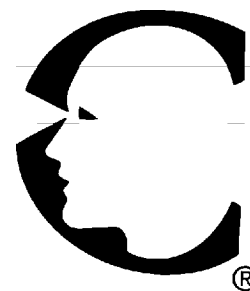


VISIONARY



A publication of the Cornea Research Foundation of America

July 2000

Surgeon Spotlight

The Cornea Research Foundation relies on the talented doctors from the Price-Whitson Vision Group to perform the research for the Foundation. Currently the doctors on staff conducting research are: Dr. Francis W. Price Jr., Dr. William E. Whitson, Dr.



Dr. William Zeh

William Zeh, and Dr. Kendall Dobbins. In the next newsletters we will be highlighting the doctors and their contributions to medical research. In this issue we are high-lighting Dr. William Zeh.

Dr. Zeh began his affiliation with the Cornea Research Foundation in 1998 when he began fellowship training in corneal and refractive surgery with Drs. Francis W. Price, Jr. and William E. Whitson at the Price-Whitson Vision Group. He is an investigator for many of the recent studies undertaken by the Foundation, and has written several articles for peer-reviewed scientific journals. The following are short synopsis of his studies.

Corneal power determination

One area of particular interest to Dr. Zeh is the measurement of the cornea's power

following different types of surgical intervention. Measurement of the cornea's power is necessary to calculate the power of an intraocular lens implant (IOL) inserted at the time of cataract surgery. The device traditionally used to make this measurement, the keratometer, has been shown to be inaccurate in patients with corneas that have been altered by surgery, such as corneal transplantation and refractive surgery. If the corneal power is measured incorrectly, then an implant lens (IOL) of the wrong power may be implanted into the eye, causing blurred vision and possibly the need for very thick corrective lenses. Severe problems may necessitate a return to the operating room to exchange the IOL or implant an additional corrective IOL (piggyback lens implant).

Although the number of cornea transplants performed per year is declining, the recent popularity of laser vision correction is generating increasing numbers of people with surgically altered corneas. Although most of these will not develop cataracts for many years, reports of unexpected outcomes following cataract surgery with IOL implantation are already appearing in the medical literature.

“There is a clear need to develop more accurate methods of determining the power of the cornea, especially since refractive surgery patients had surgery to eliminate the need for glasses in the first place,” said Dr. Zeh. “Using modern small-incision cataract surgery techniques, we alter the corneal profile so little that, if the preoperative measurements are accurate, we ought to be able to implant an IOL to precisely correct the eye and avoid the need for glasses for distance vision after cataract surgery in most cases.”

Dr. Zeh has examined the use of rigid gas permeable contact lenses as an aid to

accurately measuring corneal power, and published a paper on the results. “We found that measuring corneal power in



Dr. William Zeh

normal patients with cataracts was nearly as accurate as keratometry, even with moderate cataracts. This indicates that this method may be applicable to patients with surgically altered corneas in whom we know that keratometry is not accurate.”

Because the Cornea Research Foundation is home to one of the largest corneal transplant databases in the world, Dr. Zeh expects to be able to perform a prospective study comparing the main alternatives to keratometry for measuring corneal power: corneal topography, contact lens overrefraction, and refractive history. “There is no large prospective study in the medical literature comparing these techniques. Such data would be extremely useful to help avoid problems implanting IOLs in patients who have had previous eye surgery.”

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Message From The President of the Board

This next year should be an exciting one for the CRFA. We are currently closing out activity on three Lasik studies sponsored by Corneal Consultants of Indiana. These studies were some of the largest physician sponsored research studies carried out with the FDA. The Corneal Research Foundation of America provided the administrative support for the studies, and now that the studies are nearly over, the foundation is freed up to move on to some exciting new areas. Research is to some extent a gamble, and not all projects prove to change the world. However some projects do lead to significant changes, which in the case of the CRFA, could save vision and improve lives. The following are some projects we hope to embark on in the next year. Support from donors provides the means for the foundation to step up and make a difference.

- 1) Macular degeneration: blood filtration may make a difference and could be the only means of actually reversing this disease which significantly reduces the vision of about 25% of Americans over the age of 75.*
- 2) Nearsightedness: Our studies on Lasik helped pave the way for safer and more effective treatments of this common condition. There may actually be a means of preventing nearsightedness from even occurring in children.*
- 3) NSAIDs: NSAIDs are a class of drugs including aspirin, Advil®, Motrin®, and many others. The CRFA has been involved in studies evaluating how these drugs decrease pain after eye surgery. We plan cooperative studies with basic research centers across the country looking at how these drugs also may influence wound healing, ulceration, and perhaps tumor prevention.*
- 4) Glaucoma: new surgical techniques might make this disease easier to treat.*

Sincerely,

Francis W. Price, Jr., M.D.

Leaving a Legacy through Charitable Contributions

A common concern of many people currently, is how to handle the transfer of wealth between the frugal World War II generation and the baby boomers. Parents are now concerned that if they leave their offspring too much money, the children will not have an incentive to be productive. The goal is frequently to leave them sufficient assets so they will be comfortable, but still need to demonstrate the desire and capacity to contribute to their own financial well being.

Another goal, frequently, is to provide for various charitable interests, because in many cases, these people have lived frugal lives, and now want to make a contribution.

The following list gives ideas on how to leave a legacy:

1. Prepare a will.
2. Leave a gift in your will for the charitable organizations which made a difference in

your life.

3. Leave a specific dollar amount or a percentage of the assets in your will to your favorite charity.
4. Consider using assets (such as stocks, bonds, certificates of deposits and other investments, rather than cash) for you charitable gifts. Such gifts may provide tax savings.
5. Name your favorite charity as the beneficiary of your individual retirement account or pension plan.
6. Purchase a new life insurance policy naming your favorite charity as the beneficiary.
7. Name you favorite charity as the beneficiary of an existing life insurance policy.
8. Remember deceased loved ones with memorial gifts to charity.
9. Encourage family members and friends to leave gifts to charities in their wills.
10. Ask your financial adviser to include charitable giving as part of their counsel to other clients.

SOURCE: Planned Giving Council

Golf Fundraiser is a Huge Success

The Cornea Golf Classic 2000 kicked off with a shotgun start promptly at 1:00 PM Thursday, June 8th. The day was sunny and beautiful, the course was nicely groomed and the 23 teams were ready to play! Camaraderie was evident everywhere. Some participants played far better than expected, while others well, others played. Dr. Francis Price Jr. claimed residence on Hole 2 and offered his services as a designated putter.

All players finished the course in four hours and returned to the banquet room to identify winning teams. They also



The Goelzer Investment Management Four-some: Walter Gross, Greg Goelzer, Ted Lilly and Jim Eibel.

claimed prizes, bought last minute raffle tickets and of course enjoyed the buffet



Dr. Jocelyn Smith of Price-Whitson with Joe Kack, CRFA Board Member.

dinner. Jeff Pigeon of radio station WIBC raffled off great prizes like a TV/VCR combo, gift certificates from prominent jewelers, golf bags, irons, woods, 7 day vacation package, gift baskets and the list goes on. The prizes were donated by companies listed on the back page of this newsletter.

The Golf Committee, comprised of Pat Chastain, Honorary Chair; Kevin Dubbink, Working Chair; Dr. Francis W. Price, Sr.; Joe Kack; D.W. (Buzz) Howell; Dr. Francis W. Price, Jr.; Dr. William E. Whitson; Harry Scheid, Dr. Jocelyn Smith; Dennis Ford; Sheryl Babladelis, Ronda Reidhead; and Deanna Crisan, would like to thank all the people who made this wonderful event possible.

Thanks to our sponsors, players and donors we netted \$39,645.21! This money will be spent funding vision saving research.

Surgeon Spotlight . . . continued from page 1

Iris-fixated intraocular lenses

Dr. Zeh and Dr. Francis W. Price, Jr., reviewed the medical charts of over one hundred patients who had an intraocular lens sutured to the iris of the eye using a technique modified by Dr. Price. The technique was thought to reduce or eliminate the late post-operative complication of breakage of the fixation suture with dislocation of the lens implant. In this series of patients, no cases of late suture breakage occurred. The results of this study are being published in the *Journal of Cataract and Refractive Surgery*, a peer-reviewed scientific journal. The technique offers an alternative to scleral fixation of the IOL in patients for whom scleral fixation might cause additional problems.

Glaucoma surgery techniques

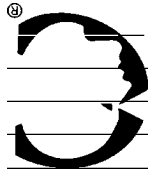
Non-penetrating deep sclerectomy and viscocanulostomy are new techniques for glaucoma surgery which cause fewer post-operative complications compared to full thickness glaucoma filtration surgery. However, the surgery is technically difficult to perform and inadvertent penetration into the eye may put the eye at risk for the same problems associated with full-thickness surgery. The Price-Whitson surgeons' participation in FDA trials for a collagen implant for non-penetrating sclerectomy led to the development of a technique for avoiding and/or managing microperforation into the anterior chamber of the eye during surgery by injecting viscoelastic material to tamponade the site of impending or actual perforation. Drs. Zeh and Price have written a paper describing this technique which has also been accepted for publication by the *JCRS*.

A native of California, Dr. William Zeh received his Bachelor of Arts degree in Genetics at the University of California at Berkeley in 1989. He received his Doctor of Medicine with high honors from the St. Louis University School of Medicine in 1994, having spent an additional year to undertake a Post-Sophomore Fellowship in Pathology during his medical training. He completed his internship and ophthalmology residency at the Cullen Eye Institute at the Baylor College of Medicine in Houston, Texas. Dr. Zeh is Board-certified by the American Board of Ophthalmology, and is a member of the American Academy of Ophthalmology, the American Society of Cataract and Refractive Surgeons, and the International Society of Refractive Surgery, among others.



Unidentified golfers at the Pebble Brook Golf Club, site of the 2000 Cornea Golf Classic.

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Cornea Golf Classic 2000



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