Cornea-External Ocular Disease Division Continues to Grow and Evolve

The Cornea and Uveitis Division has returned to its original name—the Cornea-External Ocular Disease Division—as one feature of a reorganization that includes creation of a separate and distinct UCLA Uveitis Service. The goal of the reorganization has been the continued improvement of clinical services to its diverse patient population.

A Tradition of Excellence

The evolution continues the tradition of excellence that began under Thomas H. Pettit, MD, the first chief of the Division and a founding member of the Jules Stein Eye Institute (JSEI), and Bartly J. Mondino, MD, second chief of the Division and current JSEI director and chairman of the Department of Ophthalmology. Gary N. Holland, MD, Jack H. Skirball Professor of Ocular Inflammatory Diseases, has been Division chief since 2000, a period marked by substantial growth, with the recruitment of Division faculty members Anthony J. Aldave, MD, associate professor of ophthalmology; D. Rex Hamilton, MD, FACS, associate professor of ophthalmology; and Sophie X. Deng, MD, PhD, assistant professor of ophthalmology. Reflecting upon the Division’s well-earned reputation, Dr. Mondino explains the impetus for recent changes, “It was Dr. Holland’s suggestion to reorganize the Division, as he saw an opportunity to address new priorities; to deal with inefficiencies associated with its rapid growth; and most of all, to improve productivity in clinical activities. We are continually striving to provide the finest care possible.” As a part of the reorganization, Dr. Holland suggested that Dr. Aldave assume overall administrative responsibilities of the Division, and Dr. Aldave became the new Division chief on May 1, 2012. “As the Division has grown with outstanding cornea specialists, I’ve been able to focus my own practice increasingly on uveitis and other inflammatory eye diseases,” notes Dr. Holland. “The majority of patients seen in the Division continue to be those with corneal problems, and it seemed an appropriate time to transfer administrative responsibility to Dr. Aldave, whose major practice is the medical and surgical management of corneal and related anterior-segment disorders.” This change will allow Dr. Holland to devote more time to his other administrative roles. He is director of the JSEI Clinical Research Center and has recently assumed responsibility for a complete restructuring of the ophthalmology curriculum for students in the David Geffen School of Medicine at UCLA.

As a part of the reorganization, the Division welcomes Ralph D. Levinson, MD, health sciences clinical professor of ophthalmology, as a new member. Dr. Levinson, a uveitis specialist and formerly a member of the Comprehensive Ophthalmology Division, joins Dr. Holland and Susan S. Ransome, MD, clinical instructor in ophthalmology, in the consolidated UCLA Uveitis Service, bringing patient care, continued on page 2
teaching, and clinical research dealing with inflammatory eye diseases into a single administrative unit. In addition, Dr. Holland will continue to see patients with corneal and external ocular diseases that are infectious or inflammatory in nature, Dr. Levinson will continue to see patients for comprehensive eye care, and Dr. Ransome will continue to see patients with other medical retina problems.

A Team Approach

Dr. Holland and Alldave began the reorganization with several initiatives aimed at improving patient services. For example, additional telephone lines were added, so that cornea and uveitis patients have separate call-in numbers, providing easier access for scheduling appointments. Although the Division continues the tradition of a shared administrative staff, clerical staff members now focus on specific clinical disciplines—either cornea-external disease or uveitis—rather than covering all clinical activities within the Division. Individual patients appreciate the more personalized attention they now receive from a smaller group of staff members, who come to know them better and have special knowledge about the particular treatment issues associated with their type of problems.

A major benefit of the reorganization is that Drs. Holland, Levinson, and Ransome all now work with the same set of ophthalmic technicians, who have special training in the measurement of intraocular inflammation and the examination of children with uveitis.

Small Changes with Maximum Impact

Dr. Aldave has continued to introduce additional initiatives to improve the utilization of patient care facilities and technical staff members. "The ultimate goal," explains Dr. Aldave, "was to streamline the patient-care experience and further improve how eye care is provided." While seemingly minor, the combined changes to the Division, which also encompass the Refractive Surgery Service, have had maximum impact. Dr. Aldave adds, "We focused on four primary areas: increased physician specialization, full utilization of clinic space; training of administrative and technical staff, and fellow-shadow education. In making better use of our resources, we have greatly improved how we deliver clinical care to our patients."

One challenge that Dr. Aldave considered was how best to use examination rooms to full effect. "As seems to be the case everywhere, space is at a premium and our clinical facilities were not being fully utilized on days when physicians were in the operating room." Building on a suggestion by Dr. Holland, and made possible by the addition of Dr. Levinson to the Division, Dr. Aldave has grouped physicians with similar subspecialty activities to the same days of the week for use of the Consultation Suite to perform routine patient care activities. This simple change enables the Division to provide specialized care in the most organized and efficient way possible. The Division’s cornea specialists, Drs. Aldave, Deng, and Mondino, now see patients on specific days of the week, regardless of their type of eye problems.

As a premier center for research, education, and patient care, the Institute continually strives to build upon the legacy of excellence first defined nearly fifty years ago. The Edie and Lew Wasserman Building, a renovation and seismic upgrade of the existing Jules Stein building, and reconfiguration of Stein Plaza with improved signage and beautiful grounds.

To take advantage of the opportunities presented by a changing health care environment and an increasingly global economy, JSEI's physical transformation is accompanied by enrichment of our world-renowned faculty through active recruitment and creation of new programs to further promote research and education.

Reflective of these changes, the Institute has updated its Mission Statement to more accurately define where JSEI is today and where we are headed:

The Jules Stein Eye Institute at UCLA is a vision-science campus dedicated to the preservation and restoration of vision through its global programs in innovative research, quality patient care, and multidisciplinary, integrative education, all with community outreach.

As a premier center for research, education, and patient care, the Institute continuously strives to build upon the legacy of excellence first defined nearly fifty years ago. The Edie and Lew Wasserman Building supports this goal with an emphasis on efficiency and a commitment to coordination and collegiality. The resulting complex is a physical demonstration of the Institute’s leading role as a vision-science campus, the comprehensive site for ophthalmology research and patient care at UCLA and beyond.

More than ever, philanthropic support is needed to fulfill our commitment to preserve vision and to offer a global perspective for the 21st century, determining JSEI’s direction and influence for decades to come. The rewards in eye care will be enormous.

Sincerely,

Bartly J. Mondino, MD
Chairman
UCLA Department of Ophthalmology

Cornea-External Ocular Disease Division

continued from page 1

By having technical staff trained to work with multiple subspecialists in the Division, we have effectively increased staffing, and our patients will likely experience shorter wait times.
Broader Fellowship Training

Some aspects of the reorganization have mirrored the evolution of clinical practice in the fields of cornea and anterior segment surgery. Dr. Aldave and Kevin M. Miller, MD, Kolokotrones Professor of Clinical Ophthalmology and chief of the Comprehensive Ophthalmology Division, decided to provide broader experience for their clinical fellows who come to the Institute for additional specialized training after completion of an ophthalmology residency. They have done so by combining the formerly separate Cornea-External Ocular Disease/Refractive Surgery Fellowship and Anterior Segment Fellowship into a single program. Cataract surgery is increasingly focused on refractive outcomes, as are modern corneal transplantation procedures, making a combined fellowship a natural evolution.

“Many of the patients that we care for have complex ocular conditions that require coordinated and customized care,” points out Dr. Aldave. “For example, it’s not unusual for Dr. Miller and me to perform complicated surgical procedures together, such as reconstruction of the anterior segment of an eye, including corneal transplantation and implantation of an artificial iris and lens.” The fellows who now train in the combined Cornea and Anterior Segment Fellowship program gain detailed experience in the medical and surgical management of cornea and anterior segment disorders, as well as advanced training in cataract surgery, including the use of multifocal and toric lens implants and the use of iris prostheses, for which Dr. Miller has special expertise.

In making better use of our resources, we have greatly improved how we deliver clinical care to our patients.

Adaptive Robotics for Ocular Surgery

The use of robotics has become increasingly popular for surgeons in many subspecialties. Thus far, however, robotics has not been suitable for ocular surgery. But that may soon change. Jean-Pierre Hubschman, MD, assistant professor of ophthalmology, has been working with Steven D. Schwartz, MD, chief of the Retina Division, and UCLA engineers to develop an intracocular robotic surgical device. The long-term goal is to enable automation for ocular surgery to decrease the incidence of ocular-tissue trauma by increasing the surgeon’s ability to visualize the environment and by creating restrictions on the proximity of surgical tools to vulnerable ocular tissues.

The resulting UCLA Intracocular Robotic Interventional Surgical System (IRISS) is modeled on the FDA-approved da Vinci robotic system, which has been used at UCLA for a variety of interventions, including urological, gynecological, cardiac, and general surgery procedures. “We found that the current robotic instruments were too bulky for use in the eye, and we had to redesign the hardware to make it work for ocular microsurgery,” explains Dr. Hubschman.

Cataract surgery is the most frequently performed surgical procedure, and the IRISS was designed to minimize negative outcomes. The system filters out hand tremor and enables better range of motion, and the amplified stereoscopic, high-definition visualization system facilitates more exact movements. The physician sits at a console that provides a three-dimensional view inside the patient and is able to manipulate robotic arms that grasp the surgical instruments used to carry out the surgery. The robotic arms act like human wrists but with greater flexibility and precision.

The primary advantage associated with using a robotic system for intraocular surgery is the automation. According to Dr. Hubschman, the robot will be able to analyze the situation every hundredth of a second and provide ‘real time’ feedback for a safer surgical procedure.

“We validated the tele-operated capabilities of the IRISS by performing several successful cataract surgeries where the surgical apparatus was in the operating room and the surgeon performing the operation was in another location,” reports Dr. Hubschman. Researchers are currently integrating visual recognition and tracking tools for automation into the system, laying the foundation for future clinical trials that will compare manual cataract extraction with the robotic cataract extraction. Says Dr. Hubschman, “We believe this is the future and that it will revolutionize cataract and other types of ocular surgery in the next 10 to 15 years.”

Dr. Jean-Pierre Hubschman with a prototype of the intracocular interventional robotic surgical platform.
JSEI Patient Given Advanced Care in Treatment of Keratoconus

When Sophie Deng, MD, PhD, assistant professor of ophthalmology at the Jules Stein Eye Institute, diagnosed Pesh Pudumjee four years ago with keratoconus, his reaction was mixed. Since the age of two he had battled strabismus, a misalignment of the eyes caused by abnormal eye muscle control. “I already had so much done to my eyes, the news wasn’t a shock,” recalls the 22-year-old.

Keratoconus is a common corneal disorder where the central cornea undergoes progressive thinning and steepening, causing irregular astigmatism. Pesh’s first symptoms were a slight vision change accompanied by blurriness. Other signs include glare and light sensitivity. Most patients develop keratoconus in early to mid-adolescence, and some patients’ progress quite significantly within a few years’ time. “Early intervention is important in restoring vision, as the disorder can affect a patient’s ability to drive or read normal print,” explains Dr. Deng.

As a college student at California State University, Northridge (CSUN), visual limitations impacted Pesh’s regular activities, such as playing intramural basketball with his fraternity, but he adjusted. “Keratoconus impacts depth perception, so shooting a basketball requires greater concentration.”

Dr. Deng initially fitted Pesh with rigid gas permeable lenses to correct for the cone shape of both his corneas. After using the hard lenses for a couple of years, however, Pesh noticed his vision worsening. This is not atypical according to Dr. Deng. “The lens may no longer fit due to the cone becoming more steep or the patient becoming lens intolerant. A corneal transplant is then considered to replace the abnormally-shaped cornea.”

Historically, surgical intervention for keratoconus has involved a full corneal transplant. In the last several years, a more refined approach known as deep anterior lamellar keratoplasty with the baring of the Descemet membrane, or DALK, was introduced and has now gained wider acceptance. Targeting only those corneal layers affected by the disease, Dr. Deng uses a “big bubble technique” to expose the ultra-thin Descemet membrane located in the back of the cornea. This increased precision preserves the healthy endothelium, so that only the thinning stroma is removed. By keeping the patient’s own endothelium, there is no risk of endothelial rejection, one of the principal reasons many grafts fail. Recent studies have also shown that graft survival is close to 99% at 10 years, which is significantly better than the full thickness corneal transplant. The technique can also be applied to other diseases of the cornea, including scars and ulcers. “We are trying to bring the best of technique and technology to patient care,” emphasizes Dr. Deng. “We do surgery to preserve vision, but at the same time, we want to have the best outcome for patients, so we try everything we can to achieve that goal.”

Pesh’s age and healthy endothelium made him an ideal candidate for DALK. Overall, Pesh describes the experience as less strenuous and uncomfortable than his five strabismus surgeries. He notes great improvement in vision even without corrective glasses or contact lenses, especially in his ability to make out details previously indiscernible. Pesh continues to wear a hard lens in the right eye where his keratoconus is less pronounced. He recently underwent an experimental procedure to strengthen his cornea and halt the progression of keratoconus, ideally avoiding the need for a future corneal transplant. Pesh’s sights are currently focused on graduating from CSUN with a degree in marketing. His advice for other young patients faced with the prospect of ophthalmic surgery? “Eye surgery sounds scarier than it actually is. It’s a lot less painful than you would expect, and the benefit is worth it.”

To read more about Dr. Deng’s sight-saving work, go to: http://www.geteyesmart.org/eyesmart/eye-health-news/keratoconus-corneal-transplant.cfm.

Pesh Pudumjee (far right) and his family.

JSEI Ophthalmologists Travel to Russia

In May 2012, members of the UCLA Uveitis Service traveled to St. Petersburg, Russia to participate in the annual White Nights Congress of Ophthalmology. Named to reflect the city’s late-setting sun that creates a midnight twilight, the week-long meeting was attended by approximately 2,000 ophthalmologists from Russia, Eastern Europe, and Asia, and included lectures by experts on a variety of topics related to ophthalmic diseases. The UCLA contingent presented information on the evaluation and treatment of infectious and inflammatory disorders of the eye, including corneal and retinal infections, uveitis in children, use of immunosuppressive drugs for autoimmune diseases of the eye, and certain eye malignancies.

Participating members of the UCLA Uveitis Service included full-time faculty members Lynn K. Gordon, MD, PhD, Gary N. Holland, MD, and Ralph D. Levinson, MD, clinical faculty member Scott M. Whitcup, MD, and 2011–2012 Uveitis Fellow Alla Kukuyev, MD. In addition, Dr. Holland met with members of the St. Petersburg I.P. Pavlov State Medical University Department of Ophthalmology, including Chairman Yuri Astakhov, MD, PhD, about future educational and research programs. Possible areas of research collaboration include AIDS-related cytomegalovirus retinitis and uveitis in children with juvenile arthritis. Clinicians in Russia have a long history of research into rheumatologic diseases, and collaborations could draw upon this experience and upon resources available through the JSEI Clinical Research Center. Dr. Holland also hopes to involve clinicians and researchers from St. Petersburg in subspecialty societies devoted to the field of uveitis.

The White Nights Congress was the brainchild of Professor Astakhov and Edward F. Cherney, MD, associate professor of ophthalmology at Vanderbilt University in Nashville, Tennessee, almost two decades ago. Dr. Cherney, who is of Russian ancestry, routinely invites American specialists to participate in the event. The White Nights Congress was an enjoyable experience for all, and participation by members of the Uveitis Service helped to strengthen the Institute’s academic ties to the world ophthalmology community.

Drs. Alla Kukuyev, Scott Whitcup, Lynn Gordon, and Ralph Levinson enjoy a day at Peterhof Palace, the summer home of the Czars, near St. Petersburg, Russia.

Drs. Gary Holland (center), Edward Cherney (left), and Yuri Astakhov attend a reception and dinner at the Governor’s Mansion.

Drs. Sophie Deng is a specialist in cornea and external ocular diseases and cataracts. She also performs new keratorefractive surgical techniques in the UCLA Laser Refractive Center.

A view of Pesh’s eye immediately following his surgery.

Patient Focus
George and Ruth Moss: Working Together to Make a Difference

Anne Frank wrote in her diary, “How wonderful that no one need wait a single moment to improve the world.” This heartfelt sentiment is expressed by the actions of George and Ruth Moss who are committed to making life better for others.

In an action having wide impact, the couple made a generous donation to the Jules Stein Eye Institute to benefit ophthalmic oncology research and treatment. The Mosses gift supports the work of Tara A. McCannel, MD, PhD, assistant professor of ophthalmology and director of the Institute’s Ophthalmic Oncology Center. “By providing funding to Dr. McCannel, our hope is that one day no one will have to experience what I did,” asserts Mr. Moss.

An Unexpected Turn of Events

During a routine eye examination in 2006, Mr. Moss’ ophthalmologist saw something that gave him pause. It was confirmed to be an ocular melanoma—a malignant tumor—and Mr. Moss was referred to Dr. McCannel for treatment.

Ocular melanoma is the most common primary cancer of the eye in adults, but it is a rare condition that has a 50% mortality rate. Putting a positive spin on what was a devastating diagnosis, Mrs. Moss demonstrates the warm humor she and her husband of 58 years share, “I always thought George was one in a million, but I learned he’s actually six in a million.”

For more than 100 years, the treatment for choroidal melanoma has been enucleation (removal of the eye), but Dr. McCannel is one of the few surgeons in the nation with expertise in a less radical surgical option. To diminish the growth of cancer cells, Dr. McCannel placed a custom-built radioactive plaque on Mr. Moss’ eye. “The intent is to destroy the tumor through high doses of radiation while saving the eye,” explains Dr. McCannel. “The prognosis for recovery is very good. The prognosis for good vision, however, is less favorable due to the effects of radiation.” Unfortunately, Mr. Moss did lose sight in the treated eye.

“I was extremely fortunate to be at the Jules Stein Eye Institute and have the plaque procedure available to me,” says Mr. Moss. “Under the skilled hands of Dr. McCannel, I am cancer free, and I have both my eyes. Losing vision in one was a small price to pay.”

Development of New Treatments

In the six years since Mr. Moss’ surgery, the therapy used by Dr. McCannel has become increasingly sophisticated and new therapies have been developed that limit radiation damage. “Our study results have been excellent, and the procedure we’re now using at JSEI may be the only successful treatment for protecting the central vision,” notes Dr. McCannel.

The JSEI Ophthalmic Oncology Center is also working in collaboration with MD Anderson Cancer Center. “Cell lines created at JSEI are being used at MD Anderson to study the biology of ocular melanoma and to test targeted therapies,” explains Dr. McCannel. “The hope is that partnerships like this will continue to develop so discoveries—and ultimately a cure—can be reached even faster.”

A Shared Commitment

George and Ruth met when their families moved to the same area of Sherman Oaks on the same day. “Our telephone numbers were just one digit apart,” recalls Mrs. Moss. “With Ruth in middle school and George a freshman at UCLA, their friendship developed slowly over years and ultimately blossomed into marriage with the result being three children and four grandchildren. Following a stint as a writer at the Los Angeles Times, George worked in real estate and later founded the Moss Group, a real estate investment and development company in Encino, where the Mosses two sons also work.

The Mosses are passionate volunteers in the arts, as well as local and national organizations. Mrs. Moss was founding president of the Los Angeles Environmental Quality Commission and currently serves as president of the City of Los Angeles Transportation Commission. Mrs. Moss is the national vice-chairman of the Anti-Defamation League, under whose banner the couple has worked to pass legislation curbing discrimination and protecting children from cyber-bullying. “The reason for our involvement is simple,” explains Mr. Moss. “We hope in a small way we can improve the quality of life for others, because no one can do it by themselves.”

Providing volunteer support at the UCLA Medical Center beginning in the 1960s, the Mosses were witness to the development of the Jules Stein Eye Institute. “Under the auspices of Jules Stein and Les Wasserman, the Institute set an unparalleled standard of excellence beginning with the recruitment of the first faculty. This level of excellence continues today as exemplified by Dr. McCannel,” affirms Mrs. Moss.

Reflecting on her relationship with the couple, Dr. McCannel emphasizes, “George and Ruth Moss are exceptional people. Because of their support, research activities can be conducted that indeed result in discovery, progress in the care and treatment of patients, and cures within the field. I am truly indebted to the Mosses generosity.”

Philanthropic contributions support JSEI’s vital research endeavors to preserve vision and prevent blindness. To make a donation, contact the JSEI Development Office at (310) 206-6035.

With their generous gift, George and Ruth Moss are supporting ophthalmic oncology research to further improve the care and treatment of patients with ocular melanoma.

Philanthropy

Build a Legacy that Moves Vision Science Forward

THE JULES STEIN EYE INSTITUTE is dedicated to advancing innovative and groundbreaking research, delivering cutting-edge patient care, and providing the education necessary to diagnose and treat eye disease.

Through your support, you too, can have an impact on the preservation of sight and the prevention of blindness.

A simple, flexible way to build your legacy and express what matters to you is to include the Jules Stein Eye Institute in your estate plans. Such bequests can be of any size and made with a variety of assets.

If you have included the Jules Stein Eye Institute in your estate plans (or intend to), please let us know.

The Jules Stein Eye Institute would like to make sure your wishes are understood and that your bequest will be used as you intend.

► We can provide you with sample bequest language, if desired.

► We would like to acknowledge your gift and have an opportunity to thank you.

► We handle all gift and bequest communications with the utmost confidentiality.

If you would like to learn more about building a legacy at the Jules Stein Eye Institute, please visit UCLA’s Planned Giving website at: www.legacy.ucla.edu, or contact us at: Jules Stein Eye Institute, UCLA 100 Stein Plaza, Room 1-124 Los Angeles, CA 90025 Telephone: (310) 206-6035 Email: giving@jsei.ucla.edu
Institute News

In Remembrance
Gene J. Pawlowski, MD

Gene Pawlowski, MD, UCLA associate clinical professor of ophthalmology, passed away peacefully at his home on August 2, 2012. For the past decade, Jules Stein Eye Institute residents have benefited from the neuro-ophthalmology instruction of Dr. Pawlowski at Olive View-UCLA Medical Center.

Considered by colleagues to be a superb physician, Dr. Pawlowski repeatedly stated that his passion was teaching neuro-ophthalmology, and the highlight of his week was interacting with the residents at Olive View and making a meaningful impact on their careers. He prepared detailed lectures and conducted a lunchtime teaching session every Friday while enjoying chicken adobo, his favorite hospital cafeteria dish.

Upon learning of Dr. Pawlowski’s passing, colleagues reflected on his personal and professional attributes: JSEI Director Bartly J. Mondino, MD, describes Dr. Pawlowski as “a gentleman and scholar who will be sorely missed.” Howard R. Krauss, MD, a fellow UCLA volunteer faculty member in the Neuro-Ophthalmology Division, notes, “Gene was a kind, compassionate physician who served his patients with devotion and diligence.” Chief of the JSEI Neuro-Ophthalmology Division, Anthony C. Arnold, MD, fondly remembers Dr. Pawlowski as a “passionate and dedicated clinician, teacher, and mentor. Providing an overview of Dr. Pawlowski’s achievements, Uday Devgan, MD, associate clinical professor of ophthalmology, states, “Gene Pawlowski was a superb ophthalmologist, a personal mentor, and a close friend who left a lasting impression on dozens of residents, hundreds of colleagues, and thousands of patients.”

Demonstrating the profound impact he had on their lives, JSEI residents honored Dr. Pawlowski in 2011 by presenting him with the Faculty Teaching Award. Former JSEI resident Hajir Dadgostar, MD, PhD, reminisces, “Gene was a truly devoted teacher who was highly regarded and respected by all of us.” Speaking on behalf of her resident peers, recent JSEI graduate Sandy Zhang-Nunes, MD, affirms, “Dr. Pawlowski, we will honor you by trying to live as you did, every day to the fullest, treating patients as we would want to be treated, and teaching others what we learned from you.” In Dr. Pawlowski’s honor and memory, the tradition of Pawlowski Teaching Rounds at Olive View-UCLA Medical Center will continue every Friday.

New Faculty

The Jules Stein Eye Institute is pleased to introduce a new full-time faculty member: Irena Tsui, MD, was appointed assistant professor in-residence, effective July 1, 2012. Dr. Tsui is an attending physician in retina at JSEI and at Veterans Affairs Greater Los Angeles Healthcare System at West Los Angeles. As a pediatric vitreoretinal specialist, Dr. Tsui’s expertise is in vitreoretinal surgery and disease management, and her research interests include evaluation of ultra-wide field photography and angiography. Dr. Tsui received her medical degree from the University of Pennsylvania and completed her residency at the Edward Harkness Eye Institute, Columbia University. After completing a two-year vitreoretinal fellowship at JSEI, Dr. Tsui accepted a faculty position at Albert Einstein College of Medicine in New York prior to accepting her new appointment at JSEI.

HONORS AND AWARDS

Honors

Anthony J. Aldave, MD, associate professor of ophthalmology, was the recipient of the W. Bruce Jackson Lectureship Award, which was presented to him on June 29, 2012, in Toronto, Canada, during the annual meeting of the Canadian Ophthalmological Society. The Award is given to an ophthalmologist recognized as a leader in the field of cornea, external disease, and refractive surgery. The recipient is given the honor of presenting the W. Bruce Jackson Lecture.

Barry A. Weissman, OD, PhD, professor of ophthalmology, was a recipient of the Legends Award. The inaugural honor was presented to Dr. Weissman by the Contact Lens and Cornea Section at the American Optometric Association’s annual meeting held June 27–July 1, 2012, in Chicago, Illinois.

2012 AAO Awards

Jules Stein Eye Institute faculty members were honored by the American Academy of Ophthalmology at the Academy’s 2012 Annual Meeting in Chicago, Illinois.

Secretariat Award

Kevin M. Miller, MD, Kolokotrones Professor of Ophthalmology, received a nomination by the Secretaries for Quality Care, Knowledge Base Development, Ophthalmic Knowledge, Online Education/eLearning, and the Senior Secretary for Clinical Education.

Senior Achievement Award

Steven D. Schwartz, MD, Ahmanson Professor of Ophthalmology, was the recipient of the 2012 Senior Achievement Award for his contributions to the Academy, its scientific and educational programs, and to ophthalmology.

In Memoriam

Jay J. Richlin, MD

Jay J. Richlin, MD, UCLA assistant clinical professor of ophthalmology, passed away from natural causes on April 12, 2012, at the age of 82. Dr. Richlin devoted more than 30 years to supporting JSEI resident training at the Veterans Affairs Greater Los Angeles Healthcare System at West Los Angeles. Throughout his years of professional activity, he had an enormously favorable impact on countless patients, faculty colleagues, and resident ophthalmologists. Dr. Richlin is warmly remembered for his service and for all he’s done on behalf of vision care. He is survived by his wife of 53 years, Simone, three sons, and four grandchildren.

Jules Stein Eye Institute
Best Ophthalmology Center in the West

For the 23rd consecutive year, the Jules Stein Eye Institute has been named as one of the top five eye care centers in the United States and the best in the Western United States—according to U.S. News & World Report’s 2012–2013 Best Hospitals rankings. The Ronald Reagan UCLA Medical Center was ranked the number one hospital in California and is the only hospital in Los Angeles and the Southern California region that appears on the magazine’s “Honor Roll,” a place reserved for medical centers with high levels of expertise in multiple specialties.
Academic News

The Jules Stein Eye Institute held its graduation ceremony on June 8, 2012, at the UCLA Faculty Center. Residency Program Director Anthony C. Arnold, MD, and Stacy L. Pinales, MD, the program's assistant director, presented farewell commentary to the residents, and the evening concluded with a roast of the graduating residents by junior residents. At the graduation, awards were presented to recognize excellence in research:

- The Resident Research Award was given to Joanne Wen, MD, for her paper, "Radiation-related cancer risk associated with surveillance imaging for metastasis from choroidal melanoma."
- The Clinical Fellow Research Award was presented to Kirsta Schoeff, DO, for her paper, "Functional MRI of horizontal rectus muscles in esotropia. Is there overaction or underaction?"
- The International Fellow Research Award was given to Zia Chaudhuri, MBBS, MS, FRCS, for her paper, "Medial rectus recession is as effective as lateral rectus resection in divergence paralysis esotropia."
- The Predoctoral Fellow Research Award was presented to Andrew Shin, MS, for his paper, "Independent passive mechanical behavior of bovine extracorneal muscle compartments."
- The QI Project Recognition award was presented to David Reed, MD, for his project, "Harbor-UCLA cataract surgery rates over time: a quality improvement project."
- Barty J. Mondino, MD, JSEI director, presented the ARVO Young Investigator Travel Award to Nate Roybal, MD, for his abstract, "Integration, survival, and function of transplanted RPE stem cells into mouse models of geographic atrophy."

Graduating Residents and Their Destinations

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<td>University of Colorado Aurora, Colorado</td>
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<td>Catherine Hwang, MD</td>
<td>Orbital and Oculoplastic Surgery</td>
<td>The Wills Eye Institute</td>
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<td>Mehryar Taban, MD</td>
<td>Cornea and Refractive Surgery</td>
<td>UCLA Cornea and Refractive Surgery Fellowship</td>
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<td>Norman Shorr, MD</td>
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<td>Henry Baylis, MD</td>
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<td>Joanne Wen, MD</td>
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<td>Hanna V. Kim, MD</td>
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Aesthetic Eyelid and Facial Rejuvenation Course

The Orbital and Oculoplastic Surgery Division held its Aesthetic Eyelid and Facial Rejuvenation course June 15–16, 2012, at the Jules Stein Eye Institute. The event attracted ophthalmologists, dermatologists, and cosmetic surgeons from around the world. The two-day course combined surgical demonstrations, a cadaver dissection, and didactic lectures that informed participants of the latest advances in the field of aesthetic and reconstructive surgery for the eyelids and face.

- Drs. Robert Alan Goldberg, Catherine Hwang, Mehryar Taban, Norman Shorr, and Henry Baylis with other faculty members and participants at the annual Aesthetic Eyelid and Facial Rejuvenation course.

Destinations of Graduating Residents and Fellows

Graduating Residents and Their Destinations

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<td>Mehryar Taban, MD</td>
<td>Cornea and Refractive Surgery</td>
<td>UCLA Cornea and Refractive Surgery Fellowship</td>
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<td>Norman Shorr, MD</td>
<td>Orbital and Oculoplastic Surgery</td>
<td>Yale University New Haven, Connecticut</td>
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<tr>
<td>Henry Baylis, MD</td>
<td>Orbital and Oculoplastic Surgery</td>
<td>Duke Eye Center</td>
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Graduating Fellows and Their Destinations

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<tr>
<th>Name</th>
<th>Specialization</th>
<th>Institution</th>
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<tr>
<td>Ahmad E. M. M. Dalal, MD</td>
<td>Ocular Surface</td>
<td>Columbia University</td>
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<td>Joanne Wen, MD</td>
<td>Ocular Surface</td>
<td>Columbia University</td>
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<td>Hanna V. Kim, MD</td>
<td>Ocular Surface</td>
<td>UCLA Acute Care Hospital</td>
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where and it isn’t special, why then is the lens transparent? We realized that we were actually right, and that it is in fact the same protein everywhere. It took some 15 to 20 years to convince people we weren’t crazy, the same alpha-B crystallin protein in the liver, kidney, muscle, brain, heart… these lens proteins. In fact, the alpha-B crystallin protein in the lens is exactly proteins special?

Other than the lens of our eye, nothing else in our bodily system is transparent from being human, from being curious. We think we look for answers, but there are no answers. Good questions generate new insight (more questions). Every bit of knowledge you gain reveals just how much you don’t know.

How well you phrase a question is critical, because the answer you get is directly proportional to the quality of your question. As researchers, we have an innate desire to go where people haven’t gone, it’s a desire that simply arises from being human, from being curious. We think we look for answers, but there are no answers. Good questions generate new insight (more questions). Every bit of knowledge you gain reveals just how much you don’t know.

What do you consider to be your most important professional contribution?

The discovery of the expression of alphaB-crystallin outside of the ocular lens. Other than the lens of our eye, nothing else in our bodily system is transparent. Because of this differentiation, we’ve thought for 200 years that the proteins in the lens of the eye were special. I asked the question: How are the lens proteins special?

In our research, we uncovered there’s nothing special or distinctive about these lens proteins. In fact, the alpha-B crystallin protein in the lens is exactly the same alpha-B crystallin protein in the liver, kidney, muscle, brain, heart… everywhere. It took some 15 to 20 years to convince people we weren’t crazy, that we were actually right, and that it is in fact the same protein.

This finding, however, led to another question: If this protein is everywhere and it isn’t special, why then is the lens transparent? We realized transparency is based on how these proteins are organized within the lens. Order is everything. This realization has had an impact on our understanding of neurodegeneration, Parkinson disease, multiple sclerosis, and age-related macular degeneration, which has become our current focus. A profusion of discoveries have been made with this protein; it’s a phenomenon, and it has opened up a whole new arena of research.

What are your greatest challenges?

As researchers, we constantly ask questions. Very few get answered, and so often the ones that do seem to point in a different direction than expected, and that’s where the excitement is. This journey has been one of expectation, and traveling to me has always been more interesting than reaching the destination.

What do you do when you’re not working?

I enjoy my family life. My wife Anjali and I have been married for more than thirty years, and we have one son, Ankur. I also write poetry, and I actually presented one of my poems at a large scientific conference. It may not surprise you to know that the poem was about the lens, the retina, and the brain. It is fun staying at the interface of science and art, at a point where they aren’t very distinct.
More than 150 JSEI faculty members, residents, and fellow alumni from around the world gathered at the Westin Chicago River North Hotel in Chicago, Illinois on Sunday, November 11, 2012, for the UCLA Department of Ophthalmology Association’s annual reception. Hosted by the Association, the reception provides an opportunity for alumni attending the American Academy of Ophthalmology meeting to renew acquaintances and reconnect with classmates. Graduates from 30 different JSEI graduating classes were represented at this year’s lively event.

**JSEI Alumni Stay Connected on Facebook**

The UCLA Department of Ophthalmology Association has rolled out its new Facebook page. “Being on Facebook offers JSEI alumni another opportunity to remain connected and provides an outlet to share updates on events, personal accomplishments, and photographs,” notes JSEI Faculty Member and Association Treasurer, Dr. Robert Alan Goldberg.

“Like” us today at [www.facebook.com/JSEIAlumni](http://www.facebook.com/JSEIAlumni) and stay connected!
JSEI Affiliates Hosts Holiday Volunteer Recognition Luncheon

Cherie Hubbell, chair of the JSEI Affiliates, hosted the Affiliates’ 13th annual holiday luncheon on Monday, December 3, 2012, at the Luxe Hotel in Brentwood to honor the JSEI Affiliates Advisory Board members, program volunteers, and special guests.

“The strength of the JSEI Affiliates programs depends on our dedicated volunteers whom we acknowledge at this special annual recognition event,” Ms. Hubbell remarked to the special guests at the luncheon. “The Affiliates accomplished new levels this year in each of our community outreach programs—results that would not have been possible without the commitment of our Advisory Board and dedication of our volunteers.”

Educating children about one of their most precious assets—their eyes—the Affiliates offers the Vision In-School program and Preschool Vision Screenings free of charge to elementary schools and preschools in the community. The Affiliates also supports several patient programs, including the Make Surgery Bearable and Shared Vision programs.

Since its inception, Make Surgery Bearable has provided thousands of Dr. Teddy bears to pediatric surgery patients at JSEI, while Shared Vision has collected over 20,000 pairs of donated eyeglasses to be refurbished and distributed to adults and children who could not afford them otherwise.

If you would like more information about joining or volunteering with the Jules Stein Eye Institute Affiliates, please contact the Jules and Doris Stein UCLA Support Group at: affiliates@jsei.ucla.edu.

Special Thanks to Dr. Teddy Holiday Donors!

The JSEI Affiliates would like to thank the many special donors who contributed to the 2012 Make Surgery Bearable holiday sponsorship campaign. With your support, more than 300 Dr. Teddy bears were provided for future pediatric surgery patients at the Jules Stein Eye Institute. The Affiliates primarily raise funds for the Make Surgery Bearable program twice a year, once in December through the holiday campaign and again in May through its Mother’s Day spring social. Dr. Teddy sponsorships, however, can be submitted year round in honor or memory of a loved one, or to celebrate anniversaries or birthdays. Contact the JSEI Affiliates at (310) 825-4148 or www.jseiaffiliates.com for further information.
Dr. Barry Weissman Honored by JSEI for 33 Years of Service

Bartley J. Mondino, MD, director of the Jules Stein Eye Institute, hosted a farewell reception on Friday, September 21, 2012, honoring Barry A. Weissman, OD, PhD, professor of ophthalmology, on his retirement as a full-time faculty member of the Institute. JSEI faculty, fellows, colleagues, and friends joined Dr. Weissman and his family in the Adam Room to celebrate his 33 years of service to JSEI and his dedication to vision science research.

Walking to Prevent Blindness

Team JSEI joined over 300 VisionWalk participants at UCLA’s Dickson Court on Sunday, October 21, 2012, for the Foundation Fighting Blindness’ (FFB) 6th annual VisionWalk. The event, supported by both the Institute and volunteers from the JSEI Affiliates, raised more than $100,000 for retinal eye disease research.

“A cross section of JSEI staff, residents, fellows, Affiliates volunteers, Board Members, and students from UCLA and local elementary and high school students all participated to raise money for vision research,” notes Affiliates Board Member and Community Outreach Manager, Teresa Closson. Team JSEI gathered for a group photograph before strolling with other participants on the five-kilometer loop through UCLA’s beautiful north campus. Orzalla Sulaimankhil, a JSEI Affiliates Board Member and VisionWalk team co-leader, describes the value of the event. “Supporting vision science research is an important cause. The FFB’s VisionWalk is an inspirational and a fun way to become involved.”

The FFB is a nonprofit organization committed to funding research to prevent, treat, and cure retinal degenerative eye diseases. As a lead sponsor of VisionWalk, JSEI participates in research on a number of inherited retinal diseases and receives grants for continued study of vision loss treatment and prevention.

A portion of “Team JSEI” who walked to raise money for vision research.