Dear Patients, Friends and Colleagues

The year 2009 has been an excellent one. We have recruited more world class staff, we have provided care to 45,000 patients, we continue to teach remarkable residents and to discover new techniques and technology for quality eye care in the Rocky Mountain region. We are living our mission.

2010-2020 marks the Decade of Vision designated by the National Eye Institute (NEI) part of the National Institutes of Health (NIH) in Washington, D.C. Locally, we are participating in the national initiative with a renewed dedication to our clinical services, education of our residents and our ongoing research focused on translational outcomes. We are thinking globally and acting locally.

Our fundraising efforts are centered on building the quality of our department to serve the people of the Rocky Mountain region; we need your help. As you think about your philanthropic gifts during this season of giving we ask for your consideration of the Eye Institute. Call our Development office at 720-848-5018 for ways to get involved.

We have assembled a dynamic team that inspires confidence and loyalty. Please join us as we move into the next decade with your generous support. Thank you and have a very happy holiday season.

Sincerely,
Naresh Mandava, MD, Professor and Chair

NOW & THEN – A FIFTY YEAR PERSPECTIVE

When asked to write a column describing the differences between now and when I started practice, I was hesitant and tried to beg off by suggesting others were better suited for this task. (Basically it was because of my old age inertia). However advised that no one was still around who was a faculty member in 1960 when I first arrived, I finally agreed. Some of my statements might be inaccurate. However there is not anyone around now to challenge them.

To describe all the changes that have occurred in the ophthalmology program since 1960 would require several columns. There have been dramatic changes in all aspects: the clinic and inpatient facilities; the number and composition of full time faculty; the research program; even the name and location of the parent hospital.

A more detailed description of these changes will be made in the future. In this article, I will begin by discussing changes in the residency program.

In 1960 there were three residents with one being taken each year; there were only two or three applicants for each position. At the present time several hundred applications are received. Of these applicants approximately 50 to 60 are invited for interviews.

continued on page 4
WELCOME

Hello, my name is Nicole Dunnan-Evangelist and I am the new lead technician here at Rocky Mountain Lions Eye Institute. I am so excited to have the opportunity to work with the top notch ophthalmologists and staff that we have here at RMLEI. Having worked within the field in Denver for the last six years, I often heard about the knowledgeable doctors, but not until working here did I realize just how cutting edge we are.

In high school I started working at a local eye glass shop in my hometown. I continued to work as an optician for 5 years. When I took a job at an optometrist office, the doctor taught me to perform many test on patients, and I instantly knew that I wanted to learn more about the eye and further my career. About 2 years later I began working with an ophthalmologist and he gave me as much on the job training as he could. Then I heard about a program in Pueblo that offered me a degree as an Ophthalmic Technician. Always eager to learn more, I ran with the opportunity and completed my degree. I have now worked in the industry for almost 20 years and can not imagine doing anything else. My goals for the future are to complete my Masters in Health Administration.

Not only am I privileged to work with the best doctors, but also the best technicians. Having worked with all levels of techs during my career, I find that the level of knowledge of the technicians here at the Eye Institute far surpass that of the average tech. Average is not a word we use at RMLEI. Every technician here is certified and has to meet high standards. In order to stay certified and a part of our team each technician has to take continuing education classes. So rest assured, from the moment you walk through our front door you are in the best, most well trained, and friendly hands you will find in the Rocky Mountain region.

CLINICAL TRIALS

Currently enrolling clinical trials:

- **HARBOR**- We are now enrolling patients in the HARBOR study for exudative age-related macular degeneration (AMD). This 2-year study compares monthly vs. as-needed ranibizumab in two doses (0.5 and 2.0 mg). Subjects must be untreated in the study eye and have active choroidal neovascularization. Treatment with Lucentis® is provided in the fellow eye if needed.

- **OCTOPUS**- Occlusion prevention for Trabeculectomy Procedures Using Combination Ranibizumab and Mitomycin C (MMC) during Surgery (OCTOPUS Study). In this study, patients who are undergoing trabeculectomy surgery for glaucoma are randomized to receive either MMC or ranibizumab alone, or a combination of the two. The study will compare post-operative scarring at the trabeculectomy site among the three treatment groups.

Studies in long-term follow up include:

- **RISE**- A Phase III, double-masked, multicenter, randomized, sham injection-controlled study of the efficacy and safety of ranibizumab injection in subjects with clinically significant macular edema with center involvement secondary to diabetes mellitus.

- **MIVI-TRUST**- A randomized, placebo controlled, double-masked, multicenter trial of microplasmin intravitreal injection for nonsurgical treatment of local vitreomacular adhesion.

- **HORIZON**- An open-label, multicenter extension study to evaluate the safety and tolerability of ranibizumab in subjects with macular edema secondary to retinal vein occlusion (RVO) who have completed a Genentech sponsored ranibizumab study.

For further information about these studies or to refer a patient, please contact Mary Preston at 720-848-2035.
MY STORY

Two years ago, I went in for my yearly eye check-up. I was 39 years old and I’d been noticing some small changes in my vision. My daughter plays volleyball and I’d had trouble with my depth perception in that dimly lit gym. I figured the changes were due the fact that I was almost 40. I remembered people talking about vision changes being typical at that age.

During my check up, my optometrist detected that my optic nerve was swollen. I asked why, and he said, “Oh, it could be M.S. or a brain tumor or a myriad of other things.” I was terrified. He referred me for more specialized care and diagnosis to the Rocky Mountain Lions Eye Institute. The various tests and the MRI showed that it was indeed a brain tumor; a meningioma. The meningioma was a nasty tumor which had been growing for about 20 years by all best estimates. Twenty years ago I lived in Finland for the summer, just 2 months after the Chernobyl disaster. We lived on the Baltic Sea and we caught and ate a lot of fish from the sea. Traditionally, meningiomas are caused by increased levels of radiation. It all started to make horrible sense. My tumor decided to localize itself on my optic nerve, pushing my eyeball forward, causing my vision to change. It grew very aggressively at the end, and it had also invaded my brain. The best option was to have it resected through a craniotomy.

Dr. Vikram Durairaj, my eye surgeon, worked in tandem with my neurosurgeon. My pre-surgery appointments with both of them really helped me feel completely at ease. I knew my life was in the very best hands. Dr. Durairaj reassured me that he would try very hard to delicately de-bulk the tumor to preserve my vision. The surgery lasted 13 hours. My family was updated several times over those many hours, making the wait a little more bearable. Dr. Durairaj’s kind and caring personality helped my family tremendously.

In the days after surgery while I was recovering in The University of Colorado Hospital, Dr. Durairaj visited me several times. He really cared a great deal about my wellbeing. He also cared about my family. In the following months, my family wanted to go to my appointments with Dr. Durairaj, just so they could see him again. That’s what an impact he made on my family. I couldn’t have asked for a more wonderful doctor. I’m so fortunate to have received my care here at CU. There’s no place I’d rather be.

Jill Penafiel, grateful patient and CU employee.

To our patients:
“The primary focus of our practice is to provide excellence in the subspecialty areas of ophthalmology.

Cornea and refractive surgery, retina and vitreous consultation, pediatric ophthalmology, neuro-ophthalmology, glaucoma care, ocularplastic and orbital surgery are all current services provided by a faculty respected nationally and internationally for its expertise.”
Dear Drs. Durairaj and Taravella:

I don’t know if you have any way of knowing what has transpired since you did the orbital biopsies, and as a result, sent me to Dr. Myint. Certainly all your suspicions were correct. Mantle cell lymphoma. I’ve had tests and more tests, and just finished up my first 5 days of chemo and the rather magnificent hangover that followed. And now, 10 days after leaving the hospital, I feel pretty great. I know the chemo is working, there’s lots more to come, and we are looking for a stem cell donor... keeping my fingers crossed. And tonight, with my white cell count up, Carol and I are going out for dinner.

This is all by way of saying thank you. Without your perception, without your skill, and without your care I would not be in the place I am... to whatever destination it is that I’m going. According to Dr. Myint, without the care that I’m getting, I would likely be dead by Christmas. As I said, I can’t know where this healing process is leading, but you and Dr. Taravella saved me from a more certain destination.

My chemo has been scheduled so as to allow me to conduct my show (Chitty Chitty Bang Bang) when it comes to the Buell Theater next month. I’m doing everything within my power to be well enough to do that. It’s my goal at the moment. You both would be most welcome to come.

But really, I just want to say thank you. Thank You. Both to you and to Dr. Taravella. I don’t have his address, but if you wouldn’t mind passing along my thoughts and my feelings, it would mean a great deal (including forwarding this, if you like).

Both of you are remarkable beings in my life: And I hope you are well.

With Warmest Regards,
Your Patient

NOW AND THEN
continued from page 1

The resident selection is ultimately determined by a national match system with both the residents and the institution listing their preferences. The number of residents has now increased to four each year. Post residency fellowships have been developed in cornea, retina and plastics.

The resident rotations in 1960 consisted primarily of Colorado General Hospital and also Denver General Hospital. The affiliation with Denver General, now named Denver Health Medical Center, was dropped after a year but re-established in the mid 1960’s. There was one full time faculty member in 1960. Much of the clinical training was given by a very devoted volunteer faculty. The number of full time faculty at present is 20. Hospital rotations have been established with the Veterans Administration Hospital, Denver Health Medical Center, The Children’s Hospital of Denver as well as the Rocky Mountain Lions Eye Institute at the University of Colorado Hospital.

There are rotations in specialty clinics as well as general clinics. Resident research facilities are available and all residents engage in a research project during the course of their training. Many of them present posters at ARVO or at other society meetings. Residents work along side staff members in the clinics and in surgery. Residents perform over 150 major surgical procedures. Whereas retinal angiography and ocular sonography and tomography were unknown in 1960, residents now learn these techniques and how to interpret the results.

All surgery is now performed under operating microscopes (not yet developed in the 1960’s). Nearly all surgery is videotaped (again, not available in 1960) and analyzed and studied for techniques. Weekly case presentations and complications and morbidity conferences as well as basic science subject lectures are provided throughout the academic year. Prior to 1960 residents were sent to Waterville, Maine for a six week basic science course. Visiting professors and staff members now give lectures several times a year. Residents attend an ophthalmology symposium held annually at the University of Colorado and attend national meetings such as Association for Research in Vision and Ophthalmology (ARVO), American Academy of Ophthalmology (AAO). Residents also rotate through a pathology service. The pathology laboratory, established in the 1920’s, is now located in a research building which also houses basic research laboratories. Approximately 50% of graduating residents go on to take additional training in subspecialty service in training hospitals across the country.

Nearly 200 residents have completed the residency program since its inception in 1928. The program has been fully accredited since that time. Residents finishing this training program now practice throughout the USA.
Focus on Faculty

Welcome

We would like to welcome Mina B. Pantcheva M.D., who is joining the faculty at the Rocky Mountain Lions Eye Institute. Doctor Pantcheva will serve as an Assistant Professor at the Glaucoma and Cataract Surgery Department.

Dr. Pantcheva received her Medical Degree from the Medical University of Sofia, Bulgaria. She then went on to complete a Glaucoma Research Fellowship at Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, MA. She comes from the University of Pittsburgh Medical Center, Pittsburgh, PA where she completed her residency and later Clinical Glaucoma fellowship.

What Brings Me Here

“I am excited to join the Rocky Mountain Lions Eye Institute because of the outstanding faculty which works hard to create an unique environment - a place where patient care, clinical and basic science research, and education go hand in hand. It is very stimulating to be given the opportunity to be a clinician scientist thus bringing exciting new research to the clinic. It is an honor to be part of a team dedicated to provide the very best to our patients, residents and science.”

Tis the Season

This year, Chancellor M. Roy Wilson launched the holiday season helping faculty and staff highlight their daily contributions to the community. Titled the “Giving Back” Campaign, Wilson asked each member of the UC Denver community to take a half day and complete a volunteer activity in any area of civic need. The outreach effort is expected to produce hundreds of hours of service as well as tangible benefits for citizens across the Denver metro area. For his part, Wilson will be continuing with his service to the Rocky Mountain Lions Eye Institute, where he sees patients one afternoon a week. He will be continuing this service through the end of the year.

State of the Department Address

The keynote speaker for the State of the Department event was James Jorkasky, executive director of the National Alliance for Eye and Vision Research (NAEVR), the privately funded Washington-DC based advocacy organization that serves as the “Friends of the National Eye Institute (NEI)” He summarized NEI’s publicly announced plans for how it would spend the $175 million it received from the $10.4 billion in National Institutes of Health (NIH) funding from the American Recovery and Reinvestment Act (ARRA). He discussed opportunities for funding from the Department of Defense (DOD), which will award $5.4 million in defense-related vision research in early 2010. He also described the various activities to recognize the 40th anniversary of the NEI, including House and Senate resolutions that acknowledged that event and designated 2010-2020 as the Decade of Vision.

Naresh Mandava, MD – Professor and Chairman of the Department of Ophthalmology joins NAEVR (National Alliance for Eye and Vision Research) in thanking the Colorado Delegation and Congress for 2010 NEI (National Eye Institute) increased funding.

“Every funded project gives our innovative research and discovery the potential to change the way we treat patients with the most cutting edge eye care in the region. We appreciate our Delegation and other Congressional Members supporting our work.”

Mina Pantcheva M.D. Assistant Professor Glaucoma & Cataract

James Jorkasky, Executive Director (NAEVR)

Subsequent to speaking at RMLEI, NAEVR’s James Jorkasky has reported that, in Fiscal year 2009, vision researchers received $230 million more in funding from the NIH and DOD than the previous year.
**ADVOCACY FOR VISION RESEARCH**

In his role as Incoming President and current Advocacy Committee Chair for the Association for Research in Vision and Ophthalmology (ARVO), J. Mark Petrash, Ph.D. participated in an October 30 ARVO Board of Trustees Capitol Hill Advocacy Day. As he had recently been awarded a $1 million Challenge Grant from the NEI from ARRA funding, he used his visits with the Colorado delegation to describe the scientific and economic benefits for RMLEI from the stimulus. He also urged Congress to finalize Fiscal Year 2010 NIH/NEI appropriations at a level that would sustain the momentum of research created by the stimulus funding. At press time, Congress had just passed an FY2010 appropriations bill that increased NEI funding to $707 million, reflecting an $18.5 million increase over FY2009.

Dr. Petrash enjoys participating in advocacy days on Capitol Hill, noting that, “The visits enable me to thank our supporters in Congress for increased medical research funding and to update the Colorado delegation on progress being made against blinding eye disease. I can also share how NEI funding is having a positive impact on the daily lives of people who partner with us in the research enterprise—students, postdoctoral fellows, support personnel, and patients.”

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**OUR FACULTY** continue to be invited speakers around the world, constantly pursuing the best education, research and practices. Here are but a few of their activities on behalf of the Department Ophthalmology this calendar year, including meetings of the American Academy of Ophthalmology (AAO) on October 24-27, 2009, in San Francisco, California.

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**Rebecca Braverman, M.D.**

AAO – Strabismus Associated with Systematic Disease  
**Presented a workshop**
- Presented research at the National Smith-Lemli-Opitz Syndrome (SLOS) meeting in Boston.
- Will attend a course in at Moorfields Eye Hospital in London early 2010 for further research in the field of electrophysiology.

**Jeffrey Olson, MD**

AAO – Macular Pucker/Vitreomacular Traction Syndrome: Diagnosis, Surgical Treatment, Results, and Complications  
**Instructor** on the use of vital dyes in vitreoretinal surgery.
- In collaboration with fellow researchers Robin Shandas, PhD, Craig Lanning, BS, and Bryan Rech, BS at the AMC Center for Bioengineering, awarded $91,800 Proof of Concept Grant from the Colorado Bioscience Discovery Evaluation Grant Program to continue work on a microsurgical suturing system.
- Along with Dr. Mandava received a Bioscience Company Grant from the Colorado Bioscience Discovery Evaluation Grant Program, in the amount of $100,000 to continue research into the use of phototoxic implants to prevent progressive retinal degeneration.

**Publications:**
- VEGF Trap-Eye for the treatment of neovascular age-related macular degeneration.
- Intravitreal anakinra inhibits choroidal neovascular membrane growth in a rat model.

**Richard S. Davidson, MD**

AAO – Presented Scientific Poster 342; *The Use of Visante OCT to Verify the Power of a Mislabeled IOL that was Implant-ed During Cataract Surgery*
- Speaker, Lecce, Italy at the University of Bologna International Ophthalmology Summer School in Sept 2009.

**Hugo Quiroz-Mercado, MD**

AAO – Macular Pucker/Vitreomacular Traction Syndrome: Diagnosis, Surgical Treatment, Results, and Complications,  
**Instructor**
- Symposium Instructor Pearls in Vitreo-retinal Surgery.
- Instructional Course Instructor: Autofluorescence Impact on Imaging of Retinal and Choroidal Diseases.
- Instructional Course Moderator: What’s New in Pediatric Retina?

**Vikram D Durairaj, MD**

AAO – Presented a workshop  
- Symposium Instructor: Pearls in Vitreo-retinal Surgery.
- Instructor in Diagnosis, Surgical Treatment, Results, and Complications.
- Symposium Instructor: Pearls in Vitreo-retinal Surgery.
- Instructor in Diagnosis, Surgical Treatment, Results, and Complications.
- Symposium Instructor: Pearls in Vitreo-retinal Surgery.
- Instructor in Diagnosis, Surgical Treatment, Results, and Complications.

**Robert Enzenauer, MD, MPH, MBA**

- Braverman Rebecca, and Enzenauer Robert: The socioeconomic impacts of ROP (Retinopathy of Prematurity) Accepted in Archives of Ophthalmology
- Enzenauer RW. Leadership Insights of the Ancient Chinese military classicists: Accepted for publication in the Journal of Healthcare Leadership.
Malik Y. Kahook, MD  
AAO – Invited to present recently completed research titled “Anti-VEGF Agents and Changes in Intraocular Pressure”

- Appointed to the AAO Glaucoma Subspecialty Day – Program Review Committee.
- Featured on the AAO website O. N. E. program for work with Anti-VEGF agents for treating patients after glaucoma surgery.
- Kahook was the first to report the use of Anti-VEGF agents to treat post-operative glaucoma patients.
- Co-Editing the new edition of Chandler Grant Text Book of Glaucoma which is one of the most respected texts of its kind.
- Recently published a paper on “Anti-VEGF Agents and Glaucoma” which was the first case series of its kind on the topic.
- Received a grant to study a new glaucoma medication that could potentially treat both high eye pressure as well as directly slow down the loss of nerve cells in glaucoma patients.
- Received a grant to study the effects of glaucoma drops on human eye surface cells.
- Received a grant to study a novel noninvasive glaucoma device in humans. Dr. Kahook is the inventor and patent holder of this device.
- Received state funding for his research exploring the use of novel materials in glaucoma surgery.
- Traveled internationally to speak in Paris and Bahrain, presented research at the Japanese Glaucoma Society meeting in Okinawa this past November.
- Appointed to the Food and Drug Administration (FDA) Ophthalmic Devices Advisory Panel
- Received the New Inventor of the Year Award 2010 for his work inventing various glaucoma surgical devices which have reached the preclinical and clinical phase of study.

Michael B Horsley, MD –  
AAO – Presented Scientific Poster 527, Atypical Orbital Presentations of Methicillin-Resistant Staphylococcus Aureus; Co-Author – Vikram D Durairaj, MD

Mina B Pantcheva, MD –  
AAO – Presented Scientific Poster 132, Spectral Domain OCT Prevalence of the Thin Retinal Nerve Fiber Layer in Alzheimer Disease

Naresh Mandava, MD  
AAO – Macular Pucker/Vitreomacular Traction Syndrome: Diagnosis, Surgical Treatment, Results, and Complications, Instructor
- Grand Rounds Speaker, Columbia University – January 2010
- Drs. Mandava and Oliver collaborated with National Jewish Diagnostic Labs in the development of a commercially available genetic test for Age-Related Macular Degeneration Risk Assessment.

Darren Gregory, MD  
AAO – Emerging Treatment Options in Severe Dry Eye and Ocular Surface Disease, Instructor

Scott Oliver, MD  
AAO – Macular Pucker/Vitreomacular Traction Syndrome: Diagnosis, Surgical Treatment, Results, and Complications, Instructor
- Drs. Oliver and Mandava collaborated with National Jewish Diagnostic Labs in the development of a commercially available genetic test for Age-Related Macular Degeneration Risk Assessment.
- Presented a new technique for the prevention of radiation injury at the Retina Congress in New York. Dr. Oliver is inventor and patent holder of the device publications.
- VEGF Trap-Eye for the treatment of neovascular age-related macular degeneration – Expert Opin Investig Drugs
- Endophthalmitis after pars plana vitrectomy – Ophthalmology

RMLEI Scientists Awarded $990,000 ARRA Challenge Grant

University of Colorado Denver scientists have been awarded an American Recovery and Rehabilitation Act (ARRA) Challenge Grant to develop new therapeutic agents for prevention or reversal of blinding diseases such as cataract and retinitis pigmentosa.

J. Mark Petrash, Ph.D. and Uday Kompella, Ph.D., are the co-investigators on the grant. Petrash is Professor and Vice Chair for Research in the Department of Ophthalmology at the Rocky Mountain Lions Eye Institute. Kompella is Professor of Pharmaceutical Sciences at the University of Colorado Denver School of Pharmacy and adjunct faculty in the Department of Ophthalmology.

Research in the Petrash laboratory contributed to the discovery that specialized proteins in the lens help to protect tissues against the damaging effects of protein aggregation. Kompella’s laboratory is well known as a leader in nanomedicine and for developing technologies to deliver pharmaceuticals to ocular tissues. Work to be carried out with funding from the Challenge Grant will marry expertise of the two laboratories. Together, they will develop technology to optimize the formulation and delivery of protective molecules, called heat shock proteins, to the eye.

The ARRA Challenge Grant Program was developed by the National Institutes of Health as a means to stimulate innovative, high-impact research that can move quickly from the laboratory to the clinic. Roughly 2 percent of the 21,000 applications were chosen for funding under this highly selective program. The $990,000 grant will be funded over a period of two years.

According to Dr. Petrash, “Reviewers of our grant application considered the close proximity of my laboratory to that of Dr. Kompella’s laboratory to the clinic. Roughly 2 percent of the 21,000 applications were chosen for funding under this highly selective program. The $990,000 grant will be funded over a period of two years.

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Muthenna Palla, Artatratana Pal, J. Mark Petrash, PhD., and Philip Ruzycki
OUR RESIDENTS, FELLOWS AND BABIES

Left photo, left to right:
Emily McCourt, MD; Carolyn Pan, MD; Lisa Wong, MD

Below, left to right:
Chris Russo, MD; Mike Horsley, MD; Dave Freeman, MD; Andrew Hendrick, MD

Middle photo above, left to right:
Charlie Lanzillo, MD; Matt Sniegowski, MD; Ksenia Stafeeva, MD; Matt Sniegowski, MD

Right photo above, left to right:
Marc Mathias, MD; Ksenia Stafeeva, MD; Matt Sniegowski, MD

Left:
Robert Fish, MD – Cornea and External Disease Fellow

Right:
Eric Hink, MD – Oculoplastic and Orbital Surgery Fellow

Below, left to right:
Chris Russo, MD; Mike Horsley, MD; Dave Freeman, MD; Andrew Hendrick, MD

Jameson Hendrick born to Dr. Andrew Hendrick
October 14, 2009; 4:16am
8lbs., 3 oz.

Adrian Ernst Seibold born to Dr. Leo Seibold
November 13, 2009; 12:37pm
8lbs., 3 oz.

Left to right:
Chirag Patel, MD – Retina Fellow; Marc Mathias, MD
Thank You Donors—
Your generosity helps us to be a nationally recognized department of ophthalmology that serves the people of the Rocky Mountain region by providing exemplary patient care founded on educational leadership, innovative research, and high ethical standards.


When there’s a will, there’s a way.

dream big
Your will may be your way to nourish promising, bright minds. Build the leaders of tomorrow. Illuminate new thinking. Spark discoveries.

support your passion
So dream big. Support your passion, make a real difference and leave your imprint on CU (and, perhaps your mark on the world) with a bequest.

spark discoveries
To find out how easy it is to make a gift through your will, obtain sample bequest language or learn about other planned giving options, contact our Planned Giving Group, 303.541.1335 or email planned.gifts@cufund.org

leave your imprint

Contact ginnie.kontnik@ucdenver.edu for additional gifts and programs at the Eye Institute.

William Jackson, MD, Associate Professor Emeritus, Diabetic Retinal Disease
Focus on noteworthy news & tidbits

This photograph was taken just 4 weeks after a posterior lamellar corneal transplant. Only the posterior surface of the cornea is transplanted. There are no sutures holding the posterior graft in place, which can barely be identified by a line in the midperiphery of the iris. The wound is stronger, healing is quicker and there is less astigmatism over conventional full thickness corneal transplants.

Michael Erlanger MD

DID YOU KNOW...

One in six Americans (17%) 45 years of age or older, representing 16.5 million middle-age and older adults, report some form of vision impairment even when wearing glasses or contact lenses. By the year 2010, when all baby boomers are age 45 and older, this number will increase to 20 million.

Macular degeneration is the leading cause of NEW cases of legal blindness, followed by glaucoma (except congenital), diabetic retinopathy and cataracts.

Cataract – a leading cause of blindness throughout the world – accounts for the most frequent surgical expense to the Medicare/Medicaid budget.
OPHTHALMOLOGY GRAND ROUNDS are held on the 1st and 3rd Friday mornings
(September - May) at 7:00 am in the Boettcher Auditorium,
3rd Floor of the Rocky Mountain Lions Eye Institute • Anschutz Medical Campus

The University of Colorado Denver School of Medicine is accredited by the Accreditation Council for
Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Join our email list to be notified of upcoming lectures or events.

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<td>ANNE COLEMAN, MD, PhD, University of California, Los Angeles</td>
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<td>January 15, 2010</td>
<td>ROBERT LEE KRamm, MD, FDA Center for Devices</td>
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<td>February 5, 2010</td>
<td>SCOTT WHITCUP, MD Allergan, Inc.</td>
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<td>February 19, 2010</td>
<td>SHERI DeMARTELAERE, MD, Brooke Army Medical Center</td>
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<td>March 5, 2010</td>
<td>RETINA</td>
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<td>MARK BLUMENKRANZ, MD, Stanford University</td>
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<td>April 2, 2010</td>
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<td>PROF BALASUBRAMANIAN, L V Prasad Eye Institute, India</td>
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<td>May 21, 2010</td>
<td>MINA PANTCHEVA, MD Department of Ophthalmology, University of Colorado</td>
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<tr>
<td>June 12, 2010</td>
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The University of Colorado School of Medicine is accredited by the Accreditation Council for Continuing Medical Educa-
tion (ACCME) to provide continuing medical education for physicians. The University of Colorado School of Medicine
designates these educational activities for a maximum of 1.5 AMA PRA Category 1 Credits(s). Physicians should only
claim credit commensurate with the extent of their participation in the activity.
FACULTY LISTING

Our full time faculty at the Rocky Mountain Lions Eye Institute is comprised of Ophthalmologists with specialties that serve all your ophthalmic needs – www.eyeinstitute.org

David Ammar, PhD
Assistant Research Professor
Ophthalmology/Physiology & Biophysics

Jeffrey Bennett, MD, PhD
Professor
Neuro-Ophthalmology

Jon Braverman, MD
Clinical Professor
Comprehensive Ophthalmology

Rebecca Braverman, MD
Assistant Professor
Pediatric Ophthalmology & Strabismus

Robert Bremer, MA, PhD
Instructor
Psychiatry/Ophthalmology

Steven Britt, MD
Associate Professor
Cell and Developmental Biology
Ophthalmology

David MacKenzie, MD
Associate Professor
Glaucoma

Naresh Mandava, MD
Professor and Chair
Vitreoretinal Diseases

J Mark Petrash, PhD
Professor and Vice Chair, Research
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