

Eye to Eye

Fall 1998

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Living with Glaucoma

A Conversation with Edith Marks, author of Coping with Glaucoma

When I was in my early fifties, I experienced flashes of lights in both my eyes. An eye exam revealed that I had holes in both my retinas. I had laser surgery to rectify the condition and drops were prescribed as a follow up. When I returned for another exam, I discovered that I now had glaucoma in both eyes, and that I had lost some vision in my left eye. My doctor prescribed eye drops to treat my glaucoma, and I was sent on my way.

I didn't consult a glaucoma specialist and, in fact, I didn't have a follow up exam for about a year. When I did, I found out that glaucoma had now claimed some of the sight in my left eye. Within three years, my right eye also succumbed to glaucoma, but by then I was told that I needed laser and filtration surgery to preserve the eyesight in my left eye. At the time, I was leading an extremely busy life. My job as a trainer of teachers in special education was very demanding and, like many working women, I put my work, my family and my home ahead of my own needs. So, I went through with the treatment of the left eye and subsequently, laser treatment to my right eye while trying to ignore my glaucoma until much later in my life.

After retirement, glaucoma became an important issue for me, requiring that I establish some coping mechanisms. My knowledge of the disease had been sketchy. I became more and more intrigued with the subject matter, and I decided that I wanted to learn as much as I could about it. Glaucoma then became a real focus in my life. I joined a support group and started researching medical and pharmaceutical information, and investigating how diet and exercise can affect our eyes. I also began to write and edit a newsletter for the support group in which I attempted to make glaucoma understandable for other people. In fact, I began to devote much of my time to helping others cope with glaucoma. It was at this point that I decided to take all the information I had learned from doctors and glaucoma patients, and write a book. I actually put aside my first love -- writing novels -- to work on a nonfiction book about glaucoma.

In a strange and wonderful sense, glaucoma has been a gift. It helped me discover that I was capable of learning a whole new discipline. It enabled me to develop a second, very interesting and rewarding career. And, during the last couple of years, it has made my life extraordinary. I have appeared on television and radio talk shows. I have been honored by prestigious organizations for my work in glaucoma and my work as a volunteer who helps those with the disease.

Perhaps the strangest development has been that, despite the fact that I lost some vision in both my eyes, glaucoma has made me a much healthier person. This is the result of my focusing on the health aspects of glaucoma. I started to see the disease in a different light. It is not just an affliction of the eyes. Like any medical ailment, glaucoma is a condition of your mind and your attitude as well as your body. There is much evidence to show that

a healthy diet and regular exercise can help reduce pressure and keep glaucoma under control.

For my part, I have increased my intake of vegetables and fruits, and have eliminated meat except for small amounts of chicken and fish (the oils in fatty fish are essential for glaucoma patients). Because of my age, I have added some dietary supplements in order to improve my body's ability to absorb food nutrients. I use meditation to relax and focus on myself. I took up walking -- sometimes I walk as much as three to five miles in a day - - and I also exercise at night. I can honestly say that I am healthier than people 20 to 30 years younger than I. And, my husband has benefited from my healthy lifestyle as well. He eats better, exercises more and has regular eye exams for glaucoma.

Over the years, I had filtration surgery on my right eye and a second filtration surgery on my left eye. My glaucoma is now controlled with drops only in my left eye. I recently had cataracts removed from both eyes. At one point, I thought I would lose my vision altogether, but now I feel that I'll be able to maintain my eyesight for the rest of my life.

If I were to point to one thing you need to cope with glaucoma, I would say it is an optimistic attitude. If you have that, you will be able to deal with anything. Although your doctor's advice is crucial for your treatment, you must also do things for yourself. You must make your life more healthful by eating properly, reducing stress and exercising. Glaucoma patients need to take charge of their own conditions.

Now, when I look back on my life, I realize that if I had given more time for myself and reduced my stress, I might never have gotten glaucoma. But I also know that glaucoma forced me to make my life healthier and probably has prevented me from getting other diseases. If you believe that there is a purpose in everything that happens to us in life, perhaps this is why glaucoma came my way. Now, I hope to use my experience to help others. Do any of the following affect glaucomatous conditions, raise intraocular pressure (IOP) or make glaucoma medications less effective?

Medications:

HIV/AIDS treatments and medications?

Not that we're aware of.

Hormones (oral contraceptives and/or menstrual cycles)?

Hormones in oral contraceptives and/or hormone replacement therapy (estrogen and progesterone) could affect IOP, some positively and others negatively. Certain patients have indicated that their pressure readings have fallen and risen consistently according to their menstrual cycles. Additionally, acute angle-closure attacks in some young women have been correlated to their menstrual periods. On the positive side, however, a study of selected women with open-angle glaucoma who have taken a combination of estrogen and progesterone have experienced a lowering of their IOP. You should discuss the possibility of any hormonal issues with your eye doctors.

Cortisone products?

Cortisone products can sometimes raise IOP. IOP can rise in glaucoma patients within one day or a few weeks, depending on the individual.

Over-the-counter cold and allergy medications?

Various drugs, which can cause dilation of the pupil and suddenly cause angle-closure attacks, promote the development of chronic angle-closure in susceptible patients with very narrow angles. Drugs prescribed for such diverse conditions as depression, allergy, and systemic hypertension can cause elevation (and reduction) of intraocular pressure, pupillary dilation and lens swelling.

A patient with narrow angles or previously undiagnosed angle-closure glaucoma is in particular danger. However, this applies only to people with undiagnosed or untreated narrow angles. It does not apply to patients with open angles or patients who have already been treated for angle-closure.

Over-the-counter nose sprays?

Only long-term sprays with steroids need to be monitored closely.

Sleeping pills/supplements?

At regular doses, they do not pose a threat.

Viagra?

The enzyme in the penis inhibited by Viagra is similar to an enzyme in the retina, which is also inhibited. As a result, patients taking Viagra may see blue lights or get bluish vision from inhibition of this enzyme. It lasts a few hours and so far has not been shown to have any permanent effects. The package does indicate that Viagra can affect eyes, but the effect --if any-- on glaucoma specifically is undetermined at this time. Right now, it's believed that Viagra is safe to take while on glaucoma medications.

Androstenedione (muscle building supplement which raises testosterone levels)?

Not that we're aware of.

Conditions:

Heart arrhythmia?

No, but there is evidence that glaucoma is related to obstruction of the blood supply to the optic nerve, and this may be related to arrhythmia.

High blood pressure?

This is a controversial issue right now. Half of the studies say yes, the other half no. As always, communicating with your doctor is essential; let your doctor know your blood pressure level and discuss any specific questions with him or her.

Stress?

There is no evidence in the literature to connect stress with glaucoma. However, the subject has been explored minimally. Because acute and chronic stress affect levels of steroids and other hormones, it is quite possible that some connection will eventually be shown. More research is needed here.

Head trauma?

No one knows for sure, but there is some evidence that individuals with pigment dispersion syndrome (PDS) can experience a rise in pressure from such a trauma.

Lifestyle Options:

Sugar intake?

Not that we're aware of.

Fluid intake?

Although fluid intake is good, glaucoma patients should not drink as much as one quart of water within 15-30 minutes. This could cause a rise in IOP.

Alcohol?

While in some individuals a drink or two has been known to lower IOP, this positive effect lasts only a brief time and provides a misconception that IOP is being controlled, when in fact it is not. While patients should not look at alcohol intake as a treatment, a few drinks should not be harmful to a glaucoma patient.

Caffeine?

For years it was thought that caffeine had no effect on IOP, except in rare instances. Now, with the concept of non-pressure dependent factors (such as constriction of the veins or arteries and ocular blood flow), the question is in debate again, since caffeine can affect blood flow. There is no conclusive answer, but too much caffeine is not recommended -- especially if you have cardiovascular problems or migraines.

Smoking?

It is undetermined at this time. There is some evidence that smoking can be bad for glaucoma patients through its effect on constricting blood vessels.

Monosodium Glutamate (MSG)?

Eating food containing MSG, as far as we know, is not detrimental to glaucoma patients. This is different from having elevated glutamate levels within the eye, which has been found to be associated with increased IOP and harmful to those with glaucoma.

Niacin vitamin supplements?

Taking this supplement at the manufacturer's suggested limits should be okay. The supplement could help blood flow to the optic nerve, which is important for glaucoma patients.

St. John's Wort?

Not that we're aware of.

Activities and Environments:

Exercising?

The answer varies depending on the type of exercise being done. Aerobic exercise can temporarily lower IOP. Lifting heavy weights can raise IOP, so caution is indicated. Head and/or shoulder stands are not recommended for patients with substantial vision loss; glaucoma patients should completely avoid upside down activities.

Scuba diving?

Caution should be exercised while scuba diving.

Looking up or down for long periods of time?

Not that we're aware of.

Playing horn instruments?

Some studies have shown a correlation between playing the oboe, trumpet, and french horn and high IOPs. If you play a horn instrument and have a high IOP, discuss the correlation possibilities with your doctor.

Dark rooms for long periods of time (such as movie theaters)?

Pupillary dilation in a darkened room can cause angle-closure in susceptible individuals, raising the intraocular pressure or even triggering an angle-closure attack. However, just as with over-the-counter medications, this problem does not apply to people in whom angle-closure or narrow angles have been treated by iridotomy or to people with open-angle glaucoma.

Living at high elevations?

Studies have shown that living at high elevations can raise IOP, but we're not yet sure by how much. Living at high elevations is different from traveling on a plane (a controlled atmosphere), which compensates for the changes in altitude and does not affect IOP.

There are other questions about Glaucoma and Your Health that we are unable to answer here because of space limitations. In our next issue of Eye to Eye, we will cover topics including:

- alternative therapies or herbal treatments
- allergic reactions to preservatives in medication
- the use of anesthesia in surgery
- cosmetic surgery

From the Desk of the Executive Director

THE MANY FACES OF GLAUCOMA AWARENESS

In earlier columns I have discussed the daunting communications challenge of how to effectively encourage everyone, everywhere to have routine comprehensive eye exams -- the key to preventing blindness from glaucoma. There are many levels to the challenge: competing with an almost infinite array of other messages; dispelling myths which mislead people to think there's no reason for them to have regular eye exams; attaining a high priority on the "to-do" list of busy people (namely, all of us); enabling access to eye examinations and treatments; and supporting the life-long process of following through on treatment plans established by the doctor and the patient.

Achieving glaucoma awareness calls for more than just publishing an excellent newsletter and cooperating with reporters from the leading national and local news media (as we do). It requires an unending search for more and more creative ways to make contact with people -- to find people where they are -- and surprise them with the good news (that a simple, quick and painless test can save their sight) as well as the bad (that glaucoma can lead to blindness, and when it does, it almost always could have been avoided).

How, then, to capture the imagination of the public and convert information about glaucoma into sight-saving action? Here are three upcoming opportunities for spreading the message to "get tested."

- November is National Diabetes Month. As a sponsoring organization of the National Eye Institute's (NEI) National Eye Health Education Program (NEHEP), The Glaucoma Foundation is committed to educating people about the connections between diabetes and eye diseases. (Diabetes is a risk factor for glaucoma.) Forty thousand diabetic patients will lose their vision this year. If you are interested in conducting a diabetic eye disease awareness event, or would like to receive information on diabetic eye diseases, please contact us.
-
- January, 1999, will be the Second Annual National Glaucoma Awareness Month. The Glaucoma Foundation, both on its own and as a sponsoring organization of NEHEP, is leading the charge to encourage regular, comprehensive eye examinations and awareness about the disease throughout the country. Of the 4 million Americans who have glaucoma, half of them don't even know it, and some are gradually losing vision that cannot be restored. If you would like to organize an educational event in your area, or would like to disseminate literature to your colleagues or community groups, plan in advance and order free materials from The Foundation. Via our website, we will keep you posted about The Foundation's activities, and ways in which you can participate.
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- The Glaucoma Foundation's Minority Outreach Screening Program will be launched in conjunction with National Glaucoma Awareness Month this coming

January. Our first event targeted at educating and screening people of African descent (who are 4-6 times more likely to develop glaucoma, and who go blind from the disease more often and at earlier ages), will be held in Central Harlem, New York during the latter half of the month. Free glaucoma examinations and literature about the disease will be available during the day. Representatives from other health organizations will also be present to answer questions and distribute information. Our website and our hotline representatives will be able to answer more questions about the date, time and location as January approaches.

Through these and other initiatives, working together, we can reach our goals of early detection, treatment, and prevention of blindness from glaucoma.

4th Annual Glaucoma Golf Classic Tees-Off

Making Progress Toward a World Without Blindness

Nassau Country Club was once again the gathering site for The Foundation's golf enthusiasts for The 4th Annual Glaucoma Golf Classic on Monday, August 10th. Clear skies and balmy weather made for a perfect setting at this historic location in Glen Cove, New York, and when the tournament director signaled the start, 130 participants were ready and eager to begin. By the end of the day, all the players were eager to reach the Club House where a delicious dinner awaited them. After greetings from the Honorary Chairman, Tony Lo Bianco, were delivered, prizes were awarded to the tournament winners (see winners list on this page) and the raffle produced many surprises including the most popular prizes -- two stuffed bears from The White Bear Company. At the end of the day, we were able to announce the good news that The Classic had exceeded its net goal of \$15,000! First-time Committee Chairman Vic Silverman said the success of the outing was a credit to all the participants and thanked them for their support. Mr. Silverman's efforts have introduced many new friends to The Classic and he has agreed to serve as the Tournament Committee Chairman in 1999.

Don't forget to mark your calendar for the 5th Annual Glaucoma Golf Classic -- Monday, August 16, 1999 at Nassau Country Club.

Message from the Honorary Chairman

Friends and Fellow Golfers:

As Honorary Chairman, it is my pleasure to welcome you to Nassau Country Club for the 4th Annual Glaucoma Golf Classic. My regrets for not being able to join you today, I am currently in Toronto filming a movie. I would sincerely like to extend my thanks to all of you for your support of this wonderful event for a very worthy organization, The Glaucoma Foundation. I look forward to being with you next year. My best wishes for a great golfing day.

Sincerely, Tony Lo Bianco

The Winners Corner

Individual Low Gross Score

John Madden

Individual Low Net Score

Vic Silverman

Individual Ladies' Low Net Score

Lia Pi

Low Gross Foursome

Yogi Anzai, John Cashwell, Peter Sirusas and Ron Vallengia

Low Net Foursome

Art Byram, Dana Meyer, Rich Silverman and Vic Silverman

Ladies' Long Drive

Theresa Vigilante

Men's Long Drive

John Lajek

Closest to the Pin

5th hole -- Bernie Cusack

10th hole -- Dave Santry

16th hole -- James Kawai

Most Accurate Drive

Gerald Jones

Most Honest Player

Terry Gately

The Classic Underwriters & Participants

The continued success of The Glaucoma Golf Classic is the result of the hard work and support of many individuals and companies. We extend our deepest appreciation for their efforts, especially:

Continental Airlines, the official Airline of the Glaucoma Golf Classic

The Ronnie Davis Group

Plaza Construction

ACC Construction

Advanced Drywall

Altus Metal & Marble Maintenance

American Express

Arista Printing

Stephen Barkin

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The Peninsula Spa
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Rosenberg Selsman & Co.
Security Delivery Services
Shelly Siegel
The Sutton Place Hotel Chicago
Wade Electric, Inc.
Windsor Court Houston
Rich Wood
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Staff
Frank Keefe, Eric Grady, Chef Ralph, Masoud, Janice and the dining room crew

The Tournament Committee

Tony Lo Bianco, Honorary Chairman

Victor M. Silverman, Committee Chairman

George F. Aquila

Leonard N. Bernardo

Rose Birtley

Art Byram

Joseph K. Collins

Mary Jane DaPuzzo

Peter DaPuzzo

Bebe G. Doyle

Patrick McHugh

Dana Meyer

Jolene P. Mirena

Sheldon M. Siegel

Richard Silverman

Ron Valeggia

Rich Wood

Tips To Help Glaucoma Patients

- Manage your Glaucoma
- Be Pro-Active & Informed
- Effectively Maintain Your Prescribed Treatment Plan

Medication Spacing

You may need to take more than one eye drop medication at a time. The medications are most effective when spaced at least 10 minutes apart.

Refrigeration

While it is not necessary to refrigerate most eye drop medications, it may be helpful to store your eye drop medications in the refrigerator; the coldness of the drop will tell you when the medicine makes contact with your eye.

Traveling with Medications

If you are traveling to a location where a refrigerator is not accessible, it is still possible to continue your treatment effectively. Bring a new bottle of your medication(s) on the trip and try to store the bottle(s) in a dark, cool area (for example, under a pile of clothing). When you return home from this trip, the bottle(s) should be thrown away as a precaution. Whether or not you are required to refrigerate the medication or are doing this for the coldness of the drop, transferring an open bottle back and forth between a refrigerated and non-refrigerated environment is not recommended.

Journal

Maintaining a journal with your medication schedule and lists of treatments and doctors will help you discuss your treatment with your doctor.

List of Medications

Carrying a list of your medications, identifying how much and how often your prescribed treatment calls for will be helpful. In case of an emergency, the availability of this information could make a difference. Additionally, such a list could serve as a reminder to patients who have a difficult time remembering their multi-medication regimens.

Patient-Doctor Communication

The relationship between a patient and his or her doctor is vital. As a patient, it is your responsibility to discuss any side-effects and lifestyle decisions with your doctor to ensure that your doctor is setting the best course of action for you. It is also your right to ask your doctor about various treatment options and to question why your doctor has selected a specific treatment plan for you.

Support

Community support groups can play an important role in helping you understand glaucoma and how best to live with the disease.

Sunglasses

Protecting eyes from ultraviolet rays (UVA and UVB) can help you deal with light sensitivity that could be caused by medications. Yellow tinting can improve the effectiveness of your sunglasses.

Computer Options

Using a monitor filter to reduce glare and enlarging the font can benefit any individual with low vision or concerns for eye health. Make a concerted effort to blink frequently -- blinking helps to prevent dry, tired eyes.

Fifth Annual Think Tank on Optic Nerve Rescue and Restoration Charts New Territory

The Glaucoma Foundation's Scientific Think Tank on Optic Nerve Rescue and Restoration continues to chart new territory in pursuit of its ultimate goal of eradicating blindness from glaucoma. The international gathering, which brings together scientists and researchers from a broad range of disciplines for a two-day open exchange of ideas, has historically influenced how scientists direct their research. Just two years ago, the Third Annual Think Tank produced a consensus among scientists worldwide that future research should move its focus from the front of the eye to the optic nerve and the various circumstances that can damage the optic nerve and the nerve cells at the back of the eye. Convening in New York City on September 25 and 26, the participants dug still deeper into the unsolved mysteries of glaucoma, focusing on different layers of the retina and the various cells that are all possible sources of damage to retinal ganglion cells -- the crucial nerve cells which transmit visual information from the eye to the brain and which are destroyed in glaucoma.

While much recent research has concentrated specifically on the retinal ganglion cells -- what they do, what keeps them healthy, and what makes them die -- it is known that several other cell types surrounding the ganglion cells interact with them in a series of complex relationships. This year's Think Tank examined how these other types of cells of the eye, chemical components in those cells, the extracellular matrix (a gelatinous substance for cell adhesion and communication), and the adequacy of blood supply, all impact on the health and survival of the retinal ganglion cells.

For example, two retinal cell biologists looked at the function and physiology of Müller cells which, when healthy, are actively involved in maintaining proper glutamate levels. When dysfunctional, however, excessive glutamate builds up around the cells and plays a toxic role in the death of retinal ganglion cells. Other scientists reported on astrocytes, basic cells that support the ganglion cells. If damaged, or destroyed, the ganglion cells for which they are responsible for keeping healthy will also die. Still other participants addressed the role and interaction of photoreceptors, which perceive light and process impulses for the ganglion cells to receive; retinal pigment epithelium cells, which provide nutrients and impact on macular degeneration; the biology and role of the extracellular matrix in glaucomatous damage; and the cell biology and degeneration of blood vessels, which supply the cells with necessary oxygen and nutrients.

By learning how all these cellular elements impact one another, and understanding the mechanisms by which the ganglion cells and nerve fibers die, scientists will eventually be able to take the next giant step towards protecting the nerve cells from damage and one day actually reversing visual loss.

Through its collaborative and groundbreaking Think Tank, The Glaucoma Foundation continues its role as a catalyst, bringing together the best and the brightest cell biologists, neuroscientists, geneticists and specialists from other disciplines, and encouraging them to share their expertise so that the route to a cure will be shortened.

Think Tank Sponsors

The Glaucoma Foundation Salutes The Sponsors of the 1998 Scientific Think Tank:

Alcon Laboratories, Inc.

Allergan Pharmaceuticals

Pharmacia & Upjohn (Sweden)

Foundation Awards Three Grants for Medical Research

The Glaucoma Foundation is pleased to announce grants to the following individuals for glaucoma research:

Greg Maguire, Ph.D.

Pre- and Post-Synaptic Mechanisms of Glutamatergic Neuroprotection in Glaucoma
(Renewal)

In glaucoma, the mechanisms that damage the optic nerve are unknown. We do know from research that glutamate (a chemical normally used to transmit messages between nerve cells within the retina) levels have been shown to be abnormally high in the gelatinous mass in the interior of the eyeball (vitreous). These high levels have been shown to be sufficient to induce long-term neurotoxicity, leading to the death of retinal ganglion cells. The sources and mechanisms underlying this increased level of extracellular glutamate have not been described comprehensively. The purpose of this grant is to observe the role of glutamate in glaucoma and the sources and mechanisms of this glutamate release.

Vincent Raymond, M.D., Ph.D.

Structure/Function Relationships of the Trabecular Meshwork Inducible Glucocorticoid Response (TIGR) Protein

Dr. Raymond's research project will lead to a better understanding of the mechanisms by which the TIGR protein causes glaucoma. The TIGR protein, or "trabecular meshwork inducible glucocorticoid response protein," is a newly identified gene mutation located on chromosome 1. This mutation is causing glaucoma in one huge family. Only one copy of the mutation, on either the paternal or maternal chromosome 1, is required to become affected. Surprisingly, when one person carries one copy of the mutation on both chromosomes 1, he/she is normal. The experiments are aimed at determining why these individuals who carry two copies of the mutation are unaffected. It is believed that the TIGR protein may form complexes that interact together in such a manner that the mutation in one subunit of the complex will counteract the effect in another subunit. The research will use the techniques of molecular biology to study how mutations affect the structure and function of the TIGR protein. Characterization of this mechanism may lead to new therapeutic approaches.

Michael A. Walter, Ph.D.

Mutational and Functional Characterization of PITX2, the Gene Mutated in Axenfeld-Rieger Syndrome

Mutations of PITX2, a gene that is very similar to a class of developmental control genes, cause Axenfeld-Rieger Syndrome (ARS), a disorder of the anterior (front) segment of the eye, which is also associated with defects in the development of the jaw, teeth and umbilicus. Juvenile-onset glaucoma, which develops in over 50% of ARS patients, is the most serious consequence of this disorder. Dr. Walter's research will investigate the function of the PITX2 gene, in order to better understand its role in eye development and glaucoma. This research will not only yield information on how the eye forms, but could also lead to better and earlier treatment of patients suffering from ARS and other forms of glaucoma.

A Thank You to Our Donors

(gifts received June 1 through August 31, 1998)

The Glaucoma Foundation is pleased to acknowledge the following individuals, corporations, and foundations who have made substantial contributions to support our many programs.

Alcon Laboratories, Inc. for sponsoring the 1998 Scientific Think Tank

Allergan Pharmaceuticals for sponsoring the 1998 Scientific Think Tank

Jesse H. Barkin

Mr. & Mrs. Stephen D. Barkin

CIBA Vision

Allen Jacobson for our Medical Research Program

Mr. & Mrs. Carl Lefkowitz

Albert B. Millett Memorial Fund

Doris & Isaac Moinester

Pharmacia & Upjohn (Sweden)
for sponsoring the 1998 Scientific Think Tank

Periagaram K. Rajasekaran

Charles Schwab Corporation Foundation
Tribute Gift Program

For her thoughtful planning on behalf of The Glaucoma Foundation, we gratefully acknowledge:

The Estate of Johanna Encenberger

Tribute Gift Program

The Glaucoma Foundation is pleased to acknowledge the following Tribute Gifts, which provide valuable financial support for The Foundation's many projects, and recognize the special individuals in the lives of our donors.

In honor of :

Martin Richmond from Mr. & Mrs. Sam Dame

In memory of:

Christeena Arends from Rev. Peter Borzeka

Dorothy Connell from Jennifer Blair, Blanche L. Clarke, Carole M. Funt, Hewlett Packard Medical Products Group, Mr. & Mrs. Ronald E. Hoover, Sr., Mr. & Mrs. William Sousa, Adele G. Tokarz, and Charlotte M. Tyson

Ruth & Al Corwin from Mr. & Mrs. Abraham Tafler

Mary Florence D'Avignon from Mr. & Mrs. Frank DuPuy, Miller, Ellin & Company, and

Mr. & Mrs. Harold L. Stevens

Max Imberman from Mr. & Mrs. Richard Sherman

Helen Larson from Dorothy P. Vascimini

Elton Shorman from Rose, Klein & Marias

To receive a Contribution Package or Tribute Gift Program Package or to make a donation by phone, please call The Foundation's Development Office at (212) 504-1902. Minority Outreach Program receives grant from The New York Community Trust
The Glaucoma Foundation is pleased to announce that The New York Community Trust has made a one-year grant of \$10,000 in support of the Minority Outreach Program (MOP). This pilot project, which was described in the Summer 1998 issue of Eye to Eye (volume 8, number 3), was established by a leadership grant from the Allene Reuss Memorial Trust. The first screening and event for the MOP program is scheduled for January 1999 during National Glaucoma Awareness Month. For more information about the Minority Outreach Program activities, please call 212-504-1481; for information on how you can support the MOP program, please call 212-504-19

The Readers' Corner

Dear Glaucoma Foundation:

My husband and I are both retired, in our middle 70's and living on a very fixed income. The work you are doing is wonderful and being afflicted with glaucoma for three years and using eye drops to control same, I am hoping and praying one day a cure will be found.

I appreciate the literature I receive, especially the Eye to Eye publication and being able to call and get additional information by phone from your office.

Bless all of your staff, physicians etc.

Most respectfully,
Gertrude Tanenhaus
Brooklyn, NY

We invite all of our readers to comment, respond or state their views about glaucoma, the newsletter, or The Glaucoma Foundation in "The Readers' Corner." Letters can be published anonymously if desired. We are eager to hear what you think about what we are doing and hope to hear from you soon!