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OPHTHALMOLOGY &
OTOLARYNGOLOGY

Looking Back Seeing Forward



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Ophthalmologist Michael Drake, MD becomes 15th President of The Ohio State University



LEFT TO RIGHT: Dr. Carla Ford, Dr. Michael Drake, future resident Amenze Angel, Dr. Gloria Fleming, Dr. Carol Laxson, Dr. Thomas Mauger, and Dr. Paul Weber



Dublin Location

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Dublin, OH 43016

Eye & Ear Institute Location

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Columbus, OH 43212

CarePoint East Location

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Welcome Doug Smith

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Rebecca Kuennen, MD
Andrea Sawchyn, MD
Cate Jordan, MD

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Outreach Intern - Noah Ohr

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Micro Optics

Big changes in a small package

It's strange to think that something the size of a pea is promising to revolutionize patient care, but that is precisely the case with the new implantable telescope. It fits easily on the tip of your finger, but when implanted into the eye, has the ability to magnify images and afford patients with age-related macular degeneration (AMD), a second chance at sight.

For patients who have lost their central vision due to AMD, the newly FDA approved telescope from VisionCare™ may expand their options and provide the opportunity to regain some of what they have lost to AMD.

Normally, light enters the eye through the cornea (clear front of the eye), and is bent by the natural lens suspended behind the pupil, and finally focused onto the retina (the light sensitive tissue in the back of the eye). AMD is a degenerative condition which results in the loss of the photosensitive cells of the macula, the part of the retina responsible for central vision, reading, and fine details.

Some patients with AMD may go their entire lives without losing any vision at all, while other patients are severely affected and lose a great portion of their central vision, and everything in between.

"The one thing about AMD is your vision doesn't go completely black," said Matthew Ohr, MD, a retina and cornea specialist. "So, in the most severe cases you lose central vision, which can have a big impact on things like reading, but you're still able to get around because you

have peripheral vision that still allows you to see objects in the edges of your vision. Still, losing central vision in both eyes can be a very big challenge."

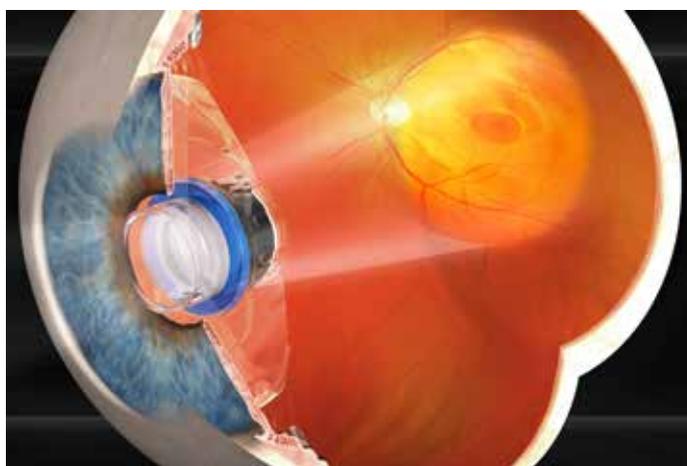
The new implantable telescope is designed to be embedded into the natural lens of the eye during cataract surgery in place of the standard intraocular lens that is used in most cataract surgeries. The telescope magnifies an image to cover a larger portion of the retina and allowing patients to see around blind spots caused by AMD. The Ohio State University Havener Eye Institute is one of only a handful of selected sites in the country that are actually able to offer the telescope to patients.

"Cataract surgery has made huge advancements in the past few years," said Thomas Mauger, Department Chairman and a cornea specialist. "This telescope lens is another step in the evolution of the lens implant. By implanting a telescopic lens, AMD patients will be able to see in ways they never could with a standard lens implant."

While the idea of magnifying images to compensate for areas of decreased vision is not novel (some early

references date back to 424 BC), most of these devices are large and cumbersome. The implantable nature of this new telescope offers many obvious advantages, but some patients might not be candidates because they are unable to adapt to the way the telescopic lens magnifies an image in only one eye. If they cannot adapt, the only way to reverse the procedure is to surgically remove the lens.

Before being selected as a candidate, a patient has to go through a lengthy pre-screening process, the CentraSight® program, which requires coordination between a patient's primary care physician, their ophthalmologist, occupational therapy, and low vision services. As part of the screening process, patients are given an external telescopic device to simulate the effect of the telescope after implant. That way, they can experience what it would be like to have the telescope all the time in one of their eyes.



"This is an important part of the candidate's occupational therapy," said Dr. Ohr. "They get to preview what it would be like to see through a telescope all the time. They also get to see the value of having one implanted instead of external. Since the telescopic lens is inside the eye, you don't have a bulky set of glasses to wear all the time and keep track of and it can't get lost in the couch cushions."

The telescope might not be able to help everyone, but for those who are good candidates, it can make all the difference in daily living.

"Any type of lens implant advancement is exciting," said Dr. Mauger. "However, there is a lot of potential to be seen with the telescopic lens. We are very excited to be one of the few sites to be able to offer this innovative option to patients with advanced AMD."

From the inventive lens design to expanding AMD patient care options, the tiny device is pioneering big change in the field of ophthalmic care. While there is much to look forward to with these future innovations, the better news is that a population of patients who previously did not have much to hope for, are seeing the world in a whole new light.



New Research Studies You may be eligible!

CRVO Macular Edema Study

An NIH study will compare the drugs aflibercept (Eylea®) and bevacizumab (Avastin®) for treatment of macular edema (swelling in the macula) due to central retinal vein occlusion (CRVO). The retina is the light-sensitive tissue in the back of the eye while the center part of the retina, macula, is used to read or see fine detail. Macular edema causes decreased vision.

Wet AMD Study - Age-related Macular Degeneration (AMD) is the leading cause of blindness in people over 50 years of age. It is caused by the breakdown of the central portion of the retina (the light-sensitive tissue in the back of the eye) called the macula. An investigational (not FDA approved), new drug for wet AMD is being studied in combination with other AMD medications.

Geographic Atrophy AMD Study

We are conducting a clinical trial to evaluate a drug called lampalizumab for patients with geographic atrophy (GA), a form of dry age-related macular degeneration (AMD). GA causes progressive damage to the macula, the central region of the retina (inside the eye), which is involved in seeing the fine details associated with reading, driving, and recognizing faces. In this study, participants will get either lampalizumab or sham injections.

FOR MORE INFORMATION:

Call Andrea Inman 614-293-5287 or Jill Salerno at 614-293-9161 or email research@osumc.edu.

Jerry Colp

Grateful patient continues to provide new glaucoma testing equipment

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Jerry Colp is truly a grateful patient. He has been a steady force providing new equipment at the Havener Eye Institute for many years. He visits Paul Weber, MD several times per year and is passionate about the doctor who helped him with glaucoma—a sight-stealing disease. Jerry lost some of his vision to the disease and wants to prevent others from experiencing his same plight. His goal is to save eyesight in as many patients as possible.

The SPECTRALIS®, the most recent piece of equipment he helped us to acquire, is used by all physicians across the department, but Jerry's interest lies with the glaucoma capabilities. Jerry enjoys seeing equipment used in real life situations. During a private demonstration, he asked many questions and was thrilled to learn about its potential to help thousands of future patients.

In appreciation for Jerry's philanthropy, the Department recently hung a plaque near the patient testing area to honor his generosity and valued commitment towards saving the eyesight of current and future patients.

Jerry Colp and Paul Weber, MD



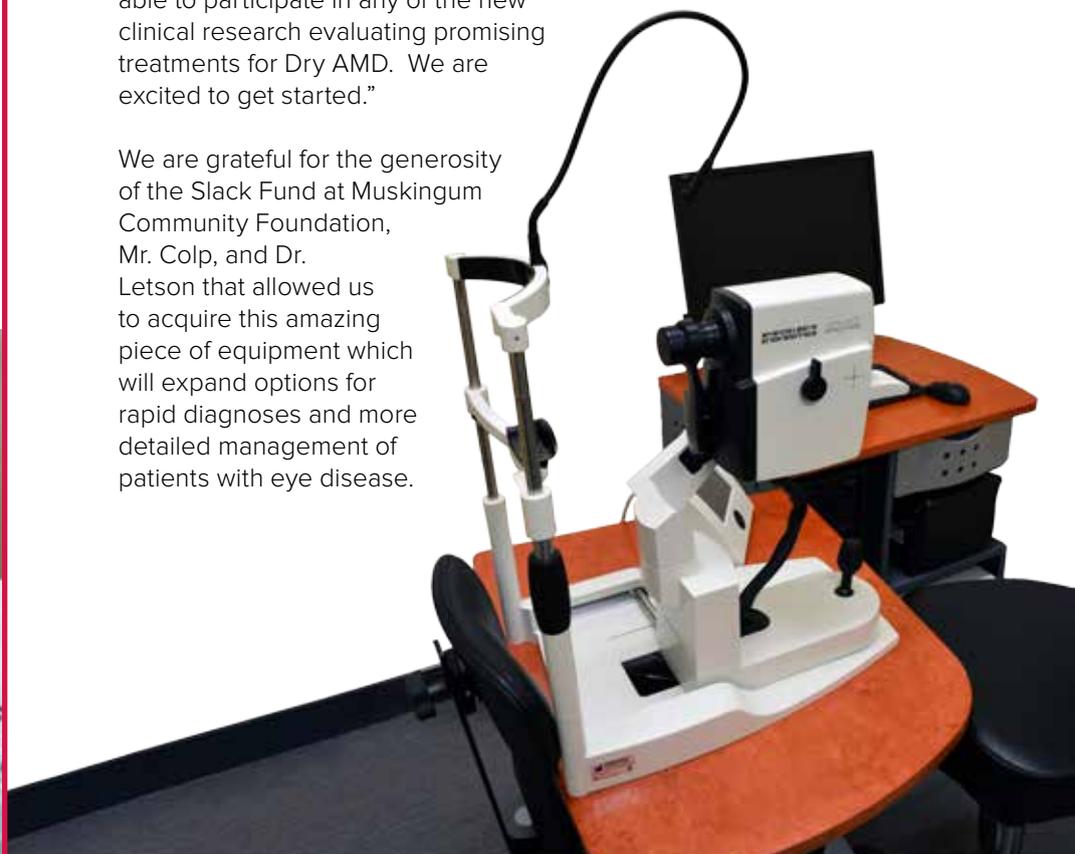
New Heidelberg SPECTRALIS®

Due to the combined generous support of the Sarah Slack Fund at Muskingum Community Foundation, Jerry Colp, and Dr. Alan Letson, OSU can proudly announce the addition of a Heidelberg SPECTRALIS® to its imaging division. With its multi-functional imaging capabilities, the SPECTRALIS® is helping drive the development of novel treatments and changing the course of eye disease management.

The SPECTRALIS® provides high resolution ocular imaging of the retina, choroid, cornea, and anterior chamber. The imaging capabilities include standard retina photography along with wide angle images, video angiography with both Fluorescein and ICG dye, and state of the art fundus autofluorescence imaging. The SPECTRALIS® also provides high resolution spectral domain Ocular Coherence Tomography (OCT) imaging that permits identification of subcellular level structures within the retina. Additional software for imaging of the optic nerve, useful in diagnosing and managing glaucoma, has also been acquired.

“The SPECTRALIS® is not only an everyday ‘workhorse’ for managing our current patients with wet AMD [macular degeneration] and other retinal diseases,” said Dr. Letson, a faculty member and long-time donor, “but, it provides the capabilities needed for participation in the current wave of AMD research and clinical trials. It’s exactly what the late Dr. Havener and my former patient, the late Sarah Slack, whose generosity has contributed significantly to our mission, would have wanted. It’s like the ‘Holy Grail’ to finding a way to either treat or prevent vision loss from macular degeneration, especially Dry AMD. Without the SPECTRALIS®, we would not be able to participate in any of the new clinical research evaluating promising treatments for Dry AMD. We are excited to get started.”

We are grateful for the generosity of the Slack Fund at Muskingum Community Foundation, Mr. Colp, and Dr. Letson that allowed us to acquire this amazing piece of equipment which will expand options for rapid diagnoses and more detailed management of patients with eye disease.



Taking on Glaucoma

The region's largest glaucoma team is combatting blinding eye disease

With over 100 years of combined experience, the six glaucoma specialists at the Havener Eye Institute are well positioned to handle any patients who may be afflicted with this potentially blinding disease.

Glaucoma refers to a group of diseases that result in damage to the optic nerve, the structure that connects the eye to the brain. Glaucoma causes a type of optic nerve damage called cupping that can lead to peripheral vision loss (blind spots in the patient's side vision, when severe is referred to as tunnel vision). Most forms of glaucoma do not have symptoms in the early stages. As this disease progresses, the vision loss becomes noticeable and can, in some cases, result in blindness. Therefore, early detection of this disease is critical and can help prevent irreversible vision loss.

Drs. Paul Weber, Frederick Kapetansky, Andrea Sawchyn, Gloria Fleming, Shelly Jain, and Mark Slabaugh form a dynamic team of fellowship-trained, board-certified glaucoma specialists. They provide the highest quality, compassionate care for patients utilizing state-of-the-art equipment to help detect and treat glaucoma. They are also committed to helping patients understand their disease and personalize their treatment strategy.

Improving the care of glaucoma patients through research is a top priority. The glaucoma division has participated in many national studies including the Ocular Hypertension Treatment Study (OHTS) and Advanced Glaucoma Intervention Study (AGIS). In addition, several promising, investigator-initiated studies are on the horizon.

The diagnostic equipment at Ohio State is as advanced as it comes, including a variety of optic nerve imaging devices (spectral domain OCT, HRT, etc), high resolution anterior segment ultrasound, and a Paschal tonometer.

OSU is one of the only facilities in the Columbus area with anterior segment ultrasound capabilities. The Avisio anterior segment ultrasound provides high resolution images of the structures just behind the iris (colored part of the eye). This equipment helps OSU specialists evaluate atypical cases of angle closure glaucoma as well as screen for tumors in the front part of the eye.

The RTVue Premier OCT provides non-contact images of the front of the eye. The Pascal tonometer (also known as a dynamic contour tonometer) is an instrument that measures the eye pressure in a way that is thought to be less affected by the softness or stiffness of the cornea than the standard Goldmann tonometer. It can be particularly helpful in evaluating and treating certain types of glaucoma, including normal tension glaucoma and some secondary forms of glaucoma.

OSU is leading the charge against glaucoma with specialists that diagnose, treat, and manage a wide spectrum of glaucomatous disease; use the latest technology; and participate in research to remain on the forefront of developments in glaucoma care. Discover the Glaucoma Specialists at the Eye & Ear Institute.

Looking Back Seeing Forward

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Medical education and training has greatly evolved in recent history. To become a doctor in the 1800's, a student apprenticed with an individual physician, so methods and training varied widely depending on the teaching physician. Medical training began transitioning from the apprenticeship model to the medical school model—which utilized multiple physicians cross-training and a more standardized curriculum.

In 1820, the town of Chagrin, Ohio decided to support a medical school. Together with several physicians who had completed apprenticeships with Dr. Westel Willoughby, they founded the Willoughby Medical College. Due to the close proximity to Western Reserve, Willoughby Medical College was later relocated to Columbus and became the Willoughby Medical College of Columbus. With a large grant from Lynn Starling in 1848, the institution was renamed Starling Medical College. In 1907, a splinter group from Starling called the Ohio Medical University rejoined to form the Starling Ohio Medical College.

Founded in 1870, The Ohio State University had wanted to become connected with a medical school. In 1914, Starling Ohio Medical College joined Ohio State and became The Ohio State University College of Medicine. Becoming part of an established university translated into a well-organized program that strictly adhered to educational policies.

At that time, Otolaryngology and Ophthalmology were a combined specialty under the chairmanship of Dr. John Edwin Brown, a nationally renowned dual specialist. In 1915, he became president of the American Academy of Ophthalmology and Otolaryngology—a professional society which did not officially split until 1978.

Dr. Hugh Beatty, an otolaryngologist, acted as chairman of the combined department for six years from from 1923 to 1929, until, recognizing the need for specialization, he saw to it that the two disciplines became separated.

In 1929, Dr. Albert Frost, an ophthalmologist, became first chairman of the Department of Ophthalmology. During that time, the department functioned primarily as a source of eye care and provided relatively elementary teaching for the medical students. Formal instruction, which was divided among the faculty, consisted of three hours each week for one quarter. The students attended the outpatient clinic, helped document histories, make diagnoses, and give treatments.

In 1945, the ophthalmology residency program was established with full-time residents contributing to the clinical and teaching program. In November of that year, Dr. Frost passed way in an unfortunate automobile accident, and Arthur Culler, MD succeeded him as Chairman.

When Dr. Culler began his 14 year tenure, the Department was training only one resident per year, which eventually was expanded to four per year. Under his leadership, the Department grew to several subspecialty divisions, numerous community faculty staffing the clinic, and almost 20,000 patients a year being seen in the clinic. Dr. Culler also established one of the first ophthalmic pathology laboratories in the country under the direction of Torrence Makely, MD.

When William Havener, MD stepped in as Chairman in 1959, he transformed the growing Department from a community-based department with outside faculty staffing the clinics to a geographic department with dedicated faculty who worked at the university full-time.

With Dr. Makely as Chairman in 1961, he continued Dr. Havener's work to expand the faculty and diversify the residency training. During this time, Dr. Makely saw the addition of Richard Keates, MD (cornea), Elson Craig, MD (pathology), Frederick Kapetansky (glaucoma), Martin Lubow, MD (neuro-ophthalmology), and Frederick Davidorf, MD (retina).

"Dr. Havener became chairman again in 1972," said Alan Letson, MD, current Residency Director. "I was here in June of 1976 as a med student and I saw amazing things. The first Argon laser was uncrated. I saw Dr. Davidorf perform the first vitrectomy. We had early ultrasound equipment. The Zeiss Xenon-arc Photocoagulator had a serial no. of 2. It was just amazing."

Paul Weber, MD was named Chairman in 1988. At that time the residency program became more standardized with five residents a year and the Department joined the SF Matching Program, which places applicants into residency programs across the country. Under Dr. Weber, the Department grew exponentially adding multiple faculty to each subspecialty, including Thomas Mauger, MD, who would eventually become Chairman in 2004.

Since his appointment ten years ago, Dr. Mauger has been able to streamline the multiple subspecialty divisions into one centralized department. With the move to the Eye & Ear Institute in 2009, all of the subspecialties, testing, and surgery became housed under one roof. The residency program was expanded to six residents per year. The educational process and the content are significantly more regulated and standardized for fellows, residents, and medical students.

As the Department celebrates a century since its formation, another exciting innovation in education has been implemented by the Accreditation Council for Graduate Medical Education (ACGME). A 10-year pilot program across all residencies will evaluate a new measure, known as milestones. In the past, residents had to accomplish certain goals each year of their three-year residency and achieve certain levels of experience. Then, it was felt that they were ready to practice in the real world. It was organized by seniority and by year. Now, with milestones,

instead of being categorized chronologically, residents are being assessed by their degree of competence.

"This is the next evolutionary stage in education," said Dr. Letson. "Now, a resident might achieve a graduation-level competency in certain tasks their first year and other tasks might take them three years. There are still a lot of questions that need to be answered, but the goal is to have people finish their training when they are competent to go out into the real world and practice. If successful, milestones could result in better prepared ophthalmologists and better care for patients."

Looking back at all of the changes to the Department and to medicine, it is exciting to think of what lies in our future and to be able to be a part of the next 100 years of excellence in ophthalmology.



New Residents

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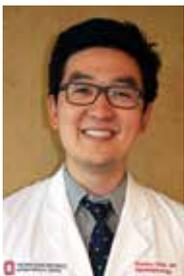
Suzanna Billinghamurst, MD
BS - University of Colorado, Boulder
MD - University of Colorado



Christopher Minning, MD
BS - The Ohio State University
MD - University of Toledo



Tyler Oostra, MD
BS - The Ohio State University
MD - The Ohio State University



Stanley Park, MD
BS - University of California, San Diego
MD - The Ohio State University



Javed Sayed, MD
BS - Indiana University
MD - The Ohio State University



Melissa Tripoli, MD
BS - University of Miami
MD - Temple University



LEFT TO RIGHT: Drs. Megan Chambers, Ellen Miller, Mary-Abigail Craven, John Welling, Lindsay Adam, and Sarah Escott.

Congratulations Graduates Residency Class of 2014

Megan Chambers, MD will complete a glaucoma fellowship at the University of Iowa in Iowa City.

Ellen Miller, MD is headed to Nationwide Children's Hospital for a pediatric ophthalmology fellowship.

Mary-Abigail Craven, MD will be staying at The Ohio State University, Havener Eye Institute for an Oculoplastics, Neuro-Ophthalmology, and Orbital Disease fellowship.

John Welling, MD is bound for Atlanta, Georgia for a cornea fellowship at Emory University.

Lindsay Adam, MD, is joining a private practice in Wilmington, North Carolina to practice comprehensive ophthalmology.

Sarah Escott, MD will travel to Northwestern University in Evanston, Illinois for a uveitis fellowship.

OSU Welcomes New Faculty

Jean Kassem, MD and Mark Slabaugh, MD

Jean Kassem, MD, our newest addition to the Neuro-Ophthalmology and Oculoplastics Division, hails from Canada where his multilingual parents taught him the value of communication from an early age.



“Growing up, my parents both spoke different languages, so I developed the ability to listen well and communicate well,” said Dr. Kassem. “It’s one of my strengths in patient care. So, my patients can expect me to listen and really help them understand their condition and the solution for it.”

As a child, Dr. Kassem had developed an interest in cameras and photography which led him to discover the similarities between cameras and the human eye. He was intrigued and began studying optics. He maintained this interest through his collegiate years; first at Georgia State University in Atlanta, GA where he graduated Summa Cum Laude; then at Barry University in Miami Shores, FL where he earned a Master of Science in Biomedical Science; and finally at the medical school at the Ruprecht Karl University of Heidelberg in Germany. His enthusiasm for vision never waned, however he wanted to remain open and explored other possibilities.

“When I started medical school I thought, ‘You haven’t really looked into everything else yet. Let’s just keep an open mind and look at all the specialties,’” Dr. Kassem reflected, “I did, and I stuck with ophthalmology.”

Dr. Kassem completed his ophthalmology residency at Tulane University Medical Center in New Orleans where he was elected chief resident. After residency, he came to The Ohio State University Haver Eye Institute to train under the direction of Steven Katz, MD. Having completed a two-year fellowship in Oculoplastics, Neuro-Ophthalmology, and Orbital Surgery, Dr. Kassem has joined the faculty as a knowledgeable and versatile ophthalmologist, eager to help patients with a wide variety of ocular conditions.

Mark Slabaugh, MD, a glaucoma specialist, grew up in Homer, Alaska; a town over 3000 miles away. He headed east and earned his Bachelor of Science degree from Hope College in Holland, Michigan. He then returned to the West Coast to study medicine at the University of Washington in Seattle. After graduation he traveled to Columbus, OH where he completed his internship at Riverside Methodist Hospital. Another move west seemed to settle things. He completed his ophthalmology residency at the University of Washington and a glaucoma fellowship at the University of British Columbia. Finally, he joined the ophthalmology faculty at the University of Washington. However, family ties convinced him to make Ohio his home and bring his passion for helping eye patients to the Buckeye State.

“Vision is perhaps one of our most prized senses,” says Slabaugh, “and when patients lose vision from any type of condition, the ability to recover that, or the means to maintain the current level of vision that they do have can be tantamount to maintaining a high quality of life.”



Dr. Slabaugh is also dedicated to patient understanding and anticipates spending a “significant amount of time” in helping patients be knowledgeable about their condition.

“Not only do I want patients to understand glaucoma,” said Dr. Slabaugh, “but I am heavily invested in making them a part of the care team—keeping them well-informed of all of the treatment and surgical management options.”

In addition to his thorough patient care philosophy, Dr. Slabaugh is involved in researching glaucoma as a neurodegenerative disease and imaging of the aqueous outflow pathway (the flow of fluid in the front of the eye that helps maintain its shape). Slabaugh perfectly fits into Ohio State’s system of focusing on the quality care of its patients, and will be a valuable asset in meeting that goal.

Perfect AMD Combination?

Combination Therapy Promises to Improve AMD Care

9

The eye is one of the most valued and yet one of the most fragile organs in the body—a fact known all too well to people with potentially-blinding eye diseases like Age-related Macular Degeneration (AMD).

AMD is a condition that affects the light sensitive layer in the back of the eye called the retina; specifically the portion of the retina responsible for central vision known as the macula. Proliferative (or wet) AMD, occurs when abnormal blood vessels begin forming which leak and cause swelling in the retina.

There are a number of AMD medications available, known as anti-VEGF or VEGF-trap, which stop the abnormal growth of these blood vessels. However, several recent studies have raised concerns about the long-term effectiveness of these medications alone.

Now, a new multi-center clinical trial, called the Solaris Study, is evaluating current AMD medications used by themselves and in combination with Fovista (a platelet-derived growth factor medication) which may increase the effectiveness of anti-VEGF medication by making the abnormal blood vessels more susceptible to the treatment.

“The exciting part is that in phase one and phase two trials, Fovista showed significant improvements above and beyond what is the standard of care already offered for treatment,” explained Dr. Ohr, the OSU site’s Principal Investigator.

If the trend seen in the first two phases of research continues, Fovista has the chance of providing more long-term options to patients and help them retain or maintain their vision.

“We’re hoping the continued results are going to be positive as they were during the phase one and two trials,” explained Dr. Ohr, “and if that’s the case then it will offer improvement to what is already a pretty beneficial treatment for our patients.”



Dr. Matthew Ohr



Global Outreach Donation

Dr. Robert Chambers Inspires a Grateful Patient Donation

The Global Outreach Project recently received a generous donation from a grateful patient in honor of Dr. Robert Chambers. The patient, who travels from Cincinnati, wanted to show his appreciation for the many years of excellent care Dr. Chambers had provided to him. He also expressed gratitude for Dr. Torrence Makley who was his first ophthalmologist at OSU beginning in 1976.

“Dr. Chambers keeps you calm when the waters are rough. I’ve had, in my lifetime, a lot of different doctors and he’s the best—not only medically, but also in his understanding of his patients’ needs and concerns and willingness to sit down and discuss situations at any length with them.”

The donation will be used to support Dr. Chambers’ passion for resident education and research by sending ophthalmologists-in-training to underdeveloped countries through the Global Outreach Project. The GO Project was officially launched earlier this year, but its roots run deep. For years, Ohio State-trained ophthalmologists, like Dr. Chambers, have taken residents and traveled to impoverished countries —inspiring a spirit of service in the next generation of eye surgeons.

“Dr. Chambers is very special,” said the anonymous donor. “That’s why I’ve decided to do the donation on his behalf, in his honor, and he was the one that recommended the ophthalmology resident missions. He’s protected my sight since 1987 and today I can still see and live a normal life. It’s my way of saying ‘Thank you.’”

Moment in the Sun

Beach volleyball player, Atila Noronha, speaks out about eye cancer

The dream of athletes around the globe is to stand tall on the Olympic platform bathed in sunlight as their flag waves proudly and their country's anthem brings tears to their eyes. At least that was the dream of Atila Rodriguez Noronha, a Brazilian native and avid beach volleyball player. But, his time in the sun came with a price that could have cost him his life.

From the time Atila was young, he remembers being at the beach. A photo of him at 22 months old shows him and his family at Copacabana Beach in Rio de Janeiro, Brazil, the bright sun causing him to squint—less than two years old and already enduring extensive sun exposure.

Growing up, Atila's entire world was beach volleyball, which meant countless hours outside in the sun. He was never able to wear sunglasses because of the constant jumping required for volleyball, exposing his eyes to direct sunlight almost the entire day.

Atila came to the US to work for McDonald's® Corporation as an Engineering Manager and worked his way up to Vice-President of Operations and Franchising for the Ohio Region.

"One day, I was having a routine checkup with my ophthalmologist at OSU, Dr. Richard Lembach," said Atila, "and the technician looked at my eyes with a microscope and said, 'Oh, there's a little nodule here. Let me call Dr. Lembach.' And, he said, 'Oh, let me call another doctor.' So, you know you're in trouble, right? When you see a wave of doctors coming to the microscope?"

A small mass in his conjunctiva (white part of the eye) was identified, but seemed unlikely to be cancer. The statistics in the US for the squamous cell carcinoma in conjunctiva are very rarely related to people in their early fifties. He did not seem to fit "the profile," but they recommended surgery to be on the safe side. Good thing too, because despite his unusual demographic, the mass did indeed turn out to be cancerous.

"Obviously, Dr. Hendershot might have felt extremely bad about the assumption of it not being cancer," said Atila, "but he told me later that, 'After your situation, I changed my protocol.' Now, Dr. Hendershot is using cancer protocols for all nodules, which I feel good about. I decided, 'Let's be part of the solution together. Let's work together to expand the way we see this disease.' That way, you know, you have a 100% chance to catch it earlier and help people."

True to his word, Atila has encouraged everyone in his volleyball group to have frequent eye exams because they fit



Atila with his mother and sister at the beach

within the same profile. He also has spent a lot of time reading about eye cancer. Article after article says that in the US eye cancer is rarely found in anyone under 75 years old. However, after his experience, he has a new attitude toward statistics and demographics.

"When I moved to the US, I developed some different issues that I would never have developed in Brazil," said Atila. "I used to say that I was a mammal outside of my habitat. I went from 14 hours of sun exposure a day and year round temperatures in the 70s to Columbus with its infrequent sun and variable temperatures. And, when you have the amount of immigrants that you do in the US, you start having exposure to different statistics, a different universe of statistics, and you never know what health issues you'll start seeing."

Atila has returned to his homeland and has taken over as President of Outback Steakhouse® Brazil, but his dedication to helping others at risk knows no boundaries.

"I am sharing my story, my relationship with the sun, and hoping I can help other people," said Atila. "And, I'm more than happy to have my life scrutinized, my health scrutinized, to help others in any way I can."

Now, Atila is back to his Ipanema Beach volleyball pitch, but this time, wearing sunglasses.



Golf Guest Jody Shelley a Hit!

Blue Jacket Helps Raise \$40,000 for Resident Education

Golf legend Jack Nicklaus once said, “The game is meant to be fun.” His words seem particularly true at the 2014 BuckEYE Golf Classic held at Nicklaus’ *alma mater* OSU Scarlet Golf Course. The crisp morning air, perfect for golfing, seemed to put everyone in a good mood from the start. The golfers were more than happy to swing some clubs, sink some putts, and raise some money for the OSU ophthalmology residency program.

A charity event cultivated over nine years with nearly \$400,000 raised; the BuckEYE Golf classic is an important source of support for the OSU ophthalmology residents providing the latest equipment for their training.

“I think the Golf Outing is a big success for the department and especially the residency program,” said Dr. Matthew Ohr, a faculty member and charity golfer. “It helps to provide opportunities for enhancing the training in the Department. I look forward to it every year.”

Upon arrival, the players enjoyed a hearty brunch of steak and hash browns while surveying a wide variety of silent auction items. This year’s special guest was Columbus Blue Jacket Announcer and former player Jody Shelley.

Immediately a crowd favorite with his genuine, laid-back attitude, Jody chatted easily with charity participants. He took photos with attendees and autographed Blue Jacket hockey pucks. He even signed one very special Jody Shelley bobble head brought along by one guest.

“We are always grateful for local celebrities who help us raise money for the residency program,” said Andrew Hendershot, MD, a former resident and assistant program director who is known for his greater than average height. “Despite Jody’s reputation during his hockey career as a fighter, he was very nice, extremely personable, and friendly. And, on a more personal note, he was taller than I expected.”

The fun, however, was only just beginning. A shotgun start signaled the course opening and a steady stream of golf carts spread out toward their designated holes. The next few hours, the beautiful grounds teemed with happy golfers and the satisfying “ping” of their clubs striking golf balls—with only a few clipping the grass instead. The golfers were there to support the charity, but could not resist showing off their skills and, in the case of the foursome with a hole-in-one, showing off a bit of luck as well.

At the conclusion of the golf, the participants gathered for appetizers, golf tales from the day, and the award



LEFT PAGE: Ophthalmology residents with Jody Shelley **TOP:** Residents taking a swing, Drs. Sarah Escott, Megan Chambers, and John Welling
BOTTOM LEFT: Charity golfer and former Blue Jacket RJ Umberger with Tony Deriggi, Steve North, Jody Shelley, and Mike Loy **BOTTOM RIGHT:** Kelly Kern, Kacy Kern, Don Davis, and Roy Whipple

ceremony. Challenge winners were Jon Lange (Long Drive), Elaine Binkley (Longest Putt), Kent Hess (Closest to the Pin). Tournament second- place winners were Don Davis, Kacy Kern, Kelly Kern, and Roy Whipple and first-place winners were Dr. Dave Andereck, Jack Odachowski, Doug Smith, and Dr. Paul Weber.

The success of the BuckEYE Golf Classic is due not only to our wonderful special guest and charity participants, but also through the generosity of our sponsors especially our Presenting Sponsor, Fifth Third Bank.

“Fifth Third Bank is proud to sponsor the BuckEYE Golf Classic and to help support all of the important work that the Eye and Ear Institute does every day to help people,” said Don Beckman of Fifth Third Bank. “Personally, they have helped direct my son to the appropriate location and services for vision assistance he needs at this time. Our community is very fortunate to have this expertise in our own backyard.”

Additional support was provided by our Classic Sponsor, OSU Wexner Medical Center, and our hole sponsors: Arlington Optical, Dick’s Sporting Goods, Dr. Alan Letson, Dr. Sonu & Shelly Jain, Irene Koval, Goodman Uniform Company, Heine, Jack Siebert, Optics Inc., Thrombogenics, and UniPrint. Thanks to all of our sponsors and participants for making the 2014 BuckEYE Golf Classic a success!

Welcome Doug Smith New Development Officer

Originally from Kentucky, Doug grew up with a golf club in his hand, competing in every junior tournament he could. He played collegiate golf for the University of Louisville and then for Florida A&M, where he graduated with a degree in political science. Following college, Doug joined the professional circuit, but found that it was “very, very expensive” to maintain. When his mother passed away after a battle with cancer, Doug turned his attention to a career in development, fundraising to advance medicine.

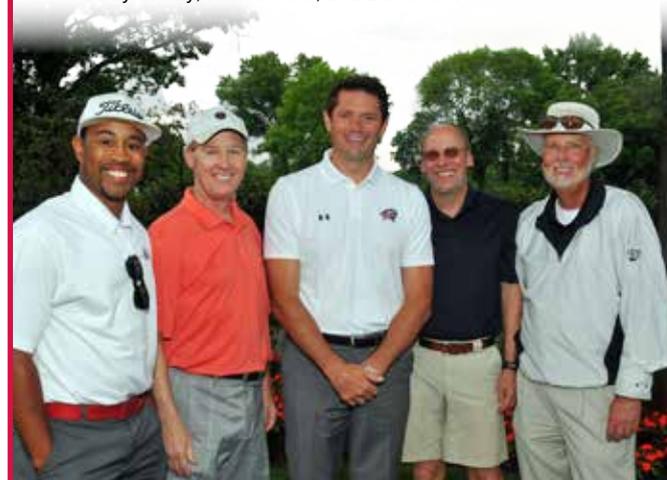
“Now, I have one of the best jobs that you can have,” Doug said. “I get to talk to interesting people every second of every day. People who have been affected by medical difficulties and choose to affect change and get us one step closer to cures.”

While he still plays golf every chance he gets, Doug is excited about being a part of the OSU legacy.

“My goal is to speak with those folks that can make a difference for *our* future,” said Doug. “In development, you’re really as backstage as it gets. My legacy at OSU will be a hidden one, helping put up a new building somewhere or finding funding for a groundbreaking new treatment would be rewarding. I hope to one day look back on my time at OSU and say ‘Hey, I was a part of that.’”

Read the full interview with Doug at eye.osu.edu/give/do or contact him at 614-366-7583 or Doug.Smith@osumc.edu.

FROM LEFT: Doug Smith, Jack Odachowski, Jody Shelly, Paul Weber, and Dave Andereck



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