Little Patients, Big Needs

Wilmer now has the largest pediatric team in its history, ready to meet the full spectrum of children’s vision problems.
Dear Wilmer Friends and Family,

During a time when our system of health care delivery is a constant topic in the news, it is a pleasure to share some of the exciting ways that Wilmer is being proactive.

As you will read in this issue, we are growing rapidly. Thanks to the beautiful new Smith Building and Bendann Surgical Pavilion, we have been able to add about 18 new doctors in the last year and increase our surgeries accordingly. The new Wilmer Call Center now makes it easier than ever to schedule an appointment with one of our doctors—including same-day appointments. We are continuing to see double-digit growth in our practice, reflecting the demographics of our country as well as the desire of many patients from other countries to travel to Wilmer for their eye care.

On the international front, we have Wilmer faculty active around the world—in countries including China, India, Tanzania, and Saudi Arabia. The result: exciting improvements in our understanding of diseases that afflict Americans and citizens of other countries, to our mutual benefit.

When it comes to education, we continue to attract the best and brightest medical students. Our faculty are working on new ways to teach, replacing lectures with online tutorials followed by small group discussions and hands-on practical experience. In case you are wondering, textbooks still do exist, and a number of our faculty have penned new ones this year.

Our scientists continue to study all aspects of vision and eye disease, ranging from work with single nutrients or molecules to the study of millions of patients afflicted with diseases like infectious trachoma or glaucoma.

Our researchers are doing their best to move forward with less as the National Eye Institute has reduced funding on existing grants by 10 percent this year and has delayed the start of new grants. As the nation continues to tighten its belt, philanthropy becomes more important than ever. We are grateful to all of our loyal supporters who allow us to provide excellent patient care today while discovering tomorrow’s cures.

My sincere and best wishes,

Peter J. McDonnell, MD
William Holland Wilmer Professor and Director
Last July, Susan Stephenson put Wilmer’s new centralized call center to the test—one day after the new initiative had launched. Stephenson, a longtime patient of Hopkins who lives in Richmond, Virginia, was quick to realize that summer morning that she needed emergency eye care. “I’m a nurse, and I knew I definitely had symptoms of a detached retina,” she recalls. And she knew she wanted to be treated at Wilmer, where she had undergone cataract surgery in 2007. “So I got in the car. The farther I drove, the worse things got, so I pulled off at a welcome center along I-95 and called Wilmer. I knew time was of the essence.”

The friendly voice on the other end of the line belonged to Alex Pratzer, one of nearly two dozen patient service coordinators specially trained to answer patient phone inquiries and address their concerns as efficiently and effectively as possible. As soon as she heard Stephenson’s symptoms, Pratzer knew this patient needed to be seen as soon as possible. She was able to make that happen because Wilmer’s new call center has a system in place to ensure immediate availability for patients with urgent problems. “If she’d had to wait for an appointment once she got here, she would have lost her vision,” Pratzer says.

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“Alex was absolutely wonderful,” says Stephenson, who admits to being panicked on the phone. “When I got to Wilmer, I was seen right away and referred to the retina division at once. I was very, very impressed with how things went.” Because Stephenson has a connective tissue disease, her treatment was particularly challenging. An ultrasound exam and evaluation lasted until mid-evening, and her surgery took five hours the following day. She credits Pratzer and Wilmer’s team of nurses and physicians—particularly physicians Adam Wenick and Quan Dong Nguyen—with saving her sight in an emergency.

Not every call that comes into the center is an emergency, but for Cathy Kowalewski, assistant administrator—clinical operations, it’s gratifying to know the system works in crisis and noncrisis situations. “Alex was able to recognize Susan’s symptoms based on our training protocols,” says Kowalewski, who helped establish the call center and developed procedures for staff to follow. “We want to do everything we can do for our patients.”

Call center agents work Monday through Friday from one central location, using a queuing system to handle the calls that come in to Wilmer each day at the approximate rate of one new call every 30 seconds. (On weekends and after hours, calls are routed to an emergency number.) Because agents are trained to know basic information for all Wilmer divisions and clinics in Baltimore and at satellite locations, the scheduling process is much more efficient than the previous system of routing calls to different divisions. It is now easier than ever to schedule an appointment with one of our doctors, including same-day appointments when necessary.

“Our agents are here specifically to serve as one-stop referral and scheduling resources for patients,” Kowalewski explains. “They use highly detailed protocols to look up patients’ concerns or symptoms and make sure patients are scheduled with the correct physician anywhere in the Wilmer system.” All calls are recorded and computer screenshots are saved to address any problem resolution and to enhance future training.

For Pratzer, knowledge is her most important tool. “Doctors come in to do presentations for us and give us background on their subspecialties, so we know how to direct patients, or whom they should see. That’s comforting to patients.”

Wilmer’s main telephone number for access to scheduling, providers, and referral assistance is 410-955-5080.
The original Greek meaning of the word “philanthropy”—love for humanity—isn’t lost on Andreas Dracopoulos. He devotes much of his life, both professionally and personally, to helping make the world a better place.

A native of Athens, Greece, Dracopoulos serves as director and co-president of the Stavros Niarchos Foundation, an international philanthropic organization founded by his great-uncle and shipping tycoon, the late Stavros Niarchos. Since 1996, the foundation has committed more than $1.2 billion to nonprofit organizations in 90 nations.

The foundation’s criteria for funding—strong leadership, sound management, and the potential to achieve a broad and lasting impact—are mirrored in Dracopoulos’ personal philanthropy. “Giving the money is the easy part,” he says. “The big secret of success is the people in the middle, the ones who will implement the idea, make it a reality, and help the most people.”

For Dracopoulos, the decision as to who would receive his personal philanthropic support this year was an easy one. Two of Wilmer’s most senior physicians and researchers, Walter Stark, MD, and Daniel Finkelstein, MD, were already at the top of his list.

“It’s a family thing that started with my grandmother,” Dracopoulos explains. “She came to Wilmer in the early 1990s, not knowing anyone, met Dr. Stark and fell in love with him.” Stark later treated Dracopoulos’ uncle and father and then most recently Dracopoulos, whom Stark referred to Finkelstein for diagnosis and treatment.

Both doctors consider Dracopoulos a friend and are flattered that he decided to fund their work in such a substantial way. The philanthropist pledged $1 million to Finkelstein’s bioethics research and an equal amount to Stark’s corneal research and a research laboratory in the Robert H. and Clarice Smith building.

“It’s a magnificent gift that helps us in the exciting, cutting-edge research we’re doing with the cornea,” says Stark, who serves as director of Wilmer’s Stark-Mosher Center for Cataract and Corneal Diseases. Funds will support basic scientists and biomedical engineers whose collaborative research may have far-reaching implications, including the reduction of corneal transplant rejection rates in developing nations.

The research team, in collaboration with Wilmer’s Jerry Lutty, PhD, and Justin Hanes, PhD, is testing nanotechnology as a means of delivering DNA to cells in the cornea. (Typically, viruses are used to deliver gene therapy, which can lead to risks.
and complications.) For corneal transplant patients, the successful delivery of DNA means that cells will, in effect, produce their own “medicine” that reduces the risk of graft rejection.

Corneal transplants are common in the United States. The National Eye Institute estimates that some 40,000 are performed each year. The majority of surgeries are successful because of the availability of eye drops that reduce the chances of rejection. In developing nations, however, the eye drops are not as readily available. Patients would have better outcomes in the U.S. and abroad if doctors could use nanotechnology to deliver the appropriate gene therapy at the time of surgery.

Stark sees even broader applications for this type of nanotechnology. Because of its location and structure, the cornea is a “clear window,” as he calls it, for evaluating the effectiveness of any new therapy. He hopes that lessons learned through this groundbreaking corneal research can be adapted to treat other eye diseases, such as macular degeneration and glaucoma.

With funding from Dracopoulos, Stark’s research team can move forward faster. “Andreas is a wonderful friend, and I am grateful for his trust in me to use the money appropriately to try and reduce the pain and suffering of blindness.”

Dracopoulos’ support of Finkelstein’s research will also reduce pain and suffering, but in a different way. Finkelstein, a member of Wilmer’s Retinal Division staff, treats many patients with diabetic retinopathy and retinal degenerations—all chronic diseases that require ongoing visits to his office. The emphasis is often on coping and healing rather than curing.

“‘The doctor-patient relationship is particularly important to the kinds of patients I am seeing,” he explains. “Diabetes, for example, is not easy. It’s a lifelong venture and I want to encourage compliance to care, so I want them to be working with me as a team.”

To build this type of relationship, Finkelstein takes the time to ask patients about their support system at home, including their spirituality and belief system. Some patients are taken aback by his willingness to talk—and listen—about “off the chart” topics. For Dracopoulos, it was a pleasant surprise. “At one of my visits, we were talking about doctors’ bedside manner because I had had an unpleasant experience at another institution,” he recalls. “We seem to have lost the importance of being nice, and when we find it, it’s such an exception.”

The two also talked about Finkelstein’s decades-long interest in medical ethics, and Dracopoulos was eager to learn more. In 2001, he joined the advisory board of the
Johns Hopkins Berman Institute of Bioethics and recently made a $2 million gift to support the institute’s work. In addition to his clinical and research work at Wilmer, Finkelstein is a faculty member of the institute, joining others from multiple disciplines who conduct advanced scholarship on the ethics of clinical practice, biomedical science, and public health worldwide.

With his gift, Dracopoulos enables Finkelstein to build upon a 2008 research project, published in the *Archives of Ophthalmology*. Based on surveys of Finkelstein’s patients, the study demonstrates that spirituality is a significant component of patients’ value systems, with 82 percent stating, for example, that prayer is very important or moderately important to their sense of well-being. Given the prevalence and importance of spiritual beliefs to this sampling of patients, the study suggests that physicians’ acknowledgment and respect of a patient’s beliefs and value system is an important aspect of establishing a doctor-patient relationship that promotes trust for making joint therapeutic decisions.

“We with the new funding, we are able to extend this work to other medical and surgical divisions at Johns Hopkins,” says Finkelstein, who has recruited 10 senior faculty members to participate with their patients. He is now in the process of compiling the results of this multidisciplinary study.

Dracopoulos couldn’t be more pleased. The doctor-patient relationship and spirituality are important issues that should, from his perspective, be receiving more attention and resources from the medical industry as a whole. “We take ethics for granted, but as is evident from all aspects of life today—and especially with technology advances in the medical field—ethics in the 21st century will play a very important role,” Dracopoulos says. “Dr. Finkelstein combines both the expertise and the ethics to truly make a difference.”

“I am very pleased to have Andreas’ support,” Finkelstein states. “Bioethics is not an easy area in which to acquire funding,” he says, adding that private philanthropy is often the only means by which to fund pilot studies that can then lead to federal grants. “This gift will go a long way toward pursuing my research interests and extending the research beyond ophthalmology patients to other areas within the Hopkins community.”

**A Patient Writes**

Elliott Myrowitz, OD, MPH, received what he calls “the nicest gift” from Sergeant Ray Moran after Myrowitz successfully treated Moran’s complicated vision problems. The letter and official police badge given to Myrowitz are testament to the excellence of the team of professionals at the Wilmer Laser Vision Center.

**Doctor Myrowitz,**

I wanted to share a thought that strikes me a couple times a month. The first time that I walked into your office, I was wondering if my career was over. A cop with goofed up eyes isn’t good for very much.

Although my peers had great confidence in me, I worried a lot about letting them down. When you fixed that problem, my life became infinitely better... not just because I could see, but because I didn’t have to worry or second guess decisions.

In 2008 I was selected as the Officer of the Year for my Department. I got the award for a lot of things, but it really came down to being able to see well enough to lead a group of dedicated professionals in a battle against a gunman. The lives of my officers and those of the community lay in the balance.

Like yours, police work is a stressful and rewarding job. I just wanted you to know that every day is easier because of your help. If you have a small place set aside for personal trophies, please add this to the pile. It’s the badge I was wearing the night of the arrest.

Ray Moran
The Wilmer Eye Institute hosted a memorial service to honor the life of former director, Arnall Patz, MD, on October 8, 2010. Pictured: Three generations of the Patz family gathered to honor Patz’s influential life. Patz is survived by his wife, Ellen, five children, and eight grandchildren.

When Arnall Patz, MD, Wilmer’s director emeritus, died in March of last year, many individuals whose lives he had touched—as a physician, teacher, and mentor—asked how the legendary ophthalmologist would be commemorated at Wilmer. His wife and children decided the most fitting tribute to Patz would be an endowed professorship for Wilmer’s Lions Low Vision Center. The named professorship will stand as a lasting tribute to the legendary ophthalmologist, providing valuable support to Wilmer’s visual rehabilitation specialists and acknowledging Patz’s close relationship with the Lions and his respect for their work.

Patz was a key player in establishing Wilmer’s Lions Low Vision Center in 1991 to pioneer new clinical approaches and research in low vision, the third leading cause of disability in the United States. Helping patients with low vision (vision loss that cannot be corrected by eyeglasses, contact lenses, medication, or surgery) was a mutual passion of Patz and the Lions. In 2005, he was honored with the Lions Humanitarian Award and designated the $200,000 award to the Lions Low Vision Center. “Low vision is something that my husband was very interested in, and he was eager to have a low vision rehabilitation center at Wilmer,” explains Ellen Patz. “We’re delighted and so appreciative that the contributions made in his honor can support the center.”

The Lions Vision Research Foundation of Multiple District 22 (Delaware, Maryland, and the District of Columbia) has made an initial commitment of $50,000 to the endowment. When fully funded, the Dr. Arnall Patz Endowed Professorship for the Lions Low Vision Center will support both practicing visual rehabilitation specialists and potential trainees who share Patz’s interest in helping patients with low vision. The endowment will also provide funding to develop and share new techniques, as well as dedicated time for teaching and mentoring the next generation of rehabilitation specialists. “This gives great stability and security and makes it possible to support the very best faculty members to conduct a high-level, multifaceted program here at Wilmer,” says Morton Goldberg, MD, a protégé of Patz’s and his immediate successor as director of Wilmer. “Dr. Patz’s family has always been an integral part of all we do here at Wilmer, and we’re happy to see that continue into the future through this professorship.”

To make a contribution in memory of Dr. Arnall Patz to support the Lions Low Vision Center Professorship, please contact the Development Office at 410-955-2020 or wildev@jhmi.edu.

Arnall Patz (right) receives an award from Clement F. Kusiak, past president of the International Association of Lions Clubs.
Michael Repka relies on a variety of child-friendly “tricks” to gain the cooperation of young patients.
The one-week-old baby girl in Michael Repka’s office is proof that eye disease doesn’t discriminate by age. Diagnosed at birth with congenital cataracts, the young patient will likely undergo surgery with general anesthesia at three weeks of age. If not promptly treated, the child could suffer permanent vision loss.

“It’s a bit of a shock for parents,” says Repka, MD, a pediatric ophthalmologist at Wilmer who sees a new case of congenital cataracts approximately every two weeks. “When you go home from the hospital with your first child, this isn’t what you expect. And it’s not as if you can call your friends for advice.” Most pediatricians can’t offer advice either, Repka adds, because they see so few cases of congenital cataracts.

That’s why families turn to Wilmer. And now, ready to address their concerns and to care for their children is the largest pediatric ophthalmology team in Wilmer’s history. With more physicians and researchers than ever to treat the full spectrum of pediatric eye diseases, Wilmer is uniquely equipped to help children and their families find the specialized care they need—all in one place.

Repka, who has been at Wilmer since 1983, chaired the search committee to recruit doctors specially trained in pediatric ophthalmology. As more young patients and their families turn to Wilmer for help, it is imperative that doctors can meet the full spectrum of children’s vision problems, Wilmer now has the largest pediatric team in its history.
the need, he explains. Time is of the essence when dealing with pediatric eye disease because no one wants to risk a child’s losing his or her vision for life. Vision problems in children can range from the simple to the complex, and Wilmer now has specialists on staff to address the full spectrum. Because children’s bodies are constantly changing, multiple follow-up appointments are the norm for young patients. The infant with congenital cataracts, for example, will need to be seen by Repka approximately 30 times before her first birthday.

Recently named the David L. Guyton, MD, and Feduniak Family Professor of Ophthalmology, Repka is known for his contributions in the fields of strabismus, retinopathy of prematurity, and pediatric neuro-ophthalmology. He regularly sees 100 or more patients a week, including pre-term babies in the neonatal intensive care unit. Like his colleagues who treat children, he’s mastered all the “tricks,” such as trading lollipops for good behavior, playing videos as a distraction during appointments and turning the exam into a game to gain cooperation—anything to make each visit as comfortable as possible for young patients. “It works for many but not for all,” he admits, adding that even adult patients can be challenging at times.

“Taking care of babies and children with eye disease is a labor of love—and really a gift that only some ophthalmologists have,” says Peter McDonnell, MD, director of the Wilmer Eye Institute. “Children aren’t just small adults. Diseases are really different in them, and they need to be managed differently.”

“Having more people at Wilmer with this as their career focus advances the research we can do, the education of our residents, and the care we can provide. We’re developing new ways for the whole world to treat eye disease in children.”

One recent addition at Wilmer is a familiar face. David Barañano, MD, PhD, finished his last year of residency at Wilmer in 2008. Two years later, he came back—thrilled to be part of an expanded pediatric ophthalmology team.

Like other recent recruits and long-standing faculty, Barañano brings specialized expertise that strengthens Wilmer’s ability to research, diagnose, and treat childhood eye diseases. After finishing a year as assistant chief of service and chief resident, he will join the Retina Division. Barañano is a pediatric retina surgeon, operating on patients as young as one month old. He is particularly interested in the diagnosis and treatment of retinopathy of prematurity, an eye disease that can cause low vision and blindness in children who are born prematurely. The retinal eye vessels of these young patients don’t grow properly, which can cause scar tissue that leads to retinal detachment and often blindness.

“Children with retinal detachments require a team of specialists to care for them during their surgery and afterwards,” Barañano explains. “Experienced pediatric anesthesiologists and nurses are crucial for safe, successful surgery.”

A skilled pediatric ophthalmologist and sometimes low vision specialists are also critical, he adds, to ensure the child retains as much useful vision as possible. “It is not uncommon for these children to require other pediatric ophthalmology subspecialty care, including glaucoma and cornea,” Barañano notes. He and his colleagues are investigating improved methods of screening for retinopathy of prematurity, using a specialized camera that may be more accurate and more comfortable for children than the current exams. He adds that certain medicines used by macular degeneration patients may soon help some children with retinopathy of prematurity avoid surgery completely.

“There are very few places in the world where you can do this kind of work in such a setting as Johns Hopkins Medicine,” he says. “Children who have eye problems typically have other problems as well. For complex cases, you need to work with colleagues in other departments and divisions, and you’ve got the best in the world, all the resources, right here.”

Like others on the pediatric ophthalmology team, Barañano is eager to collaborate. He often partners with Esen Akpek, MD, world renowned for her success in cornea transplants and surgical treatment of corneal diseases. The two work on combined cases where multiple surgeries are required.
“We all learn so much from each other, working together and having different perspectives,” says Barañano.

And different perspectives abound, contributing to the synergy that encourages collaboration and inspires new ideas. Hee-Jun Park, MD, MPH, has subspecialty training in pediatric ophthalmology and adult strabismus. She is particularly interested in patients with nystagmus (shaking of the eyes) and in new ways of treating this disabling condition. Josephine Owoeye, OD, MPH, is an optometrist who specializes in the treatment of refractive errors and amblyopia (lazy eye) and helps manage cases of strabismus (misaligned eyes) in children and adults. She is particularly gifted in performing comprehensive eye exams for children with special needs.

Two of the newest recruits, Roxana Rivera and Anya Trumler, will arrive at Wilmer this summer. Rivera, MD, brings specialized expertise in ophthalmic plastic and reconstructive surgery, and her research interests include congenital ptosis, the term used when the eyelid droops. If untreated, ptosis can lead to amblyopia or astigmatism. Early detection in children is critical to avoid problems in vision development. Trumler, MD, specializes in the treatment of glaucoma in children.

With more doctors at Wilmer to provide pediatric eye care, there is more time for research—research that builds on a successful track record of groundbreaking discoveries that directly benefit young patients. In many cases, explains David Guyton, MD, chief of the Pediatric Ophthalmology and Adult Strabismus Division, the research that helps children often flows from lessons learned in treating adult eye disease.

Guyton, for example, pioneered the use of adjustable sutures in children via his work with adult strabismus patients. The sutures can be adjusted one to two hours after surgery to fine-tune the alignment results. “We’ve had great success in adults in this area for the last 30 years, and in 1993, I switched over to using adjustable sutures in children,” he explains. Guyton is one of only several physicians in the world to use adjustable sutures routinely in children.

Having a well-rounded pediatric ophthalmology program that incorporates research with specialized clinical care is not only important to patients and their families but also to the continued success of the division, Guyton explains. Residents and fellows are attracted to the wide range of experience they can obtain at Wilmer, not to mention the appeal of working alongside some of the world’s leading pediatric ophthalmologists.

Whether the residents and fellows remain at Wilmer or move on to other divisions in or beyond Hopkins, they take with them specialized education and training that will uniquely benefit children with eye disease.
When Milton Shurr was diagnosed with uveitis, an inflammation of the eye, he was curious—not only about the disease but also about whether other patients were getting the same quality care he was receiving at Wilmer.

“Mr. Shurr wanted to understand the causes and progression of the disease, and he wanted to make sure there were a good number of ophthalmologists trained in uveitis so that other people could be well treated,” explains Jennifer Thorne, MD, PhD, director of the Uveitis Fellowship Program at Wilmer and one of the doctors he saw regularly. “Mr. Shurr felt strongly that he’d gotten good care here and wanted others to benefit.”

Shurr and his wife, Muriel, considered what they could do financially to support uveitis research, training, and clinical care at Wilmer. In 1999, they finalized bequests that created, upon their deaths, a $1 million endowment to support the Ocular Immunology and Uveitis Fellowship Program. They later created a charitable remainder trust and eventually named Wilmer as the primary beneficiary. The Shurrs also left the bulk of their estates to Wilmer. In addition to the fellowship program, the couple’s bequest will provide funds for Wilmer’s General Eye Service, which supports training for residents and care for the community around Johns Hopkins Medicine.

Milton and Muriel Shurr died in the spring of 2009 within a month of each other. “They were a couple of sweethearts,” reflects Wilmer director Peter J. McDonnell, MD. “Both felt that, with their estate, they would leave a legacy of helping others.” McDonnell notes the national shortage of doctors who are trained in uveitis, a collective term for approximately 30 different inflammatory conditions of the eye, most of which are chronic and require ongoing treatment.

“Wilmer has the largest uveitis division in the country, and even we
still have trouble meeting the needs of our referring doctors,” McDonnell continues. The Shurrs’ support increases the number of participants in the fellowship program, which offers one year of clinical training on the medical and surgical management of uveitis and related ocular inflammatory diseases. Fellows can add a second year devoted to research. To date, there have been 23 graduates of Wilmer’s Ocular Immunology and Uveitis Fellowship Program, 18 of whom currently hold appointments as faculty in academic departments of ophthalmology across the country.

Uveitis is a leading cause of blindness among working-age adults, and it has a significant impact on public health, a subject with which Milton Shurr was quite familiar. He worked as a program organizer in public health prior to being drafted to serve in World War II. Much of his time overseas was spent at Buchenwald, one of the largest Nazi concentration camps in Germany, after it had been liberated by the U.S. troops. The 15,000 survivors of the camp presented a massive public health challenge. “People were dying at a rate of 300 a day from starvation and disease,” he recalled in an interview for the Library of Congress’ Veterans History Project. “I worked about 16 hours a day trying to find food, just to keep people alive until they could be repatriated, and tried to create order and stability in a situation that was very chaotic.”

From Buchenwald, Shurr went on to Bavaria to help restore order and basic services to a region that was barely functioning. After four years in the Army, Shurr declined a permanent position in Bavaria. “I said ‘No thanks, I miss my wife,’” he told the Veterans History Project interviewer.

Once home, Shurr returned to his public health career in Oklahoma City and later Chicago, where he was instrumental in getting the city to pass an ordinance that would prevent dental decay with the use of sodium fluoride. “I was good at what I did,” he said. “The advantage I had over everyone else was that I had an imagination and was capable of developing new ideas and programs.” Shurr also worked in rehabilitation services for the federal government. His wife was a social worker and, after retirement, they both were longtime volunteers for the Smithsonian Institution in Washington, D.C.

“The Shurrs were wonderful, welcoming, and generous people,” says their attorney, Edward Jay Beckwith of Washington, D.C., who was instrumental in helping the couple design their charitable gifts. “I had the privilege and pleasure of knowing and working with them for more than 30 years. They had many charitable interests and supported a number of causes as volunteers and donors throughout their lives. However, as time passed and the Shurrs learned more about the importance and quality of the programs at Wilmer, they concluded they could help others the most by leaving most of their charitable bequest to Wilmer.”

Thorne, who first met Milton Shurr when she was one of Wilmer’s Uveitis Fellows, couldn’t be more pleased. “To me, it’s terrific to have this endowment for the fellowship program and to have this legacy connected to the Shurrs,” she says. “They were such lovely, unassuming people and so interested in helping and learning. To have a daily reminder of their contribution will be a great thing.”
More Than One Track to Success

By Marlene England
Shannath Merbs, MD, could never have predicted the twists and turns her career would take. But looking back she can clearly see that her own hard work and determination, combined with the philanthropy of others, helped her land where she is today—back in the lab and doing what she loves.

As an MD/PhD student at Johns Hopkins, Merbs developed an interest in ophthalmology. She graduated in 1993 and went on to do her residency at Wilmer where, in her last year as resident, she received the National Eye Institute’s prestigious K Award. The five-year clinician scientist training grant enabled Merbs to focus on the genetic changes that occur in uveal melanoma tumor cells, the most common eye cancer in adults.

Merbs’ career was off and running. She somehow managed to juggle her K Award research with fellowship training in oculoplastic surgery and the birth of her first daughter in 1999. But when her second daughter was born just 13 months later, Merbs realized she couldn’t do it all.

“It became overwhelming,” she recalls. “I was working in the lab and doing surgery, plus my husband was a general surgery resident, and we had two babies at home. So I decided to stop doing lab research, which was really hard for me because I had always been working toward being a clinician scientist—and I was almost there.”

Merbs gave back the last year of her K funding, along with a career development grant she had received from Research to Prevent Blindness, and went full time with her clinical practice, seeing patients and performing surgery at Wilmer. “Then I had just one full-time job instead of two and was only working 60 hours per week,” she says. Her third daughter was born in 2003.

Although successful in her clinical work, Merbs never lost her passion for research. Her colleagues at Wilmer encouraged her to return to the lab. A program director at the National Institutes of Health heard Merbs speak at a meeting and offered her a fellowship position, which she accepted. She returned to the lab full time in 2008. While there, Merbs realized that she was ready to return to surgery.

Thanks to her hard work and the generosity of donors, Shannath Merbs is back in the lab and doing what she loves.
Eye Institute suggested she apply for a Re-entry Supplement, funding from the National Institutes of Health aimed at getting female researchers who had taken time off for child-rearing to get back into the lab. Merbs applied for and received a three-year grant, enabling her to devote 50 percent of her time to basic science research. She changed research directions and focused her efforts on exploring epigenetics, the study of how gene expression can be changed and passed on without changes in the DNA code in the retina.

Merbs knew the funding would end in early 2008, so she stepped up her research pace to generate preliminary results upon which she could base other proposals. In two years, she applied for some 15 grants to Johns Hopkins and Wilmer funding sources, private foundations, and the National Institutes of Health. She received her first NIH grant in 2009, with the yearlong gap in funding covered by an individual donor, who prefers not to be named.

“I call her my guardian angel,” Merbs says. “She allowed me to hire a technician during my Re-entry Supplement to help me generate more data, to continue to work in the lab after the Supplement ended, and then to set up my own lab.”

Merbs now has two NIH grants funding her work and has two post-doctoral fellows, two technicians, and four benches in the Smith Building, where her research team focuses on how DNA methylation—“marks” on DNA that regulate gene activity and are affected by environmental factors like aging and diet—affects retinal development and diseases like glaucoma and macular degeneration. She devotes 60 percent of her time to research and the remaining 40 percent to seeing patients.

“I would never have been able to do all this without the support of a donor,” Merbs says, adding that she is also grateful for the support she has at home—a husband who understands her clinical and research demands and a nanny, who is, as Merbs puts it, “like a second spouse in our family.”

Merbs recently received additional financial support from the Morton F. Goldberg, MD, Director’s Discovery Fund Award, established when Goldberg retired as Wilmer’s director.

“This is the genius of Dr. Goldberg for Wilmer’s director to have this pot of money for innovative research,” says Peter McDonnell, MD, who appoints a committee of professors to review faculty proposals and make funding recommendations. “The group was so impressed with what Shannath is doing that they felt it would be impossible to find a more fantastic person with whom to invest these funds.”

With the Director’s Discovery Fund Award, Merbs is continuing her work in epigenetics. With pilot experiments on animals, she hopes to further define the role of DNA methylation in the cell death that accompanies glaucoma, the second most common cause of blindness worldwide. It is, in her words, a “fishing expedition” that will provide preliminary results for future grant applications, which could in turn lead to an entirely new direction of research.

“Some people say Shannath is a vanishing breed…that nobody can be a great surgeon, teacher, and laboratory researcher,” comments McDonnell. “But she’s proof that you can.” And, he adds, she’s proof that scientists can take time off from their career and return to it with great success, particularly in Wilmer’s supportive and family-friendly environment.

“In the old academic model, that flexibility was not always there, or it was frowned upon, so people chose between family and academic careers—and often the academic lost out,” McDonnell says. “But today, as needs and decisions dictate, a person can work full time, then cut back on certain things, and then resume the total academic life. And Shannath has come roaring back. She’s a star.”

The journey has not been easy, but Merbs has learned that there is more than one track to success. “If you’re good and you’re committed, you can take time off and come back. But I think it’s harder than if you keep going.”

Even so, she sees advantages in following the road less taken. “All these other opportunities and perspectives wouldn’t have happened if I hadn’t taken the circuitous route.”
Above: Alumni of the Wilmer Eye Institute and special guests gathered together to mix and mingle at the Wilmer Residents Association Reception and 2010 Annual Academy of Ophthalmology Meeting. The reception took place on October 16, 2010, at the University Club of Chicago Library.

Right: Mark Dlugoss, group editor for Ophthalmology Times, presents Dr. McDonnell with the crystal vase for Wilmer’s ranking as 2010 Ophthalmology Times Best Research Program.

The following list represents those Wilmer Residents Association members who supported Wilmer, through gifts and pledge payments, during fiscal year 2010, July 1, 2009, through June 30, 2010.

**Visionary Society**
[$50,000 – $99,999]
- Michael J. Harris, MD
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- Shannath L. Merbs, MD, and Michael P. Grant, MD
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- Serge N. de Bustros, MD

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- Mathew W. MacCumber, MD, PhD
- David A. Rosen, MD
- Michael A. Novak, MD
- Serge N. de Bustros, MD

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**Save the Date**

**WRA Day**
June 3, 2011

**WRA at the AAO**
October 22, 2011
The Aida deAcosta Root Breckenridge Giving Society

Mrs. Aida deAcosta Root Breckenridge, grateful patient and patron of Dr. William Holland Wilmer, began the campaign to establish an ophthalmological clinic in Dr. Wilmer’s name. Three hundred thirty-eight individuals rallied behind Mrs. Breckenridge, and with gifts ranging from a few dollars to $25,000, a total of $3 million was raised to start the Wilmer Eye Institute at Johns Hopkins Hospital. As Mrs. Breckenridge recalled, “No form letter was used, as the Institute was to be built on appreciation, gratitude, and friendship.” The Aida deAcosta Root Breckenridge Giving Society honors those who have made lifetime gifts of $3 million or more.

The William Holland Wilmer, MD, Giving Society

William Holland Wilmer, 1863–1936, was appointed by the Johns Hopkins Hospital Board of Trustees to become ophthalmologist-in-chief on February 13, 1925. He has forever lent his name to an institution that represents the very finest in ophthalmological medicine, teaching, and research. The William Holland Wilmer, MD, Giving Society honors those who have understood the importance of Dr. Wilmer’s vision and mission and have made lifetime contributions of $1 million to $2,999,999.
Wilmer Advisory Council

Thank you to the Wilmer Advisory Council for coming together for another successful annual meeting on October 21, 2010. Wilmer appreciates the Advisory Council and all that its members have done for us over the years. In particular, we are grateful for the leadership of Rick and Sandy Forsythe, co-chairs of WAC since 2006.

L to r: Peter J. McDonnell, MD, William Holland Wilmer Professor of Ophthalmology and Wilmer Director; Rick and Sandy Forsythe, former co-chairs of the Wilmer Advisory Council; Ronald J. Daniels, President, The Johns Hopkins University.

Guyton-Feduniak Professorship

The many achievements of Michael X. Repka, MD, were recognized and celebrated at the dedication of the David L. Guyton, MD, and Feduniak Family Professorship of Ophthalmology on October 21, 2010, in The Robert H. and Clarice Smith Building and T. Boone Pickens Atrium. During the dedication ceremony, Repka was installed as the inaugural recipient of the professorship. Family, friends, colleagues, patients, and donors gathered to celebrate this momentous occasion.

Seated, Michael X. Repka, MD. L to r: Ronald J. Daniels, President, The Johns Hopkins University; Maureen and Robert Feduniak; Peter McDonnell, MD; David Guyton, MD.


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