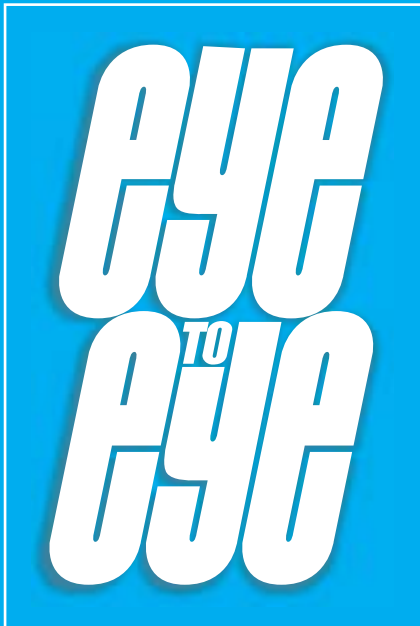


# THE NEWSLETTER OF THE GLAUCOMA FOUNDATION

SPRING 2001, VOLUME 12, NUMBER 1



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## Philadelphia Phillies Pitcher Names TGF as Charity of Choice

**W**e are pleased and honored to announce that Philadelphia Phillies Pitcher Wayne Gomes has selected The Glaucoma Foundation as his charity of choice. Glaucoma has become an important issue to Mr. Gomes since the birth of his son, Miles, in August of last year. Miles was born with glaucoma, but we're told that early surgery was able to preserve a great deal of his vision. Little Miles has been fitted for glasses and is doing very well. We will keep you updated on our work with Mr. Gomes and his wife Melissa in future editions of *Eye to Eye*.

*EYE TO EYE* is published by The Glaucoma Foundation to help our readers better understand glaucoma, its causes and treatments. While every effort is made to ensure the accuracy of this information, please consult your eye doctor for treatment and care of your eyesight.

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The Glaucoma Foundation gratefully acknowledges the contributions of the following individuals and companies whose support makes this newsletter possible:

ANNETTE GOLIA  
Editor

ERIC NEUNER & RYAN OBERMEYER  
ON company  
Design & Coordination

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PMG

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## From the Chairman's Desk

By Gregory K. Harmon, M.D.



Spring is finally here, bringing change. The Glaucoma Foundation is experiencing change too. After five and a half years of unparalleled excellent leadership, Executive Director John W. Corwin has moved on. Replacing him will be extremely difficult, but the search is underway. Meanwhile, our wonderful professional staff continues without missing a beat.

The new year began at TGF with an energetic, very successful National Glaucoma Awareness Month (NGAM) campaign. Our public relations team laid the groundwork by sending out scores of public service announce-

In addition to raising global awareness about glaucoma through such traditional media, TGF reaches out through the "new media." Recently there have been TGF stories on medical Web sites and those of *USA Today* and the *New York Daily News*.

ments to major market radio stations throughout the United States. Not only were these messages aired (we know because the stations mailed back post cards confirming it), but there were follow-up interviews on several of the stations with TGF's Ali Hodin. Board member and glaucoma specialist Kevin Greenidge, M.D., appeared in a three-minute interview on CBS television's "Early Saturday Morning" and was interviewed on American Urban Radio, broadcast to more than 300 affiliated stations with a large African American audience.

In addition to raising global awareness about glaucoma through such traditional media, TGF reaches out through the "new media." Recently there have been TGF stories on medical Web sites and those of *USA Today* and the *New York Daily News*. We've also posted Internet banners — advertisements appearing on Web pages — during National Glaucoma Awareness Month. Special thanks to [ancestry.com](http://ancestry.com), [medbroadcast.com](http://medbroadcast.com) and [childrenwithdiabetes.com](http://childrenwithdiabetes.com) for their contributions of free banner space on their sites.

We decided that January also would be perfect timing for the year's first COSP — our Community Outreach Screening Program. In partnership with the Newark YMWCA and the UMDNJ-University Hospital, we offered free glaucoma screenings to those who live or work in Newark, New Jersey's largest city, and home to so many at-risk and medically-underserved people, especially those of African descent. Our volunteer doctors were kept busy all day, as more than 220 grateful families and individuals signed up to get checked for glaucoma.

This screening was made possible with generous support from The Healthcare Foundation of New Jersey.

Looking ahead to the summer, TGF will host our annual, invitation-only scientific forum, the 2001 International Think Tank, in July. When 40 preeminent researchers of varied disciplines get together in one room to “think outside the box” and approach the disease of glaucoma in different ways, there are always fireworks and exciting new insights.

We’re also planning exciting new changes for our Web site over the next year, all designed to make TGF’s site *the* leading source for anyone seeking the most authoritative and up-to-date information on glaucoma. I’m currently in the process of developing a new Education and Communication Committee, which will be charged with making this vision a reality.

For *Eye to Eye* readers who are afflicted with glaucoma or know someone who is, you’ll be pleased to know about two new FDA-approved medications that offer more options for treatment (page 8). The drugs work by draining fluid buildup that usually is a hallmark of glaucoma. And you’ll be especially interested in reading two other hot-topic articles in this issue, two promising breakthroughs funded by TGF research grants (page 4) and exercise and glaucoma (page 6).

I’d also like to update you about three new TGF appointments. Alan G. Weiler, a principal with Weiler Arrow Management, has joined our Board of Directors. New to our Scientific Advisory Board are Martin B. Wax, M.D., professor of Ophthalmology and Visual Sciences at Washington University and Michael A. Walter, Ph.D., Department of Ocular Genetics/Medical Genetics at the University of Alberta, Canada. Welcome to all three



Over 67 million people have it.

THE FOUR FRAMES SHOWN HERE APPEARED IN OVER 1.2 MILLION BANNER IMPRESSIONS DURING OUR NGAM INTERNET CAMPAIGN THIS JANUARY — MORE THAN DOUBLE THOSE OF LAST YEAR. THE BANNERS GENERATED AWARENESS ABOUT THIS INSIDIOUS DISEASE AND BRANDED TGF AS THE PREMIER NONPROFIT IN THE GLAUCOMA FIELD. THEY WERE DESIGNED ESPECIALLY TO ENSURE THAT THE WEB USER COULD BENEFIT FROM OUR EDUCATIONAL MESSAGE WITHOUT EVEN HAVING TO CLICK ONTO ANOTHER PAGE. BUT IN COUNTING THE NUMBER OF PEOPLE WHO “EYEBALLED” THE BANNERS, AS WELL AS THOSE WHO “CLICKED THROUGH,” WE KNOW FOR SURE THAT MORE THAN 20,000 WEB SURFERS CONTINUED ON TO THE TGF WEB SITE, A REMARKABLE NUMBER.



More than half don't know it.

Click here to find out if YOU are at risk.

THE GLAUCOMA FOUNDATION

# On the RESEARCH Front



## NOVEL MECHANISM OF CELL DEATH UNCOVERED

### FIRST GENETIC MARKER FOR GLAUCOMA FOUND

The first genetic marker for glaucoma has been uncovered by a research team at the New England Eye Center, Tufts University School of Medicine, supported in part by TGF. This research, conducted by Drs. Wang, Chintala, Fini and Schuman, may someday help doctors predict a person's chances of developing the disease and could also lead to new treatments for glaucoma. According to findings reported in the March 2001 *Nature Medicine*, the expression of a molecule named ELAM-1 was identifiable in glaucomatous eyes while it was undetectable in normal eyes.

The process, the team suggests, may start with damage to cells within the eye's drainage system, which sets off a signaling pathway called the IL-1/NFκB pathway. This signal then triggers a low expression of the ELAM-1 molecule and certain proteins secreted by cells to regulate immune responses. If this response continues over an extended period of time at a high enough level, it will increase the levels of ELAM-1 in the eye. The end result is blockage of the eye's drain, which causes the buildup of pressure that can damage the optic nerve.

While this marker could eventually be used in a genetic screening, no such test exists yet, as it is not easy to get the necessary tissue samples from the eye. Additionally, the marker cannot be measured in a routine test. Breakthroughs like this provide great hope for the future, but for now, regular comprehensive eye exams continue to be the key to detecting glaucoma in its early stages.

Another research team supported in part by TGF has recently published findings that reveal a novel mechanism of cell death in retinal ganglion cells (RGCs) — the cells which comprise the optic nerve and which die in glaucoma. Drs. Gülgün Tezel and Martin Wax at the Washington University School of Medicine in St. Louis, Missouri, investigated the influences of glial cells (which provide structural and nutritional support to nerve cells in the eye and brain) on the survival of RGCs. Their findings were published in the December 2000 *Journal of Neuroscience*.

Although glial cells are necessary for the growth of RGCs under normal conditions, the team observed that following exposure to various types of stress, glial cells secrete harmful agents, including the chemical TNF-alpha and nitric oxide, that can cause and speed up the death of RGCs. For their studies, they simulated two prominent stress conditions identified in the eyes of patients with glaucoma — ischemia (inadequate bloody supply) and elevated pressure.

The experiments showed that by eliminating the effects of either TNF-alpha or nitric oxide secreted by glial cells, cell death was significantly diminished in RGCs. RGC death was prevented more by inhibiting TNF-alpha than by blocking nitric oxide.

These studies suggest that glaucoma may be as much a disease of glial cell dysfunction as one of nerve cell degeneration. They also suggest that controlling the release of TNF-alpha by glial cells may provide an important therapeutic strategy for protecting optic nerve cells in glaucoma. Dr. Wax is currently conducting a clinical trial using TNF-alpha inhibitors in patients with glaucoma.

## ON THE ROAD TO GENE-BASED THERAPY FOR GLAUCOMA

BY JULIA E. RICHARDS, PH.D., MEMBER OF  
THE FOUNDATION'S SCIENTIFIC ADVISORY BOARD

The last decade has brought breakthroughs on many fronts of research that have pointed towards genes of importance to glaucoma disease processes.

Advances in genetics, gene expression, cell biology, pathology, and neuroscience have revealed genes that:

- ▶ CAUSE INHERITED FORMS OF GLAUCOMA
- ▶ AFFECT OXIDATIVE STRESS AND EXCITOTOXIC PROCESSES THAT DAMAGE NERVES
- ▶ PARTICIPATE IN THE PROGRAMMED CELL DEATH PROCESS BY WHICH NERVE CELLS DIE IN GLAUCOMA
- ▶ REGULATE DEVELOPMENT, GROWTH AND DIFFERENTIATION OF SPECIALIZED CELL TYPES IN THE EYE
- ▶ ASSIST RE-GROWTH OF DAMAGED NERVES.

Genes in all of these categories are going to be important to our long term understanding of the pathophysiology of the disease. They will also be important to the development of new gene-based therapeutic approaches to preventing glaucoma, stopping progression of glaucoma, and repairing damage from glaucoma. In some cases the answer may be to deliver the right genes, from outside, through a gene therapy delivery system. In other cases, the answer may be to get the patient's own cells to produce the key molecules (or in some cases NOT produce them) through genetic manipulation. Which approach would be needed in a particular patient would depend on what caused their glaucoma and at what stage they are in the disease. An idealistic view of our goals might be to use gene therapy and genetic manipulation to:

- ▶ INDUCE OPTIC NERVE REGENERATION THROUGH ADDITION OF THINGS LIKE KEY GROWTH FACTORS
- ▶ PROTECT THE REMAINING NERVES AGAINST DAMAGE BY REDUCING OXIDATIVE STRESS AND EXCITOTOXICITY
- ▶ PREVENT FURTHER DAMAGE BY TARGETING THE GENE THAT CAUSED THE GLAUCOMA IN THE FIRST PLACE.

In some patients we might someday target the

glaucoma gene itself to prevent the disease from starting. In patients with advanced disease, we may want to do all three.

How close are we to realizing such a dream? Much remains to be done, both in development of gene therapy systems and in the identification of just which genes to target. There is ongoing progress on all of the different fronts needed to advance the field: identification of glaucoma genes, identification of genes involved in damage from oxidative stress and excitotoxicity, identification of genes that encode growth factors and other proteins that can affect damage repair and regeneration of nerves, development of systems for delivering genes into the right cells and tissues, characterization of genetic manipulation processes that will allow targeted genes to produce the right amount of gene product to bring about the therapeutic goals. Gene therapy is a topic that could greatly benefit right now from a new round of interdisciplinary dialogues for exchange of information and ideas.

This year, on July 20th and 21st, Gene Therapy will be the topic of the Eighth Annual Think Tank that will be convened by The Glaucoma Foundation and led by Dr. Robert Ritch, Chairman of The Foundation's Scientific Advisory Board and creator of the Think Tank. The scientific chairs of this meeting, Drs. Curtis Brandt, Rob Nickells, and Terete Borras, have put together an important program on this year's theme: gene therapy and manipulation of gene regulation for treatment of glaucoma.

This meeting will bring together pioneers in glaucoma gene therapy and genetic manipulation systems with gene therapy experts from other fields, geneticists involved in the gene hunt, cell biologists working on both in vitro and in vivo systems, researchers working on the critical biochemical pathways, and clinicians who understand the needs of the patients who would eventually receive such therapy. The successes of past meetings lead us to expect the generation of new ideas and experiments. These will help shape the next steps towards the development of gene-based therapies aimed at the protection, rescue and regeneration of the optic nerve.



# GLAUCOMA

## and Aerobic Exercise:

### Eye Experts Reveal Bonus for Exercising



**“EXERCISE MORE” is right up on everyone’s list of resolutions for the year 2001.**

**B**ut now, there’s an important new reason to head for the gym for aerobic exercise: it can help lower your eye pressure, a significant risk factor associated with glaucoma, the devastating eye disease that is the leading cause of preventable blindness in the United States.

As you’re most likely aware, glaucoma is usually associated with an elevation of the fluid pressure in the front compartment of the eye. Eye pressure is regulated by a delicate balance of production and drainage of fluid. Blockage of fluid flow out of the eye can lead to elevated intraocular pressure and glaucoma, with damage to the optic nerve in the back of the eye, causing vision loss and potential blindness.

“A vigorous workout — with the approval of your physician — could provide an extra bonus if you are one of the 3 million people who have glaucoma, or among the many millions more who are at risk of developing it,” says Robert Ritch, M.D., The Foundation’s Medical Director. “Regular exercise can lower your intraocular pressure, the most significant risk factor for glaucoma. Keeping your pressure down can be very therapeutic.”

Numerous research studies have looked at different types of dynamic aerobic exercise — bicycling, brisk walking, marathon running, jogging,

swimming and gym conditioning — and determined that when exercise is intense, the IOP (intraocular pressure) falls substantially. The degree and duration of pressure reduction differs from study to study depending on the intensity and time span of the exercise. But some studies indicate that glaucoma patients who exercise at least three times a week can reduce their IOP an average of 20 percent.

Researchers in a Portland, Oregon study even concluded that “regular aerobic exercise . . . may represent an effective non-pharmacological intervention for patients suspected of having glaucoma.”

While aerobic exercise can be helpful, Dr. Ritch warns glaucoma patients or suspects against engaging in exercises or sports that have you standing on your head or shoulders or turning your body upside down. “Activities like certain yoga positions, scuba diving and bungee jumping are not advised — they can raise your IOP,” Ritch cautioned.

Also, patients with pigmentary glaucoma, in which pigment debris can be liberated from the iris and clog the drain of the eye, should be tested for pressure elevation after any bouncing-type exercise to be sure that this type of exercise is safe for them.

Drinking plenty of fluids is important before, during and after exercise. But The Glaucoma Foundation Medical Director cautions patients to drink fluids slowly. Drinking a quart of water within 15 to 30 minutes can cause a rise in IOP; patients with glaucoma should be especially cautious. “Although there is no need to limit your total fluid intake, use common sense as to how fast it goes down,” he says.

# YOUNG AND UNDER PRESSURE

UPDATE FROM

*Aaryn E. Sanders*



I'd like to update you about the YUP — Young and Under Pressure — program. As you may know, YUP was launched in

July 1999 by The Glaucoma Foundation to provide a support group for young people like me who have been diagnosed with glaucoma. What's really different about YUP is that it's an interactive community and it's the first of its kind targeted specifically to young glaucoma patients under the age of 35.

Each time a new member joins us and expresses gratitude about finding a place where we can support and reassure one another that we are not alone, I'm reminded that YUP has exceeded my original expectations. I'm proud to say I helped with the launch. As we go to print for this newsletter, there are 91 members of YUP and membership is truly global (representing 16 countries). Members currently range in age from 10 to 35.

I'm sure that some of the issues we discuss also affect people over the age of 35 who have the disease. But as someone who was diagnosed as a teenager, I have to say it makes all the difference in the world to know that someone my age, who shares my experience, is only an e-mail away. I'd like to share with you a few of the e-mail messages I think capture this sentiment. The first one was posted by me and the others are from fellow YUPers. Each of these messages provoked thoughtful on-line conversations.

*I'm in a management class and we have to create our resumes. I'm in a quandary about what to do with my volunteering for The Glaucoma Foundation. I'm very proud of what I do and the support group I started, but I'm afraid that if a potential employer reads that it will give them cause to discriminate against me....I really don't want my glaucoma to hinder my prospects but I also don't want to act ashamed of it when I'm not. — AARYN*



*As some of you might already know, I'm sixteen years old, and since I found out I have glaucoma (in my left eye) back in January, I'm questioning whether or not it is wise to pursue a drivers license. If I do, I suppose it is necessary to tell them of my condition, but they might not even allow me to take any tests if I do. Does anyone out there drive? — TINA*

*I'm glad that you said what you did about friends sometimes not realizing how serious glaucoma is! I've only told a few of them, but the same thing is true for me. They either never mention it, or seem to forget completely! I don't talk about it much, hardly ever actually, because I don't want people treating me differently or pitying me, but sometimes I do wish that people would take it a little more seriously, or remember that I can't see well when we are walking places at night, etc. I guess that it is difficult to find that perfect balance of "how much to talk about it." — LAURA*

I also want to tell you about a new YUP forum created as a special place for parents and relatives of young children with glaucoma. This interactive community, which began last summer, was initiated by TGF when it became apparent that there was a real need for such a support group. Of course, parents and relatives are still welcome to join YUP — they would probably learn a lot from reading our e-mails about our experiences and asking us questions about certain things their children may be feeling. But this new forum, called YUP.Parents, offers parents and relatives a separate place to share their experiences as family members. They also use this support group to ask questions or express concerns about surgery expectations and the medical treatment of their children, many of whom are too young to be in YUP.

*(continued on back cover)*

## TWO NEW DRUGS APPROVED BY THE FOOD AND DRUG ADMINISTRATION (FDA)

PLEASE NOTE: IT IS NOT THE GLAUCOMA FOUNDATION'S ROLE TO ENDORSE ANY PRODUCT, TREATMENT OR SURGERY, BUT TO HELP YOU IDENTIFY AND UNDERSTAND YOUR OPTIONS. IF YOU ARE INTERESTED IN USING EITHER OF THESE NEW DRUGS, YOU SHOULD CONSULT YOUR EYE DOCTOR.

**O**n March 16, 2001, two new medications for treating glaucoma were approved by the FDA. Both drugs are indicated for patients with open-angle glaucoma or ocular hypertension who are intolerant of other IOP-lowering medications or who have failed to achieve a targeted IOP using other IOP-lowering medications.

### **Bimatoprost Ophthalmic Solution, 0.03%** (marketed as "Lumigan™" by Allergan, Inc.)

**A**s reported in the Fall 2000 edition of *Eye to Eye*, Bimatoprost Ophthalmic Solution, 0.03%, is a member of a new class of IOP-lowering agents called prostamides (naturally occurring substances found in ocular tissues). In other words, the drug mimics the IOP-lowering qualities of prostamides, increasing fluid outflow through the trabecular meshwork (the eye's drainage system) and also enhancing uveoscleral outflow. This drug is formulated for convenient once-daily dosing, and, unlike some other IOP therapies, this drug does not require refrigeration.

According to Allergan's recent press release, the drug has a "favorable safety profile and was well tolerated by patients." Additionally, "minimal systemic side effects were observed during the 12 months of therapy." The most common side effects reported when taking the drug once-daily were (occurring in

approximately 15-45% of patients): conjunctival hyperemia (an excess of blood in the conjunctiva), growth of eyelashes, and ocular pruitus (itching).

### **Travoprost Ophthalmic Solution, 0.004%** (marketed as "Travatan™" by Alcon Laboratories, Inc.)

**T**ravoprost Ophthalmic Solution, 0.004%, represents a class of drugs called selective FP prostanoid receptor agonists, which increase uveoscleral outflow, thereby reducing IOP. Although its mechanism of action is unknown at this time, the recent Alcon press release says that the drug was approved "as safe and effective for the general population" adding that it is also "the first glaucoma drug to demonstrate greater effectiveness in black patients." The manufacturer is not sure whether the higher reduction of IOP in black patients can be attributed to race or to the prevalence of heavily pigmented irides (the plural of iris) among black patients.

The recommended dosage for Travoprost Ophthalmic Solution, 0.004%, is once daily. Among clinical trial patients, the most common side effects reported include (occurring in approximately 5-50% percent of patients): ocular hyperemia (an excess of blood in the eye), decreased visual acuity, eye discomfort, foreign body sensation, pain and pruitus.

**T**HE GLAUCOMA FOUNDATION IS PLEASED TO ANNOUNCE OUR SUPPORT OF A PROPOSED NEW YORK STATE BILL (S.97//A.2067), WHICH CALLS FOR THE LICENSING OF TRAINED PROFESSIONALS AND PARAPROFESSIONALS WHO WORK WITH THE BLIND AND THE PARTIALLY SIGHTED TO RESTORE INDEPENDENT FUNCTIONING. WE BELIEVE THAT THE LICENSING OF THESE PROFESSIONALS WOULD ENSURE SAFETY AND COULD IMPROVE THE QUALITY OF TRAINING FOR BLIND AND PARTIALLY SIGHTED PATIENTS.

AT THIS TIME, THIS LEGISLATION HAS 59 CO-SPONSORS IN THE HOUSE AND 8 IN THE SENATE; IT IS CURRENTLY IN THE HIGHER EDUCATION COMMITTEES OF BOTH HOUSES OF THE NEW YORK LEGISLATURE. IF YOU LIVE IN NEW YORK AND HAVE AN OPINION ABOUT THIS BILL, BE SURE TO LET YOUR STATE LEGISLATOR KNOW!

## 2001 CALENDAR OF EVENTS AND ACTIVITIES

**May 22, 2001 (Tuesday)**  
**Community Outreach  
 Screening Program**  
 Restoration Plaza, Brooklyn

If you are in the New York area and would like to participate in or volunteer for our free community screening in Bedford-Stuyvesant, please call [212-651-2504](tel:212-651-2504) or email [Monique Littles](mailto:Monique.Littles@glaucoma-foundation.org) at: [mlittles@glaucoma-foundation.org](mailto:mlittles@glaucoma-foundation.org).

**June 15, 2001 (Wednesday)**  
**Semi-annual research grants  
 are awarded**

Research grants from the March 2001 application cycle are awarded. Summaries of the funded research projects will be available on our website.

**July 6, 2001 (Friday)**  
**2000 Annual Report Available**

To request a copy of this report, please call our toll-free hotline, [1-800-GLAUCOMA](tel:1-800-GLAUCOMA).

**July 21-22, 2001  
 (Friday & Saturday)**  
**The Eighth Annual Scientific  
 Think Tank: Gene Therapy**  
 The Hotel Inter\*Continental, New York City

By invitation only, scientists from around the world will join us to collaborate on the future of glaucoma research.

**December 4, 2001 (Tuesday)**  
**The 15th Annual  
 Black & White Ball**  
 The Pierre, New York City

This black-tie gala, which raised \$1.2 million last year, is The Glaucoma Foundation's principal fund raising event. For more information on attending and supporting this event to benefit The Foundation, please call our Development Department at [212-651-2509](tel:212-651-2509) or email [Mary Walker](mailto:Mary.Walker@glaucoma-foundation.org) at: [mwalker@glaucoma-foundation.org](mailto:mwalker@glaucoma-foundation.org).

**December 14, 2001 (Friday)**  
**Semi-annual research  
 grants are awarded**

Research grants from the September 2001 application cycle are awarded. Summaries of the funded research projects will be available on our website.

### A TIP FOR GIVING IN TOUGH TIMES

**A**s the stock market climbed, you probably heard from many worthy charities that by making a gift of appreciated securities you can eliminate capital gains tax liability from the sale of the asset and get a tax deduction based on the value of the stock – not your purchase price – on the date it was transferred.

If the current economy has sent some of your assets into a downward spiral, you may be able to sell depreciated securities first, take a *tax deduction on the loss*, contribute the proceeds from the sale to The Glaucoma Foundation and take a *tax deduction on the amount of your gift*. Be sure to consult your financial advisor before making any decisions.

# Recent Developments

## CORPORATE GIFTS

**W**e are pleased and proud to announce that we recently received a very generous gift of \$40,000 from CIBC World Markets through their annual Miracle Day program. Miracle Day is a one-day event held at CIBC's offices worldwide during December. On that day, staff donate all of their fees and commissions to support charitable organizations helping children in communities around the world. In 2000, a record \$11.5 million was raised. We are truly grateful to again be selected as a recipient organization for this wonderful program.

CIBC's Miracle Day funds will help expand our vital research initiatives through our [Children's Right to Sight](#), or [CRS](#), program. CRS is committed to helping infants, children, and adolescents who are diagnosed with [childhood glaucoma](#), which may be inherited and sometimes results in blindness. Children and young adults are generally affected in both eyes and the majority require surgical treatment.

The Glaucoma Foundation firmly believes our best hope for defeating glaucoma—and saving the sight of young people who have already been diagnosed—is research. With this most recent gift from CIBC, The Foundation will fund an innovative research project investigating the genetics of glaucoma.

In addition, Miracle Day funds will also help support our Young and Under Pressure (YUP) program. (For more on YUP, see page 7.) We have many plans for improving and expanding our services for these brave youngsters, and with the help of CIBC, we will now be able to implement them.

We wish to publicly thank CIBC for their considerable support of The Glaucoma Foundation's CRS

and YUP programs, and we applaud their strong tradition of philanthropy in bettering the quality of life for children around the world.

## PLANNED GIVING

**W**e know you share our vision of a world in which no one goes blind because of glaucoma. In fact, it is likely that you are very personally concerned about every new development in the field. In this newsletter we keep you informed of new developments in glaucoma research, as well as new and effective ways to prevent and treat this "sneak thief of sight." Yet we all know that there is still a great deal of work to be done.

Advances in research can open up pathways to discovery while moving us into new and complex areas of knowledge — if given significant and sustained support. Perhaps you wish you could play a stronger role in moving this vital work forward by supporting the [Joseph M. and Geraldine C. La Motta Endowment Fund for Glaucoma Research](#) (see next page) but feel that you don't have the means to make a real difference. You may actually be able to have a more powerful impact than you realize. For example:

- ▶ [REMEMBERING THE GLAUCOMA FOUNDATION IN YOUR WILL IS A WAY TO BE SURE OUR WORK CONTINUES BEYOND YOUR LIFETIME FOR THE BENEFIT OF YOUR HEIRS, WHO MAY BE GENETICALLY AT RISK FOR GLAUCOMA.](#)
- ▶ [LEAVING A PORTION OF THE REMAINDER VALUE OF YOUR RETIREMENT PLAN TO THE GLAUCOMA FOUNDATION COULD SAVE YOUR ESTATE FROM BEING PUT INTO A HIGH ESTATE TAX BRACKET, AND ULTIMATELY MEAN MORE INCOME FOR YOUR HEIRS.](#)
- ▶ [DONATING APPRECIATED ASSETS TO THE GLAUCOMA FOUNDATION IN THE FORM OF A TRUST COULD GIVE YOU AN IMMEDIATE TAX DEDUCTION FOR THE CURRENT MARKET VALUE, WHILE GENERATING A LIFETIME INCOME FOR YOU OR A BENEFICIARY YOU DESIGNATE.](#)

Depending on your income and your needs, there are a variety of trusts and other vehicles which can enable you to give more than you thought. We recommend discussing all of these possibilities with your financial advisors. The Glaucoma Foundation can provide you with information to help you get started. Please check the boxes on the coupon below or call Bonnie Osinski for more information, at 212-651-1700, or email her at: [bosinski@glaucoma-foundation.org](mailto:bosinski@glaucoma-foundation.org).

**THE JOSEPH M. AND GERALDINE C. LA MOTTA ENDOWMENT FUND FOR GLAUCOMA RESEARCH**

In 1997, The Glaucoma Foundation created a research endowment fund in honor of Joseph M. and Geraldine C. La Motta, two of The Foundation's

leading benefactors. Mr. La Motta, now Chairman Emeritus, joined The Glaucoma Foundation Board in 1990 and became Chairman and CEO in 1992. Over the years he has been a driving force behind The Foundation's expansion and development as a leader in glaucoma. Together with his wife Geraldine, Mr. La Motta has provided inspiration and tireless leadership for The Foundation in its quest to eradicate blindness from glaucoma. The La Motta Endowment Fund, which will ensure the continuation of cutting-edge glaucoma research — regardless of economic climate — is being maintained in perpetuity. The interest is being used to support pioneering research, the principal to serve as a guarantee of continued financial health. To contribute to The Fund, please contact the Development Department at 212-651-1700.

**WE NEED YOUR SUPPORT!!**

**YES**, I want to help The Glaucoma Foundation create a world without blindness. Enclosed is my tax-deductible contribution of:

- \$25             \$35\*             \$50
- \$100            \$250            \$500
- \$1,000         Other \$ \_\_\_\_\_

\* Your contribution of \$35 or more will entitle you to a full year's subscription to *Eye to Eye*.

NAME \_\_\_\_\_

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Please send me more information on:

- Making a Will that Works
- Giving Through My Retirement Plan
- Effective Giving in 2001

In order to locate additional supporters for The Glaucoma Foundation, we occasionally trade mailing lists with other nonprofit organizations. If you prefer not to receive mailings from other groups, please check the box below. Thank you.

Please do not share my name with other organizations.

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*We're very proud of the way we manage our funds! The Glaucoma Foundation meets Better Business Bureau Standards for Charitable Solicitation as of Summer 2000, our last review. A copy of our annual report is always available from our office. Please contact us if you would like a copy. In addition, The Glaucoma Foundation is required to file financial information with several states. Nine of those states will provide copies to their residents upon request by contacting the offices listed on the back cover of this newsletter.*

116 John Street, Suite 1605  
New York, New York 10038



SPRING 2001



**YOUNG AND UNDER PRESSURE**

*(continued from page 7)*

In just six months, YUP.Parents (of course there are grandparents and aunts and uncles too!) has grown to 34 members from around the world. Joining this forum is as easy as joining the original YUP: just visit The Foundation's Web site ([www.glaucoma-foundation.org](http://www.glaucoma-foundation.org)) and click on the YUP icon. From there, it's just a few short steps to becoming a member. If you have any questions, please contact the YUP Administrator, **La Keysia Huger**, at 212-651-2504 or email her at: [lhuger@glaucoma-foundation.org](mailto:lhuger@glaucoma-foundation.org).



A COPY OF THE GLAUCOMA FOUNDATION'S ANNUAL FINANCIAL REPORT MAY BE OBTAINED UPON REQUEST BY WRITING TO THE FOUNDATION AT 116 JOHN STREET, SUITE 1605, NEW YORK, NY 10038 OR BY RESIDENTS OF THE STATES LISTED BELOW FROM THE APPROPRIATE STATE AGENCY. FLORIDA: A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE , 1-800-HELP FLA (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. MARYLAND: INFORMATION FILED UNDER THE MARYLAND CHARITABLE ORGANIZATIONS LAWS CAN BE OBTAINED FOR THE COST OF POSTAGE AND COPIES FROM THE OFFICE OF THE MARYLAND SECRETARY OF STATE, STATEHOUSE, ANNAPOLIS, MD 21401 OR BY CALLING 410-974-5534. NEW JERSEY: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 201-504-6215. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. NEW YORK: A COPY OF THE LAST ANNUAL REPORT FILED MAY BE OBTAINED UPON REQUEST IN WRITING TO THE OFFICE OF THE ATTORNEY GENERAL, DEPARTMENT OF LAW, CHARITIES BUREAU, 120 BROADWAY, NEW YORK, NY 10271. NORTH CAROLINA: A COPY OF THE LICENSE TO SOLICIT CHARITABLE CONTRIBUTIONS AS A CHARITABLE ORGANIZATION OR SPONSOR AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DEPARTMENT OF HUMAN RESOURCES, SOLICITATION LICENSING BRANCH, BY CALLING 919-733-4510. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. PENNSYLVANIA: THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF THE GLAUCOMA FOUNDATION MAY BE OBTAINED FROM THE PENNSYLVANIA DEPARTMENT OF STATE BY CALLING TOLL FREE, WITHIN PENNSYLVANIA, 1-800-732-0999. REGISTRATION DOES NOT IMPLY ENDORSEMENT. VIRGINIA: OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF THE GLAUCOMA FOUNDATION MAY BE OBTAINED FROM THE STATE DIVISION OF CONSUMER AFFAIRS, DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES, P.O. Box 1163, RICHMOND, VA 23209. WASHINGTON: REGISTRATION AND FINANCIAL REPORT INFORMATION MAY BE OBTAINED FROM THE CHARITIES DIVISION, OFFICE OF THE SECRETARY OF STATE OF WASHINGTON, OLYMPIA, WA 98504-0422 OR BY CALLING 1-800-332-4483. WEST VIRGINIA: WEST VIRGINIA RESIDENTS MAY OBTAIN A SUMMARY OF THE REGISTRATION AND FINANCIAL DOCUMENTS FROM THE SECRETARY OF STATE, STATE CAPITOL, CHARLESTON, WV 25305. REGISTRATION DOES NOT IMPLY ENDORSEMENT.