

President's Message

Preparing Now for a Challenging Funding Future

In mid-October, I joined NAEVR/AEVR Executive Director James Jorkasky and Legislative Counsel John Porter to discuss the current legislative environment and plan for the future. Anything can happen with respect to the federal budget short- and long-term, so NAEVR is not only preparing for these imminent developments but already planning its strategy and key deliverables to make its case for vision research funding in 2012.

For the first time that I can remember, NIH is presenting a number of grant management options that may be necessary in light of reduced funding.

The next few weeks will be critical as the failure of the Joint Select Committee on Deficit Reduction to make recommendations regarding how to cut \$1.2 trillion from the budget over the next ten years, primarily to discretionary and defense spending—the former key to National Institutes of Health (NIH) and National Eye Institute (NEI) funding, and the latter critical for defense-related vision research funding. Unless Congress acts, cuts would be automatic through sequestration.

This process, among other factors, has also delayed completion of Fiscal Year (FY) 2012 appropriations, resulting in what may turn out to be a series of Continuing Resolutions, or a full-year CR. Congress has passed two FY2012 CRs, the most recent on November 18 which funds the government until December 16. Due to Congressionally negotiated spending levels for FY2012 that are below FY2011, the CRs have imposed a 1.503 percent cut on agency funding. As a result, the NEI is currently operating at a funding level of \$690.3 million, which is just slightly above the FY2009 baseline level (absent economic stimulus funding), prior to enactment of a final FY2012 funding bill, if one is even passed.

Although NEI stated at its October 13 National Advisory Eye Council meeting that it had a 29 percent success rate and funded critical programs despite experiencing a \$6.2 million cut in FY2011, further cuts in FY2012 and beyond may

have a “draconian effect,” as stated by NIH Director Francis Collins, M.D., Ph.D. He made that comment at the NIH’s Scientific Management Review Board’s (SMRB) October 26 meeting, where he announced that NIH has posted on its Web site a document entitled *Ways of Managing NIH Resources* and is seeking input. For the first time that I can remember, NIH is presenting a number of grant management options that may

be necessary in light of reduced funding, including reducing the size of awards, limiting the number of awards/amount of funds a Principal Investigator (PI) can hold, and limiting PI salaries. NAEVR is working with ARVO to prepare comments on these options, which will be addressed at the December 21 SMRB meeting and most certainly debated rigorously for the foreseeable future.

The NAEVR and AEVR Boards approved a number of actions at their October 23 meetings that will position the Alliances with deliverables to support eye and vision research funding. These include:

Your Candidates, Your Health: NAEVR has become a sponsor of this Research!America educational program—the only vision organization to do so—in which Congressional and Presidential candidates are asked to provide their positions on medical research.

Cost of Military-Related Blindness/Vision Impairment:

NAEVR is working with Kevin Frick, Ph.D. (Johns Hopkins Bloomberg School of Public Health) to estimate, for the first time, the lifetime costs incurred by all government programs from blindness and vision loss associated with battlefield injuries. This study, expected first-quarter 2012, will complement NAEVR’s key points about defense-related vision research: it is military-relevant, addresses Department of Defense (DOD)-identified gaps, and may be rapidly translated into

Contributor Report

battlefield applications. These data will be important when speaking to the press, as NAEVR has done in October 10 articles in both the *USA Today* and *Military Times* about cuts to defense vision research.

Silver Book: Vision Loss 2.0:

AEVR is updating for release in first-quarter 2012 the initial *Silver Book: Vision Loss*, produced in partnership with the Alliance for Aging Research. This hard copy and Web-based resource will be distributed at each of the six Congressional briefings planned for 2012.

NAEVR and AEVR will need the vision community’s financial support to produce these important deliverables. In that regard, NAEVR and AEVR will issue 2012 renewals in early December, and I urge all members to continue their support for next year. In NAEVR and AEVR we have strong and trusted Alliances that will help guide us through the funding uncertainty of the months—and likely years—to come.

I appreciate your commitment to the Alliances, and I wish all of you a happy and healthy holiday season.

Stephen J. Ryan, M.D.
President, NAEVR/AEVR Boards
sryan@doheny.org



Dr. Ryan with NAEVR Legislative Counsel John Porter

Legislative Scorecard Issues

NEI Reports on FY2011

At its October 13 National Advisory Eye Council (NAEC) meeting and at an October 31 meeting with the Steering Committee of the Ad Hoc Group for Medical Research, the NEI reported the following about FY2011:

- Extramural research accounted for \$603.3 million, or 86 percent, of its \$700.8 million appropriation.
- NEI had a success rate of 29 percent, one of the highest at NIH and far greater than the overall NIH success rate of 17 percent.
- Even with a \$6.2 million cut in FY2011 as compared to FY2010, it was able to fund most programs since it had used the economic stimulus funding in FY2009/2010 to clean up the R01 backlog and extend funding timeframes through revisions and supplements.



Regarding FY2012, NEI noted that it has modeled numerous budget scenarios and has made appropriate contingency plans, and that it will make every effort to “preserve science” by supporting investigator-initiated grants, young investigators, and clinician-scientists.

NAEVR’s James Jorkasky (right) joined colleagues from the Steering Committee of the Ad Hoc Group for Medical Research (a special program of the Association of American Medical Colleges) in meeting with NIH Institute/Center leadership. The October 31 meeting with NEI included (far left) Lore Anne McNicol, Ph.D, (Director of Extramural Research), Marilyn Laurie (Budget Director), Santa Tuminia, Ph.D (Special Assistant to the Director) and (far right) Emily Chew, M.D. (Deputy Director, Division of Epidemiology and Clinical Research) and Debbie Carper, Ph.D. (Deputy Director).

NAEVR Comments on House and Senate Proposals

On September 26, NAEVR issued a statement expressing concern about the Senate bill’s NIH/NEI funding level, especially due to the public health challenges the NEI faces in the *Decade of Vision 2010-2020*. On September 30, NAEVR commended House LHHSS Subcommittee Chair Denny Rehberg (R-MT) for the House draft’s proposed NIH/NEI funding increase. NAEVR focused solely on the funding level, as there are numerous other provisions in the House bill that could negatively impact eye and vision research and clinical care.

OMB Issues FY2013 Guidance to Agencies

On August 17, Office of Management and Budget (OMB) Director Jack Lew issued a memo to federal agency and department heads providing guidance for the preparation of FY 2013 budget submissions to OMB:

“Unless your agency has been given explicit direction otherwise by OMB, your overall agency request for 2013 should be at least 5 percent below your 2011 enacted discretionary appropriation. As discussed at the recent Cabinet meetings, your 2013 budget submission should also identify additional discretionary funding reductions that would bring your request to a level that is at least 10 percent below your 2011 enacted discretionary appropriation.”

New Study Shows Importance of Medical Research

The AAMC has released a report entitled *The Economic Impact of Publicly Funded Research Conducted by AAMC-Member Medical Schools and Teaching Hospitals*, prepared by economic consulting firm Tripp Umbach, that concludes that federal- and state-funded research conducted at the nation’s medical schools and teaching hospitals in 2009 added nearly \$45 billion to the nation’s economy. In addition, the study found that this research supports nearly 300,000 or 1 in 500 U.S jobs.

	FY2010 FINAL**	FY2011 FINAL	FY2012 President's Request	FY2012 Senate	FY2012 House
NIH*	\$31B +2.3%	\$30.7B -1.0%	\$31.7B +3.3%	\$30.5B -0.6%	\$31.7B +3.3%
NEI	\$706.7M^ +2.6%	\$700.8M -1.0%	\$719.06M +2.6%	\$692.9M -1.13%	\$719.06M +2.6%

* Net of Transfers/One-Time Expenses

** Absent ARRA Funding (\$175M for NEI over two fiscal years, FY2009/10)

^ \$707.04M appropriation reduced by transfer of programs to National Library of Medicine

FY2012 Funding: Congress Passes Second CR, House and Senate Bills Vary Widely

Continuing Resolution (CR):

At press time, Congress had passed an FY2012 “minibus” of three appropriations bills (Agriculture, Commerce/Justice/Science, and Transportation/Housing and Urban Development) that also includes a second CR which would fund the government until December 16. On October 4, Congress had passed an initial CR that provided funding through November 18. Due to Congressionally negotiated cuts to FY2012 spending that is below FY2011 levels, the initial CR imposed a 1.503 percent cut on all agency programs, including the NIH/NEI. For NEI, this meant a reduction of \$10.5 million to a \$690.3 million funding level from that of \$700.8 million in FY2011. Added to the \$6.2 million reduction in FY2011 funding as compared to FY2010, that means that NEI funding will have been reduced by \$16.7 million—at least while any CR with the 1.503% reduction is in place prior to enactment of a final FY2012 funding bill.

House and Senate bills (see accompanying comparison chart below):

On September 21, the Senate Appropriations Committee approved the FY2012 Labor, Health and Human Services, and Education (LHHS) spending bill that would cut NIH by \$190 million. This bill included Report Language lauding NEI’s accomplishments which had been submitted by NAEVR. On September 29, the House LHHSS Subcommittee released a draft of its spending bill, although it had not held a markup, which increases NIH funding by \$1 billion, the same as the President’s request. Since the House Republican leadership anticipates not being able to gain consensus on this bill, its version is considered a “marker” in negotiations with the Senate. Conferencing these two proposals will be difficult, as they reflect a \$1.2 billion range in potential funding for the NIH, as well as a \$27 million range for the NEI. In addition to the differences noted in the chart, the House draft would also require that at least 9,150 new and competing research grants are awarded in FY2012.

FY2012 Senate and House Bills		
	Senate	House
NIH	\$30.5 B -0.6%	\$31.7 B +3.3%
NEI	\$692.09 M -1.13%	\$719.06M +2.6 %
NCATS	Implements; Abolishes NCRR	Silent; Maintains NCRR Funding
CAN	\$20 M	Up to \$2 M to Plan
Common Fund	\$537.8 M	\$556.9 M

- NCATS is the proposed new National Center for Advancing Translational Sciences
- CAN is the Cures Acceleration Network, to be included in NCATS
- The Common Fund provides “bridge” funding for investigators, as well as most of the new investigator support mechanisms

Defense Related Vision Research TATRC Begins Review of FY2011 Pre-Proposal Submissions

On October 17, the Department of Defense (DOD) Telemedicine and Advanced Technology Research Center's (TATRC) Program Committee began review of the 100+ pre-proposal submissions it received by the September 15 deadline for funding



TATRC Portfolio Manager Robert Read had described the anticipated FY2011 VRP program announcement at a NAEVR session at the 2011 ARVO Annual Meeting

by the FY2011 Vision Research Program (VRP). Although the Congressional appropriation was \$4 million for the Peer Reviewed Medical Research-Vision (PRMR-Vision) line item that funds the VRP, TATRC will support at least \$8.7 million of awards in two categories: Investigator-initiated awards at \$1 million each and Hypothesis Development Awards at \$250,000 each. The additional funding beyond the appropriation reflects that made available from other DOD programs due to the past quality and responsiveness of vision research proposals.

TATRC is inviting a number of investigators to submit full proposals for further review. NAEVR's James Jorkasky and David Epstein and ARVO's Joanne Angle serve on TATRC's Program Committee.

NAEVR Opposes Cuts in FY2012 Defense Vision Research Funding

Congress is not expected to act on the FY2012 Defense and Military Construction/Veterans Administration (VA) spending bills until late in the 2012 appropriations process due to potential defense cuts. Current status of the PRMR-Vision line is as follows:

House:

On July 8, the House passed a FY2012 Defense bill that includes \$3.2 M for PRMR-Vision, down 20% from FY2011. All defense health categories, except for Traumatic Brain Injury (TBI) and orthopedics, had a similar cut. This was especially frustrating since NAEVR has consistently stressed the military relevance of this research, how it addresses DOD-identified research gaps, and how it may be rapidly translated into battlefield applications. NAEVR also had one-quarter of the House Defense Appropriations Subcommittee membership as bi-partisan champions for funding at \$10 M—Cong. Jim Moran (D-VA), Cong. Maurice Hinchey (D-NY), Cong. Pete Visclosky (D-IN) and Cong.

Jerry Lewis (R-CA). NAEVR has added Cong. Rodney Frelinghuysen (R-NJ) as a champion, and his staff is requesting that Subcommittee Chair Bill Young (R-FL) increase this number.

Senate:

NAEVR has worked closely with a number of Senate offices, including Defense Appropriations Subcommittee member Senator Tom Harkin (D-IA), who served as champion for its request. On September 15, the Senate Appropriations Committee approved its bill, which does not fund PRMR-Vision as a separate line item but includes vision research as one of 33 research areas eligible for funding from the DOD's \$50 million Peer-Reviewed Medical Research Program (PRMRP). Since the House leads on this issue, NAEVR is working with Senate leaders to garner their support in the conference process for the dedicated PRMR-Vision line item funded at a level greater than \$3.2 million.

Visit the Defense-related Vision Research section of NAEVR's Web site for more details

NAEVR Board Approves Cost of Blindness Study

At its October 23 meeting, the NAEVR Board of Directors approved funding for a study on the lifetime costs to the DOD, VA, and society of blindness and vision impairment as a result of battlefield injuries. NAEVR will be working with Kevin Frick, Ph.D. (Johns Hopkins Bloomberg School of Public Health) to develop a report for release in first-quarter 2012 for use in FY2013 advocacy. NAEVR has a DOD Working Group that includes the BVA, American Academy of Ophthalmology (AAO), American Optometric Association (AOA), and ARVO that will advise on the study. NAEVR will also engage ophthalmic and optometric consultants to the various branches of the military in the study process.

NAEVR Updates Academies on Defense Vision Research

On October 11 at the American Academy of Optometry annual meeting in Boston, NAEVR spoke to the Armed Forces Optometric Society (AFOS) about defense vision research. On October 24 at the American Academy of Ophthalmology meeting, Immediate-Past ARVO President J. Mark Petrash, Ph.D., FARVO, spoke about NAEVR's advocacy efforts and added his perspectives on defense vision opportunities in his role as Vice Chair for Research in the Department of Ophthalmology at the University of Colorado School of Medicine/Denver.



The faculty at the October 24 "Excellence in Vision Research" session at the American Academy of Ophthalmology Annual meeting included from left to right: Joseph Rizzo, M.D. (Massachusetts Eye and Ear Infirmary), Randy Kardon, M.D., Ph.D. (University of Iowa), Colonel Anthony Johnson, M.D. (U.S. Army), Colonel Donald Gagliano, M.D. (Director, Joint DOD/VA Vision Center of Excellence), and Dr. Petrash



On September 29, First Lieutenant Timothy Fallon (center), who was blinded in Afghanistan, met in a follow up visit with Senior Policy Advisor Steve Wilson (left) from the offices of Cong. Rodney Frelinghuysen (R-NJ), who had previously expressed concern about Lt. Fallon's vision injuries since he is a New Jersey constituent. Tom Zampieri, Ph.D. (right) from the Blinded Veterans Association (BVA) and NAEVR's James Jorkasky also participated in the visit.

Media Highlights Proposed Defense Vision Cuts

The October 10 editions of *USA Today* and *Military Times* featured articles on the current plans by Congress to cut FY2012 defense research funding. Both BVA and NAEVR expressed their concerns, as did champion Cong. Jim Moran (D-VA), who urged support for increased funding by stating that, "If we are going to send our armed forces in harm's way, then we have an obligation to invest in the development of the best possible care and treatment."

NIH FUNDING AND STRUCTURE

NIH's SMRB Meets to Review Status of Recommendations



NIH Director Francis Collins, M.D., Ph.D. speaks to the SMRB

On October 26, the NIH's Scientific Management Review Board (SMRB) held its tenth meeting to review the status of its recommendations on structure and management issues, which is its mission, as enacted in the *NIH Reform Act of 2006*.

In welcoming the SMRB, NIH Director Dr. Francis Collins, commented that NIH faces a serious challenge in terms of resources and that it "may be necessary to scale back on some things in order to do new things." He explained that NIH is actively working on strategies for dealing with the agency's

We are currently facing a paradox—at no previous time has scientific opportunity been greater, yet medical research funding has not been at greater stress. — Dr. Collins

budget challenges. In this regard, he noted that NIH had to renege on some multi-year grants to make resources available for new projects. He said that similar tough strategies may need to be employed, especially if the Joint Select Committee on Deficit Reduction fails in its task and across-the-board sequestration takes effect in FY2013—the outcome of which he described as "draconian." Among the other strategies

NIH is considering is trimming spending Institute-wide, evaluating and re-arranging the research portfolio, and changing the ways NIH manages its resources.

Below appears a brief summary of the status of each of the SMRB's recommendations:

NCATS: The fate of the National Center for Advancing Translational Sciences—the centralized translational research entity—rests in the hands of Congress (see chart on previous page), as the FY2012 Senate LHHS bill would implement it, abolish the National Center for Research Resources (NCRR) and move most of its programs into NCATS, and fund the Cures Acceleration Network (CAN) within NCATS at \$20 million. The FY2012 House LHHS draft is silent on NCATS, maintains NCRR funding, and would only permit up to \$2 million for a CAN Advisory Board to develop an implementation plan. Dr. Collins commented that House LHHS Appropriations Subcommittee chair Denny Rehberg (R-MT) was "still somewhat skeptical of the NCATS proposal."

Clinical Center: The SMRB had recommended that the Clinical Center be funded as a separate line item in future appropriations, but NIH legal counsel advised that this change could limit funding options. NIH has issued an October 12 request for comments on how extramural researchers can partner with the intramural program. ARVO has requested input from its members, with comments due at NIH by December 1.

Substance Use, Abuse, and Addiction Task Force: The SMRB had recommended that the separate institutes on Drug and Alcohol Abuse be eliminated and a new "Addiction Institute" (tentatively called the National Institute of Substance Use and Addiction Disorders) be formed. NIH Principal Deputy Director Lawrence Tabak, D.D.S., Ph.D. reported that NIH has been engaged in discussions with stakeholders and in portfolio review with the two existing institutes, and that an integration plan would issue in Fall 2012, with final recommendations to the NIH Director by December 2012 and budget planning in early 2013 for implementation in the FY2014 budget. NAEVR has been monitoring this process closely to see if it is precedent-setting for any other institute

consolidations, such as a "Brain Institute" into which NEI could be clustered.

SBIR/STTR Program: This meeting was the first at which the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs were discussed. Dr. Collins asked that the SMRB form a Task Force to recommend how the NIH can optimize the utilization of these programs to foster innovation, to attract quality proposals that yield the greatest potential for successful conclusions, and to leverage resources and expertise to maximize support to ensure the success of its grant recipients.

The SMRB will next meet on December 21, at which a discussion is planned on how NIH can manage its future resources (see box below).

Visit the NIH/NEI funding section of NAEVR's Web site at www.eyeresearch.org for full details

NAEVR Joins Your Candidates, Your Health

NAEVR has become a sponsor of Research!America's *Your Candidates, Your Health*, an effort focused on educating constituents about the views of Congressional and Presidential candidates on medical research. NAEVR, which is the only sponsor from the vision advocacy community, has had a long relationship with R!A, jointly issuing a *Vision and Blindness* fact sheet now in its second edition.



NIH Requests Comments on How to Manage Resources

NIH's Office of Extramural Research has posted on its Web site a document entitled *Ways of Managing NIH Resources*. The document describes how NIH currently manages grants, provides new analyses and trend data, and describes other future options for grant management, including:

- Reducing or limiting the size of the awards
- Limiting the number of awards held by a Principal Investigator (PI)
- Limiting the amount of funds a PI can hold
- Limiting salaries of PIs

NAEVR is working with ARVO's Advocacy Committee to prepare comments on these options and submit a request to present public testimony at the December 21 meeting of the SMRB, which has requested time to discuss this issue and advise Dr. Collins.



NIH Principal Deputy Director Lawrence Tabak D.D.S., Ph.D. reports on the Drug/Alcohol Institutes consolidation issue, while National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Director Griffin Rodgers, M.D., an SMRB member, listens

Capitol Hill Education

On this and the back page, AEVR presents brief summaries of three recent Congressional briefings held to educate Members of Congress and their staff about eye disease research and prevention during a key time in the appropriations process.

NEI Clinician-Scientist Discusses Lifestyle and AMD



Featured speaker Emily Chew, M.D.

On September 21, AEVR's *Decade of Vision 2010-2020 Initiative* hosted a Congressional briefing entitled *Lifestyle and Age-related Macular Degeneration (AMD)* during *International Awareness Week* (September 18-24) with co-sponsors AMD Alliance International, the Alliance for Aging Research, the Association for Research in Vision and Ophthalmology (ARVO), the European Vision Institute (EVI) and Lighthouse International. AMD is the leading cause of blindness and low vision in the United States and the developed world and severely alters a person's ability to read and drive, impacting productivity, independence, and quality of life and adding greatly to cost burden. The NEI estimates that 15 million Americans have the disease, with 2 million cases diagnosed each year. One out of every four Americans in the fast-growing 64-74 year old population has the disease, making it a major public health problem.

Featured speaker clinician-scientist Emily Chew, M.D., NEI Deputy Clinical Director and Deputy Director of the Division of Epidemiology and Clinical Applications, described the two forms of

On October 13, AEVR joined the vision community in supporting Vision 2020 USA's *World Sight Day 2011* Congressional briefing at which Kevin Frick, Ph.D. (Johns Hopkins Bloomberg School of Public Health) spoke about the cost-effectiveness of blindness prevention activities



AMD and their vision loss consequences—the “wet” form, where abnormal blood vessels develop under the retina that leak fluid and cause central vision loss, and the “dry” form, where protein deposits called “drusen” develop and the retina degenerates or slowly thins out, resulting in a slow progression to vision loss.

Dr. Chew identified the non-modifiable risk factors—that is, factors that individuals cannot control—for developing AMD as increasing age, family history, and ethnicity (more prevalent in a fair-skinned individual). Modifiable risk factors affected by lifestyle include cigarette smoking, high blood pressure, elevated cholesterol levels,

If the 8 million Americans currently at high risk for AMD took the appropriate nutritional supplements, more than 300,000 could be saved from advanced AMD in the next five years. — Dr. Chew

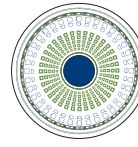
increased body mass/obesity, sun exposure, and oxidative stress. She focused on the role of nutrition, as she has been involved in the NEI-funded Age-Related Eye Disease Study (AREDS) study, both AREDS1 and AREDS2, where she serves as study chair.

AREDS1 studied the impact of antioxidants and the trace element zinc on the development of advanced AMD and cataract in patients, as animal studies and human epidemiological studies suggested a link. AREDS1 found that individuals at high risk of developing advanced stages of AMD lowered their risk by about 25 percent when treated with a high dose combination of vitamin C, vitamin E, beta-carotene, and zinc (with copper). There were other dietary data from AREDS1 which suggested that individuals who ate fish or leafy green vegetables, such as spinach, kale and collard greens, had a reduced risk of the advanced form of AMD.

Since such AREDS1 data were part of an “observational” evaluation and not a clinical trial, the results could have been affected by unknown factors that might influence the patient's disease course, for example, persons with better economic or social status who may have better access to healthcare and may take better care of themselves.

Consequently, in 2006, NEI decided to conduct AREDS2, a randomized clinical trial investigating the impact of high doses of xanthophylls (lutein and zeaxanthin found in leafy green vegetables, such as kale) and/or omega-3 polyunsaturated fatty acids (such as DHA and EPA found in fish) in further reducing AMD progression. Study results are expected in 2013.

AEVR's briefing featured an eye healthy luncheon, in which food items were identified for their nutritional content of zinc, antioxidants, omega-3 fatty acids, beta carotene, and lutein/zeaxanthin.



DECADE OF VISION

an initiative of the
2010-2020
Alliance For Eye And Vision Research



Left to right: Louis Tutt, Executive Director of the Association for Education and Rehabilitation of the Blind and Visually Impaired, speaks with AEVR Executive Director James Jorkasky



Left to right: Diego Sanchez of the office of Cong. Barney Frank (D-MA) with AEVR's David Epstein



Left to right: Debbie Zeldow and Lindsay DuVall Clarke from the Alliance for Aging Research, a briefing co-host

Dr. Chew emphasized the public health impact of AREDS results to date. “If the 8 million Americans currently at high risk for AMD took the appropriate nutritional supplements, more than 300,000 could be saved from advanced AMD in the next five years.” She added that AREDS has been a breakthrough study in many ways, as its database is included in NIH's database of Genotypes and Phenotypes (dbGaP) and is also being combined with data from tens of thousands of individuals from around the world under the NEI-funded International AMD Gene Consortium to better understand the genetic basis and progression of the disease. NEI's leadership in basic and translational research into AMD has led NIH Director Dr. Francis Collins to report to Congress that, “Twenty years ago, we could do little to prevent or treat AMD. Today, because of new treatments and procedures based in part on NIH research, 1.3 million Americans at risk for severe vision loss over the next five years can receive potentially sight-saving therapies.”

Capitol Hill Education

Capitol Hill Education Focuses on Diabetic Retinopathy

During the week of September 12, AEVR's *Decade of Vision 2010-2020 Initiative* joined with the vision community to sponsor two Congressional briefings to educate about diabetic retinopathy. On September 13, Lighthouse International hosted a *Diabetes and Vision Loss* briefing featuring Neil Bressler, M.D. (Wilmer Eye Institute/Johns Hopkins University), who chairs the National Eye Institute's (NEI) Diabetic Retinopathy Clinical Research Network [DRCR.net]. On September 15, the Ad Hoc Group for Medical Research hosted a briefing entitled *Advancing Discovery: The Role of NIH Research in Fighting Diabetes* featuring Griffin Rodgers, M.D., Director of the NIDDK, along with a diabetes researcher and patient advocate.

Both briefings emphasized the growing public health problems of obesity and diabetes and concomitant medical conditions associated with the disease, such as diabetic retinopathy, the leading cause of vision loss in adults 20-70 years old that affects 8.5 million Americans, or 2.8 percent of the population. In patients with diabetes, going blind or experiencing

Nearly 50 percent of patients who received this new treatment experience substantial visual improvement, and fewer than five percent experience substantial vision loss. — Dr. Bressler

other vision loss issues rank among the top four concerns about the disease. These patients are so concerned about vision loss diminishing their quality of life that those with nearly perfect vision (20/20 to 20/25) would be willing to trade 15 percent of their remaining life for "perfect vision," while those

with moderate impairment (20/30 to 20/100) would be willing to trade 22 percent of their remaining life for perfect vision. Patients who are legally blind from diabetes (20/200 to 20/400) would be willing to trade 36 percent of their remaining life to regain perfect vision.

Dr. Bressler noted that, for forty years, the NEI in conjunction with the NIDDK has sponsored clinical trials that study diabetic eye disease—in terms of dietary practices to minimize the condition (managing blood sugar, hypertension, and cholesterol), as well as the development of potential treatments and therapies. The current DRCR Network was formed in 2002 and currently engages 320 participating physicians at 109 sites in the United States, including private, community-based practices as well as university and other academic-based centers. It supports the identification, design, and implementation of multicenter clinical research initiatives focused on diabetes-induced disorders of the retina, which is the light sensitive back of the eye necessary for vision. These conditions include diabetic macular edema, in which

capillaries in the retina leak and cause swelling within the center of the retina responsible for reading, driving, and recognizing faces, as well as proliferative diabetic retinopathy, in which closure of normal retina capillaries leads to the production of substances that cause new blood vessels to proliferate in the eye and potentially bleed or detach the retina off of the back wall of the eye. Both conditions can cause blindness.

As just one example of the DRCR Network's initiatives, Dr. Bressler described the results of a randomized clinical trial, reported in 2010, comparing the effectiveness of laser treatments alone for macular edema versus laser treatments combined with a new use for the drug Lucentis (currently FDA-approved for macular degeneration), which inhibits new blood vessel leakage and growth. The new therapy was found to be more effective than laser treatment alone, which had been the only standard care for diabetic macular edema for the past 25 years. "Nearly 50 percent of patients who received this new treatment experience substantial visual improvement, and fewer than five percent experience substantial vision

Senator John Boozman, O.D. (R-AR) also welcomed attendees and noted that in his optometry practice he spent time at Lighthouse International learning about low vision rehabilitation



Featured speaker Neil Bressler, M.D. (Wilmer Eye Institute) at the September 13 Congressional Briefing



Congressman Gene Green (D-TX), co-chair of the Congressional Vision Caucus, welcomed attendees as Lighthouse International President and CEO Mark Ackermann and Dr. Bressler look on

loss," said Dr. Bressler. He further noted that the Network is proceeding with other treatment studies, as well as beginning to study the genetic aspects of these diabetic eye diseases and their responses to treatments.

At the September 15 briefing, Dr. Rodgers emphasized the need to research both the genetic basis and environmental conditions that lead to diabetes. He commended the DRCR Network, noting NIDDK's long-standing collaboration with the NEI in funding research into diabetic eye disease.



Featured speaker Griffin Rodgers, M.D. (Director, NIDDK) at the September 15 Congressional briefing



September 15 briefing speaker Dr. Rodgers (second left) joins David Moore (Ad Hoc Group for Medical Research/American Association of Medical Colleges), James Jorkasky, and patient advocate Anastasia Albanese-O'Neill, R.N, an American Diabetes Association volunteer as a parent of a child with Type-1 diabetes, who also spoke

September 13 Briefing Vision Community Co-Sponsors with Lighthouse International included:

Alliance for Eye and Vision Research (AEVR)
American Academy of Ophthalmology (AAO)
American Diabetes Association (ADA)
American Foundation for the Blind (AFB)
American Optometric Association (AOA)
Association for Research in Vision and Ophthalmology (ARVO)
Prevent Blindness America (PBA)
The Vision Council
VisionServe Alliance

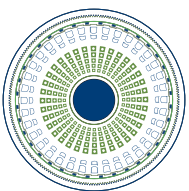
Executive Director

James F. Jorkasky
240-221-2905 jamesj@eyerresearch.org

Director, Government Relations and Education

David H. Epstein
240-221-2902 depstein@eyerresearch.org

1801 Rockville Pike, Suite 400
Rockville, Maryland 20852-1606
www.eyerresearch.org



NAEVR AEVR