

SUMMER 2006

THE WILMER EYE INSTITUTE
AT JOHNS HOPKINS



SIGHT LINE

A New Look at
Diabetic Eye
Disease

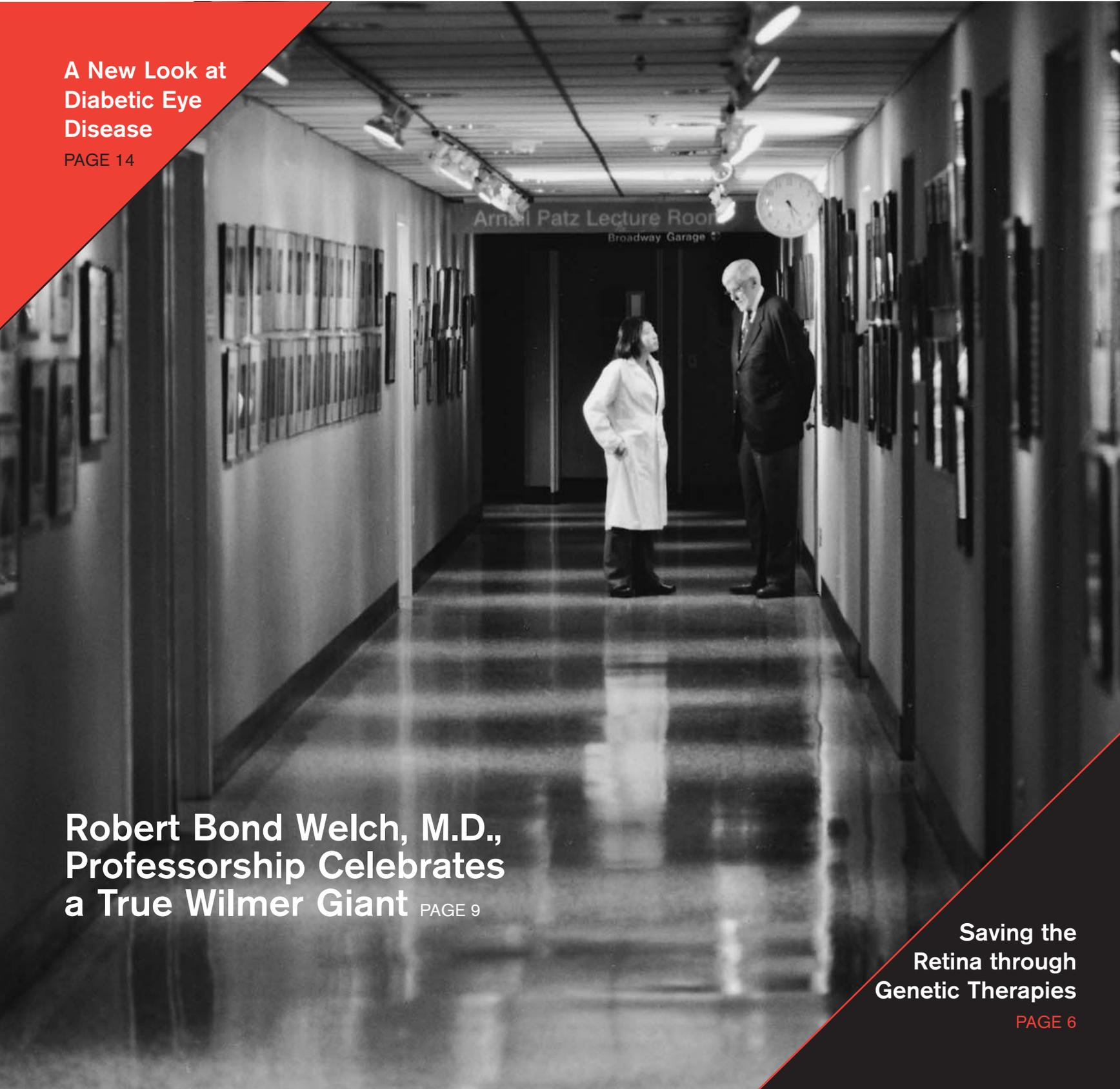
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Robert Bond Welch, M.D.,
Professorship Celebrates
a True Wilmer Giant

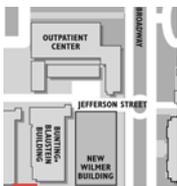
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Saving the
Retina through
Genetic Therapies

PAGE 6



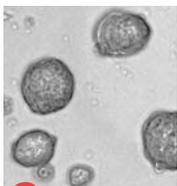
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ON THE COVER: A half century of Wilmer history: Former Chief Resident Robert Bond Welch, M.D., discusses a case with Margaret Chang, M.D., the third woman in Wilmer's history to be selected as Chief Resident (Assistant Chief of Service). Photo by Charles Bethman.

The View from Wilmer Development



Wilmer has a tripartite mission of research, teaching and patient care. In theory, it is laudable, but it is simply amazing to see this credo in action. As I walk down the hall to my office in the morning, I pass by the Wilmer residents, who are just getting out of

their morning session in the Patz Lecture Hall. Some of them rush to the O.R., some to clinics. The faculty members who were participating in the class proceed to their laboratories to conduct valuable research on glaucoma, retinitis pigmentosa, diabetic retinopathy, age-related macular degeneration, etc., or to clinics to see patients with these or other eye diseases. Some will travel upstairs to surgery to re-attach a retina, do a cornea transplant, cataract operation, or to perform adjustable suture surgery on a strabismus patient.

No matter where I might wander amidst Wilmer's hodgepodge of contiguous buildings, I am surrounded by brilliant, driven, and dedicated clinicians, scientists, nurses and staff, who are busy examining patients, preparing for surgery, checking post-op patients, working in laboratories, training the residents to be the next crop of gifted ophthalmologists. Walking these halls cannot help but inspire and awe.

And so it is an honor to be a part of the development team at Wilmer: our charge is to raise the philanthropic dollars needed to enable these extraordinary men and women to follow their quest of helping those suffering from blinding eye diseases throughout the world. Not bad for a day's work. . .

This issue of *Sightline* highlights but a fraction of the splendid work being done at Wilmer and of the thoughtful philanthropy from generous grateful patients and alumni.

Thank you for partnering with us. ■

Laurette L. Hankins

Director of Development

lhankin2@jhmi.edu

FROM THE DIRECTOR

Wilmer's Customers

In the business world, gurus encourage companies to know their customers: who they are, what their problems are, what they want, what they need. The successful business, whether a for profit or non-profit entity, excels at addressing the concerns of its customers. So I ask myself: who are Wilmer's customers?



Certainly the over 160,000 men, women, and children who came to Wilmer from all 50 states, the District of Columbia and 73 foreign nations this past year as patients qualify as customers, as do their families. They need us to address their medical problems as effectively as possible, while providing a

positive experience (avoiding unnecessary waits for appointments, excessive costs, long delays in the waiting room, etc.). In many cases, they cannot afford to pay us for this care, and Wilmer provides millions of dollars worth of services each year to trauma victims, patients with eye emergencies or who need surgery, but who are not insured and lack the ability to pay.

Their referring doctors are our customers. They need us to respond quickly when they refer a patient with a challenging disease, and they deserve prompt feedback as to diagnosis, treatment, and outcome on their patients.

The many brilliant medical students, residents, and fellows that come to Wilmer from the United States and around the world for instruction are our customers. They need the best training we can give them, so they can put that knowledge to good use at other universities in distant cities and countries, or sometimes, right here at Wilmer.

Wilmer receives tens of millions of research grant dollars annually, including more NIH funding than any other eye department. Thus, the federal government is our customer and demands that we wisely use these funds in accordance with all the rules and regulations that apply. Those research dollars, of course, come from the taxpayers who, justifiably, expect us to use those dollars to discover better treatments for eye disease and better quality of life for all Americans. So really, all Americans are our customers. But because many of our research projects relate to genetic diseases, we are also trying to make life better for the taxpayers' children, grandchildren, and descendants yet to be born.

Our customers include people far beyond our national borders. In addition to the 73 (mostly wealthy) countries that sent us patients this year, others sent us trainees, and we have extensive research programs in most regions of the world. In (mostly non-wealthy) regions of Asia, Africa and India, for example, Wilmer faculty guide research teams exploring new therapies for eye diseases that blind millions of people. Eliminating the tremendous economic burden of blinding eye disease can improve entire nations and can aid people not directly afflicted with eye disease by helping to lift the veil of poverty from their societies. Al Sommer's discovery that vitamin A cures an eye disease (xerophthalmia) and also dramatically reduces childhood mortality in the developing world is one obvious *[continued page 4]*

[from page 3] example of this effect. People around the world, most of whom will probably never know the name Wilmer, already do or will benefit from new drugs, devices, and surgical procedures that result, in whole or in part, from research done here.

This past year, Wilmer received a request from a new kind of customer. Two medical schools, one in the Midwest and one in the Northeast, asked if Wilmer’s administrators would be willing to work with their eye departments to assist them with financial challenges. Another institution asked that we help them look for possible causes of infections in their surgical patients. In each instance, Wilmer, of course, agreed to help.

Tallying up the list allows me to identify the group of people Wilmer exists to help, and on whom we must focus our efforts. My analysis tell me that the customers Wilmer exists to serve fall into a single category: every person in every nation of the world, wealthy or developing, as well as persons yet to be born. ■

Peter J. McDonnell

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

Clockwise from top left: Wilmer Residents group photo; Dr. James Handa; Dr. Esen Akpek; Dr. Emily West in Tanzania.



MISSION STATEMENT

The mission of The Wilmer Eye Institute is to contribute to ophthalmic knowledge and to continue to reduce suffering from blindness and loss of vision at home and around the world, through leadership and excellence in research, education, and patient care.

Turning The Corner

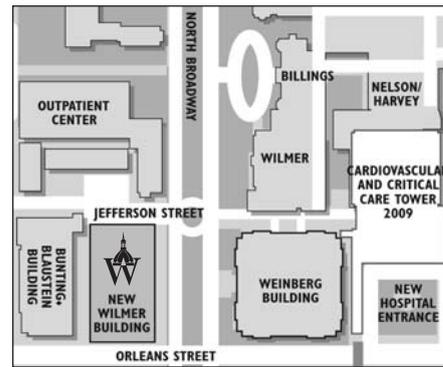
Announcement of Major Architectural Team Marks Final Stages of Planning for New Wilmer Building

The site has been chosen. The scope has been set. Now, with the final selection of a world-class architectural team to drive the project forward, the new Wilmer Eye Institute building is on an accelerating track to break ground in 2007.

The two high-profile architectural firms that comprise the Wilmer team are both locally based, but have national reputations and experience. Wilmot/Sanz of Gaithersburg, Maryland, the team's architect of record, brings 40 years of knowledge to the programming, planning, and design of medical facilities, senior living communities, and research centers. Baltimore-headquartered Ayers/Saint/Gross, Architects + Planners (ASG) will lead the project's design effort. Known internationally for its expertise in designing institutional environments that support the creation and dissemination of knowledge and culture, ASG's recent projects include the design and development of the Monticello Visitor and Smith History Center in Charlottesville, Virginia, the site of Thomas Jefferson's famed residence.

"Hopkins has remained for us a taproot for everything we do," says Adam Gross, FAIA, ASG's design leader, "so we take that relationship very seriously, and by extension, the key importance of this project in fulfilling the Wilmer Eye Institute's mission. Given the premier location of the building and its unique blend of research and clinical environments, this project is very exciting for us."

Rolando Sanz, AIA, the principal of Wilmot/Sanz, has been involved in the master plan for the new building over the past two years. "The new building



will be a very important landmark for Hopkins and for Wilmer," he says, "so we are making sure that we have the

best planners, designers, and engineers in the field working on a project of this status."

A Transforming Moment

From its gateway location at the corner of Broadway and Orleans Street, the new Wilmer Eye Institute building will fulfill several goals, including advancing patient-oriented "translational" research and surgical activities, while accelerating therapeutic advances. The seven-floor structure also will create a "critical mass" of Wilmer's best and brightest clinicians and researchers by adding approximately 197,000 contiguous square feet to the Institute's working space, increasing overall laboratory areas by 60%, and quadrupling the space dedicated to research in age-related macular degeneration. In doing so, a new and highly effective environment for collaboration will be created, leading to the potential for accelerated and innovative bench-to-beside discoveries. The overall project will require \$74 million in support from philanthropic sources, of which \$53 million already has been secured.

Peter J. McDonnell, M.D., Wilmer's Director and William Holland Wilmer Professor of Ophthalmology says, "When it becomes a reality, this new building will allow Wilmer's scientists and clinician-scientists to work at a new level—as individuals and as a group. Modern 'research neighborhoods' designed to stimulate interactions and collaborations, within a beautiful new building, will inspire and energize all of us at Wilmer as we work to conquer blinding diseases."

To learn more about giving opportunities with the new Wilmer building, please contact Laurette Hankins, Director of Development at lhankin2@jhmi.edu. ■

STEMMING THE ATTACK OF RETINAL DISEASE

Wilmer Researchers Apply New High-Tech Approaches in Combating Retinal Degenerations



Groups of progenitor cells are shown in clumps of 100's or 1000's each derived from one mother cell, generated from the adult eye. These clumps can be broken into individual cells, and it is hoped that their properties can be directed toward cells that are needed for replacement in the diseased eye.

Think of it as the eye's movie screen. The retina is that all-important part of the human eye where light is received and images are first composed. Indeed, without the presence of this thin layer of light-sensitive cells called rods and cones, visual perception itself is impossible.

Unfortunately, the retina also is open to attack by a number of serious diseases that collectively are called

retinal degenerations. As most are untreatable today, retinal degenerations usually bring about a progressive deterioration of the retina and a concurrent loss of vision. Chief among this group of conditions is retinitis pigmentosa (RP), a genetic disease that is considered one of the most common inherited causes of blindness. Affecting up to 100,000 people in the United States alone, RP, which is characterized by shrinking peripheral vision, can strike the very young as well as adults.

Another major disease in this category is glaucoma, the world's second leading cause of blindness. A group of disorders that is defined by death of nerve cells called retinal ganglion cells, glaucoma causes blindness in 5,500 new sufferers in the United States every year. A third condition, age-related macular degeneration (AMD), also has a genetic link and is the leading cause of blindness for Americans over 50. All three diseases, RP, glaucoma, and AMD cause death of neural cells of the retina over time.

Taking the lead

Recognizing the urgent need to develop new treatments for such retinal degenerations, the Wilmer Eye Institute is taking the lead in investigating the root causes of these diseases—and their potential treatment. Today, Wilmer researchers are making advances on a number of fronts, according to Peter J. McDonnell, M.D., Director of the Institute.

"I believe that there is tremendous opportunity here at Wilmer to address these diseases that affect the retina from a genetic approach," he says. "In addition to our expertise in adult stem cell biology at Johns Hopkins and other departments, we have at

Recognizing the urgent need to develop new treatments for such retinal degenerations, the Wilmer Eye Institute is taking the lead in investigating the root causes of these diseases—and their potential treatment.

Wilmer a group of researchers who already have done significant work for several years looking at the ability of these cells to grow back into the retina and hopefully begin functioning again.”

By focusing on this area of “regenerative medicine” that employs genetic therapies, Dr. McDonnell feels that researchers can share “their individual pieces of the puzzle” in solving larger, more complex problems in disease treatment. “It really is tremendously sad to watch people—young and old—progressively going blind from degeneration of their retinas,” he says. “Our hope is that we can learn to stop and even reverse the progression of these degenerative diseases during my tenure at Wilmer.”

Here then is a sampling of current clinical investigations at Wilmer that address retinal degenerations:



Dr. Ruben Adler

Targeting RP

For Ruben Adler, M.D., and his laboratory team, finding a successful treatment to combat RP is their first priority. As head of the Retinal Degeneration Center at Wilmer, Dr. Adler, the Arnall Patz Distinguished Professor of Ophthalmology

and Professor of Neurosciences, is exploring strategies for preventing the destruction of the retina’s photoreceptor cells by RP and, concurrently, the means for replacing these cells through stem cell regeneration. In one study, Dr. Adler and his team have discovered that the injection into the eye of certain enzymes known as neurotrophic factors stimulate

other retinal cells called Müller glia. These cells respond by producing substances that prevent the degeneration of retinal pho-

totoreceptor cells caused by RP. The lab is now attempting to isolate the specific molecules that Müller cells produce in order to isolate and analyze their therapeutic agents.

In a second study, Dr. Adler is exploring the possibility of restoring vision by replacing photoreceptor cells lost to RP with transplanted stem cells. For such stem cell transplantation to be effective, suitable “orders” must be given to stem cells in order to “instruct” them to form photoreceptors, rather than other cell types. To understand this biomolecular process, Dr. Adler is analyzing this transformation in chick embryos in order to learn how to replicate it—and restore vision.



Dr. Harry A. Quigley

Eliminating Glaucoma

Glaucoma is the second leading cause of permanent blindness around the world, affecting more than three million people in the United States alone. This group of disorders destroys the retina’s ganglion cells, causing diminished

sight. But due to a research breakthrough by Harry A. Quigley, M.D., the A. Edward Maumenee Professor of Ophthalmology and director of both Wilmer’s Glaucoma Service and the Dana Center for Preventive Ophthalmology, a means of reversing this destructive process may be at hand.

By harvesting a special type of *[continued page 8]*

“Our hope is that we can learn to stop and even reverse the progression of these degenerative diseases during my tenure at Wilmer.”

—PETER J. MCDONNELL, M.D.

[from page 7] stem cell, called progenitor cells, from the eyes of animals and donated human eyes, Dr. Quigley and his team found that they could culture a larger sample in the lab using growth factors. When reinserted into the affected eye of their origin, the transplanted progenitor cells travel to the areas of the retina damaged by glaucoma to repair that issue. As importantly, because progenitor cells originate in the patient, the possibility of transplant rejection is eliminated. Dr. Quigley and his team are currently conducting further experiments to determine if progenitor-derived cells can survive to become part of the adult nerve layers of the retina. If this work proves successful, trials in human eyes with no sight will be a next step.

Switching Off AMD

Within the human body’s 35,000 different genes, Donald J. Zack, M.D., Ph.D., is looking for certain “switches” that determine one’s ability to resist or succumb to disease. The Guerreri Family Professor in the Departments of Ophthalmology, Molecular Biology and Genetics, and Neuroscience,



Dr. Donald J. Zack

Dr. Zack is a glaucoma specialist and has been active in applying the approaches of molecular biology to the study of vision and eye disease.

In his current studies, Dr. Zack and his lab group are particularly interested in defining the mechanisms that regulate genes that are expressed in photoreceptor and retinal pigment epithelium (RPE) cells, which in turn are involved in age-related macular degeneration. In one investigation, Dr. Zack’s group discovered a special gene that controls others, which when altered can cause retinal degeneration. By studying how this gene works, the group is gaining insight into approaches by which gene expression can be modulated in a positive manner. In another set of studies, they are using state-of-the-art microarray technology to study the expression of thousands of genes at a time, rather than one at a time, in order to explore the mechanisms by which proteins that protect the retina function. A better understanding of these genetic mechanisms may well lead to therapeutic “drugs” that are both safer and more effective in the treatment of retinal degenerative disease. ■

Homage to a “Giant”

Robert Bond Welch, M.D.,
Professorship Pays Tribute to a
Lifetime of Accomplishment



Dr. Robert Welch with Dr. Julia Haller

An inspiring teacher. A distinguished researcher and clinician. An honored consultant to the armed services. A “true gentleman.” In his long career of medical service, Robert B. Welch, M.D., former co-director of the Wilmer Retina Service, has never sought such accolades. However, on May 12, to recognize Dr. Welch’s many achievements, colleagues, friends, patients, and past students gathered at Wilmer to celebrate the establishment of the new Robert Bond Welch, M.D., Professorship in Ophthalmology. The new chair will support the work of a Wilmer faculty member in care, teaching, and clinical research of retinal disease.

“Dr. Welch is literally a giant in the field of retina at Wilmer and throughout the world,” says Peter J. McDonnell, M.D., Wilmer’s director and a former

student of Dr. Welch. “He’s not only a great doctor who’s made original discoveries and observations in terms of retinal disease and treatment, but he’s also a true southern gentleman and is a person who is universally loved and admired. In that sense, the Welch Professorship induction was a real celebration, not just for the Welch and Haller families, but for the entire Wilmer family as well.”

“Dr. Welch embodies a tradition of outstanding part-time faculty who have worked at the Wilmer Institute,” says Dr. McDonnell, “maintaining busy, successful private practices while sharing their invaluable teaching skills with our residents.”

With characteristic modesty, Dr. Welch views the new professorship as an opportunity for others. “Number one, it’s wonderful that this chair was created through the philanthropy of my friends, colleagues, former residents, and patients,” he says. “But the bottom line is the ultimate benefit that our patients will receive through the research support this professorship generates to study those diseases of the retina that we still haven’t conquered.”

Teacher, Researcher, Clinician

The son of an Annapolis ophthalmologist, Dr. Welch graduated from The Johns Hopkins University School of Medicine in 1953 and, after completing a residency in internal medicine at Duke University, returned to Hopkins for an internship and residency at Wilmer under Dr. Alan C. Woods. In 1959, he took the position of chief resident and from 1959 to 1985, co-directed the Wilmer Retina Service, where for 25 years, every Wilmer resident went through his training for three months. He also served as the chairman of ophthalmology at the Greater Baltimore Medical Center from 1985 to 1991, and was a retinal consultant to the Walter Reed Army Hospital and the Bethesda Naval Hospital.

In the field of clinical research, Dr. Welch has been recognized for his many *[continued page 10]*



1. Dr. Robert Welch, Betty Welch, Dr. Julia Haller, Dr. John Gottsch
2. Dean Edward Miller, Dr. Robert Welch, Betty Welch, Dr. Julia Haller, Johns Hopkins University Trustee Chairman Chip Mason, Dr. Peter McDonnell

[from page 9] contributions, including studies of pars planitis, sickle cell hemoglobin C disease, and Von Hippel-Lindau Disease, a rare genetic disorder characterized by the growth of hemangioblastomas in the retina. “Dr. Welch actually coined the term ‘sea fan’ to describe the appearance of new blood vessels in sickle cell retinopathy,” notes Dr. Haller. “He also invented the term ‘par planitis.’ In addition, he was considered one of the major retinal surgeons in the country for many years.”

Today, Dr. Welch continues to serve as a consultant at Wilmer, while maintaining his private practice at his father’s original office in Annapolis, with his wife Betty serving as his practice manager. A passionate



3. Dr. Robert Welch and Betty Welch with friends Earl and Martha Galleher
4. Dr. Robert Welch with his first two surgical patients, Gladys Augustus and Bruce D’Anthony
5. Dr. William Holland Wilmer’s granddaughter, Miriam Utgoff with Dr. and Mrs. Robert Welch

historian, Dr. Welch has authored two major histories of the Wilmer Institute, including *The Wilmer Ophthalmologic Institute, 1925 – 1975* which was written to celebrate Wilmer’s 75th anniversary.

“The Keeper of the Flame”

At the May celebration, Dr. McDonnell also announced the first recipient of the Welch Professorship—Julia A. Haller, M.D. Dr. Haller was the inaugural Katharine Graham Professor of Ophthalmology in the Vitreoretinal Surgical Service at Wilmer and Director of the Institute’s Vitreoretinal Surgical Fellowship Training Program.

For Dr. Haller, the honor of being named the first Welch Professor in Ophthalmology is even more



6. Dr. J. Alex Haller, Dr. Emily Haller, Clare Gottsch, Dr. Julia Haller, Alex Gottsch, Dr. John Gottsch, Jackie Oler
7. Colonel Thomas Ward, Barbara Ann Ward, Betty Welch, Dr. Robert Welch, Dr. Julia Haller, Dr. John Gottsch, Elaine Kennedy, Dr. Robert Kennedy

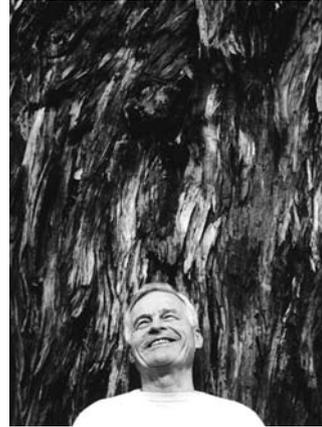
meaningful because of her unique lifelong connection to Dr. Welch. As he himself recalls, “I was friendly with her parents and first met Julia when she was a babe in arms on the steps of Hopkins.”

“Julia is just a delightful person and a wonderful physician,” Dr. Welch continues, “so it means a great deal to me to have her as the first recipient of the Welch Professorship.”

Like Dr. Welch, Dr. Haller attended Princeton as an undergraduate and, then later, as a second-year Wilmer resident, worked with him when he directed the Retina Service. Dr. Haller also took over Dr. Welch’s post as the retinal consultant at Walter Reed Army Medical Center when he retired in 2004.

“Dr. Welch has remained my mentor and friend throughout my entire life,” says Dr. Haller. “What’s more, his name is almost synonymous with Wilmer. He’s a true keeper of the flame, in terms of promoting and sustaining the spirit of Wilmer, as well as its collegiality and traditions.” ■

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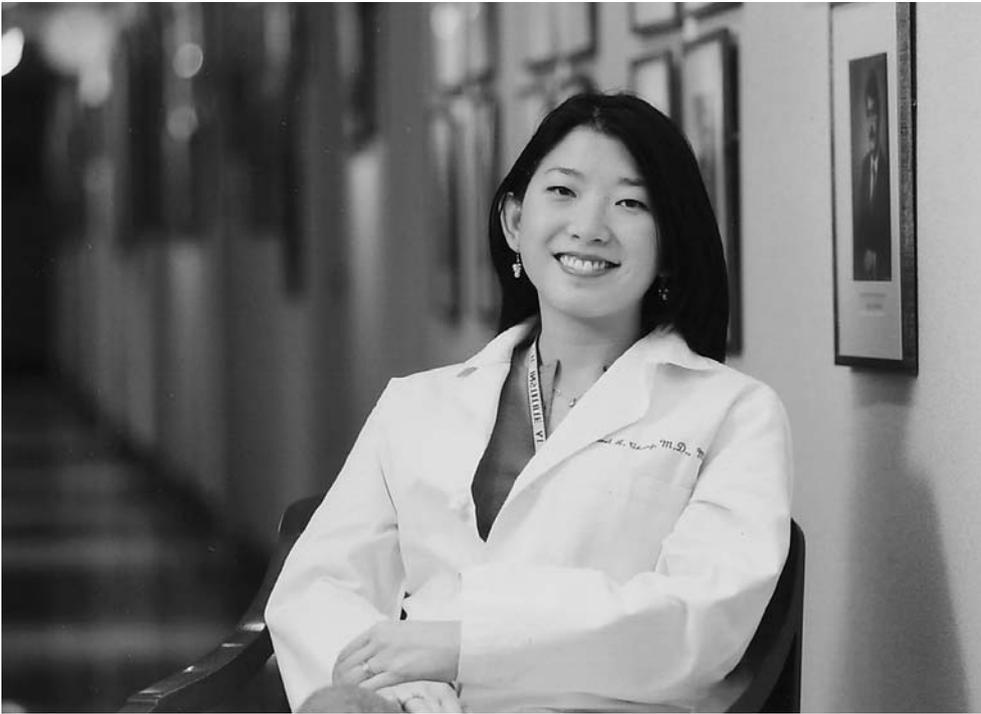
EMAIL: plangifts@jhu.edu

www.plannedgifts.org/jhu/

If you have already included the Wilmer Eye Institute in your Will but have not notified us, we would greatly appreciate hearing from you.

THE MORTON F. GOLDBERG, M.D., DIRECTOR'S DISCOVERY FUND

Framing the Big Picture on Macular Degeneration



Dr. Margaret Chang

It's an unfortunate truth—despite the best efforts of researchers today, some eye diseases still stubbornly resist treatment. Such is the case with age-related macular degeneration (AMD), now the leading cause of central vision loss for Americans over 50. Obviously, one response in combating AMD is through the discovery of new therapies to counteract the disease's effects. However, for Margaret Chang, M.D., now completing her residency training at Wilmer, another approach is proving even more compelling.

Tracking the risk of disease

Dr. Chang currently is involved in a long-term public health study at Wilmer, dubbed the "Salisbury Eye Evaluation," that seeks to understand which members of a test population are most at risk for AMD—and why. By taking this "big picture" approach to the disease's impact, Dr. Chang and the study's chief investigators, Susan B. Bressler, M.D., the Julia G. Levy, Ph.D., Professor of Ophthalmology, and

Sheila K. West, Ph.D., the El Maghraby Professor of Preventive Ophthalmology and a Professor of Ophthalmology and Epidemiology, are attempting to pinpoint preventative practices that could reduce the likelihood of contracting AMD.

"What we are trying to do is to identify the relevant risk factors for the progression for AMD, so that clinicians can have a better idea of how to counsel and reassure their patients," notes Dr. Chang. "Also, by presenting evidence that modifiable risk factors like smoking increase your risk of AMD progression

by a certain amount, then we could encourage more people to change their habits for the better."

According to Dr. Chang, the Salisbury Eye Evaluation study is a step ahead of many others in one unique regard. "Our study employs a population-based test group, so it's not artificial," she says. "In addition, our test group is more racially diverse, with 25% of our subjects African Americans. In other studies, populations have been mostly white, up to 95%." Having this diversity in their test group, says Dr. Chang, is essential in the process of comparatively analyzing the causes of factors that may promote risk.

Meeting a critical need

To underwrite further research for this critical study, Dr. Chang recently received an award from the Morton F. Goldberg, M.D., Director's Discovery Fund. The Fund, created in 2003 by the friends and colleagues of Wilmer's former director, enables the current director to provide critical funding to a select

PHOTO BY CHARLES BETHMAN

Morton F. Goldberg, M.D., Director's Discovery Fund Contributors

To date, leading contributors to the Morton F. Goldberg, M.D., Director's Discovery Fund have committed more than \$2.38 million toward a goal of \$3 million. As of 05/01/2006, commitments of \$5,000 and greater include:

\$500,000 AND ABOVE

Abraham* and Virginia Weiss

\$250,000 TO \$499,999

Ms. Helen E. Day*

Mr. and Mrs. William T. Young, Sr.*

\$100,000 TO \$249,999

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\$5,000 TO \$9,999

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Laurette L. Hankins

Mr. and Mrs. Raymond Kwok

Harriet and Jeffrey Legum

Drs. Peter J. and Jan M. McDonnell

Mrs. Robert H. Nixon

Boone Pickens

Dr. and Mrs. Louis Slesin

Stephanie and Marshall Wishnack

*deceased

number of research projects at Wilmer where pioneering breakthroughs are most likely.

Peter J. McDonnell, M.D., William Holland Wilmer Professor of Ophthalmology, says Dr. Chang's track record at the Institute also has been exemplary. "Dr. Chang has always exhibited stellar clinical and surgical skills while at Wilmer," he notes. The funds generated by the Director's Discovery Fund make it possible for young, brilliant, and talented people like Dr. Chang to explore their best ideas."

Dr. McDonnell also revealed that Dr. Chang has been selected to head the residency as Assistant Chief of Service following her completion of retina training at Wilmer in 2008. She will be only the third woman

in Wilmer's 81-year history to receive this honor and responsibility.

"We see her as carrying on the tradition of excellence that Wilmer has enjoyed in retina for decades," says Dr. McDonnell. "When we look to the future of the Wilmer Institute, we look to successful investigators and caring physicians like Margaret Chang."

Dr. Chang feels the Discovery Fund's support could not have come at a better time. "I've been lucky enough to have wonderful mentors in Sheila West and Susan Bressler," she says. "So this grant allows me to follow in their footsteps and will definitely help all of my research endeavors in the future. . . . It is a huge honor and a real privilege to have received it." ■

A NEW LOOK AT DIABETIC EYE DISEASE



Dr. Ingrid Zimmer-Galler

Major NIH Grant Underwrites Wilmer Study of New Telemedical Device

It's an eye disease that affects literally millions of Americans—and that could be stopped with a single look. Now, propelled by a recent \$1 million, three-year grant from the National Institutes of Health (NIH), two investigators from the Wilmer Eye Institute will be conducting a major study involving a new table-top telemedicine device that could revolutionize diagnostic assessment for eye disorders.

The disease in question is diabetic retinopathy, which is a major threat to the more than 20 million diabetics in the United States today. Of that population, Prevent Blindness America and the National Eye Institute estimate that more than 5.3 million people aged 18 or older are afflicted with some degree of dia-

betic retinopathy, which is now considered the leading cause of blindness for diabetic adults 20 to 65.

The disease itself occurs when the effects of diabetes attack the blood vessels of the retina, the light-sensitive layer in the back of the eye. This damage causes bleeding and scarring, which in turn leads to blurred or distorted vision and in many cases, blindness. Tragically, diabetic retinopathy provides no early warning signs until the disease has reached a highly advanced, sight-threatening stage.

Studies have shown that early detection and treatment can prevent up to 90% of the severe vision loss and blindness caused by diabetic retinopathy. But despite that fact, only 50% of Americans with diabetes undergo regular recommended eye examinations.

The solution is telemedicine

Developing a simple, cost-efficient and highly effective means for local physicians to provide such diagnostic examinations to their diabetic patients is the goal of the grant's principal investigator, Ingrid E. Zimmer-Galler, M.D., a Wilmer surgeon and Assistant Professor of Ophthalmology. Dr. Zimmer-Galler says that her ongoing interests in telemedicine (using information technology and communications to deliver clinical care) led her to her present study and to collaboration with her present co-investigator.

"I had an interest in digital imaging, which ten years ago was really just starting in ophthalmology," she recalls. "I'm not sure how I stumbled into Ran

“The fact that the NIH has awarded Dr. Zimmer-Galler this very competitive grant shows how important the rest of the research community feels this work to be.”

— PETER J. MCDONNELL, M.D.

Zeimer, but the timing, given my focus on telemedicine and his early work with the DigiScope, was perfect. We’ve been collaborating on testing the device ever since.”

Ran Zeimer, Ph.D., the inaugural Morton F. Goldberg Professor of Ophthalmology, leads the Ophthalmic Physics Laboratory at Wilmer, which conducts applied research into technology solutions that can reduce the risk of vision loss. Dr. Zeimer holds nine United States patents and is the inventor of the DigiScope, a device that is now central to his and Dr. Zimmer-Galler’s NIH study.

Developed through a unique partnership between Wilmer and the DigiScope’s commercial licensee, EyeTel Imaging, Inc., the DigiScope is a high-tech, table-top camera that can digitally photograph the fundus (or back portions) of a patient’s eye quickly and easily. The highly detailed digital images of a patient’s retina are immediately sent by the DigiScope via the Internet to the Wilmer-EyeTel Reading Center, which interprets the images and sends results back to the patient’s physician within 48 hours. Those patients identified as having a problem are referred to an ophthalmologist for appropriate care. Already in place in 150 primary care physician’s offices where it has provided assessments for over 26,000 patients, the DigiScope has been validated against the gold standard for the detection of diabetic retinopathy.

Refining the technology

According to Dr. Zimmer-Galler, this current implementation has demonstrated that the DigiScope is “economically feasible, convenient, easy to use, and

increases the rate of screening.” However, both she and Dr. Zeimer also identified the need for improvements to the DigiScope system, as well as the clinical context in which it was used. In order to meet these needs, the new NIH grant will provide for:

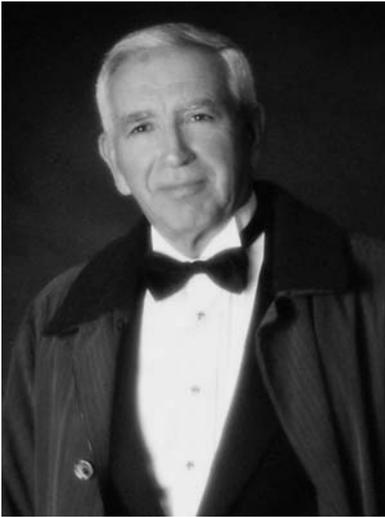
- Upgrades to the DigiScope’s technology in order to shorten its imaging time, decrease the number of unreadable images, and improve the portability of the instrument. The performance of the improved device will then be tested in an ophthalmic clinic.
- A comprehensive evaluation study in the primary care environment. The effectiveness of DigiScope assessments on the overall rate of diabetic eye examinations will be determined and compliance with recommended follow ups will be reviewed.
- The development of content and specifications for a computer-based training program for the education, certifications, and quality control of readers at the Wilmer-EyeTel Reading Center.

A vision fulfilled

Wilmer’s director, Peter J. McDonnell, M.D., feels that the awarding of the NIH grant clearly demonstrates what Wilmer does best. “The fact that the NIH has awarded Dr. Zimmer-Galler this very competitive grant, when probably over 80% of grant applications are rejected, shows how important the rest of the research community feels this work to be,” he says. “Dr. Wilmer’s vision in establishing the Wilmer Institute at Johns Hopkins was that doctors and surgeons would be working shoulder to shoulder with laboratory scientists and inventors, so that new discoveries could be used to benefit patient care as quickly as possible. The DigiScope is an exciting example of just that.” ■

FOCUS ON PHILANTHROPY

MAJOR GIFT TO JUMPSTART FIRST CONSOLIDATED KERATOCONUS RESEARCH



James A. Openshaw Jr.

Jr., a broad Hopkins-based research initiative will seek to find the cause and potential cure for this mysterious ailment.

A degenerative disease, KC causes the cornea (the clear, front part of the eye) to grow thinner over time, so that it gradually bulges into a protruding cone-like shape, causing significant sight distortion and blurring. Untreated, sufferers are unable to read, drive, or work on a computer. Its cause is unknown.

Usually diagnosed by early adulthood, KC can be treated through the fitting of a rigid gas permeable (RGP) contact lens to provide clearer vision, although frequent refittings are often necessary. "Progression of the disease is such that eventually the contact lens will not be enough and the patient will need a corneal transplant, which usually corrects the problem," says Albert Jun, M.D., Ph.D., Assistant Professor of Ophthalmology at the Wilmer Eye Institute, who specializes in corneal disorders.

An interest in helping others

Mr. Openshaw's gift, which will create the James A. Openshaw Jr. Keratoconus Research Fund, was announced by Walter J. Stark, M.D., the Boone Pickens Professor of Ophthalmology and Director of the Stark-Mosher Center for Cataract and Corneal Dis-

eases at the Wilmer Eye Institute. "Mr. Openshaw is a former patient and an avid supporter of our program here at Wilmer," says Dr. Stark.

Mr. Openshaw, former owner of the Baltimore-based Cherry Hill Construction Company, has had a long association with Hopkins, beginning at 12 when his father was admitted to the hospital with a seemingly fatal disease. After nine months, Mr. Openshaw recalls, "The war suddenly ended, penicillin hit the market, and my father walked out of there."

When a cataract operation became a necessity in 2005, Mr. Openshaw was referred to Wilmer and Dr. Stark. "Before I had the operation with Dr. Stark, without the contact lens in my eye that I was using, I was really blind, I was so nearsighted," he recalls. "After the procedure, I woke up the next morning and it was like a miracle. I could see 20/20 with no lens."

Mr. Openshaw says that this return to improved sight gave him the desire to see others, especially those with KC, enjoy that same opportunity. "I wanted to see an effort being made to start looking at keratoconus with the goal of helping people right now who have the disease," says Mr. Openshaw. "Long-term research is important, but so is treatment today."

A shared focus

Current plans include the development of a user-friendly registry database to keep track of all Wilmer patients with KC, the progression of their disease, and outcomes. Also in the wings are two new research studies.

"All of these initiatives are in place, but we lacked the funds to actually launch them," says Dr. Jun. "That's why Mr. Openshaw's gift is so incredibly helpful, because it will allow this important clinical work to move forward." ■

A LEGACY OF SUPPORT

Odd Fellows Foundation Adds \$500,000 to IOOF Chair Endowment

Thanks to a new gift from a long-time partner and benefactor, the second oldest professorship at the Wilmer Eye Institute has gained even greater strength.

Since 1963, the Independent Order of Odd Fellows (IOOF) Professorship has recognized outstanding achievers at Wilmer. Its establishment and continued support is due solely to the generosity of the Independent Order of Odd Fellows and the Odd Fellows and Rebekahs Visual Research Foundation of North America. The IOOF, a fraternal organization dedicated to fellowship among its members, social welfare, and the care of the sick and poor, dates back to 18th century England, with the North American Independent Order of Odd Fellows founded in Baltimore in 1819. The philanthropic arm of the IOOF, the Foundation, created in 1956, is dedicated to the cause of supporting and providing funds for visual research. For more than 40 years, its primary beneficiary has been Wilmer.

According to Wesley Nelson, Foundation Chairman, “Right now, our chair’s endowment sits at \$1.5 million. With this additional \$500,000 gift, it will be \$2 million. Our goal is to make the professorship self-sustaining, which we are hoping to do within the next five years.”

This outstanding generosity is just one manifestation of the Odd Fellows vision. Mr. Nelson explains, “Our principals say the Order is and shall forever continue to be bound to charitable and beneficial works in visiting the sick, relieving the distressed, honoring the dead, and educating the orphans.”

In addition to the professorship, the Odd Fellows and Rebekahs Visual Research Foundation also underwrites the Odd Fellows and Rebekahs Margaret L. Watts Scholars and Fellows Endowment to help



From left to right: Sarah Jampel, Dr. Arnall Patz, Dr. Peter McDonnell, Odd Fellows and Rebekahs Visual Research Committee Chairman Wesley Nelson, Dr. Risa Jampel, Odd Fellows Professor of Ophthalmology Dr. Henry Jampel, Independent Order of Odd Fellows Sovereign Grand Master Michael Dutton, International Association of Rebekah Assemblies President Judy Geer, Joseph Jampel

support the laboratory activities of the Odd Fellows Professor at Wilmer.

News of the IOOF gift coincides with the selection of the third and newest recipient of the IOOF Chair, Henry D. Jampel, M.D., M.H.S., Professor of Ophthalmology and member of Wilmer’s Glaucoma Division since 1988.

Known for his work on the impact of glaucoma on the entire human body, Dr. Jampel treats the condition in patients of all ages and has a special interest in combined cataract and glaucoma surgery, as well as drainage device surgery. In addition, Dr. Jampel’s research delves into patient-oriented outcomes of glaucoma treatment, along with detection of the disease’s progression.

Currently, he is the principal investigator of a study funded by the National Eye Institute that is determining whether changes in retinal thickness can predict visual field loss in glaucoma. Dr. Jampel is also associate editor of *Ophthalmology* and serves on the Preferred Practice Committee of the American Academy of Ophthalmology for glaucoma, as well as the association’s Eye Health and Information Task Force.

Responding to the news of his appointment as the new IOOF Professor, Dr. Jampel acknowledged the legacy of the chair. “To occupy an endowed chair previously held by Dr. Arthur Silverstein and Dr. W. Richard Green, two of the most illustrious names in ophthalmology, is truly a great *[continued page 18]*

[from page 17] honor,” he says. “I will work my hardest to be a worthy recipient of this gift from the Odd Fellows to Wilmer and Johns Hopkins.”

“We feel confident that Dr. Jampel will follow in his predecessors’ footsteps,” says Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology. “He is studying

a tremendously common disease—glaucoma—and making very important and fundamental observations about the disease and its impact on patients’ quality of life. With Dr. Jampel’s appointment, the outstanding legacy of the Odd Fellows Professorship at Wilmer will continue.” ■

WILMERNEWS

STAR Power: Wilmer Specialist Discovers Effective Treatment for Major Blinding Disease

The remote Wolayta Zone of Ethiopia is like many other areas of Africa today—a staging ground for a blinding ailment called trichiasis. The disease, which flourishes in poverty-stricken regions where sanitation, clean water, and health care are rare, causes the sufferer’s eyelid to become inverted over time, resulting in scarring to the cornea and eventual blindness.

Yet it’s here in the Wolayta Zone where a medical breakthrough has occurred—one that has the potential to prevent blindness in millions of people affected with trichiasis. A clinical trial there, funded by the National Eye Institute (NEI), has redefined standard treatment for trichiasis—with a Wilmer specialist leading the way.

The STAR treatment

Sheila K. West, Ph.D., the study chairman, has been a member of the Wilmer faculty since 1984 and is currently a Professor in the Departments of Ophthalmology and Epidemiology. The innovation she helped pioneer is called STAR: Surgery for Trichiasis, Antibiotics to prevent Recurrence.

This new surgery-plus-antibiotic regimen stops the progression of the disease—and is far more likely than existing treatment regimens to keep it stopped. One oral dose of azithromycin after eyelid surgery



Dr. Sheila K. West

reduces the number of trichiasis recurrences by a third.

A tenacious problem

Ocular chlamydia, a common bacterial infection, has an uncommonly bad track record for causing vision loss in developing parts of the world. Dr. West says, “If you look at the statistics worldwide, infection with ocular chlamydia, or trachoma, is the leading infectious cause of blindness in the world.”

Infection with the bacterium is just the beginning. Dr. West explains, “Repeated episodes of infection lead to scarring of the lid, and that scarring pulls the lid underneath the eye, dragging the eyelashes across the cornea—the condition we call trichiasis.”

Recurrence rates are high—up to 50 percent in some areas, she says. Repeated infections, and the resulting corneal scarring, eventually result in vision loss.

Old approach insufficient

Until now, standard treatment for trichiasis was relatively simple surgery, followed by two weeks of oral

antibiotics, or six weeks of tetracycline ointment applied to the eye.

Dr. West says, “The simple surgical repair of the eyelid to prevent blindness has been a critical mainstay for avoiding blindness from this condition.”

Yet the surgery/antibiotic therapy wasn’t enough to avoid recurrences of the problem. The high prevalence of trichiasis—some 11 million people develop the disease every year—makes it hard to train adequate numbers of practitioners to perform the surgery correctly. More important, the weeks of antibiotic therapy after surgery present compliance problems.

A significant breakthrough

STAR’s main innovation is its approach to antibiotic therapy. Instead of six weeks’ worth of ointment or two weeks’ worth of pills, the patient is given one dose of azithromycin after surgery.

Thanks to a national donation program offered by Pfizer, the company who manufactures the Zithromax brand of azithromycin, the drug is easy to come by. Many of the countries hardest hit by trichiasis are qualified to receive the medicine at no cost.

The straightforward nature of the treatment, together with the availability of the antibiotic, bode well for STAR’s implementation in other areas. National Institutes for Health’s Director of Vision Research, Paul A. Sieving, M.D., Ph.D., says, “This clinical trial was relatively inexpensive to conduct and produced results that may well save the vision of millions of people.”

Dr. West is proud to bring the Wilmer name into a new era of blindness prevention. “I think people are always interested in what Wilmer is doing,” she notes, “especially in solving some of these worldwide issues.” ■

Wilmer and Research to Prevent Blindness: A Shared Vision

When Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology, describes Wilmer’s alliance with Research to Prevent Blindness (RPB), it’s clear that he’s describ-

ing a uniquely beneficial relationship.

“There’s no question that Wilmer is extremely fortunate to have enjoyed strong support from RPB over the years,” he says. “The grants that they provide for both younger and more established investigators often help to catalyze people’s careers in academic ophthalmology, providing support early on that makes it possible for investigators to explore which of their ideas are best—pan for gold, so to speak.”

As the world’s leading voluntary health organization supporting eye research, this New York-based foundation spent \$7.9 million in 2005 in providing services for America’s blind and visually impaired, with a focus on funded research to eradicate diseases and conditions that cause blindness. Across the nation, RPB-supported laboratories investigate the entire spectrum of eye disease, from cataracts, glaucoma, and diabetic retinopathy to macular degeneration, retinitis pigmentosa, and eye movement disorders.

In advancing RPB’s mission, Wilmer continues to be a prime recipient of the foundation’s generosity, receiving annual unrestricted grants of \$110,000. This funding nurtures Wilmer overall, as well as individuals. “RPB’s annual unrestricted grant can be allocated according to where the opportunities and needs are,” says McDonnell. “Multiple investigators can benefit from a piece of equipment, for example, that no individual researcher could afford to purchase or maintain on his or her own grant or funding. These grants allow group efforts in certain areas that would otherwise not be practical or possible.”

In addition, individual awards by RPB to Wilmer researchers have helped fund a number of promising new studies in blindness prevention. “Such support early on makes it possible for young researchers to explore and discover which of their ideas are the good ones,” notes Dr. McDonnell.

Accelerating discovery

As a case in point, James Handa, M.D., Associate Professor of Ophthalmology, Vitreoretinal and Ocular Oncology Service at Wilmer, *[continued on page 20]*



Dr. James Handa

[from page 19] received RPB's prestigious Lew Wassermann Award in 2002 and, in 2005, RPB's Clinician Scientist Award.

Clearly, Dr. Handa's work is in line with RPB's core mission. "My fundamental interest on the research side is in age-related macular degeneration," he says,

"focusing on the more advanced stages of the disease for which there is currently no effective treatment."

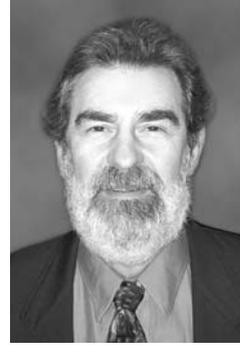
Dr. Handa's current investigations center on distinguishing the molecular differences between normal aging in the human eye and those additional elements that may trigger macular degeneration. "If we can understand when enough deviant behavior by the tissue constitutes the transition into disease and the initiation of vision loss, I think that's the foundation on which we can begin to create a treatment."

Dr. Handa feels that RPB's support is invaluable in the acceleration of such research. "With some other funding agencies, funding can be released slowly, which really can slow the pace of research," he notes. "RPB's immediate funding for an innovative idea is a very valuable tool in accelerating our potential discoveries."

"All of us at Wilmer are grateful for the support that we receive from RPB," says Dr. McDonnell. "And we also think RPB can look at Wilmer and see the fruits of that investment." ■

Diabetic Retinopathy: Gene Therapy Research

Professor Jerry Luty's lab has been studying cells that are forerunners, or precursors, to endothelial cells, the cells that line blood vessels. His lab has grown these precursor cells, called angioblasts, in test tube cultures. When the cultured cells are put into a developing eye, they become part of the forming retinal blood vessel system. Similar labs have shown that other endothelial cell precursors (EPCs) are circulating in human blood and can find their way to sites



Dr. Jerry Luty

where new blood vessels are forming.

With this in mind, Dr. Luty hypothesizes that it is possible to isolate the circulating EPCs from a person and grow them in a culture. While growing in culture, these cells could be given a therapeutic gene, which would prevent

new blood vessel growth, or neovascularization (NV). Such new growth causes blindness when it occurs in the retinas of diabetic subjects during proliferative diabetic retinopathy and wet age-related macular degeneration (AMD). The EPCs with this therapeutic gene could be given back to the same diabetic or AMD subject to prevent neovascularization. If they become assimilated, they might produce a sufficient therapeutic gene product to stop the growth of the neovascularization, thus delaying the progression of diabetic retinopathy and wet AMD. If the number of intravenously injected cells reaching the neovascularization in the eye is too low, the cells could be injected directly into the eye. This method of administration is already being used for delivering drugs to neovascularization in wet AMD.

Isolating cells from a subject, growing them in culture, and labeling them before returning them to a subject's blood is a new and valuable technique used in radiology at Johns Hopkins. Dr. Luty envisions adapting this technique to help prevent blindness in patients with diabetic retinopathy and wet AMD. ■

ALUMNINEWS

Honoring Its Past, Ensuring its Future: Alumni Contributions Maintain Wilmer's Momentum

To keep an extraordinary institution on course takes extraordinary people—and in the case of the Wilmer Eye Institute, those individuals are more often than not our alumni. In charting Wilmer's future, alumni contributions are a major force in moving the Institute forward. The Wilmer Honor Roll of Alumni Gifts recognizes alumni who have made significant cumulative gifts and pledges of \$5,000 or more since fiscal year 2003, the year Peter J. McDonnell, M.D., began his tenure as director.

Peter J. McDonnell, M.D., Wilmer's Director and William Holland Wilmer Professor of Ophthalmology, notes that the most generous alumni donors seem to reflect the best qualities of their profession. "The Honor Roll is a list of tremendously successful, extremely well-known and accomplished leaders in their communities," he says. "These are the people that Wilmer trains and of whom Wilmer is proud."

In many of these cases, recent alumni gifts reflect the donors' unique and personal experiences at Wilmer. As Dr. McDonnell explains, "When alumni give to Wilmer, it's usually related to some memorable and meaningful experience they have had here. Often it's a specific person with whom the donor worked and from whom they particularly benefited, and gifts are made in that person's honor."

An honored mentor

As a case in point, alumnus **James R. Patrinely, M.D., F.A.C.S.**, is today a pre-eminent ophthalmic plastic and reconstructive surgeon, who feels he owes his success in large part to the inspiration and training provided at Wilmer by William Richard Green, M.D., himself an outstanding Wilmer alumnus.

Dr. Patrinely made his generous donation to Wilmer as a tribute to his mentor and is currently

working on the formation of an endowed professorship in Dr. Green's name. "There are very few people you encounter in your life that have such a profound impact on you," he says. "For me and for a lot of other people, that person was Dr. Green."

Supporting the chief resident

Other Honor Roll donors have been inspired to give by particular experiences at Wilmer, such as serving as Chief Resident, a position now known as the Assistant Chief of Service.

C. Mitchell Gilbert, M.D., held the post at Wilmer and made his generous donation specifically in support of that program. "I really have a feeling of gratitude; I felt like I wanted to give something back," he notes. "A lot of people who go through the Wilmer chief residency become academic superstars, so it's a good training ground for learning how to manage people."

Another former chief resident at Wilmer, as well as another donor to the chief resident program, **Ronald E. Smith, M.D.**, is currently Professor and Chairman of the Department of Ophthalmology at Doheny Eye Institute at the University of Southern California. Like Dr. Gilbert, Dr. Smith regards his former position at Wilmer as essential to his current success. "It was a great preparation," he says. "I'm supportive of training the next generation of academic leaders."

An associate and former classmate of Dr. Smith's, **Stephen J. Ryan, M.D.**, is now President of the Doheny Eye Institute at the Keck School of Medicine, University of Southern California, as well as the Grace and Emery Beardsley Professor of Ophthalmology in the Doheny Institute's department of ophthalmology. "Wilmer was so great for me, and I'm glad to see Dr. McDonnell and Wilmer continuing to emphasize the importance of the Chief Resident role," he says, commenting on his generous contribution to the Assistant Chief of Service program.

[continued page 22]

Wilmer Alumni Give Back

A while back, Dr. Arnall Patz and I had lunch with a special friend of the Wilmer Institute. The occasion was a 90th birthday, and the “birthday boy” is a person who has played a key role in the construction of many prominent buildings around the city of Baltimore, has been a civic leader, and has generously supported Wilmer. During a delightful conversation, he told us that when the time comes, he would like as his epitaph: “The Man who built Baltimore.”

The “Man who built Baltimore” commented on his track record of philanthropy and service to his community. “It’s important to give back”, he said. “I’ve had a great and productive life, and want to help others when I can.”

I thought of The “Man who built Baltimore” when thinking about all the Wilmer alumni who have generously supported the institute over the years. Some of them are highlighted in this issue of *Sightline*. James Gills (established two professorships), Stephen Ryan (leadership gift to endow Wilmer’s assistant chief of service), Robert Welch (Wilmer’s historian who just had a professorship dedicated in

his name), Al Milauskas (leadership gift for Director’s Discovery Fund), D. Peter Honey (generous leadership gift toward a professorship in basic visual science), William Owens (research funds for brilliant young faculty) and a host of others have given generously to an assortment of Wilmer’s initiatives. I doubt any ophthalmology department in the world benefits more from the generosity of its alumni than does Wilmer.

Like the “Man who built Baltimore,” by any measure Wilmer’s alumni tend to be remarkably successful in their professional lives. The other similarity is the willingness of many of our former students, residents and fellows to “give back,” generously supporting our research, teaching and patient care missions. These alumni know Wilmer well—its strengths as well as its imperfections, and their gifts are votes of confidence in our mission and our future.

On behalf of all of us who work at Wilmer, I offer my sincere thanks for the tremendous generosity of this group of talented ophthalmologists. We will do our best to use these gifts wisely. ■

— PETER J. McDONNELL, M.D.

[from page 21]

Other success stories

Successful Wilmer alumni often feel compelled to show their gratitude for “the Wilmer experience.”

Albert Milauskas, M.D., currently heads up the Milauskas Eye Institute in Palm Springs, California, with 75 employees, four offices, a surgery center, and a laser center. He made a large donation to the Directors’ Discovery Fund. “Wilmer’s done a lot for me,” he notes. “I appreciate the fact that I was one of the few people chosen to benefit from the Wilmer experience. It’s given me a lot of confidence throughout the years. There’s never been any question by anyone I’ve ever treated or seen on [my] credentials or training. I think that makes a big difference when you know you’re number one.”

Robert K. Maloney, M.D., remembered Neil R. Miller, M.D., and Wilmer’s Neuro-Ophthalmology Program in his recent gift. Dr. Maloney, now director of the Maloney Vision Institute (MVI) in Los Angeles, was the first surgeon in western North America to perform LASIK as part of the original federal Food and Drug Administration clinical trials. In March 2006, he performed his 40,000th LASIK surgery. In explaining the motive for his specific donation, Dr. Maloney recalls, “At Wilmer, I loved my study of neuro-ophthalmology, entirely due to Dr. Neil Miller’s fabulous teaching. He’s truly one of the best teachers I’ve had in my life. So when it came time to give back to the Institute, it was natural for me to pick the program that for me represented the best that Wilmer could be—an outstanding teaching institution and an incredible resource for knowledge.”

Another accomplished alumnus has contributed generously but prefers to remain low-key about his gift to Wilmer. Nevertheless, he expresses his feelings about the Wilmer legacy simply and powerfully:

“I feel tremendously privileged and know that I have the finest ophthalmology training in the world.” ■

Alumni Honor Roll

The Wilmer Honor Roll of Alumni Gifts recognizes alumni who have made cumulative gifts and pledges to Wilmer of \$5,000 or more since Peter J. McDonnell, M.D., began his tenure as director. It includes gifts and commitments made between 7/1/2003 and 5/1/2006.

\$500,000 AND ABOVE

Anonymous
Dr. and Mrs. David P. Honey

\$250,000 TO \$499,999

\$100,000 TO \$249,999
Dr. Paul E. Romano and Mrs. Judith A. Romano

\$50,000 TO \$99,999

William C. Owens, Jr., M.D.
Dr. and Mrs. Stephen J. Ryan, Jr.

\$25,000 TO \$49,999

Dr. and Mrs. Charles J. Blair
Dr. and Mrs. C. Mitchell Gilbert III
Dr. and Mrs. W. Jackson Iliff
Drs. Peter J. and Jan M. McDonnell
Dr. and Mrs. William J. Wood

\$10,000 TO \$24,999

Dr. and Mrs. Howard D. Gilbert
Dr. and Mrs. Morton F. Goldberg
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Dr. Jane D. Kivlin and Dr. Thomas M. Kelly
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\$5,000 TO \$9,999

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Robert K. Maloney, M.D., M.A.
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Academic Offerings

Continuing Medical Education and Lectures
sponsored by the Wilmer Eye Institute

Ophthalmology Faculty Lecture Series

Monday through Friday, 7:30 – 9:30 a.m.
Patz Lecture Hall, Wilmer Eye Institute
The Johns Hopkins University School of Medicine
Open to Health Care Professionals

Patient-Oriented Research Seminar and Friday Afternoon Research Meeting

Each Friday, 4:30 – 6:30 p.m.
Patz Lecture Hall, the Wilmer Eye Institute
The Johns Hopkins University School of Medicine
Call 410-502-3494 to confirm dates

Seminar with featured speaker

Dean Bok, Ph.D., UCLA
Animal Models of Human Inherited Retinal
Disease and Their Contributions to
Therapeutic Design
Tuesday, June 13, coffee 11:45 a.m.,
seminar 12:00 p.m.
Patz Lecture Hall, Wilmer Eye Institute
The Johns Hopkins University School of Medicine

American Academy of Ophthalmology Annual Meeting

Joint Meeting, November 11 – 14
Subspecialty Day, November 10 – 11
Las Vegas, NV



This newsletter is published by:
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The Johns Hopkins University
School of Medicine

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

Laurette L. Hankins
Director of Development



PHOTO BY L. HANKINS

ABOUT WILMER

The Wilmer Eye Institute provides diagnostic, medical, and surgical care for adults and children and is a referral center for all eye problems. Wilmer provides routine preventative 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.

Wilmer Services and Locations:

General Information and Referrals	410-955-5080
Emergency Services	410-955-5347
Bayview Medical Center	410-550-2360
Columbia (Charter Drive)	410-910-2330
Frederick	301-620-9268
Green Spring Station	410-583-2800
Wilmer Laser Vision Center	410-583-2802
Odenton	410-519-2425
White Marsh	443-442-2020
Wyman Park	410-338-3169
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