigators get critical information needed to pursue larger research dollars," says Bressler. ■

—Marlene England

Honoring a Visionary



Dr. V.K. Raju, founder and medical director of the Eye Foundation of America, and Dr. Peter J. McDonnell, director of Wilmer Eye Institute, during a fundraising dinner for the Eye Foundation of America, which provides eye treatment to people in developing countries. McDonnell received the first ever Robert L. Murphy Visionary Award.

Wilmer Eye Institute Development Team



Kimberle Morton, director; Danielle Grepps, senior development coordinator; Mary Anne Davis, events/publications coordinator; Molly Dolan, associate director; J.T. Dean, assistant director; Kathy Anglemyer, associate director; Kate Hawkins, administrative coordinator.

Wilmer Quality Care, Closer to Home

Accessing Wilmer care used to be a daylong undertaking for patients in the D.C. suburbs. But a move for the Odenton satellite and a brand-new clinic in Bethesda mean this trip is now much easier. On December 10, Wilmer's Odenton clinic moved to a 3,000-square-foot space with seven exam rooms and two equipment rooms. On March 11, Wilmer joined the Bethesda community with the opening of an 8,000-square-foot facility.

"We were in a small office just down the street, without much equipment or space," says Divya Srikumaran, MD, assistant professor of ophthalmology and medical director of the Odenton clinic. "Now we have a waiting room that's bigger than the entire office in our old space. We care for patients with corneal problems, cataracts, and uveitis; do minor laser procedures; and can provide general



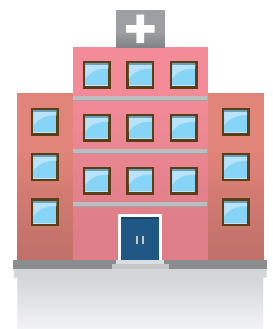
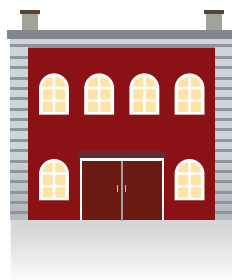
The Liz and Dick Dubin patient reception area at the Bethesda location.

ophthalmological care."

Ease of access doesn't just add convenience, Srikumaran explains. It can also improve communication. "I've noticed that patients are happier when we see them," she says. For elderly patients in particular, the process of

traveling to Wilmer in downtown Baltimore can be challenging. Having the option to visit the Odenton clinic means they are "better able to focus on the purpose of the visit rather than the journey to the office," she says.

Srikumaran has a special affection





Wilmer in Your Neighborhood: Dr. Robert Weinberg, chairman of the Wilmer Eye Institute at Bayview Medical Center; Dr. Shameema Sikder, medical director of Wilmer at Bethesda; Dr. Divya Srikumaran, medical director of Wilmer at Odenton; Stephanie Duncan Troxell, membership director, West Anne Arundel County Chamber of Commerce; Dr. Dean Glaros, medical director of Wilmer at Columbia; and Dr. Peter J. McDonnell, director of Wilmer Eye Institute.

for her Odenton clientele. “Most of our patients are retired from the military; many have interesting backgrounds and great stories. It’s great to connect with them and a real privilege to care for so many people who have taken care of us as members of the military.”

The Bethesda clinic is an important step into the D.C. area for Wilmer, and a great boon for patients.

“Patients are excited they can now get Wilmer quality care close to where they live and work,” says Shameema Sikder, MD, assistant professor of ophthalmology and medical director. The Bethesda clinic, which houses

11 exam rooms, celebrated its grand opening on April 11. The facility boasts a minor procedure room and will soon be able to support refractive surgery.

A bit of serendipity led to the clinic’s ability to provide specialized care for thyroid eye disease. “I have an interest in the disease,” Sikder says. “I was chatting with my clinic colleagues and realized we were in a position to set up care for it in Bethesda. Our goal—given Wilmer’s resources and amazing people—is to become a leading thyroid eye disease center.” Thyroid eye disease affects about one in four people with the autoimmune disorder Grave’s

disease and is almost five times more common in women than in men.

Routine care is provided with the same expertise. “We are available for contact lens and eyeglasses exams, yearly checks for diabetes and glaucoma, and other general care,” says Sikder.

Easy scheduling, an accessible location, and a wide range of services make the clinic a convenient choice. And there’s more: Sikder and several clinic staffers are fluent in Spanish. “It’s just one more way we can make patients comfortable and offer the very best care.” ■

—Debbie Joy

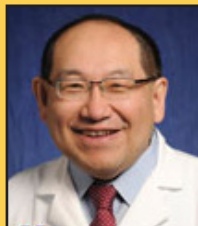


Leaders of the World

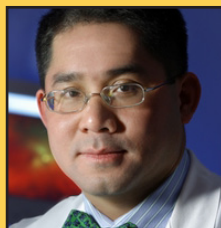
Wilmer trainees are making their marks at prestigious eye institutes across the country.



Rohit Varma, MD, MPH, has been appointed chair of the Department of Ophthalmology and Visual Sciences and associate dean for strategic planning at the University of Illinois at Chicago College of Medicine.




Paul P. Lee, MD, JD, is now chair of the Department of Ophthalmology and Visual Sciences at the University of Michigan Kellogg Eye Center. He formerly served as vice chairman of the Ophthalmology Department and the James Pitzer Gills, III, MD, and Joy Gills Professor of Ophthalmology at Duke.



Quan Dong Nguyen, MD, formerly of the Wilmer faculty, has been named chairman of the University of Nebraska Medical Center Department of Ophthalmology and Visual Sciences. He has also been named director of the Stanley M. Truhlsen Eye Institute. His appointments were effective March 1, and they coincided with the opening of the Truhlsen Eye Institute.





New Hope for Advanced Retinitis Pigmentosa

A new retinal prosthesis system, which holds promise for restoring some vision to people who are almost totally blind, has received U.S. market approval from the Food and Drug Administration for use in people with advanced retinitis pigmentosa (RP).

The device, which includes a small video camera, a transmitter mounted on a pair of eyeglasses, a video processing unit (VPU), and an implanted retinal prosthesis, replaces the function of degenerated cells in the retina and may improve a patient's ability to perceive images and movement. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the retinal prosthesis.

The development of the device started at Duke University, under Eugene de Juan, MD, and Mark Humayun, MD, Wilmer alumni and former faculty members, who carried out the first short-term experiments with human volunteers. The research was continued at Wilmer in the early 1990s by Robert J. Greenberg, MD, and Gislin Dagnelie, MD. Their results demonstrated that electrical stimulation of the retina could, indeed, produce spots of light perceived by blind patients. More recently, Wilmer's James Handa, MD, the Robert B. Welch, Professor of Ophthalmology, conducted human subjects research that helped support the FDA approval.

Argus II has been approved for use in adults, age 25 or older, with severe to profound RP who can barely perceive only light or have no vision at all in both eyes. Candidates must also show evidence of intact inner layer retina function and a previous history of the ability to see forms.

"In the clinical trial that led to the approval, most participants were able to perform basic activities better with the Argus II system than without it," says Hendrik P.N. Scholl, MD, the inaugural Dr. Frieda Derdeyn Bambas, Professor of Ophthalmology, and Wilmer's specialist for inherited retinal diseases such as RP. Scholl is excited about the potential to restore some useful vision in severely affected patients.

"Patients performed significantly better when touching a square on a white field; detecting the direction of a motion; recognizing large letters, words, or sentences; detecting street curbs; or walking on a sidewalk without stepping off," he notes.

At a Wilmer affiliated partner hospital, Fernando Arevalo, adjunct professor of ophthalmology at the Retina Division of the Wilmer Eye Institute and chief of the vitreoretinal division at King Khaled Eye Specialist Hospital in Riyadh, Saudi Arabia, already has implanted the Argus II device successfully.



Tiny Telescope, Huge Promise

Age-related macular degeneration (AMD) slowly robbed Jim Hindman of his sight. Now a newly implanted device allows him to see—and holds great promise for others with AMD.

By Marlene England
Photos by Mike Ciesielski

The way Jim Hindman figures it, he's invested some 168,000 hours in losing his sight.

Since Hindman was diagnosed with age-related macular degeneration at Wilmer 20 years ago by former Wilmer Director Morton Goldberg, MD, Hindman's vision has been on an unstoppable journey to blindness—despite his dogged determination to beat the disease. He sought out the country's most renowned doctors, certain that one of them could stop his loss of central vision. In the late 1990s, he participated in a research study at Wilmer and underwent multiple laser treatments. But still the disease progressed.



Accepting the inevitable wasn't easy for Hindman,

77, longtime entrepreneur and founder of Jiffy Lube and other public and private companies. "I've always been a fighter and not one to back away from a challenge," he admits. "But the inability to function without assistance was psychologically devastating. My outlook and zest for life shrank." He gave up driving and withdrew from the activities he enjoyed most—watching his beloved racehorses, playing poker with his buddies, and engaging with family and friends.

Last fall, a friend's phone call boosted Hindman's spirits. The friend had read an article about doctors in California who had successfully implanted a miniature telescope in patients with end-stage macular degeneration. The device helped patients see three to four lines better on the eye test chart, and it improved their ability to complete daily tasks, such as reading, watching TV, and recognizing faces.

Hindman didn't waste a minute before contacting Morton Goldberg, MD, former director of the Wilmer Eye Institute and the Joseph E. Green Professor of Ophthalmology. "My mental outlook on life rose dramatically when I found out from Dr. Goldberg that Wilmer could do the telescopic implant procedure," Hindman recalls.

Goldberg informed his longtime patient that the Implantable Miniature Telescope (IMT) had undergone extensive clinical trials, including some conducted at Wilmer, and had recently received FDA approval for patients over age 75 who had end-stage AMD and met other criteria. The cost of the device, approximately \$15,000, was also fully covered by Medicare. If Hindman qualified as a candidate for the procedure, he would be the first patient to receive the IMT at Wilmer since FDA approval had been granted.

Manufactured by VisionCare, the IMT is about the size of an M&M candy. Once permanently implanted inside the eye, the device functions much like the telephoto lens of a camera, using micro-optical technology to magnify objects that would normally be seen by a patient's central vision. This image is projected onto the healthy part of the retina not affected by macular degeneration.

With a mix of enthusiasm and trepidation, Hindman took the next step to see if he was a viable candidate for the IMT. Over the next few weeks he had several examinations

with Wilmer's Low Vision and Vision Rehabilitation Service team, including occupational therapists, and with Oliver Schein, MD, Burton E. Grossman Professor of Ophthalmology, who would perform the surgery. Schein had been involved in testing the device for years in the clinical trials, making him Wilmer's expert in this technology.

From the start, Schein considered Hindman an ideal patient. "It goes without saying that he had to be anatomically appropriate for the surgery, but what makes him special is he has a personal drive to overcome adversity and to do well. He wants to do better but appreciates that he has limitations," says Schein.

Judith Goldstein, OD, chief of Wilmer's Low Vision and Vision Rehabilitation Service and assistant professor of Ophthalmology and Rehabilitative Medicine, agreed that Hindman would be an excellent candidate for the IMT.

"His visual response to the simulator telescope, the stability of his macular degeneration, plus his motivation to improve his function, were key. He's definitely a glass half full kind of person," she says. "We felt the telescope would help him and make his life a little better."

She cautioned Hindman, however, not to have unrealistic goals. "This doesn't make the macular degeneration go away," she told him. "You're not going to have recovery of vision. You won't be able to drive. And it doesn't mean you won't still need visually assistive devices." Realistic goals, she explains, include improving overall distance clarity, being able to see people's faces and expressions, and viewing brighter colors and images in more detail.

With a solid understanding of the limitations and risks, Hindman

scheduled his surgery with Schein for early December 2012. His calendar was filled immediately with more appointments for eye exams and occupational therapy on how to use the built-in magnification device. But he didn't complain. "I'd expended all those hours losing my sight, so I figured I could put 200 or more hours into learning to use the IMT," Hindman says. "You can't expect to master this technology just by saying 'Voilà!' You have to work at it, step by step. It takes practice to master the IMT."

Much of the training focuses on learning to use each eye for different purposes. Peripheral vision is lost in the one eye that receives the implant, so that even before surgery,

I'd expended all those hours losing my sight, so I figured I could put 200 or more hours into learning to use the IMT," Hindman says. "You can't expect to master this technology just by saying 'Voilà!'"



Wilmer's Oliver Schein, Morton Goldberg, and Judith Goldstein played key roles in making the IMT a reality for Jim Hindman. They hope that his success story will prompt others with AMD to get help in improving their vision.

the patient must learn to rely solely on the fellow eye's peripheral vision for navigational tasks, such as walking through a room or preparing a meal. The IMT is usually implanted in a patient's better-seeing eye, and that eye is then reserved for magnification tasks only. The eye can then "lock in," so to speak, on objects that are positioned four feet away and farther.

Hindman's surgery lasted approximately 45 minutes, but the occupational therapy continued for another 12 weeks. "I was not expecting this level of training. Practice, practice, practice is not a joke," Hindman says. "The team approach is key. Becoming master of your own destiny requires a commitment of time and effort and coaching."

Early successes bolstered Hindman's commitment. Shortly after his surgery, he was able to identify the letter V—"my first victory"—on an eye chart approximately 15 feet away. And for the first time in years he was able to see the large Christmas tree in his home.

More successes soon followed—being able to "lock in" with his IMT and see two horse sheds 200 yards from his backyard deck, watching football on television, locating the soap and shampoo in the shower. His vision improved from 20/400 to 20/80 in the weeks after surgery. "Now I can walk the 75 yards from my house to the office without having to count steps. The toothpaste lands on the toothbrush versus the sink. I have the feeling of having a new lease on life," he says. "Ain't it great!"

Hindman looks forward to reconnecting with his family and friends, his community, and his business. He also

plans to promote the IMT so more people know how life changing it can be. "It's my mission as a person who's been there," he says.

Goldstein applauds Hindman's efforts to spread the word about the IMT. It's a message that needs to be heard by many, she says. AMD is the leading cause of severe vision loss in older adults. Nearly 2 million Americans have advanced forms of AMD, and more than 7 million have early signs of the disease. These numbers are expected to double by the year 2020.

"Even if you're not a good candidate for this device, there's much that can be done to improve people's function," says Goldstein. "Technology for vision rehabilitation is changing at a really quick pace, and there are so many new solutions."

Schein hopes that word of the IMT's success will spread—so that more patients will be helped and more interest will be generated in research for similar advancements.

"Macular degeneration is not the only disease that robs people of their central vision," Schein notes. "With the necessary funding, we can develop clinical research that answers questions about other classes of patients who might benefit from this or other technologies. We could find new ways to assist those with low vision from causes that we cannot treat with conventional drugs or surgery." ■

A Voice for Young People with Uveitis

Like most high school seniors, Sarah Hill gets a lot of email. But the contents of her inbox are far from typical. A mother in Australia wants to know if her child will be able to go to school. A teenager in California asks if the injections are going to hurt. And a young boy in Pennsylvania is concerned about the long-term effects of medication.

None of these questions is new to Hill. She asked the same questions—and a few more—as an inquisitive youngster coming to terms with her own diagnosis of juvenile idiopathic arthritis (JIA) and associated uveitis. Uveitis is a serious but rare inflammatory eye disease that can lead to glaucoma, cataracts, and, without proper medical treatment, blindness. Although she was diagnosed with uveitis at age 4, it wasn't until she was 10 that she began wondering in earnest

about other children with the same diagnosis, what their medical treatment was like, and how the disease would affect all of their futures.

“I started getting curious about what other kids with uveitis were going through, what kinds of medicine I would have to take as I got older,” she says. For answers, she turned to her doctor, Douglas Jabs, who was on Wilmer's faculty at the time.

After listening to her questions during an eye exam in 2004, Jabs didn't sugarcoat the truth. There weren't many answers because little research had been done on juvenile uveitis, he told her. But then he issued a challenge. “He said if I started raising money, he would start doing research to answer my questions,” Hill says. And so a very determined 10-year-old got busy.

Hill sent a Christmas letter to friends and relatives explaining her

desire to raise money for research and educational outreach. Their generous response helped her launch the Kids Uveitis Research and Education (K.U.R.E.) Fund at Wilmer in 2005. Since then, K.U.R.E. has raised more than \$150,000 for research and connected Hill with many other children and families impacted by the disease.

“My goal for K.U.R.E. was never to find a cure but more to fund research and make sure everyone has access to it so they get the best care,” she explains. “I've been blessed with the greatest care at Wilmer, but not everybody has that.” Several years ago, a young uveitis patient in Australia contacted Hill through the K.U.R.E. website. “We emailed back and forth, and she would tell me how she was losing her sight and had to move to a school where they could help her with Braille because she



Sarah Hill, honored with the 2012 Outstanding Youth Fundraiser Award, accepts her award from Mr. and Mrs. Frank Kelley. The Kelleys were the 2011 AFP National Philanthropy Day Outstanding Philanthropists of the Year.

Here I was, a 16-year-old girl sitting in front of dozens of physicians who specialize in this disease. Giving my opinion was very intimidating. A rheumatologist said that after hearing my answer, he changed his mind. And that was a spark to me. I realized my voice was important.

—Sarah Hill

Sarah is an enormous resource for newer patients, and that's so true to her character because she really has a very strong commitment to serve.

—Jennifer Thorne

was legally blind. I didn't understand why she wasn't getting the same care I was."

Today, when patients and parents email Hill, there are more resources to share because doctors have learned more about the disease and the most effective treatments—due in part to the research and professional meetings that K.U.R.E. has funded.

Jennifer Thorne, MD, division chief of Ocular Immunology and Hill's doctor at Wilmer since 2007, recalls the first meeting K.U.R.E. sponsored in New York City six years ago. "It was a two-day meeting of about 40 international experts in juvenile idiopathic arthritis and uveitis. We discussed current research and treatment strategies, and some very good brainstorming occurred during the meeting," Thorne says. The meeting helped spark the publication of a paper studying the chronic use of topical steroid treatment and the risk of developing cataracts in patients with JIA uveitis. Five publications have resulted from research funded by K.U.R.E.,

as well as two residency lecture scholarships.

As a follow-up to the meeting in New York, a national symposium was held at the University of California, Los Angeles, in 2010. Hill attended with her dad and participated in a panel discussion involving patients and leading uveitis specialists. The experience made a lasting impression.

"Here I was, a 16-year-old girl sitting in front of dozens of physicians who specialize in this disease," she recalls. "Giving my opinion was very intimidating." She passed on the first question but answered the next one, regarding what medication dosage is reasonable for uveitis patients to maintain throughout their lives. "A rheumatologist said that after hearing my answer, he changed his mind. And that was a spark to me. I realized my voice was important," she says.

Even as her commitment to school and sports has increased and with college on the horizon (she'll be attending Johns Hopkins), Hill continues to devote a great deal of time



Thanks in part to a foundation started by young Sarah Hill, research in juvenile uveitis is now flourishing, notes Hill's doctor at Wilmer, Jennifer Thorne.

to K.U.R.E., whether it's organizing dodge ball tournament fundraisers, answering emails, or reviewing the latest research projects with her doctor.

Thorne admires Hill's dedication to making a difference, not only in the medical community, but also among her peers. "She is an enormous resource for newer patients, and that's so true to her character because she really has a very strong commitment to serve. Patients enjoy talking to other patients, and what Sarah's trying to do is relate her experience, the medications that she's taken, how her vision is doing," Thorne says.

"Uveitis is less common in children than adults, so for both kids and parents to know they're not the only ones and that people who have come before them are doing well can be very reassuring." ■

—ME



The Gift of Play

The safari fruit tree wall game will surely make the time spent waiting a little easier for both parents and children.

Thanks to a generous gift from the Norman Raab Foundation, waiting to see the doctor is a little more fun for Wilmer's youngest patients.

The pediatric waiting room areas in Wilmer's main building, as well as the Specialty Access Center of Wilmer's General Eye Service Clinic and at Green Spring Station, have been transformed with bright paint, child-sized furniture, and wall-mounted interactive mazes and play stations that engage youngsters and help ensure their wait is as pleasant as possible.

The funding project was initiated by Stephen Raab, a longtime member of Wilmer's Board of Governors and chair of the foundation that bears his father's name. "My involvement with Wilmer goes back to 1975," Raab recalls, "so I've been walking around these halls for a long time." But it wasn't until the birth of his grandson that Raab began to see Wilmer's facilities from a child's perspective. "I went into the pediatric unit and wasn't sure I would be really comfortable in the waiting room if I was a 2- or a 3-year-old. So our foundation gave

some money to brighten things up."

Wilmer staff consulted with the Johns Hopkins Child Life and Worklife Teams to equip the pediatric waiting room areas with age-appropriate and safe amenities. The recent improvements have already brought smiles to the faces of the hundreds of pediatric patients



Mr. and Mrs. Stephen F. Raab, generous supporters who made the pediatric waiting area a much more pleasant space.

seen weekly at Wilmer and at Green Spring Station. For these youngsters, and their families, the child-friendly furnishings and toys help time pass more quickly—and often keep anxiety at bay.

"Children in an eye care setting have stress," explains Michael Repka, vice chair for the Clinical Practice and the David L. Guyton, MD, and Feduniak Family Professor of Ophthalmology and Pediatrics. "Having these activities in our waiting area makes their care easier because they are less anxious about their visit."

Eric Singman, division chief of the General Eye Service Clinic, echoes Repka's gratitude for the Raab Foundation's support. "Parents of patients have requested a safe, fun area where their children could play," he says. "This gift means so much to our team and to our patients. It is clear that the Raab Foundation truly understands that treating disease also means helping people when they are ill at ease. Every smile the play area brings is a credit to the foundation's generosity and foresight." ■

—ME



Wilmer Board of Governors Meeting

Cosmos Club,
Washington, DC,
October 18, 2012

Dr. Stephen J. Ryan; Dr. Sanford Greenberg, Wilmer's Board of Governors chairman; Mr. and Mrs. William Tiefel; Mrs. Susan Greenberg; Mr. and Mrs. Kevin Scott Wilcox.



Dr. Harry Quigley and Mrs. Norma K. Tiefel.



Mr. Edward Birch and Mr. Kenneth Merlau.

Reception at the Home of Mr. & Mrs. Richard Dubin, Celebrating the Bethesda Opening

September 12, 2012

L to r: Dr. Adam Wenick, assistant professor, Retina Division; Dr. Shameema Sikder, medical director and cornea specialist, Wilmer at Bethesda; Dr. Peter J. McDonnell; Dick and Liz Dubin; Dr. Nicholas Mahoney, assistant professor, Ophthalmic Plastic and Reconstructive Surgery; and Dr. Prem Subramanian, associate professor, Neuro-Ophthalmology.



*“In these times of economic change, a charitable gift annuity is the **best return on investment you can count on.** Wilmer benefits; I benefit. We all win while making life better for future generations.”*

—Rose, a grateful Wilmer Eye Institute patient

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Seek advice from a tax professional before entering into a gift annuity agreement. Johns Hopkins gift annuities are not available in all states.

WRA Day
June 14, 2013

WRA at the AAO
November 16, 2013



WRA at the Academy of Ophthalmology

Chicago, Illinois, November 9, 2012

Dr. Murthy Simhambhatla,
Dr. Alfred Sommer, and
Mr. Jim Mazzo.



Drs. Ben Kim and
Christina Moon.

Dr. Peter J.
McDonnell and
Dr. and Mrs.
Stephen J. Ryan.



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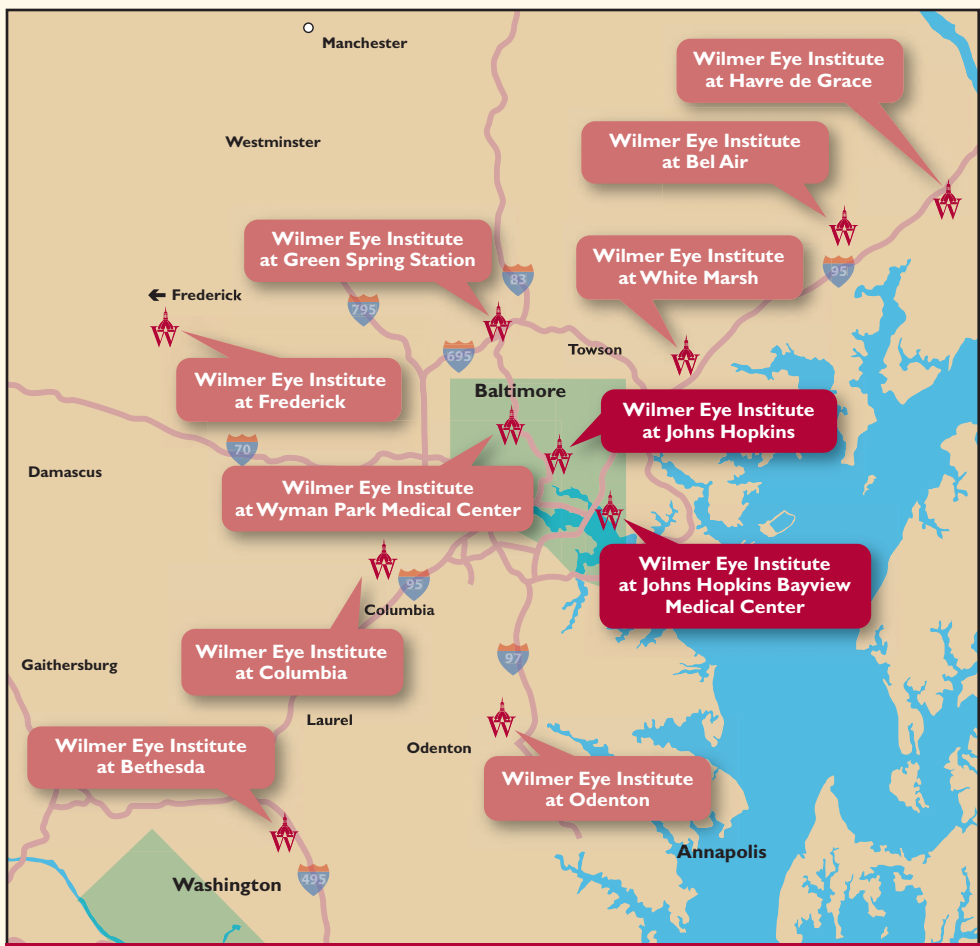
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The Wilmer Eye Institute
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 600 N. Wolfe Street, Wilmer 112
 Baltimore, MD 21287-9015
 wildev@jhmi.edu
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The mission of the Wilmer Eye Institute is to use and develop the finest scientific evidence to promote improved ophthalmic care and the reduction of visual disability in a collaborative environment that combines compassionate patient care, innovative research, and the training of future leaders in ophthalmology and visual sciences.

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