Imagine for a moment, you have lost vision completely in one eye due to a retinal detachment and are told you need a cornea transplant to maintain sight in your other eye. Your livelihood depends on your ability to see. You are in the middle of a do-it-yourself home remodel…and to top it off, ophthalmologists you’ve met appear nervous to take your case.

What do you do? You begin making preparations in the event that your surgery isn’t successful. You quickly finish home projects. You organize your finances in case you are no longer able to work.

This is Woody Whitfield’s story. Before learning he needed a cornea transplant, he was unaware he had the blinding eye disease, Fuchs’ Dystrophy. He thought his vision was getting worse over time because his eyeglass prescription was changing. Long ago, he had to change his prescription every two years, but over time he found himself going back every six months.

From his eye doctor, he learned that he must have a cornea transplant in his one seeing eye. Since he had lost his vision in his right eye due to the retinal detachment, the doctor was concerned about surgery and was planning to do a full-thickness cornea transplant. Woody was apprehensive about the year-long recovery time necessary for a traditional cornea transplant and the new doctor’s nervous demeanor. Due to the nature of his computer drafting and design profession, if he had to undergo this particular procedure, he would surely lose his job.

(Continued, page 2)
OUR MISSION: TO GIVE PEOPLE BACK THE USE OF THEIR EYES

Luncheon a Success

The Women’s Purse Auction Luncheon, held on September 30, 2011, raised nearly $9,000 to support our mission. Attendees were able to bid on purses at our silent auction as Dr. Price gave a talk on the latest advancements.

Thanks to our Luncheon Committee for their hard work: Pat Chastain, Mary Ann Clifford, Cindy Grimm, Barbara Hittle, Nichole Lindsay, Jessica Munden, Toula Oberlies and Trischa Zorn-Hudson.

Pictured: Drs. Price with guests

Too Young to Retire

(continued from page 1)

He remembered as a teenager in Tennessee his school was across the street from a school for the blind. He observed teachers while they worked with the visually impaired, teaching them how to cross a street safely and do other tasks independently. He remembered over time seeing their skills progress and thought he might have to utilize a similar facility to learn how to adapt to a life with low or no vision.

Before he committed to the full-thickness procedure, he searched online. He thought of traveling abroad for surgery to get the best care. He then came across www.cornea.org, and learned about Dr. Price’s research into new cornea transplant techniques. These cutting edge procedures offered a much faster recovery time; he would only need a few weeks off from work.

After a successful cornea transplant using the DMEK technique, Woody is now back home in Houston working and enjoys having the ability to be independent and go visit family. Woody stated, “I felt that Dr. Price was my last and only hope and it was comforting that he is so confident in his trade. He did not seem nervous to take on my case, as others had. I am hopeful that one day, through his cutting edge research, he will be able to bring back vision to my right eye.” When asked why he supports the Foundation, Woody says, “We all have to give back.”

It’s thanks to Woody and many others that allow us to advance our work. Thank you for your continued support.

Pictured: Toula Oberlies with guests

See Event Photos

We thank Erricka Jones from Muzik and Memories for providing photography including an interactive photo booth! To view the photos click on our name at www.muzikandmemories.photoreflect.com, and enter the password: crf0930.

November 12, 2011
The Focus on Education seminar will be held at the Ritz Charles in Carmel, Indiana. Optometrists throughout the region can learn about the latest advances from a variety of speakers and earn continuing education credits.

June 21, 2012
Cornea Classic Golf Outing has been set! If you would like to sponsor or play — contact us to reserve your spot.

September 28, 2012
Mark your calendar for the next Women’s Luncheon!

Special Thanks
We would like to recognize Jessica Munden, who has been volunteering 12 hours a week for us for more than six months. Jessica is studying for her business degree at Ivy Tech. Even with her busy school schedule and caring for two school-aged girls, she comes in each week to assist with office tasks and special projects. Thank you, Jessica!

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How We’re Making an Impact with your Support

Breaking Research News by Marianne O. Price, Ph.D.

We have very exciting news for cornea transplant recipients! Each year approximately 40,000 Americans receive a cornea transplant so they can resume essential daily activities such as reading and driving, return to work, and support a family. One of the biggest risks transplant recipients face is that their body will recognize the new donor tissue as foreign and reject it.

We are pleased to report that the risk of transplant rejection is extremely low with a new transplant procedure we’ve been pioneering. This procedure, called DMEK, is minimally invasive and replaces just a single diseased cell layer of the cornea. We’ve found that the risk of rejection is 15 to 20 times lower with DMEK compared with earlier procedures that implanted more layers of the donor cornea. Such a low rejection rate is unprecedented and essentially eliminates a main reason that transplants fail.

As an added benefit, we’ve found that the extremely thin DMEK tissue provides better vision than earlier transplant techniques.

The reduced risk of rejection with DMEK may allow us to cut back on the corticosteroid eye drops that transplant recipients use to prevent rejection. Which is beneficial because these eye drops often raise the pressure inside the eye, which can lead to glaucoma.

We are now inviting our DMEK recipients to participate in a new study that will compare our standard corticosteroid eye drop regimen with a lower strength regimen to see if we can reduce the side effects while still maintaining an extremely low risk of rejection. We appreciate the donations and support provided by previous transplant recipients that will allow us to provide the eye drops at no charge to the participants in this landmark study.

See the difference? On the left, the length of the red arrow represents a standard full-thickness transplant. On the right, the thin curved line represents the thickness of the tissue used for the DMEK technique.

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Welcome New Intern

Lauren Gunderson, our new research intern, is a junior at Marian University in Indianapolis studying Chemistry and Spanish with aspirations to attend medical school. Since starting at the Foundation, Lauren says, “In the short time I’ve been here I have already learned so much about the eyes and how research studies are conducted. I find that I am really enjoying the patient interaction that I have as a part of my internship. I am learning so many things about various eye conditions that I never knew existed. It’s really exciting!” Lauren said.

Lauren plans to join the U.S. Navy and hopes to become a general practitioner with a focus on geriatrics once she completes her medical training. To relax from her studies, Lauren enjoys bowling and plays on Marian University’s team.

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Q: How long should I wait after having a cornea transplant to get the influenza and shingles vaccines?

I don’t want to jeopardize my vision to receive these and would like to make sure it’s safe before I have them. What do you advise?

A: There is some debate about the affect of vaccinations causing immunologic graft rejections in corneas. We have always felt that vaccinations, just as the diseases they are trying to prevent, can stimulate an immune reaction in a cornea by stimulating the overall immune system. Keep in mind that the same thing can happen when the immune system is stimulated by an actual infection, like the flu, so avoiding immunizations is not always a good idea. The advantage of immunizations is that we can plan on them and start drops to help prevent immune reactions to your cornea. Typically, I recommend using Pred Forte (TM) one drop four times a day for two days prior to vaccines and for two weeks after.

Interestingly, one possible benefit of our new study on corticosteroid dosing may be to indirectly see if there is any correlation of rejections with vaccines. No one has ever looked at this prospectively.

We hope you have enjoyed our new look!