OUR YEAR IN REVIEW
FISCAL YEAR ENDING
June 30, 2016
Hello.

Who we are
The Cornea Research Foundation of America is a 501(c)3 nonprofit research organization founded by Dr. Francis Price in 1988. With a global scope of impact, we strive to produce quality research programs and educational initiatives designed to give people the best possible vision.

Prior to our work, no one was tracking cornea transplant outcomes. Since we began we have conducted more than 160 research studies helping to restore vision to patients from across the globe.

To date, we have tracked nearly 9,000 cornea transplant outcomes over a quarter century. Of those, nearly one half are endothelial keratoplasties (DSEK & DMEK). The wealth of information we have gathered and continue to obtain provides a unique opportunity to further improve cornea transplant outcomes and refine the techniques allowing optimal vision. We are excited for the future of vision care and hope you are, too.

Learn how you can join us in advancing cornea transplant outcomes.
Thanks to your support, we’ve made landmark findings this year and embarked on new and exciting advances in vision correction! Our primary focus is to improve understanding of Fuchs dystrophy and keratoconus, both of which run in families, to continuously advance cornea transplant outcomes, to reduce transplant side effects, and to develop innovative treatment options to help those with cornea problems as well as those with glaucoma, two conditions which are often inter-related.

**Fuchs’ Dystrophy**

With Fuchs’ dystrophy, we were excited to complete a huge genetic study started in 2006. This 10-year collaborative effort is shedding new light on how Fuchs’ dystrophy is passed along in families, and we are hopeful that this and the follow up studies will help us devise new treatment approaches.\(^1\) In addition, we found in collaboration with researchers at Harvard that the inner layer of the cornea, which dies off in Fuchs’ dystrophy, actually contains cells with regenerative capacity.\(^2\) Our next step is to determine how to reliably turn on this capability and possibly eliminate the need for transplanted donor tissue.

For people suffering from keratoconus, the big news this year was the approval of corneal crosslinking by the United States Food and Drug Administration. Keratoconus strikes children and young adults and is characterized by thinning and bulging of the cornea. Cornea crosslinking stiffens the cornea and is the first and only treatment to halt keratoconus progression. In 2008, we helped initiate the first USA studies that eventually led to the FDA approval. During the long approval process, we continued to provide patients with access to this treatment on an investigational basis and participated in studies to evaluate advanced treatment protocols. Altogether, we’ve treated over 600 keratoconus patients resulting in a treasure trove of information that will help guide patient selection and treatment going forward.

This year we were excited to report the first **10-year outcomes with DSEK**, a small incision procedure that has revolutionized cornea transplantation.\(^3\) We performed the first DSEK cases in the USA in 2003. After we documented the excellent early outcomes, it went on to become the most popular transplant procedure performed in this country. Our 10-year outcomes should be reassuring to patients and physicians alike.
You may be surprised to learn that recent studies have documented an **alarming increase in near-sightedness worldwide**. This may be associated with more near work, use of handheld devices, and less time spent on outdoor activities. Thus more people than ever before need vision correction. To learn more about patient satisfaction with different vision correction options, we conducted a **landmark 3-year study with 1800 participants to assess satisfaction with glasses, contact lenses, and laser vision correction**. The findings were surprising and merited publication in the prestigious journal of the American Academy of Ophthalmology.  

**What’s Next?** Looking ahead, we have exciting initiatives underway to evaluate the new pulsed laser treatment for glaucoma, further optimize the small incision transplant procedure DMEK, and evaluate better topical treatments to prevent transplant rejection. **5,6** We are also evaluating topography-guided laser refractive treatments to improve vision not only for patients with normal corneal topography but also for those with abnormal topography caused by keratoconus, scarring, or corneal transplantation.

**We are grateful for your support of our vision —**

**“That All Who Look May See” SM**

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**REFERENCED PUBLICATIONS:**


“I am rejoicing that the cornea transplant has improved my vision so dramatically. Your commitment to make these surgeries better is very admirable. You are a great blessing to us.”

- Teresa

Board of Directors

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**Vice President**
Bill Grube

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Michael Mullen
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David Huse, DVM
Don Hutchinson
Robert Grimm
For the fiscal year ended June 30, 2016, the Cornea Research Foundation reported total revenue of $624,085. This compares to total revenue of $692,026 for the same period last year. Most of the difference was a result of decreased research study income from sponsored studies. Contributions and in-kind contributions were slightly higher than the prior year. Our Cornea Classic Golf Outing fundraiser and Optometry Seminar continue to see positive attendance and results.

Expenses totaled $550,434 as compared to $585,639 for the same period a year ago. The decrease in expenses was primarily the result of reduced study expenses associated with reduced study income.

The Foundation strives to be a good steward of donated funds and other generated revenue. For the past fiscal year, 92% of our expenses were the direct result of funding research and education programs dedicated to improving cornea transplant outcomes and improving treatments for other vision problems.

By successfully managing the reported revenue and expenses for fiscal 2016, the Foundation posted a $73,651 increase in net fund assets that further strengthened its financial position. Furthermore, the Foundation continues to meet the charity accountability standards set by GuideStar USA, Inc., an information service that specializes in reporting on U.S. non-profits. You may review the Cornea Research Foundation’s Gold-Level profile, which indicates our strong commitment to organizational transparency and accountability.

Michael Dickerson, the Foundation’s Board Treasurer is Vice President - Senior Portfolio Manager with Huntington Private Client Group located in Indianapolis, Indiana.

With nearly 30 years of banking experience including commercial lending and private banking services, Mike manages credit risk and loan quality for Huntington National Bank. He has a Bachelor of Science degree in Business Administration from the University of Indianapolis and a Master of Business Administration degree in Finance from Ball State University.

mike.dickerson@huntington.com  Phone: 317-237-2539
Our Sources of Income

Revenue for Fiscal Year Ending June 30, 2016

- Contributions: 46%
- Research Study Income: 24%
- Seminar Income: 6%
- Cornea Classic Fundraiser: 8%
- Interest Income: 1%
- In-kind Contributions: 15%

Revenue for Fiscal Year Ending June 30, 2015

- Contributions: 38%
- Research Study Income: 36%
- Seminar Income: 5%
- Cornea Classic Fundraiser: 8%
- In-kind Contributions: 12%
- Interest Income: 1%
How We Steward our Funds

Expense Ratios
Fiscal Year Ending June 30, 2016

Research & Education Program Services 92%
Fundraising 4%
Management and General 4%

Expense Ratios
Fiscal Year Ending June 30, 2015

Research & Education Program Services 89%
Fundraising 6%
Management and General 5%
Cornea Research Foundation of America  
STATEMENTS OF FINANCIAL POSITION  
Year ended June 30, 2016 and 2015

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
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<tr>
<td>Cash and cash equivalents</td>
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<td>Investments</td>
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<td>Total current assets</td>
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<td>PROPERTY AND EQUIPMENT, AT COST</td>
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<tr>
<td>Property and equipment</td>
<td>141,926</td>
<td>141,926</td>
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<tr>
<td>Less accumulated depreciation</td>
<td>(112,834)</td>
<td>(88,150)</td>
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<td>Property and equipment, net</td>
<td>29,092</td>
<td>53,776</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$876,341</td>
<td>$817,256</td>
</tr>
</tbody>
</table>

| LIABILITIES AND NET ASSETS |            |            |
| CURRENT LIABILITIES |           |            |
| Accounts payable       | $12,889    | $18,864    |
| Accrued payroll and other liabilities | 11,696 | 20,287     |
| Total current liabilities | 24,585    | 39,151     |
| NET ASSETS |            |            |
| Unrestricted | 848,256    | 777,365    |
| Temporarily restricted | 3,500     | 750        |
| Total net assets | 851,756    | 778,105    |
| TOTAL LIABILITIES AND NET ASSETS | $876,341  | $817,256  |
Cornea Research Foundation of America

STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Totals</th>
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<tr>
<td><strong>REVENUE AND CONTRIBUTED SUPPORT</strong></td>
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<tr>
<td>Contributions</td>
<td>$289,935</td>
<td>$</td>
<td>$289,935</td>
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<td>Research study income</td>
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<td>Seminar income</td>
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<td>Golf classic sponsorship and other</td>
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<td>In-kind contributions</td>
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<td>(3,426)</td>
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<td>Net assets released from restriction</td>
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<td><strong>Total revenue and contributed support</strong></td>
<td>621,335</td>
<td>2,750</td>
<td>624,085</td>
</tr>
</tbody>
</table>

| **EXPENSES**               |              |                        |         |
| Program services           | 508,919      | -                      | 508,919 |
| Supporting services        |              |                        |         |
| Management and general     | 21,614       | -                      | 21,614  |
| Fundraising                | 19,901       | -                      | 19,901  |
| **Total expenses**         | 550,434      | -                      | 550,434 |

| **CHANGE IN NET ASSETS**   |              |                        |         |
|                          | 70,901       | 2,750                  | 73,651  |

| **NET ASSETS, BEGINNING OF YEAR** | 777,355 | 750 | 778,105 |

| **NET ASSETS, END OF YEAR**    | $848,256    | $3,500    | $851,756 |
Determining correct dosing of anti-rejection medications for DMEK

The standard regimen of post-operative medications for cornea transplant recipients include antibiotics and relatively strong steroid eye drops taken to prevent your immune system from rejecting the new donor tissue. Having helped pioneer the DMEK technique and observing that DMEK had such a low risk of rejection, the Foundation embarked on a series of studies to evaluate corticosteroid eye drop strength and dosing regimens over the last several years.

The goal of the studies were to protect the transplant from immunologic graft rejection while reducing the corticosteroid side effects. This is important because we know through tracking our outcomes that 1 in 3 patients will experience the unfortunate side effect of pressure increases within one year using a standard steroid eye drop regimen. If left untreated, the pressure problems can eventually lead to glaucoma and cause permanent vision loss.

Within the studies, we compared three different steroid medications of varying strength. Groups of patients were randomized to receive different steroid eye drops and were followed for one year. We evaluated the health of their transplant as well as any pressure changes within that year. Once patients reached the one year mark, they were given the option to either stay on the drop, switch to a lower dose if they were on the highest dose, or go off the drops entirely. Whichever they chose, we continued to examine the transplant and eye pressure regularly.
Determining correct dosing of anti-rejection medications for DMEK (continued)

We found that the risk of rejection was very low even when patients switched to a low-strength steroid eye drop at 1 month. So now we reduce steroid strength at 1 to 2 months after DMEK and that substantially reduces the risk of pressure elevation. A few of those who discontinued steroid eye drops at one year (about 1 out of 17) experienced a rejection episode. In most cases it was mild and could be successfully treated by resuming steroids. Usually, the patient didn’t even realize they were having a rejection episode - our doctors detected it during one of the planned study examinations. Those who chose to continue using a low-strength eye drop did not experience any incidence of graft rejection episodes or pressure increases. Therefore our current recommendation is to stay on the low dose steroid long term.

We continue to monitor the progress of these individuals over the long term. We believe the findings from our anti-rejection medication studies will allow us to reduce the incidence of future glaucoma development in cornea transplant patients, particularly since many new DMEK surgeons are adopting our recommended dosing through the sharing of our results in leading ophthalmology publications.

Finding the Causes of Fuchs’ dystrophy and Keratoconus

We are collecting corneal tissue from transplant patients for studies to help identify the underlying causes of keratoconus and Fuchs’ dystrophy. The results of these studies will hopefully result in earlier identification of these conditions and better treatment options.

Corneal strengthening treatments for Keratoconus

In adolescents and young adults the cornea sometimes weakens and bulges outward causing visual distortion. This condition is called keratoconus, which literally means “cone-shaped cornea”. We have conducted a series of studies over the last 8 years using riboflavin (vitamin B2) eye drops and a UV light in a treatment designed to strengthen and stabilize the cornea, to prevent the need for a cornea transplant. A global consensus document now recommends this as a first line treatment for keratoconus and it recently received approval from the Food and Drug Administration (FDA) for routine use in the USA. We have studied conventional and accelerated treatments.

Further Refining DMEK

We are always looking for new ways to further improve the transplant procedure known as DMEK. We are evaluating new ways of inserting the donor tissue into the eye to help minimize any trauma to the tissue. Also, many of our patients have cataract surgery at the same time as DMEK, so we are evaluating new methods of imaging the eye before surgery to help optimize vision without glasses afterwards.
New Treatment for Eyelid Lesions
Some children suffer from painful lesions on the undersides of their eyelids because they were born without the ability to make a key enzyme known as plasminogen. We are evaluating eye drops that contain human plasminogen to help alleviate the symptoms, encourage healing and prevent recurrence of the painful lesions.

New Treatments for Dry Eyes
Dry eye disease is a surprisingly common condition, affecting about 1 in 10 people. It tends to be more prevalent in women than men, increases in frequency with age, and can be a problem after different types of eye surgery. Many are unaware until they have the condition that there are different levels of dryness, varying from mildly irritating to severely debilitating. It can get progressively worse if left untreated. We are evaluating several exciting new treatments to help alleviate feelings of dry, irritated eyes.

Artificial Iris
Some people are missing all or part of the iris, the colored portion of the eye. This can be caused by a birth defect, or the tissue-thin iris can be damaged later in life by an accident or injury. Because the iris regulates the amount of light entering the eye, a lack of one can be extremely painful on bright days. Dr. Price equates the lack of an iris to the feeling of stepping outside into the sun on a bright sunny day. Only, without an iris, your eyes never adjust to the brightness. The purpose of this study is to evaluate an artificial iris, which can improve quality of life and cosmetic appearance. The artificial iris is flexible so that it can fit through a small incision and it is hand-painted to have a very natural appearance.

Treatment for Presbyopia
As we age, the lens inside our eye has more difficulty fully adjusting to help us see up close. So, many of us find that we need to start using glasses for near work or reading after we reach the age of 40 or 50 years old. This condition is called presbyopia, which literally means “old eyes”. We are participating in a study to evaluate whether an investigational eye drop treatment can help preserve our ability to see up close and avoid the need for reading glasses.
Drs. Francis and Marianne Price were recognized at the 20th annual Celebrating Catholic School Values: Scholarship and Career Achievement Awards event held at the Crowne Plaza Union Station in Indianapolis on Monday, October 26, 2015. The Price’s were nominated for their community service efforts including founding the Cornea Research Foundation of America to improve patient outcomes as well as the community service provided through public education, helping the underserved, and volunteering in various community programs including career counseling and mentoring.

AAO—Life Achievement Honor Award

Dr. Francis Price was an award winner at the American Academy of Ophthalmology 2016 meeting for his contributions and volunteer activities that support the Academy and the profession of ophthalmology. Specifically the Life Achievement Honor Award recognizes those for their contributions to the Academy and its scientific and educational programs and to ophthalmology.

ABOUT THE ACADEMY

The American Academy of Ophthalmology is the world’s largest association of eye physicians and surgeons. A global community of 32,000 medical doctors. Its mission is to protect sight and empower lives by serving as an advocate for patients and the public, leading ophthalmic education, and advancing the profession of ophthalmology.

Source: https://www.aao.org
Our team proudly shares our study results on a global platform. This past fiscal year, we made 24 presentations on our research in the USA and 6 internationally. Networking with other key players in the ophthalmic realm allow us to identify new study opportunities and collaborative partners while sharing our findings to maximize the footprint of our findings. We are thankful to Price Vision Group and meeting organizers for sponsoring travel expenses which allow us to provide education on a global scale while utilizing more than 92% of our resources for direct research.

### The International Congress of the Italian Society Stem Cells and Ocular Surface

**Casserta, Italy—June 2016**

1. Price FW, Feng MT, Price MO. *Choosing the best procedure for endothelial dysfunction.* (Medal Lecture)

2. Price MO, Price FW. *DSEK vs. PK: 10 year graft survival and endothelial cell loss*

3. Price MO, Price FW. *Is donor diabetes a concern with endothelial keratoplasty?*

### Ophthalmic Laser Surgical Society Meeting

**New York City, NY—May 2016**

4. Price FW, Price MO. *Corneal transplants and glaucoma: the ying and the yang.*

### Indiana University School of Optometry

**Bloomington, IN—May 2016**

5. Price FW, Price MO. *Glaucoma and Cornea Transplants: which one causes the other?*

### 100th Annual Clinical Assembly

**Scottsdale, AZ—May 2016**

American Osteopathic College of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOCOO-HNS)

6. Fox S, Price FW. *Intense bilateral marginal infiltrates after LASIK.*
7. Price FW. Primary Descemetorhexis – it’s a bad idea.

8. Price FW, Price MO. Patient-reported outcomes with LASIK and contact lenses: 3-year followup. (Best paper of session award)

9. Price MO, Price FW. Descemet stripping endothelial keratoplasty: 10-year endothelial cell loss compared with penetrating keratoplasty in the Cornea Donor Study.


11. Price FW, Feng MT, Price MO. Choosing the right procedures for endothelial dysfunction.


13. Price MO, Price FW. Donor diabetes: a concern with EK?

14. Price MO, Price FW. Re-balancing corticosteroid use with DMEK: minimizing both rejection and side effects.

15. Price MO, Price FW. Glaucoma and cornea transplants.
16. Price MO, Price FW. Toric IOL pearls. Refractive sub-specialty day

17. Feng MT, Price MO, Price FW. Descemet membrane endothelial keratoplasty regrafts: secondary grafts with early intervention comparable to fellow eye primary grafts.


20. Price MO, Price FW. Keratoplasty after glaucoma treatment: survive or dive?


22. Price MO, Feng MT, Price FW. Descemet membrane endothelial keratoplasty 5-year graft survival.


26. Price FW. Cataracts: customizing your vision with advanced lens options.

27. Price FW. Fuchs’ dystrophy: DMEK and what the future might hold.


29. Price FW, Price MO. Does donor diabetes affect tissue loss, graft survival and endothelial cell loss with DMEK.

The Cornea Research Foundation publishes study findings more frequently and faster in comparison to larger research institutions. Due to our small size, we budget our resources and time efficiently through studies and aren’t faced with the red tape larger organizations face. On average, we publish findings once a month. Please read our findings below—the titles are clickable links so that you may read detailed study results and conclusions.


**CONCLUSIONS:** DMEK has dramatically reduced the risk of transplant rejection, allowing reduced use of corticosteroid eye drops, resulting in lower incidence of steroid-induced intraocular pressure elevation. The greatest risk for graft failure is glaucoma surgery.


**CONCLUSIONS:** We found that a medication used for Alzheimer disease may impede attachment and clearing of a DMEK graft. The possibility of discontinuing the medication before and for a period of time after DMEK should be considered.


**CONCLUSIONS:** This study investigated whether specific glaucoma surgeries are associated with changes in the composition of the fluid that fills the front of the eye. We found that different glaucoma surgical procedures were associated with a marked increase in the total protein content as well as changes in the relative amounts of different proteins. We believe these changes may be related to the increased risk of cornea transplant failure after glaucoma surgery.

**CONCLUSIONS:** New treatments for corneal ulcers are needed to address challenges with timely identification of what is causing the infection and with antibiotic resistance. Corneal cross-linking is a photo-chemical treatment that has been used successfully with some bacterial or shallow fungal infections. However, further work is needed to develop optimized cross-linking protocols for the treatment of corneal ulcers and to see how the safety and efficacy of this treatment compares with standard antibiotic treatments.


**CONCLUSIONS:** We compared tissue removed from keratoconus eyes at the time of a transplant with eye bank corneas from donors without keratoconus and found differences in collagen fiber linkages that may help explain the structural weakness caused by keratoconus.


**CONCLUSIONS:** This 3rd study in the Foundation’s DMEK Steroid Studies Series, assessed the risk of immunologic rejection episodes if steroids were stopped one year after DMEK compared with continued once-per-day use. We found that continued once-per-day use of a corticosteroid eye drop, even a weak one, prevented rejection episodes during the second year after DMEK. In contrast, 6% of those who went off drops experienced a rejection episode. Among the 364 eyes that completed 12 months’ follow-up, only 1 graft (0.27%) failed. Be sure to check out the DMEK Steroid Studies Series in Current Studies.

**CONCLUSIONS:** Cornea transplants and glaucoma are interconnected: glaucoma can cause the cornea to fail or accelerate graft failure after a transplant. Alternatively, the corticosteroids used to prevent graft rejection after a transplant can cause intraocular pressure increases leading to glaucoma. Prior glaucoma surgery is the greatest risk for graft failure. We are hopeful that new micro-invasive surgical techniques will not be as harmful to the cornea as older techniques.


**CONCLUSIONS:** Patients with Fuchs’ dystrophy often spontaneously comment that colors appear more vivid after DMEK. To measure this we assessed color vision before and after DMEK in patients with Fuchs’ dystrophy with the use of a computerized Farnsworth-Munsell 100-hue color vision test. A comparison of pre- and postoperative color vision scores showed most patients had improved color perception after DMEK.


**CONCLUSIONS:** The endothelial cells lining the inner surface of the cornea tend to slowly die off over time, and this is a leading cause of cornea transplant failure. Previous studies have shown that with the older large-incision Penetrating Keratoplasty (PK) technique, only 24% of the endothelial cells still survive after 10 years. We were one of the first centers in the world to perform the small-incision Descemet Stripping Endothelial Keratoplasty (DSEK) and our earliest patients have now reached the 10-year anniversary. Endothelial cell survival is about 30% at 10 years in these pioneering patients, similar to the level seen with PK.
CONCLUSIONS: Compared with contact lens wear, current LASIK technology improved ease of night driving, did not significantly increase dry eye symptoms, and resulted in higher levels of satisfaction at 1, 2, and 3 years follow-up.

Of 1800 subjects, 694 (39%) comprised the control group who continued contact lens wear, 819 (45%) wore contacts at baseline and had LASIK, and 287 (16%) wore glasses at baseline and had LASIK.

Most contact lens users had worn them successfully ≥5 years. The proportion expressing strong satisfaction with their current vision correction method decreased from 63% at baseline to 54% at year 3 in the contact lens control group, whereas 88% of former contact lens wearers and 77% of former glasses wearers were strongly satisfied with LASIK at year 3.

Patients 40 years of age or younger when they had LASIK were somewhat more likely to be strongly satisfied than older patients. LASIK significantly reduced difficulties with night driving and nighttime visual disturbances among former contact lens users and former glasses users.

The proportion with dry eye symptoms at 1, 2, or 3 years after LASIK was not significantly increased relative to baseline contact lens wear but was significantly increased relative to baseline glasses use, consistent with many glasses users having tried and abandoned contact lenses because of latent dry eye problems. Compared with continued contact lens wear, LASIK significantly reduced the self-reported rates of eye infections, ulcers, and abrasions each year.

Watch Dr. Francis Price discuss the outcomes of the study in an interview with the Cornea Society!
The Focus on Education Optometrist Seminar was held on Wednesday, October 28, 2015 and drew nearly 200 optometrists for seven hours of continuing education required to maintain their licenses. The annual event has been held since 1992 with Dr. Kathy Kelley of Price Vision Group serving as emcee. Focus on Education is sponsored and organized by the Cornea Research Foundation and Dr. Kelley and furthers our mission to educate eye care professionals on the latest available treatment options, surgical techniques and drugs and devices for numerous eye diseases and conditions.

Speakers & Topics Included:

Michael Sacopulos, JD—10 Legal Questions You Need to Know Answers to

Ramana Moorthy, MD—Who is the Quarterback? When do you have to decide between a cataract surgeon and a retina specialist?

Nathan Lighthizer, OD—ERG, mfERG, pERG, EOG, VEP Electrodiagnostics Alphabet Soup

Ben Sullivan, PhD—The Etiology Sequelae of Hyperosmolar Dry Eye

Matthew Feng, MD—Links, Rings, and Grafts

Francis W. Price, Jr., MD—Glaucoma Management with Corneal Surgeries

Scott Sanders, MD—Puzzling Pupils and Jumping Eyes!

“Really appreciated the CE! The binders were nice and made note taking easy. Thanks!” —Steve

“Excellent diversity of topics! Outstanding presentations! Thank you very much.” —Theresa
The Foundation has a long history of public education to ensure people have access to the most up-to-date information regarding their eye care treatment choices. On Sunday, September 20, 2015 the Foundation hosted **Sunday for Sight: Patient Education Open House** where 80 people joined us for informative presentations and live Q&A from Dr. Price, Dr. Feng and the Indiana Lions Eye Bank.

**Topics included:**

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<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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<tbody>
<tr>
<td>12:00 pm</td>
<td><strong>How We’re Making an Impact: Research Overview</strong> by Marianne Price</td>
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<tr>
<td>12:30 pm</td>
<td><strong>BREAKOUT SESSION #1</strong></td>
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<tr>
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<td>Fuchs’ dystrophy: DMEK and What the Future Might Hold by Dr. Price</td>
</tr>
<tr>
<td></td>
<td>Keratoconus: The Pointed Truth about Keratoconus and Treatment by Dr. Feng</td>
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<tr>
<td>1:25 pm</td>
<td><strong>BREAKOUT SESSION #2</strong></td>
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<tr>
<td></td>
<td>Cataracts: Customizing your Vision with Advanced Lens Options by Dr. Price</td>
</tr>
<tr>
<td></td>
<td>Glaucoma: The Silent Thief of Sight by Dr. Feng</td>
</tr>
<tr>
<td></td>
<td>The Donor Cornea and How to Thank Your Donor by the Lions Eye Bank</td>
</tr>
</tbody>
</table>

In 2017, we are developing online content of a similar nature that is easily accessible to our more distant friends! **We thank our generous sponsors who made the event possible:**
The 19th annual **Cornea Classic Golf Outing**, held on Tuesday, May 24, 2016 at Iron Wood Golf Club in Indianapolis, Indiana was a huge success! We raised over $50,000 to support our mission and many research initiatives to help provide people with the best possible vision. **27 Foursomes** came out to support a great cause and enjoy a fun game with friends. We are thankful to the many community partners that supported the outing financially and through gifts to the auction to help us reach our goal.

**Mark your calendar for the 20th Annual Outing!**

**MAY 23, 2017!**
We thank our generous supporters.

There is not a thank you large enough to express our gratitude to the patients and friends that allow us to continue our sight saving research against diseases such as Fuchs’ dystrophy, keratoconus, glaucoma and more. We proudly recognize those that make this work possible. This list represents gifts made from July 1, 2015 to June 30, 2016.

Founder
Gifts $25,000 or greater

David Glass
Joseph and Geraldine La Motta
Joseph M. & Barbara Cohen Foundation, Inc.

Humanitarians
Gifts from $10,000 to $24,999

Anonymous (2)
Gaughan Family Foundation
George and Susan Loesel
Jim Cornelius
Margo and David Myatt
Robert G. Clouse

Patrons
Gifts from $5,000 to $9,999

David Konzevik
Fredric and Myrna Gershon
Homewood Suites - Indianapolis at the Crossing
Indiana Lions Eye and Tissue Bank
Joan and Bob Smith
The Complete Logistics Company
The O’Connor-Campion Family Charitable Fund

“I’m so thankful that I can begin driving again so soon after my cornea transplant. Relying on others for transportation has been such a challenge. It will be nice to have my freedom back!”

- Richard

Benefactors
Gifts from $2,500 to $4,999

Dr. Francis W. Price, Sr.
Jill S. Moller
Kenneth Anderson
Kenneth Swedo
McCrea Foundation
Price Vision Group
Robert and Cynthia Grimm
Shannon E. Miller
In Appreciation

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“I am hopeful that my daughter will not have to experience the vision difficulties that I have. Hopefully this small gift will help make that possible.

–Robert

Study Related Income

Avedro
Case Western Reserve University
Cook Medical
DrugDev Payments
Envisia Therapeutics
Eye Bank Association of America
Lexitas Pharma Services Inc.
Price Vision Group
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Restoring sight one gift at a time.

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- Terry Coyle
- Thomas Foster
- Walter and Janet Gross

“My eyes are everything, thank you!”

- Rose

**Friends**

*Gifts from $100 to $249*

- Albert E. Gibson
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Each gift makes a difference.

**Friends Gifts from $100 to $249**

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Joanne H. MacConnell  
John and Brenda Platt  
John and Cathleen Morrill  
John and Eileen Takach  
Jonathan Jerden  
Joshua and Megan Smith  
Joyce Grasso  
Kimberly Davis  
Larry and Janice Goss  
Larry and Jessie Rash
“That all who look may see.”

Friends
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“My mom’s surgery means with her improved vision she can stay independently living in her home. That’s a priceless gift. - Susan
Honor and Memorial Gifts

We appreciate those who think of cornea research as they choose to make gifts in honor and memory of their dear friends.

Each gift made in honor or memory of an individual receives recognition in our annual report as well as a personal letter to an indicated recipient acknowledging your generous and thoughtful gift in their honor.
Every year the momentum we gain is astounding. In 1988 we got our start when no one was tracking transplant outcomes. Most studies were only a year long and focused on 10 to 15 grafts. Visual results were unpredictable—frustrating for both the patient and surgeon. In 2008, research led to the first small incision transplant technique—DSEK. Since that time, DMEK arrived and thanks to that progress patients can plan months in advance, have both eyes treated within 2 weeks, often regain vision as good as 20/20, and get back to their lives and routines within a month, with little pain or down time.

We have truly come such a long way. None of this would be possible without the dedicated support of our good friends!

Our research has been funded on the backs of the hard work and dedicated support of those who have experienced vision loss and hope to pay it forward so future generations can have a better experience. The patients of 15 to 20 years ago have funded our DSEK research and the DSEK patients have funded our DMEK research and look how far we’ve come!

10 Ways to Help

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9. Host a fundraiser—collect donations for Cornea Research from your friends
10. Share your story—visit our Facebook group and share your story to encourage others

Thank You

We welcome your interest and support at any level. Please contact Jessica Dingledy at Jessica@cornea.org or call the office at 317-814-2993 with questions.
Thank you for viewing our 2016 Annual Report!

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