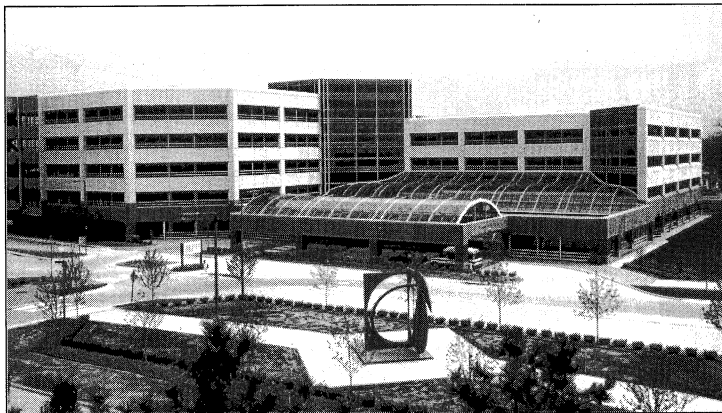


Welcome to the Eye Institute

On April 26, a dedication ceremony and open house marked the opening of the new Pomerantz Family Pavilion where the Eye Institute opened its doors to patients on February 19, 1996. The Eye Institute is the first to occupy the six-level Pomerantz Family Pavilion (PFP). Following in the future will be a multi-disciplinary family practice center, Otolaryngology — Head and Neck Surgery, Dental Institutes, the Iowa Women's Health Care Center, a geriatric clinic, and other clinics operated by Internal Medicine. On the east side of the pavilion, construction is also in progress for a fourth parking ramp. Once the building is fully occupied, it will be the largest ambulatory care center in the UIHC.



The Eye Institute opened in the newly built Pomerantz Family Pavilion on February 19, 1996.

Planning for the facility began in 1992. To anticipate a range of needs, a variety of employees met with architects, designers and assistant director of UIHC, Brandt Echternacht. Planners considered present activities as well as future needs — no easy task considering today's increasing rate of innovation and change in ophthalmology and health care delivery in general. Planning the new Eye Institute gave staff the opportunity to design a facility intended from the outset to be an ophthalmology department.

As the time came closer to the move, Claudia Wallick, office coordinator, attended meetings with representatives from Patient Scheduling and Registration, Housekeeping, Telecommunications, Facilities Services, Hospital Administration, and the Volunteer Program. Representatives of services within the department met weekly in the final days before the move to discuss such primary considerations as how to notify patients of the move and assist them in finding us, lunch service for patients needing to stay over

Eye Institute
Pomerantz Family Pavilion
University of Iowa Hospitals and Clinics

May 1996, Series 2, No. 29

the lunch hour and telephone service.

Each area had its own unique moving needs. Because much of the shelving from the old facility was to be re-used, areas such as the photo file room and the library had to box everything, requiring over 600 boxes, several days before moving. Even the five bricks that had been in the entry of the old C. S. O'Brien Library were moved and installed outside the entry of the new O'Brien Library next to the new A. E. Braley Auditorium. These conversation pieces, collected by Dr. F. C. Blodi from the University of Vienna, University of Heidelberg, Quinze-Vingts Institute for the Blind, Moorfields Eye Hospital, and the Army Medical Museum and

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INSIDE

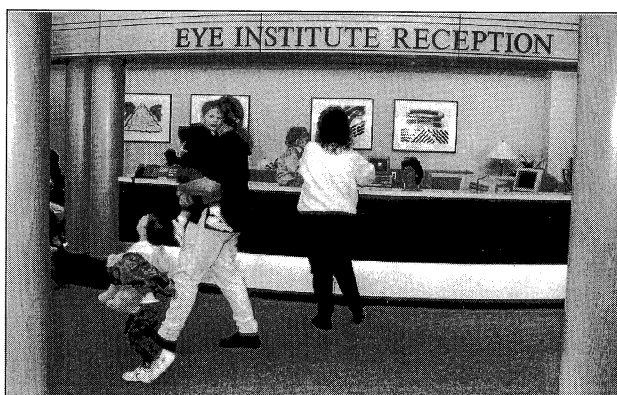
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The Eye Institute

Continued from page 1

Registry of Ophthalmic Pathology, commemorate Iowa's connections with famous eye clinics throughout the world.

On Friday, February 16th, no patients were scheduled after 12 noon and the packing and moving



became frenzied. Comments overheard in the hall while waiting in a long line of carts for an elevator caused general chuckles in the ranks: "Wagons-Ho" and "To boldly go where no man has gone before."

As with any new facility there were wrinkles to be ironed out. Mike Bresnahan, department administrator, efficiently dealt with glitches such as misplaced electrical and telephone outlets and rooms without locks. We were ready for the first patients in the new building by early Monday morning, February 19, 1996.

New Facilities Contain Many New Features

In moving from a facility of 47,400 square feet to one of 59,600 (gross) square feet, the department has been improved and modernized. A tour through the

new building reveals several points of interest: Patients enter the building through a glass canopy covering the registration and reception areas. A registration area just inside the PFP entrance allows patients to come directly to the PFP for their appointment without reporting to the main registration area inside the main entrance of the UIHC.

The new Ophthalmic Procedure Suite (OPS) replaces what was known, in the old location, as the "Minor Room." Jean Hill, RN, nurse manager,

explained that the name change reflects the belief that any time someone performs a procedure on a patient's eye, it is anything but minor to the patient. The OPS holds three procedure rooms, one of which is equipped with a Novatec Laser to perform photorefractive keratotomies (PRK). It is also equipped with several audiovisual devices to provide education without intruding on the patient. Video with interactive audio allows physicians in the procedure room to be viewed

from the conference room and hold conversations with those in the two conference rooms. One room has a remote control camera for viewing and recording oculoplastic procedures on videotape without crowding the room with extra people. Additional laser rooms are located near the Retina Clinic.

The Eye Institute has 53 exam rooms. These rooms are standardized so more than one subspecialty clinic can take advantage of them. There are eight 20-foot exam rooms in the Pediatric Ophthalmology Clinic equipped specifically for examination of children with strabismus and other special needs. The Pediatric Ophthalmology Clinic has its own waiting room complete with playhouse, and the clinic has sufficient space and staff to treat children five days a week, rather than 3 days a week as in the past.

The new building gathers administration into one office suite and faculty offices on two sides of the perimeter with secretarial work areas nearby. Residents share an office on the lower level equipped



The new Ophthalmic Procedure Suite (OPS) replaces what was known as the "Minor Room."

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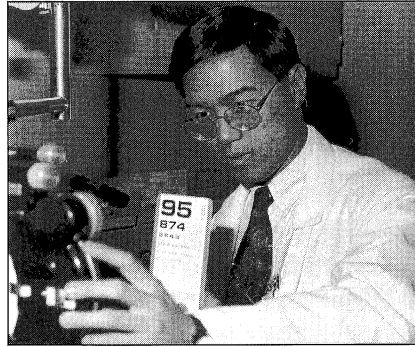
New Residents Begin

Three new residents began their training on January 2, 1996:



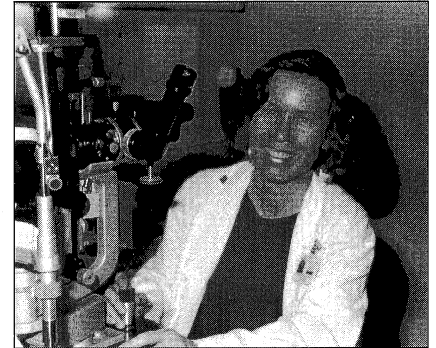
Dianna Bordewick, MD

Dr. Bordewick grew up on an Iowa farm and earned her MD from The University of Iowa. Prior to medical school, she attended Montana State University and earned a BA degree in biology from the University of Delaware. She completed her transitional year in the UI Department of Internal Medicine and then worked in the emergency rooms of several small hospitals in eastern and central Iowa. While Dr. Bordewick particularly enjoys spending time with her family, she has also found time to volunteer in the Iowa City public schools and at the Crisis Center, and she enjoys running, hiking, gardening, traveling, and reading. Her husband, Brett, is a junior high school life science teacher and coach for basketball, volleyball, and track. Daughter Veronica is a student at Northwest Junior High where she plays violin in the orchestra and is on the basketball, volleyball, and track teams.



Kean Oh, MD

Dr. Oh is a graduate of the BS/MD program at Northeastern Ohio College of Medicine. He completed his internship in Canton, Ohio. He also attended Kent State for two years before transferring to Northeastern. Outside his professional life, Dr. Oh enjoys running, biking, and skiing. Prior to arriving in Iowa City, Dr. Oh visited the island of Dominica as a volunteer physician. While he was there, three hurricanes (Iris, Luis, and Marilyn) struck, and Dr. Oh assisted with clean-up. One clean-up effort took place underwater in an attempt to clear away debris and sand deposited over the reefs! He says, "I truly developed an affinity for the Dominicans but also realized how lucky I was to have been raised in the United States."



Kristie Shappell, DVM, MD

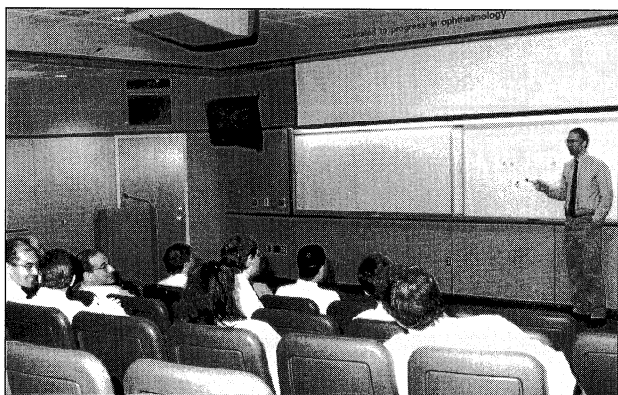
Dr. Shappell received her MD from the University of Rochester and recently completed an internship at Mary Imogene Bassett Hospital, Cooperstown, NY. Previously, she earned a BS in psychobiology from UCLA and a DVM from UC-Davis. She then served an internship in equine medicine and surgery at the University of Illinois and earned an MS during residency training in equine surgery at Michigan State. Before pursuing her medical career, she was assistant professor of large animal surgery at Ontario Veterinary College and visiting assistant professor of equine surgery at the University of Montreal. Dr. Shappell is married to Randy Krainock, DVM, and they have two sons, Lucas, age 3, and McKenzie, 2. Dr. Krainock is working on a PhD in pharmacology. As a family, they particularly enjoy outdoor activities and plan to do some canoeing near Effigy Mounds this summer. Dr. Shappell also comments that she really enjoys listening to the Iowa City National Public Radio station.

The Eye Institute

Continued from page 2

with a hospital computer workstation, work surfaces, and lockers.

The new A. E. Braley Auditorium seats 110 people. State-of-the-art computer, video and audio equipment allow presenters to use computer programs, opaque and transparent materials, pathology slides or videotape as well as traditional slide projection. When fully operational, the system will allow the audience to respond to questions via hand-held keypads and to see the breakdown of responses from other members of the audience.



The new Braley Auditorium is equipped with state-of-the-art computer, video and audio equipment.

New to the Eye Institute is the F. C. Blodi Conference Room. This room, which replaces the small conference room in the back of the old library, seats 16 to 24 people and is equipped with a video projector, TV monitor, videocassette player and dual slide projectors.

The C. S. O'Brien Library and Learning Resource Center is smaller, but makes better use of its space than did the old facility. The Learning Resource Center (LRC) has four new Pentium computers tied into the department's network.

Users of the LRC computers can perform MEDLINE and other database searches, use software to plan and present lectures and other presentations, examine and analyze research data, write papers, and surf the Internet for eye-related resources. (For more information, see the Ophthalmology Department's home page on the World Wide Web at <http://webeye.ophth.uiowa.edu>). Within a few feet of the computers are 2,000 books and 2,500 bound journals about the eye. The books are catalogued on an on-line

database accessible by any computer on the department's network.

The ophthalmic photography and videography services have been upgraded and enlarged. The modernized photography area has a spacious photographic suite on the first level with processing and developing areas including a larger dark room, more storage and a separate workroom, on the lower level. The photo file room also has more space giving the service room to grow.

A fiber-optic network links Eye Institute rooms to the Iowa Com-

munications Network Conference Room in the Pappajohn Pavilion. In the future the department will be able to participate in statewide continuing medical education and other telemedicine projects.

Research Laboratories Improved —

The larger ophthalmology research laboratories remain in the Medical Research Center: the Blodi Ocular Pathology Laboratory, the Molecular Ophthalmology Laboratory, and the Vascular Laboratory. However, smaller labs were moved, modernized and logistically improved. A sampling of these laboratories shows how thoughtful design and careful planning increase the ability to work efficiently and effectively.

Research assistant Jim Lane reports that the functionality of the Cornea Research Laboratory special exam room has improved considerably. This lab is in the first year of a five-year extension of an NIH grant to study tear film basic physiology.

The Electroretinography Laboratory has been enlarged. Besides lengthening the Faraday's Cage (the Copper Room), making it less claustrophobic, a darkened curtained area for dark adaptation testing was added, allowing Betty Follmer, ERG technician, to process three patients simultaneously.

Dr. Michael Wall's Visual Field Laboratory was previously housed in a cramped office/exam room. The new more efficiently designed laboratory houses Dr. Wall's VA-funded merit review grant research aimed at developing new types of visual field testing.

Continued on page 8

Obituaries

Jack A. Dillahunt, MD, died January 27, 1996 in Albuquerque, New Mexico. He graduated from residency training at Iowa in 1949. A native of Ohio, he received his MD degree from Ohio State University in 1940. He had been retired from practice for some time.

Glenn Ogden "Oggie" Frazier died December 12, 1995, at his home in Cantonment, Florida. A founding member of the Ophthalmic Photographers' Society, he worked in our department from 1954 until his resignation and subsequent move to California in 1976.

Luke Qi Jiang, MD, died of cancer November 23, 1995. Born in China in 1944, Dr. Jiang came to the U.S. in 1981, where he trained in ocular pathology and completed a fellowship in neuro-ophthalmology at The University of Iowa. He was an associate scientist and assistant professor of ophthalmology at Harvard Medical School, Cambridge, Massachusetts at the time of his death.

The *Iowa Eye* is published 2-3 times yearly by the Department of Ophthalmology for friends and alumni of the department.

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Mittelberg Moving

Catherine A. Mittelberg, OD, is leaving our department to move to Stevens Point, Wisconsin, where she will join a multi-specialty group on a part-time basis. Dr. Mittelberg says "I'm looking forward to spending more time at home with my one-year-old daughter, Tara, but I will miss the people in this department as well as the interesting patients." Dr. Mittelberg's husband, Neil Mittelberg, MD, plans to practice urology, also with a multi-specialty group.

Two Begin Fellowships

Richard J. Olson, MD, completed his residency training here on December 31, and immediately began a one-year fellowship in Pediatric Ophthalmology. He and his wife, Marilyn, who teaches piano, are very happy to stay another year in Iowa City. He says "Marilyn and I love it here and so do Stephen and Sarah" (their two children, ages two and four years).

Martin W. Mizener, MD, began a one-year glaucoma fellowship in July 1995. His is a familiar face since he has worked as an associate in our department for the past three years. His wife, Jane B. Mizener, will graduate from her ophthalmology residency training here in July 1996, at the same time he completes his fellowship.

Residents and Fellow Graduate

The following physicians graduated from their residency/fellowship on December 31:

Mark A. Alford, MD: Dr. Alford is remaining in the department helping out in Comprehensive Ophthalmology and Glaucoma for 6 months before beginning a 2-year fellowship in Oculoplastics in our department.

Thomas A. Oetting, MD: Dr. Oetting has joined a multi-specialty private practice in Jefferson City, Missouri.

Richard J. Olson: Dr. Olson is staying with us for one year as a pediatric ophthalmology fellow.

Keith D. Yap, MD (Pediatric Ophthalmology): Dr. Yap has joined a private practice in Kelowna, British Columbia, Canada.

Munden Joins Private Practice

Dr. Paul Munden and his family moved to Amarillo, Texas, in early January. Dr. Munden has joined a private practice there. Prior to joining the UIHC Department of Ophthalmology faculty as an assistant professor in the Glaucoma Service in July 1992, he completed a fellowship at Bascom-Palmer Eye Institute in Miami. He graduated from the Iowa ophthalmology residency training program in 1991.

Faculty Builds on Excellence

For the past 10 years, The University of Iowa Department of Ophthalmology has been ranked in the top 10 medical centers in the nation by *U.S. News & World Report*. This year proved no exception with our department ranked number six in the nation. Our outstanding faculty is certainly responsible for this recognition. Some recent achievements of some of our physicians include the following:

Wallace L.M. Alward - received \$50,000 grant from The Glaucoma Foundation for the study of molecular genetics of juvenile glaucoma; published *Color Atlas of Gonioscopy* (C.V. Mosby). Dr. Alward has been promoted to professor, effective July 1, 1996.

H. Culver Boldt - elected to the Macula Society.

Robert Folberg - Principal investigator on NIH grant for study of microcirculation of uveal melanoma; invited as only participant to Cambridge Symposium in United Kingdom to discuss uveal melanoma.

A. Timothy Johnson - Awarded College of Medicine grant in the amount of \$10,000 for study entitled "Molecular Genetic Analysis of Patients with Familial and Sporadic Aniridia."

Randy H. Kardon - Recipient of 5-year, \$600,000 Career Development Award from Veteran's Administration; Research Program Specialist for Ophthalmology for the Department of Veterans' Affairs Medical Research Service (\$298,900 for 5 years); James S. Adams Scholar Award from

Research to Prevent Blindness.

Ronald V. Keech - Chair, Training and Accreditation Committee of the American Association for Pediatric Ophthalmology and Strabismus.

William D. Mathers - Principal investigator for 5-year, \$600,000 grant from NIH for study of tear function in blepharitis and dry eye.

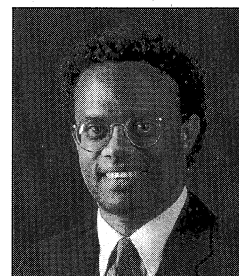
Edwin M. Stone - Principal investigator in numerous studies of molecular genetics of various eye diseases funded by NIH and other private foundations for a total of \$4,179,847 in grant funding.

H. Stanley Thompson - Chair, American Board of Ophthalmology.

Michael Wall - promoted to professor in Departments of Ophthalmology and Neurology, effective July 1, 1996.

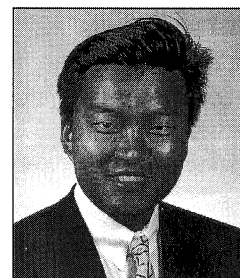
Thomas A. Weingeist - President, Association of University Professors of Ophthalmology; Senior Secretary for Clinical Education of American Academy of Ophthalmology; Vice Chair of editorial board for *Ophthalmology World News*.

Fellow in vitreoretinal diseases and surgery.



Jeremiah Brown, Jr., MD

Dr. Brown graduated from Harvard with a BS in biology. He completed his MD degree at the University of California, San Francisco/UC Berkeley and an MS in public health. During his residency, he has received the P.J. Leinfelder Research Award and a Knights Templar Foundation Award to investigate the genetics of dominant optic atrophy. He recently spent two months learning electrophysiology with Dr. Gerald Fishman at the University of Illinois, Chicago.



Donald W. Park, MD

Dr. Park received his MD and an AB in economics from Harvard. He trained in ophthalmology at California Pacific Medical Center, San Francisco. He has been awarded a 1996-97 Heed-Knapp fellowship. His research this past year encompassed many topics in medical retina and uveitis, including genetic linkage analysis in a peculiar pattern dystrophy and HLA-typing in phakic cystoid macular edema and vitritis.

Brown & Park Receive Heed Awards

Dr. Jeremiah Brown, Jr., and Dr. Donald W. Park have been awarded fellowships from the Heed Foundation for 1996-97. Dr. Brown will complete his residency June 30, then immediately begin a two-year fellowship in vitreoretinal diseases and surgery at Iowa. Dr. Park is completing the first of a two-year fellowship as a Heed

Comprehensive Ophthalmology on the Forefront of Change



*Dr. Mariannette Miller-Meeks,
Director, Comprehensive
Ophthalmology Service*

As early as her own residency training (graduated 1991), Dr. Mariannette Miller-Meeks saw a need for a training program more focused on comprehensive ophthalmology. With the advent of managed health care, her foresight has been vindicated. When she first thought of the need for more comprehensive ophthalmology training, she felt that smaller training programs might not have enough patient volume to adequately train in subspecialty areas, and there was not enough time allotted in larger programs for residents to pull all their subspecialty training together into a cohesive whole. Once residents trained in subspecialties, they needed time to collate their knowledge and hone their critical thinking and evaluation skills before going out into a private practice. Dr. Miller-Meeks feels that residents planning on a general practice need the very best training and should have strong role models because they will be on the

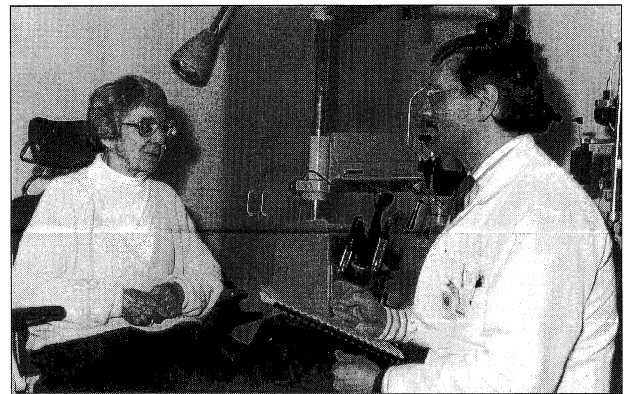
frontlines when they go out to practice.

Now Dr. Miller-Meeks has come back to Iowa to head the new Comprehensive Ophthalmology Clinic. She and Dr. Tim Johnson (also a former resident) have begun developing their ideas to assist in training residents to be comprehensive ophthalmologists and to build a broader patient base for the clinic. When residents leave their training at Iowa, they will be equipped to enter private practice with confidence and finely tuned skills. Of course, they will also have the knowledge and skills to enter further training in any subspecialty area.

The Comprehensive Ophthalmology Clinic now often treats patients who in the past would have been sent directly to a subspecialty clinic. For example, general (comprehensive) clinic residents now treat patients with TIA's, migraines, or nerve palsies rather than sending them immediately to neuro-ophthalmology. They also perform some of their own retinal laser treatments for diabetes, whereas formerly, all such patients would have been

referred and the resident who initially evaluated the patient might or might not have been further involved in their care. This is all done with the guidance of Drs. Miller-Meeks and Johnson who see 80% of all patients in the clinic and assist residents in developing their skills for assessing patient risk and determining who they can comfortably treat and who are high risk and require more specialized care. Thus, residents develop valuable practice parameters built on the knowledge and experience gained in subspecialty areas with experts and then develop confidence in their evaluation and treatment skills while working with a comprehensive ophthalmologist.

Many other changes are taking place in the area of comprehensive ophthalmology with the incorporation of new procedures in cataract surgery, i.e., the addition of phacoemulsification, foldable lenses, and sutureless surgery. The boundaries of practice are chang-



*Dr. Tim Johnson consults with
patient in clinic.*

Continued on page 8

Comprehensive Ophthalmology

Continued from page 7

ing and residents are also learning management and business skills to assist them in starting and building their own practice after training.

Because health care is changing so rapidly and training programs are sorely tested to become more cost effective, surgery training for residents is becoming more difficult. Training residents in surgery requires more time, resulting in longer use of operating facilities, fewer patients seen and higher costs. To address this problem, the comprehensive clinic plans to set up a surgery laboratory for phacoemulsion and eventually, laser phacolytic (when approved) to allow residents to develop more skill before actually entering the operating room. This will better utilize the hospital facilities and time. Residents are also spending more time practicing refraction and fitting contact lenses.

Since our resident training program has been expanded to four years (formerly three years followed by a six-month associateship), residents will now have time during their last year to build on knowledge gained in all the different subspecialty areas and develop their own parameters and critical thinking skills within the comprehensive clinic arena. This last year of training will be much like a practice in the "real world" but under the guidance of comprehensive ophthalmology faculty. They will also have time to learn management and business skills critical to succeeding in the world of managed care. In order to survive in practice, Dr. Miller-Meeks says ophthalmologists will

probably refer only 10 to 20% of their patients. Therefore, it is critical that residents have broad comprehensive training and confidence in their ability to evaluate and treat 80 to 90% of the patients who enter their office.

Our new comprehensive ophthalmology clinic is leading us into the world of managed health care. We are ready to train new ophthalmologists to meet this challenge as we continue to provide the very best patient care at lower cost while developing new knowledge and technologies.

New Eye Institute

Continued from page 4

Dr. Wall explained that his laboratory is "applying recent scientific advances with computer graphics technology to develop a new test, Spatial Localization Perimetry (SLP)." SLP is more patient-friendly and demonstrates higher sensitivity to detect disease than the standard perimetry methods in use today.

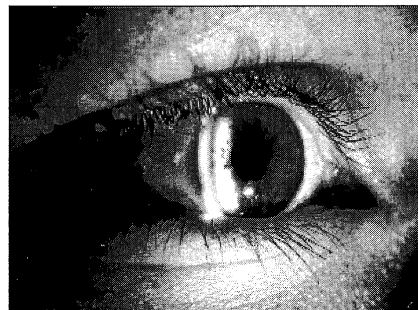
Dr. Randy Kardon's state-of-the-art laboratory for pupil studies contains advanced instrumentation to study the pupillary light reflex. Dr. Kardon and Dr. Stan Thompson have successfully produced a pupillometer and the software necessary to carry on clinical and laboratory investigations. The goal is to provide a more sensitive and objective method for early detection of blinding eye disease allowing prompt surgical and medical intervention before permanent visual loss occurs.

In short, our new Eye Institute combines the best and most up-to-date technology and design in modern facilities allowing our

outstanding faculty and staff to function efficiently at the highest level. We are poised to enter the 21st century with the ability to continue offering the very best in patient care, teaching, and research.

Trish Duffel

Ophthalmology Home Page



<http://webeye.ophth.uiowa.edu>

Sign on to our home page on the Internet to learn more about the department. We receive approximately 1600 "hits" per month from all over the world. It provides easy access to nearly every department employee via e-mail.

In addition you can schedule patients or make inquiries to the faculty about clinical problems. The Department of Ophthalmology "home page" is linked to many other organizations including the American Academy of Ophthalmology. Try it and let us know what you think. Send us your e-mail address and we will send you periodic notices.

Thomas A. Weingeist

O'Brien and Koke Remain Active Supporters



Lillian O'Brien at recent birthday celebration

Lillian O'Brien at 91 continues to be active and rightfully proud of her husband's many accomplishments as professor and head of the Department of Ophthalmology from 1925 to 1948. During a visit in February to Tucson, I stayed overnight in Mrs. O'Brien's home located on the edge of the Tucson National Golf Course. We sat in the warm sun looking out on the distant mountains. Large oranges were ripening on a tree near the patio and we were surrounded by flowers and prickly cacti in a rock garden. After a brisk walk several times around the patio, we dressed for dinner and drove to a nearby restaurant with the couple next door. Wouldn't it be nice if more of us could maintain our health throughout life and have the means to live in such surroundings?

Several months ago Mrs. O'Brien's younger sister, Peggy, died. They had remained good friends and lived within a couple of blocks of each other for many years. In her last will and testament, Peggy left nearly \$70,000 to

the department. These funds and a previous contribution from a trust fund of \$500,000 established by the O'Briens are being used to support research in age-related macular degeneration.

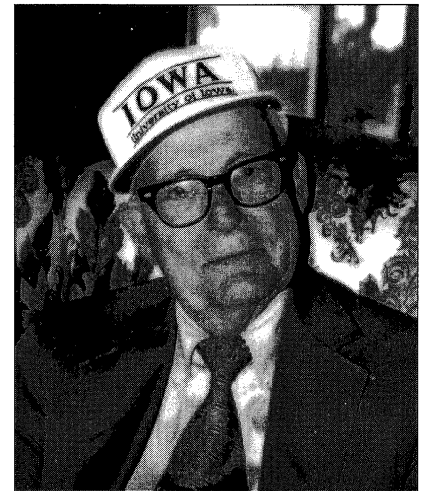


Lillian O'Brien: fast cars and a contemporary women

Lillian O'Brien gave up her driving license some years ago, but growing up in Minnesota, she was one of the first women to drive. Her father owned one of the first car dealerships and she drove even as a young teenager. At 91, she still enjoys riding fast.

Martin Koke, MD, completed his residency under C.S. O'Brien in 1941 and has remained a loyal Iowa supporter ever since. Without Dr. Koke's support it would not have been possible to upgrade the computers in the C.S. O'Brien Library nor maintain the outstanding collection of books and periodicals in the collection.

At the age of 86, Dr. Koke no longer practices ophthalmology, although he maintains his medical



Dr. Martin Koke with "Hawkeye" cap that I added to his collection of walking hats

license. During a recent visit to California, I had the opportunity to visit him in the home he built in the late 1940s that overlooks the San Diego harbor. He reminisced about Iowa City where he met and married his wife who passed away three years ago, the C.S. O'Brien days, and some of his contemporaries. For many years, the Kokes and O'Briens spent time together in San Diego. Dr. Koke and Mrs. Lillian O'Brien continue to see each other in San Diego where Mrs. O'Brien now spends her summer months.

Thomas A. Weingeist

Kolder Award Goes to Stacy Thompson

Stacy L. Thompson received the Hansjoerg E. Kolder Award for Excellence in Ophthalmology at the spring commencement ceremonies of The University of Iowa College of Medicine. The Kolder Award is given each year to the student who has shown the greatest promise of achieving the virtues and skills modeled and taught by Dr. Kolder: modesty, the highest clinical and surgical skills, pioneering research, unsurpassed teaching skills, loyalty and support for the university, and championship of patients and students.

Stacy Thompson has worked in Dr. Randy Kardon's lab as a research assistant for the past three summers. She has worked on several research projects and was co-author with Dr. Kardon on an article, "Pupil Perimetry: Methods of Threshold Determination and Comparison with Visual Responses," published in *Perimetry Update* 1994-95. She will begin her ophthalmology training here in July 1997.

Previous recipients of the Kolder Award were Christopher Hauptert, MD, now in ophthalmology training at Emory, and Brian Nichols, MD, PhD, who will begin his training here in July 1996.



Continues Recruiting

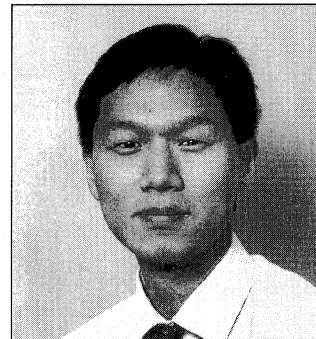
The Collaborative Ocular Melanoma Study now in its 10th year has been funded for an additional five years by the National Eye Institute. A clinical center is located in the department as well as the Photograph Reading Center for the entire project which includes nearly 40 clinical centers in North America.

The large-tumor trial completed recruitment in December 1994. Reports regarding the efficacy of external beam irradiation followed by enucleation vs. enucleation are expected in the coming year. The medium-tumor trial of I-125 plaque vs. standard enucleation continues. We are experiencing our best recruitment year since the study began. Dr. Culver Boldt is co-principal investigator of our clinical center and is helping with studies involving the Photograph Reading Center. The COMS continues to have an unsurpassed record of fewer than 0.5% misdiagnoses among enucleated eyes. Most misdiagnoses proved to be occult adenocarcinomas from the lung or undetermined sites which failed to be detected by routine metastatic studies.

If you have patients who are eligible for inclusion in the COMS and would like to refer them to The University of Iowa, contact Connie Fountain at 319/356-3940. She will coordinate the most efficient way for us to evaluate your patient. Alternatively, contact Culver Boldt or me.

Thomas A. Weingeist

Kwon Appointed



Young H. Kwon, MD, PhD, has been appointed assistant professor of ophthalmology on the Glaucoma Service, effective August 1, 1996. Dr. Kwon is currently completing a glaucoma fellowship under the guidance of Dr. Joseph Caprioli at the Department of Ophthalmology and Visual Science at Yale University. He received his MD from Yale and a PhD in neuroscience and a BS in biology from Massachusetts Institute of Technology. He completed his ophthalmology residency at Harvard.

Dr. Kwon is currently conducting research on "optic disc analysis of patients with glaucoma using confocal laser scanning ophthalmoscopy, HRT" and a "novel way of presenting visual field data emphasizing defect location as well as defect amplitude."

Dr. Kwon is married to Laurie Collier who is a pianist and plans to teach part-time. They have a 4-year-old son, Ogi Kwon. In his spare time, Dr. Kwon enjoys running and reading history.

Looking Forward is the theme for the annual Iowa Eye meeting scheduled for **September 19-21, 1996**.

Among the invited guests will be

H. Dunbar Hoskins, MD

Executive Vice President
American Academy of Ophthalmology
San Francisco, California

Dan B. Jones, MD - Braley Lecture

Professor and Chairman
Cullen Eye Institute
Houston, Texas

Carl Kupfer, MD - Wolfe Lecture

Director - National Eye Institute
Bethesda, Maryland

Ronald E. Smith, MD

Professor and Chairman
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This meeting will be a time to reflect on past accomplishments in ophthalmology and to speculate about the future. If you are interested in participating, please contact Dr. Jeffrey A. Nerad or Dr. H. Culver Boldt who are coordinating the program. Saturday will be devoted to multiple concurrent subspecialty conferences. Whether you devote all or part of your time to a subspecialty area, you will be able to attend any of these sessions. You will also have the freedom to go from one session to another if you wish. This is a new format we are trying this year and may consider doing periodically in the future.

We hope you will plan on staying over on Saturday evening to attend the Thompson Corn Party as well. We hope the Thursday evening reception in the Eye Institute will be a very special occasion. So make plans and let us know if you plan to attend. We have already received a large number of responses and need more input from you to finalize our plans. A pre-registration program will be distributed in the coming weeks.

Thomas A. Weingeist

UPDATE

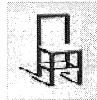
Ten years in the making. Presentations to the Iowa Board of Regents and State Certificate of Need Committee and careful coordination between university staff, the architectural firm of Hansen Lind Meyer and hundreds of committee hours involving nearly all members of the department have resulted in one of the most contemporary and efficient ophthalmology physical structures in the country.

Until we relocated to the Pomerantz Family Pavilion from the General Hospital, many of us did not really appreciate the limitations and constraints we had faced daily. The Pomerantz gift was given with love and gratitude by a family who is truly thankful to be able to give "something back to their society." The bricks and mortar are essential ingredients for continued success; however, the Pomerantz Family understands that the foremost ingredient to any success we achieve is the people who make up the ophthalmology team.

Now with changes in healthcare, we are faced with very

difficult challenges. For the first time at this institution, jobs are being eliminated and salaries of some faculty and staff are being reduced. These are not easy times, especially for those directly affected. Nor are they necessarily easy for the survivors who maintain their jobs or receive pay increases. However, I believe with careful planning and cooperation we can maintain the quality of care that our patients deserve, become more efficient and reduce costs so that our survival is assured.

110 Chairs in Ophthalmology



This fund-raising campaign is another phenomenal success and a testament to the generosity of alumni and friends in all parts of the world. We have nearly reached our goal and with it our main objective to provide an endowment for maintaining the educational facilities in the new Braley Auditorium.

We have had help from many people besides those who contributed financially. Byron Burford allowed us to use his elegant painting of circus chairs which

now hangs in the Iowa Memorial Union State Room restaurant. With the staff at the University of Iowa Foundation, a brochure was designed which now has won two prizes: the Addy award and a Gold Award for Visual Design in Print given by the Council for the Advancement and Support of Education.

The Braley Auditorium is proving to be everything we had dreamed it would be. With each succeeding conference we improve our ability to utilize the new technology. Power Point slide presentations, large screen projection of video tapes, x-rays, CT scans, and diagrams as well as single and dual projection of two-by-two slides provide many exciting possibilities. In addition the room is connected to the Iowa Cable Network which spans the state and the Orthopedic Auditorium located within a 100 yards. CD-ROM computer disks can also be displayed. Before the September annual Iowa Eye meeting, we expect to purchase the computer keypads necessary for interactive programs.

Thomas A. Weingeist

Iowa



Eye Institute

Pomerantz Family Pavilion

University of Iowa Hospitals and Clinics

200 Hawkins Drive

Iowa City, Iowa 52242-1091

Nonprofit organization

U.S. Postage

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Iowa City, Iowa