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## January is National Glaucoma Awareness Month

By Robert M. Kinast, M.D.

With most diseases, a patient presents with a problem and the doctor attempts to fix it. Pneumonia? Prescribe antibiotics to cure the infection. Broken bone? Cast the fracture to promote healing. A defective heart valve? Surgically repair it or implant a new one. Even with chronic diseases like diabetes, the treatment usually improves symptoms.

Glaucoma, however, is a unique condition because it steals your peripheral vision and is usually without symptoms. Which is precisely why you and your loved ones should be aware of it.

Glaucoma is damage to the optic nerve, usually related to elevated intraocular pressure, which causes progressive peripheral and then central vision loss. Because most individuals do not notice subtle changes in the visual periphery, glaucoma typically doesn't cause symptoms until significant optic nerve damage and accompanying visual field loss have occurred. Once lost, optic nerve function and vision cannot be regained.

That's why everyone over the age of 40 should be checked for glaucoma with measurement of their intraocular pressure and examination of their optic disc. If you have glaucoma, your family members should have an eye exam with dilation.

Once diagnosed, the treatment for glaucoma is prevention of further loss of optic nerve function and vision. Eye drops, laser, and surgery all aim to lower the intraocular pressure to try to

preserve the remaining optic nerve and vision. Unfortunately, these prevention-based treatments can cause problems. Eye drops can cause significant irritation and other side effects. Incisional glaucoma surgery can have complications of vision loss. Deciding whether to have glaucoma surgery can be daunting: a patient

may have no symptoms, while the glaucoma screening tests and examination show progressive glaucomatous changes. The proposed surgical treatment would seek to slow the rate of progression, but the surgery could worsen, not improve symptoms. Again, quite a challenge.

Nevertheless, most patients with glaucoma do very well. Of the 3 million individuals with glaucoma in the United States, fewer than 5 percent are blind from this disease. Treatments do help preserve vision. Surgery usually is successful. And a recent study has suggested that surgery can actually lead to improvement in the visual field in some patients.

The biggest risk for vision loss from glaucoma is when advanced optic nerve loss has already occurred by the time the patient sees an ophthalmologist, underscoring the need for appropriate screening and regular follow-up. Devers Eye Institute will be doing glaucoma screenings in the Legacy hospitals in the month of January. In this way, ophthalmologists and patients can work together as partners to preserve vision and manage this unique disease.

*Everyone over the age of 40 should be checked for glaucoma, with measurement of their intraocular pressure and examination of their optic disc.*

## Three decades of progress in treating children with uveitis

By James T. Rosenbaum, M.D.

In 1985, when I started taking care of patients with uveitis — the medical term for inflammation inside the eye — I would often see patients with juvenile rheumatoid arthritis who had a combination of eye and joint inflammation. Prospects for their future vision were not good. Thankfully, much has changed.

First, the term juvenile rheumatoid arthritis has been abandoned because it implied that the children had a form of rheumatoid arthritis (RA) — but they don't. They do have joint inflammation, at least sometimes, but the blood tests for rheumatoid arthritis are always negative.

Now we call the disease JIA, for juvenile idiopathic arthritis.

Not every patient with JIA has uveitis, but those who do develop uveitis usually have a persistent, bilateral disease that can lead to blindness. And not every patient with the uveitis has arthritis. So one big change is the name that we apply to the disease.

But the real change is the success with treatment. Thirty years ago, we were reluctant to treat children, some as young as two years old, with the chemotherapy drug methotrexate. Now we know that low doses of methotrexate are very well tolerated by children. What's more, methotrexate often succeeds

in preventing cataract and glaucoma, complications that contributed greatly to the vision loss characteristic of this disease. Still, maybe a third of patients need some treatment beyond methotrexate.

Then, along came adalimumab, a biologic medication for treating RA, which is advertised under the brand name Humira. The FDA has approved adalimumab to treat vision-threatening uveitis, and it is proving very beneficial in JIA and the uveitis associated with it. But it must be given by injection (not the simplest task in a child). And it has rare but potentially serious side effects.

That said, let me introduce you to Dominic Federico, an 18-year-old who has JIA with uveitis. His eye inflam-

mation did not respond adequately to topical prednisolone drops and methotrexate. Dominic now receives adalimumab injections about twice a month. How does he tolerate these? Well, Dominic plays offensive center and defensive nose guard for Cascade High School, which is in the Oregon high school football playoffs. The team aspires to be state champs. Dominic's vision and his joints do not limit him.

We have come a long way in three decades, indeed.



*Today's treatments enable kids with uveitis like Dominic Federico (left) to pursue their aspirations with no limitations.*

You can support education at Legacy Devers Eye Institute through the Jack Cioffi Fellowship Fund. Contact Rena Whittaker at The Office for Philanthropy at 503-413-5585 or email her at [rwhittak@lhes.org](mailto:rwhittak@lhes.org). Or visit [legacyhealth.org/giving](http://legacyhealth.org/giving), click on "Find a Fund" on the right side of the page and enter "Devers."

## A son's sight is restored, a family's prayers are answered

By Megan Deisler

Robert R. Maymon is a 45-year-old man living with Down syndrome in Albany, Ore., with his mother and father, Donna and Frank Caputo. About five years ago, his mental attitude and physical coordination began to decline. Robert is unable to verbally communicate, and his doctor diagnosed him with Alzheimer's disease, which can affect men with Down syndrome as early as age 30.

"We went along with the diagnosis because he was acting so differently," Donna recalls. "He had become depressed and withdrawn but couldn't explain why."

Robert's physical and emotional state continued to decline. Then, during a routine vision exam, the eye doctor discovered that Robert had an advanced case of cataracts — another condition that can affect individuals with Down syndrome at an early age.

"Cataracts made a lot of sense to us because Robert was always getting hurt running into things, and was having a harder time finding the medication I would put out on the counter for him. I also recall him rubbing his eyes a lot but we just never connected the dots," Donna says.

Donna and Frank were relieved by this news, knowing that cataracts could be treated — unlike Alzheimer's disease. They promptly scheduled cataract surgery with a local physician. A few days before the surgery, however, the physician's office called and cancelled without explanation. Robert and his family were at a complete loss.

"We had no idea why they cancelled but we suspect he was concerned that Robert might not cooperate with aftercare, possibly undoing everything they did and making it worse," Donna says. "When we asked what other parents and caregivers do in

this situation, the physician told us that they choose not to do the surgery because of the high risk. At that point, we would have done anything for him to see again," she adds.

Losing hope that Robert's vision would be restored, Donna and Frank put out a call for prayers to their loved ones across the United States. A couple of months later, those prayers were answered when the Caputos' phone rang and the caller identified herself as a scheduler from Legacy Devers Eye Institute. She told them that Robert Kinast, M.D., glaucoma specialist and surgeon, had agreed to take Robert's case.



*Cataract surgery gave Robert Maymon (left, with his father Frank Caputo) a remarkable new lease on life.*

Robert had always a hard time trusting doctors so Donna and Frank didn't know how the first appointment with Dr. Kinast would go.

"Initially, Robert seemed quite reserved, even slightly afraid," Dr. Kinast relates. "His parents are amazing caretakers; once he sensed they trusted me, he began to open up."

"It was truly a miracle not only to have Devers call us out of the blue but also to have Dr. Kinast connect with Rob so well," Donna recalls.

Dr. Kinast performed the surgery on both eyes and it went perfectly. "It was joy to care for Robert," Dr. Kinast says. "He's a sweet man, and I'm delighted for him."

Today, Robert's cataracts are gone and he is flourishing. He is no longer saddled with an Alzheimer's diagnosis, he has regained his sense of independence and returned to his favorite activities such as shopping at Costco with his mom.

"He went from being completely blind in one eye and only seeing shadows in the other to having 20/40 vision," says Donna. "His attitude has completely changed and he's back to what he was like 15 years ago. It's a miracle."

## Profile paints a portrait of a Superwoman

By James T. Rosenbaum, M.D.

*In October, 2016, Ashley Hayden, M.D., a physician-volunteer at Legacy Devers Eye Institute, elected to “retire” to devote more time to her two young children. This profile originally was written for the Legacy Devers electronic newsletter, “Eyes on Devers.” As you read it, you’ll appreciate the aptness of its title — and why the word “retire” is in quotation marks.*

September is when most American children return to school. Invariably, each child is asked, “So what did you do during your summer vacation?” There’s



Ashley Hayden, M.D.

an adult version of the same question: “What do you do when you’re not at work?” By reading “Eyes on Devers,” I’ve learned some fascinating answers to this question from my colleagues.

One story not yet told, however, belongs to Ashley Hayden. I thought I’d share a few glimpses of Ashley that are sure to amaze and inspire.

Many of you don’t know Ashley because she’s been here just two days a week, one day seeing patients in the Arthur Devers Memorial Eye Clinic and one afternoon as a volunteer in the uveitis clinic. I’ve known Ashley since she was about six, when she and my daughter were grade school classmates.

Ashley is an ophthalmologist with impeccable credentials: Yale undergrad, USC medical school, University of Washington for ophthalmology training. Her father also was a Yale undergrad. His roommate was George Pataki, who went on to become governor of New York. When Ashley went to Yale, she maintained

a tradition: she and George Pataki’s daughter were roommates.

Working only part time at Devers, you’d assume that Ashley would have oodles of free time. You’d be wrong. Raising two young sons is a full-time job. Fortunately, Ashley’s mom lives nearby and provides a good deal of help. Her husband, Noah, also plays a major role with the children, giving Ashley time to run a property management business that has approximately the same number of employees as Legacy Devers Eye Institute. Plus, it’s an international business that requires some travel.

So, mother, ophthalmologist, businesswoman — seems like a pretty full life. Yet somehow she finds time to train for and run the Boston marathon, finishing at 3 hours and 24 minutes. Her mile pace of under 8 minutes for 26.2 miles is much faster than

most of us can run a single mile. And when she’s not training for marathons or checking out the Portland food scene, she’s raising money for Africa Bridge, an international awareness she learned from her late father.

So if I were to ask Ashley, “What do you do in your spare time?” either of two answers might be right. She could accurately say, “Well, I really don’t have any spare time.” Or she could just as easily reply, “When I’m not an ophthalmologist, I’m a daughter, mother, entrepreneur, marathoner, philanthropist, and foodie.” Then she might add, “I’m interested in politics and travel, too.”



## Dr. Mark Terry earns highest marks for corneal care

By James T. Rosenbaum, M.D.

On October 14, the Eye Bank Association of America presented the R. Townley Paton Award at its annual meeting in Chicago. Named in honor of the physician considered to be the founder of modern eye banking, the annual award is given to a corneal specialist for lifelong contributions to the care of patients with corneal disease. Recipients represent a “Who’s Who” among the world’s experts in disease of the surface of the eye. This year the awardee was Legacy Devers’ own Mark Terry, M.D.

Once upon a time, the standard in corneal transplant surgery was to transplant the entire thickness of the cornea. While usually successful, it often took months, if not years, for the cornea to recover vision. Dr. Terry was among the first to realize that the success of corneal transplantation could be enhanced by leaving one of the three layers of the cornea in place.

As a result, surgery evolved to transplanting just the two top layers of the cornea. The technique was called DSAEK (Descemet’s stripping with automated endothelial keratoplasty). While this proved a major advance with better results and much faster recovery of vision, Dr. Terry wasn’t content. He followed DSAEK with DMEK (Descemet membrane endothelial keratoplasty) — essentially giving birth to modern corneal transplantation not once, but twice.

Barbara Crow knows Dr. Terry’s contributions well. She is the chief executive officer of the Lions Vision Gift in Oregon and has worked with him for more than 20 years. In addition to his nurturing two revolutionary surgical techniques, Barbara



Mark Terry, M.D.

credits Dr. Terry with founding “evidence-based eye banking.” According to Barbara, Dr. Terry maintains the largest database in the world to track outcomes of corneal transplant surgery. She calls him “the pre-eminent corneal surgeon in the world.”

Vivian Buehler knows Dr. Terry from the perspective of a technician who gets to hear from his

patients. She is in awe of the constant admiration she hears them express. “He changed their lives,” is Vivian’s summary of what she observes on a daily basis.

Kaye Muffenbier, who schedules patients for Dr. Terry, echoes Vivian’s assessment. “I get to talk to people from all

over the world,” she says. “They tell me they want only the best and wouldn’t trust their eyes to anyone else but Dr. Terry.”

Dr. Mark Terry, thank you for what you have done for ophthalmic surgery, for the often life-changing benefits you have given your patients, and for the exemplary manner in which you represent Legacy Devers.

*Vivian Buehler knows Dr. Terry from the perspective of a technician who gets to hear from his patients. She is in awe of the constant admiration she hears them express.*

## Eureka! Science discovers a second genome

By James T. Rosenbaum, M.D.

Our genes are vitally important. Genes in the form of DNA provide a code for RNA that, in turn, is translated into the thousands of proteins that allow our cells to function. This chain of DNA to RNA to protein is known as the central dogma of biological science.

We humans have a set of just over 20,000 genes — what's called our genome. Three billion building blocks for DNA determine these genes. The genes of a person living in Portland, Ore., are remarkably similar to the genes of a person living in South Africa. In fact, some of our genes differ very little from the genes of fruit flies, worms or yeast.

If a gene has a mistake that results in a poorly functioning protein, however, it could result in death or a lifetime of illness as in cystic fibrosis. We are learning how to correct these mistakes in our genome, but the process is fraught with difficulty and the success has been limited.

Over the last decade, scientists have begun to understand that we have a second set of genes in our bodies. These genes belong to the micro-organisms that live on our skin, in our intestine, and virtually any part of the body exposed to air. Most of these micro-organisms are bacteria, but we also host viruses, yeast, and sometimes helminths and other parasites. We call these organisms our microbiome, and the genes they possess are referred to as our second genome. Our second genome outnumbers the genome that we inherit from our mothers and fathers by about 150-fold.



*Our microbiome is populated by bacteria and other organisms that have a significant impact on our immune system.*

Many of us are germophobes; we wash our hands carefully and avoid contact with anyone who is ill. While some of this makes sense, bacteria are also essential to our health. Bacteria make vitamins that control our blood clotting system (vitamin K), digest the food we eat and metabolize the medications we ingest. Bacteria also educate our immune system, which we can't live without. When it doesn't function correctly, however, the immune system contributes to many diseases ranging from rheumatoid arthritis to cancer, from atherosclerosis to dementia.

There is a major difference between the genes we are born with and the genes belonging to bacteria. We have the ability to change the bacteria that inhabit us. Antibiotics have a marked but temporary effect. Diet has a huge effect. In some circumstances, doctors are even introducing feces to treat disease. One application of this

fecal transplantation is for a potentially fatal illness called pseudomembranous colitis.

So what could all this possibly have to do with an eye institute? The microbiome is now strongly implicated in major eye diseases including uveitis, macular degeneration, and probably glaucoma and diabetic retinopathy.

Characterizing the microbiome is an exciting new path of scientific discovery that promises to advance our understanding of health and disease. So stay tuned. Understanding our second genome will eventually lead to major breakthroughs that contribute to better health for all of us.

And support biomedical research — it's the key to our future.

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## Invited lectures and panels

**James T. Rosenbaum, M.D.**, has been in great demand on the presentation circuit. A recap of his speaking engagements:

- A grand rounds lecture on "Uveitis: A Rheumatologist's View" on March 4 at the National Institute of Arthritis and Musculoskeletal Disease, Bethesda, Maryland
- A March 9 grand rounds lecture as a visiting professor at Dalhousie University, Halifax, Nova Scotia, Canada, Department of Ophthalmology, where he spoke on "Molecular Diagnosis of Orbital Inflammatory Disease" at the Residents' Didactic Conference on Uveitis: Diagnosis, Lab Testing, and Treatment.
- The delivery of six lectures as an honored guest of Sankara Nethralya Eye Hospital, Chennai, India, from March 18 to 20. His lectures included the keynote welcome as well as talks on "Autoimmunity versus Autoinflammation," "Is ankylosing spondylitis an autoimmune disease?" "Does the microbiome cause uveitis?" "Retinal vasculitis," and "Nibbling Away at Idiopathic Uveitis."



- Speeches at the PANLAR (Pan American League Against Rheumatism) meeting in Panama City, Panama, on “The Microbiome and Ankylosing Spondylitis” (April 11) and “The Eye and Rheumatic Diseases” (April 14)
  - A presentation on “The Eye and Rheumatic Disease” to the Cleveland, Ohio, Rheumatology Society at its annual meeting on May 6
  - A May 15 speech in San Francisco at a satellite meeting of the American Thoracic Society; the topic was “Ocular Manifestations of Sarcoidosis”
  - Two talks at the SPARTAN (Spondyloarthritis Research and Treatment Network) meeting in Denver, July 22–24. One talk was called “The Future of Rheumatology: Feces” and the other was a case discussion on acute anterior uveitis.
  - A plenary talk on “The Microbiome and Acute Anterior Uveitis” as well as lectures on “Choosing Laboratory Tests for Uveitis” and “Precision Medicine meets Sarcoidosis” at the International Uveitis Study Group meeting in Dublin, Aug 18–21. He also was the moderator for a symposium on “Uveitis: Case Challenges.”
  - An Aug. 30 webinar for Abbvie, Inc., on “The Approach to Uveitis”
  - Three Sept. 9 talks for the Orbital Atlantic Eye Society Meeting in Halifax, Nova Scotia: “Laboratory Testing for Uveitis,” “Inflammation and Precision Medicine” and “Mindfulness and the Differential Diagnosis of Uveitis”
  - A Sept. 13 lecture on The Visual I and Visual II Trials at the Abbvie National Marketing Meeting in San Francisco during the International Congress on Spondyloarthritis
  - A talk on “Novel Concepts in Uveitis” on Sept. 16 in Ghent, Belgium
  - A presentation on “Unmet Needs in Uveitis” to the International Society for Eye Research in Tokyo on Sept. 26
  - Participation in an Oct. 15 panel discussion on anterior uveitis for Uveitis Subspecialty Day at the American Academy of Ophthalmology in Chicago. That evening, he chaired a symposium on “A Paradigm Change in the Treatment of Uveitis” sponsored by Abbvie.
  - An Oct. 17 lecture in Asheville, N.C., on the results from the Visual I and Visual II uveitis treatment trials.
  - Two Oct. 21 lectures to the Casey Eye Institute residents on “A Rheumatologist’s Perspective on Uveitis” for the residents’ weekly didactic series. That evening, he was honored at the Rosenbaum Lectureship, which is given every other year; the speaker this year was Matthias Becker, M.D., chief of ophthalmology, Triemli Hospital, Zurich, Switzerland. Dr. Becker was Dr. Rosenbaum’s first fellow.
  - On Nov. 12, he served as moderator and speaker on “The Multidisciplinary Approach to Uveitis” at a symposium at the American College of Rheumatology in Washington, DC. He also co-authored five oral presentations at the same meeting between November 12 and 15.
  - Dr. Rosenbaum co-chaired the International Steering Committee meeting for Abbvie in London to write guidelines for uveitis therapy; the steering committee coordinates with more than 135 national faculty members from 30 countries.
- Michael Straiko, M.D.**, was invited to Boston, Maine, Iran and Australia to lecture on and teach DMEK surgeries this year.
- Shaban Demirel, O.D., Ph.D.**, was invited to be an external examiner for a Ph.D. thesis submitted to the University of Waterloo, Canada, that was defended on April 28.
- Dr. Demirel also was invited to be a member of an NEI Special Emphasis Panel that examined applications for Secondary Data Analysis grants and Meeting Planning Grants on Nov. 16.

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**Claude Burgoyne, M.D.**, was an invited speaker on “Is the Lamina the Site of Damage in Glaucoma?” and “Imaging the Lamina, Sclera, and Choroid in Glaucoma” at the Greek Glaucoma Society and International Glaucoma Congress Meetings in Athens, Greece, April 1–2.

Dr. Burgoyne also was invited to:

- Organize and co-moderate the American Academy of Ophthalmology (AAO) Association for Research in Vision and Ophthalmology (ARVO) Symposium on “Paradigm Change in Ocular Imaging” at the AAO Annual Meeting, Chicago, Ill., on Oct. 18
- Speak on “Does Optic Nerve Head Biomechanics Determine Optic Nerve Head Tissue Damage in Glaucoma?” at the American Academy of Ophthalmology Glaucoma Subspecialty Day, Section III — “Glaucoma — It’s not just about IOP,” held in Chicago on Oct. 15
- Speak on “Optic Nerve Head Phenotyping in Glaucoma” at the Thorny Issues in Ophthalmology Conference held at the Devers Eye Institute on Sept. 30. At that same conference, he also spoke on “Optic Nerve Head Biomechanics in Aging and Glaucoma” for an advanced course for ophthalmic technicians.
- Address the Glaucoma Research Society Meeting held Sept. 1–3 in Seoul, Korea, on the topic of “Neural Tissues under Pressure: ONH–IOP vs CNS–CSFp”
- Speak on “How to Define a Glaucomatous Optic Neuropathy” at the International Intra-cranial Pressure Gradient Disease (IIPGD) Summit held in Beijing, China, Aug. 27–28.
- Lecture on “Deep Optic Nerve Head Phenotyping in Glaucoma” at the Beijing Institute of Ophthalmology, Tongren Hospital, Beijing, China, on Aug. 25
- Give two talks at the Moran Eye Center, University of Utah, Salt Lake City, Utah on Nov. 16: a grand rounds presentation on “Paradigm Change in OCT Phenotyping Glaucoma” and a research seminar on “From Biomechanics to Proteomics — Toward the Mechanism of Axonal Insult in Glaucoma”.

- Speak on “Why Optic Nerve Head Aging is Our Only Normal Tension Glaucoma Model” at Dalhousie University’s Department of Ophthalmology in Halifax, Nova Scotia, on Oct. 29 at the department’s Form and Function in Ocular Disease meeting

**Brad Fortune, Ph.D., O.D.**, presented a lecture on the topic “Retinal Nerve Fiber Layer and the Axon” at the 2016 annual meeting of the American Academy of Ophthalmology in Chicago on Oct. 18; this was part of the ARVO Symposium organized by Claude Burgoyne, M.D. (Legacy Devers) and David Huang, M.D. (Casey Eye Institute) called “Paradigm Change in Ocular Imaging”.

**Steven L Mansberger, M.D. MPH**, was invited to present an array of talks in recent months:

- “Cataract: The New Glaucoma Surgery?” and “Knowing You Are Losing the Battle of Glaucoma,” both given as an Alabama Alumni Sponsored Lecturer in Birmingham in May
- “Errors In Retinal Nerve Fiber Layer Thickness Measurements Using Automated Segmentation of Optical Coherence Tomography” at the AOS in Colorado Springs, Colorado in June
- Also in June, “Sustained Glaucoma Delivery Devices” at the European Glaucoma Society meeting in Prague, Czech Republic
- At Legacy Devers’ “Thorny Issues” conference here in Portland in September: “The Great Debate of Glaucoma in an Election Year”
- “Trabeculectomy: Tips and Traps” as a course director and lecturer at the American Academy of Ophthalmology in Chicago, and “Trabeculectomy Wet Lab” as a course director and lecturer at the AAO in Las Vegas, both in October
- “Continuous IOP Monitoring, Ready for Primetime?” “How to be Compliant in Addressing Glaucoma Adherence” and “Cataract vs. Cataract + Surgery: How Should I Treat My Glaucoma Patient?” all at the University of Sao Paulo 100th anniversary meeting in Brazil in December where he was an honorary speaker

## Honors and awards

**Brad Fortune, O.D., Ph.D.**, and **Shaban Demirel, O.D., Ph.D.**, were both made Fellows of ARVO in 2016. Find the official announcement here: [http://www.arvo.org/Members/ARVO\\_Fellows/2016\\_ARVO\\_Fellows/](http://www.arvo.org/Members/ARVO_Fellows/2016_ARVO_Fellows/)

On April 30, **James Rosenbaum, M.D.**, organized memorial tributes to Robert Nussenblatt, M.D., and Friederike Mackensen, M.D., at the annual meeting of the American Uveitis Society in conjunction with ARVO.

**Laura Gadzala, M.D.**, presented her thesis "Electromagnet Induced Eyelid Closure" at the ASOPRS Fall Symposium as one of the three finalists for the Marvin Quickert Thesis Award.

Researcher **Laura Wilsey** (principal investigator) and **Brad Fortune, O.D., Ph.D.**, (mentor) have received a one-year, \$30,000 grant from the Collins Medical Trust. The title of their project is "Comparing Axon Transport and Cytoskeletal Ultrastructure by Transmission Electron Microscopy."

**James T. Rosenbaum, M.D.**, was inducted as a Master of the American College of Rheumatology on November 11; his father earned the same honor, making them the only father-and-son pair to be so honored.

**Robert Kinast, M.D.**, recently received the Mentoring for the Advancement of Physician Scientists (MAPS) Award from the American Glaucoma Society.

## How to donate to Legacy Devers Eye Institute

Legacy Devers Eye Institute provides some of the world's best research, education and clinical care. We are also the largest provider of free and low-cost eye care in Oregon.

We appreciate the grateful patients and donors who support our mission of research, education and clinical care through the Good Samaritan Foundation. Every donation, regardless of the amount, makes a difference to saving someone's sight.

To make a donation, contact Rena Whittaker at the Good Samaritan Foundation at 503-413-5585 or [rwhittak@lhs.org](mailto:rwhittak@lhs.org), or visit [legacyhealthgiving.lhs.org/bbis/deversgiving](http://legacyhealthgiving.lhs.org/bbis/deversgiving).



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 Call 503-413-8203 with your questions or comments.

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# The Vision

## Legacy Devers Eye Institute clinicians

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Laura Gadzala, M.D.

**Retina — 503-413-7022**

Sirichai Pasadhika, M.D.

**Uveitis — 503-413-7022**

Sirichai Pasadhika, M.D.  
 James T. Rosenbaum, M.D.

**Vision rehabilitation**

Shari Katz, M.A.  
 Karen Rice, O.D.

## Patient referrals

**Legacy Devers Eye Institute sub-specialty services: cornea, glaucoma, neuro-ophthalmology, oculo-plastics and retina**

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**Legacy Devers Eye Institute—Memorial Eye Clinic**

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 503-413-7022

**Legacy Devers Eye Institute — Vision Rehabilitation Services**

Good Samaritan Building 2, second floor  
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**Legacy Devers Eye Institute—Emanuel**

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