VISIONARY

A publication of the Cornea Research Foundation of America

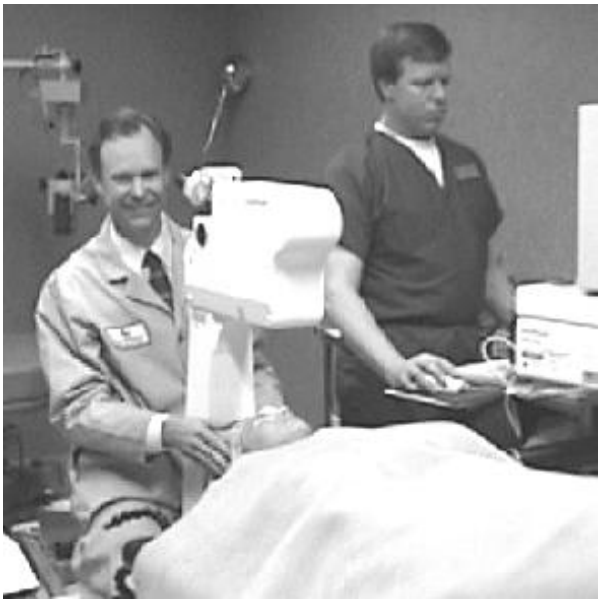
April 2000

Highlights of Laser Studies

Recent studies conducted by the Cornea Research Foundation of America: 1) document the safety and cost-savings to the patient of having laser vision correction done on both eyes in one visit; 2) demonstrate that widely used corticosteroids offer no benefit to most patients after laser vision correction, meaning that less medication is better for most patients; 3) contributed to FDA approval of the first excimer laser treatment for both hyperopia (far-sightedness) and astigmatism.

While some CRFA studies are paid for by sponsoring companies, others are underwritten by the Price-Whitson Vision Group or are supported through generous donations from individuals interested in improving eye care.

Laser surgery for the correction of refractive errors (myopia, hyperopia, and/or astigmatism) has been available since the early 1990ôs. The current state of the art is LASIK (laser in-situ keratomileusis). In the LASIK treatment, a precision instrument is used to cut a preselected thickness of corneal tissue. This corneal tissue (flap) remains attached by a little hinge of tissue. The flap is then laid back and the laser applied to the cornea. After the laser treatment, the flap of tissue is replaced over the treated bed and self seals (no stitches used). Advantages of this technique include minimal discomfort and almost immediate visual recovery for the patient.



Lead investigator, Dr. Francis Price Jr., with the assistance of Randy Poynter, senior laser engineer, perform laser surgery with the Autonomous Laser.

Simultaneous vs. Sequential Study, initiated May 1996

450 patients participated in this laser vision correction study, underwritten by the Price-Whitson Vision Group. Results indicated that patients prefered to have both eyes treated simultaneously compared to each eye treated separately, two weeks or more apart. The simultaneous treatment was more convenient for the patients and required less time off from work. More importantly, this study demonstrated that the simultaneous treatment was just as safe and effective as sequential treatment for the patients.

Topical Corticosteroid Study, initiated September 1997

Previous to this study, topical corticosteroid eyedrops were routinely used following LASIK surgery in the USA. However, this study of 900 patients showed that such routine use is not necessary and does not benefit the vast majority of patients. This study suggests that while steroid use is appropriate for treating specific symptoms, less medication is better for most patients. Excessive use of topical corticosteroids can lead to the development of cataracts and glaucoma. This study was also sponsored by the Price-Whitson Vision Group.

Autonomous Laser Study, initiated October 1998

This study, involving 50 patients, determined the safety and effectiveness of the Autonomous LADAR Vision System for the correction of hyperopia (farsightedness) and astigmatism. The Autonomous laser has a remarkable tracking device, that compensates for eye motion, so the patient does not have to worry so much about keeping their eye still during the procedure. This is particularly important for treating hyperopia and astigmatism because of the large treatment area required. Data from this CRFA study, together with data collected at other select centers across the country, has led to the LADAR Vision System being the

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Cornea Research Foundation of America

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Message From The President of the Board

The Board of Directors extends a warm welcome to Sheryl Babladelis, the new executive director of the Cornea Research Foundation. Sheryl has a strong background in fundraising, special events and sponsorships. Her previous experience in the eye care industry makes her a great match for our organization.

Sheryl Babladelis
Executive Director

As many of you know, the Corneal Research Foundation is currently finishing some of the largest research studies not funded by manufactures of surgical devices ever carried out to evaluate refractive surgery. As independent investigators, we can place the patient first in our quests to find better ways to improve and restore vision. Now with Sheryl on board, we expect even greater strides to be made. This next year should see landmark studies from the foundation on both corneal transplants and corneal surgeries to treat nearsightedness and astigmatism. Two of the greatest threats to vision in this country, glaucoma and age related macular degeneration, are areas in which the Board of Directors would like to have the Foundation take an active role. With appropriate funding from donations, we hope to undertake studies in each of these areas later this year.

Sincerely,

Dr. Francis Price Jr.

Grateful Patient Remembers CRFA with Generous Donation

Agnes Essington came to the Price-Whitson Vision Group in 1984 with a corneal dystrophy (deterioration of the corneas) and cataracts in both eyes. She was obviously a candidate for a corneal transplant. At that point Agnes had nearly nonfunctional vision in daylight and extremely limited vision in low light situations.

In July of 1984, at 78 years of age, she had a corneal transplant with a special type of cataract surgery on her right eye. She healed nicely and by September of ô84 her vision was remarkably restored.

Pleased by the success of this operation, Agnes opted for a similar operation on her left eye. In the spring of 1986, Agnes underwent the hour-long surgery to have the diseased cornea of her left eye removed and a ñnewò donor cornea transplanted. This operation was again a great success, as she attested in the beautiful handwritten notes to Dr. Price, the physician who had performed the surgery.

In 1994 the macular degeneration that had been slowly but surely creeping in on her vision, began progressing very rapidly. She still remained in contact with Dr. Price, requesting any and all information possible on the disease now besetting her. In one note Agnes pleaded with Dr. Price for continued research in the field of macular degeneration.

Through all this, Agnes never forgot the doctors and research center that made her second chance at sight possible. In June of 1999, after Agnes passed away she left a generous donation to the Cornea Research Foundation of America, so more research could continue and more people could receive the gift of sight.

Everyone at the Cornea Research Foundation (and certainly all future patients) thank Agnes for her generosity and concern for others.

Creative Charitable Giving

Charitable giving can be as easy as dropping money in the Salvation Army Christmas canister or writing a check for a "good" cause. But planned giving involves more long-range thinking. If thought through carefully, it can have a powerful effect on your estate planning. The following are a few options to consider. This is by no means a complete list.

Making gifts of appreciated securities held more than one year. If you itemize deductions, you may write off your charitable gift and receive a significant tax break. For example, for a taxpayer in the 35% federal tax bracket, a $1,000 gift ñcostsò only $650. A state tax deduction may reduce the cost of the gift even more.

Recently, more and more people have chosen to donate securities instead of cash.

Recently, more and more people have chosen to donate securities instead of cash. The reason is that a donation of stock can usually be deducted from your income at its current fair market value. Therefore, if you purchased stock worth $1,000 in 1990, and it is worth $3,000 today, you can give the stock to your charity and deduct the full $3,000 on your tax return and owe no capital gains tax on the $2,000 in appreciation, a savings of $400 at the top long term capital gain rate.

Creating a charitable remainder or lead trust. Deferred giving is a popular way to gain tax benefits while retaining the right to receive continuing income from the assets that you are donating. Charitable trusts are the chief vehicle for deferred giving. They can be set up to run now or be activated by your will.

Hereôs how it works: You transfer assets to an irrevocable charitable remainder trust. The ultimate beneficiary of the trust is the charity or charities that you designate. (Many people choose to designate more than one charity.)

With a ***charitable remainder annuity*** trust, you, or perhaps you and your spouse, receive a fixed dollar amount each year, equal to at least 5% of the initial value of the assets placed in the trust.

With a ***charitable remainder unitrust***, you receive a fixed percentage (it must be at least 5%) of the unitrustôs market value each year.

At your death, the death of your spouse or after a time period not to exceed 20 years, the trustee will terminate the charitable remainder trust and distribute the remaining assets to the charity or charities that you have chosen.

Income, gift or estate tax deductions are allowed for funding a charitable remainder trust. The size of the deduction depends on the duration and amount of the income interest and current IRS table rates.

With a ***charitable lead trust*** the arrangement is reversed. The trust income is paid first to the charity, generally, for a specific number of years. When the time period ends, the assets in the trust are distributed to family members.

As with any financial planning, details are best handled by trusted financial advisors. This article is designed as ñfood for thoughtò. Ask your financial planner if charitable giving should be considered in your estate plan.

Laser Studies *continued from page 1*

first excimer laser in the country to reach the final stage of FDA approval for treatment of both farsightedness and astigmatism. Full approval is expected in May or June, 2000. This study was sponsored by Autonomous Technology.

Improved LASIK Accuracy Study, initiated November 1998

750 people are participating in this ongoing study to determine what new factors need to be considered in order to improve the accuracy of LASIK. Previous studies showed an interesting finding that men over 50 years of age had a greater chance of getting over corrections with laser surgery. This finding was very surprising and led to the initiation of this study. Some of the new factors being evaluated for effect on surgery include smoking history, the number of hours someone was awake prior to having the laser surgery, and whether the patient personally drove themself to the laser center prior to surgery. Some surgeons have postulated that there may be an increased effect with LASIK the longer someone is awake prior to surgery or involved in activities where their blinking rate is reduced. This study is being sponsored by the Price-Whitson Vision Group.

Publications

The medical team at Price-Whitson Vision Group author numerous articles and manuscripts. The following is a list of their most recent publications.
For more information on specific manuscripts phone: (317) 844-5610.

1. **Faktorovich, E. G., Maloney, R. K., and Price, F. W. Jr.:** Effect of astigmatic keratotomy on spherical equivalent: results of the Astigmatism Reduction Clinical Trial. American Journal of Ophthalmology. 127(3):260-9, March 1999.
2. **Zeh, W. G. and Koch, D. D.:** Comparison of contact lens overrefraction and standard keratometry for measuring corneal curvature in eyes with lenticular opacity. Journal of Cataract and Refractive Surgery. 25(7):898-903, July 1999
3. **Price, F. W. Jr., Koller, D. L., and Price, M. O.:** Central corneal pachymetry in patients undergoing laser in situ keratomileusis. Ophthalmology. 106(11):2216-20, Nov. 1999.
4. **Zeh, W. G.**: Penetrating keratoplasty in eyes with low scleral rigidity. Journal of Cataract and Refractive Surgery. 26(1):6-7, January 2000.
5. **Dobbins, K. R. B. and Saul, R. F.:** Transient visual loss after licorice ingestion. Journal of Neuro-Ophthalmology. Accepted for publication in April 2000 issue.
6. **Zeh, W. G. and Price, F. W. Jr.:** An alternative method for iris fixation of posterior chamber intraocular lenses. Accepted for publication in Journal of Cataract and Refractive Surgery.
7. **Price, F. W. Jr., Belin, M. W., Nordan, L. T., McDonnell, P. J., and Pop, M.:** Epithelial haze, punctate keratopathy, and induced hyperopia after photorefractive keratectomy for myopia. Journal of Refractive Surgery. 15(3):384-7, May-June 1999.

of America in your will or estate plan.

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2000 Cornea Golf Classic

Pebble Brook Golf Club
Noblesville, IN

Thursday, June 8th, 2000

11:00 a.m. - Registration
11:30 a.m. - Lunch
1:00 p.m. - Shotgun Start
6:00 p.m. Reception and Dinner
(cash bar)

Golf packet includes: Entry fee, lunch, greens fee, cart, dinner and prizes.
Foursome: $600
Individual: $150

To Register or for more information call:
CRFA (317) 844-5610 ext 8015

Proceeds benefiting the Cornea Research Foundation of America