In his tenth year at UC Irvine (UCI), Dr. Roger Steinert, founding Director of the Gavin Herbert Eye Institute (GHEI), was named the interim Dean of the UCI School of Medicine. Since July 1, 2014, Dr. Steinert has been responsible for the medical education of hundreds of medical students, interns, residents, fellows and basic science researchers along with overseeing more than 900 faculty members.

As Dean, Dr. Steinert partners with the UCI administration and the CEO of the UCI Medical Center, Terry Belmont, to ensure the success and quality of all patient care services. “I’m really enjoying this opportunity to have a great positive impact, first in ophthalmology, and now on a much larger scale,” shares Dr. Steinert.

While a national search is underway for a permanent dean, Dr. Steinert is continuing his role as GHEI’s Director, with Barry Kuppermann, MD, PhD, serving as interim Chair of Academic Affairs and Sumit (Sam) Garg, MD, as the interim Chair for Clinical Ophthalmology.

“A Shining Example

“Opening the doors of the new Gavin Herbert Eye Institute building last year was the most exciting moment of my professional life,” Dr. Steinert declares. “Built 100% through philanthropy, it is a catalyst for increasing clinical and translational research to improve patient care and outcomes: We have emerged as a national and international leader in ophthalmology. I’m happy to lend my experience to the dean’s office.

“The eye institute is a huge presence on the UCI campus and a major part of achieving the School of Medicine’s goals for patient care and innovation. I cannot emphasize enough how critical the support of the community is in taking the medical school to the next level. We will continue to build up and develop our departments and centers in other areas of medicine in the near future. Plans are already under way.”

In This Issue

Improving Glaucoma Treatment From The Clinic
Pediatric Vision Program
Join Us in Granting The Gift of Sight
Welcome Retinal Surgeon Dr. Mitul Mehta

SHINE THE LIGHT

Thank you for supporting the Shine The Light Campaign

Gifts of $25,000 and above received since January 1, 2014, to support construction of the Gavin Herbert Eye Institute:
- Abbott Medical Optics
- Loraine and Robert M. Sinskey, MD
- The Robert M. Sinskey Foundation

Gifts of $25,000 and above received since January 1, 2014, for research:
- Geneva M. Matlock, MD
- Polly and Mike Smith
- Nancy and Jeff Stack

Legacy Gifts of $25,000 and above:
- Judith and Charles Fritch, MD
- Josephine Gleis
- Gavin S. Herbert
- Diane and Harry Johnson
- Beth R. and Walter A. Koehler
- Beth L. Koehler
- Geneva M. Matlock, MD
- Kathleen and Dan McWard
- Kay Tseng

20/20 Society
Friends in Vision Gifts of $2,500 and above:
- Anonymous
- Anonymous
- Nancy and Paul Arensen
- Glenys and Jim Slavik
- April and Roger Steinert, MD

For more information about the Gavin Herbert Eye Institute, please call (949) 824-0091.
Glaucoma is a condition that causes optic nerve damage, usually due to high eye pressure. It first affects peripheral vision, but later causes central vision loss and could lead to complete blindness. Risk factors include a family history, age, race and high pressure in the eye. An estimated 2 to 3 million Americans suffer from glaucoma, but up to half of them aren’t aware that they have it.

“Glaucoma can occur with no pain, redness or change in appearance of the eye, so the majority of patients are not diagnosed until they are in advanced stages of the disease,” explains Sameh Mosaed, MD, Director of Glaucoma Services at the Gavin Herbert Eye Institute (GHEI). “Patients may not notice anything is wrong until they experience vision loss from glaucoma, which is irreversible. Today’s treatments can only prevent further damage.”

### Current Treatments
Managing glaucoma requires regular monitoring and care. While patients typically begin treatment of glaucoma with eye drops, there can be side effects and other issues. Remembering to put with eye drops, there can be side effects typically begin treatment of glaucoma monitoring and care. While patients experience vision loss from glaucoma, which is irreversible. Today’s treatments can only prevent further damage.”

### Experience is Key
If eye drops or pills aren’t effective in controlling the glaucoma, the ophthalmologist may recommend a surgical procedure based on the severity of the condition. Laser surgery may be used for less severe cases. Incisional surgery is the next option. Finally, a device that helps to drain fluid in the eye may be implanted to help achieve normal eye pressure, since the natural drainage system is blocked.

### Continuing Our Shared Vision
As joint interim Chairs, we are excited to share with you how much the Gavin Herbert Eye Institute is growing and achieving in providing outstanding patient care, performing sight-saving research, educating future eye care innovators and giving back to our community’s children.

Thank you for supporting our world-class faculty and partnering with us in the important work of preserving, restoring and saving vision in Orange County and beyond. For information on how you can help, please contact Janice Briggs, Executive Director of Development, UC Irvine Health Advancement, at (949) 824-0091.

Sincerely,
Barry Kuppermann, MD, PhD
Interim Chair, Academic Affairs
Sumit Garg, MD
Interim Chair, Clinical Ophthalmology

### FACULTY MEMBERS

**Comprehensive Ophthalmology**

- M. Cristina Kenney, MD, PhD
- Linda Lippa, MD

**Cornea & External Disease & Refractive Surgery**

- Marjan Farid, MD
- Vice Chair of Ophthalmic Faculty

**Glaucoma**

- Sumit (Sam) Garg, MD
- Interim Chair, Clinical Ophthalmology
- Supervises the glaucoma specialist program at the institute
- Interim Dean, School of Medicine

**Neuro-Ophthalmology**

- Robert Wade Crow, MD

**Oculoplastics**

- Jeremiah Tao, MD

**Ocular Pathology**

- Donald S. Minckler, MD

**Pediatric Ophthalmology**

- Robert W. Lingua, MD
- Jennifer Simpson, MD

**Stem Cell Therapy**

- Barry Kuppermann,MD, PhD
- Interim Chair, Academic Affairs
- Interim Chair, Clinical Ophthalmology

“Improve glaucoma treatment”

- Barry Kuppermann, MD, PhD
- Sumit (Sam) Garg, MD

“Experience is Key”

- Barry Kuppermann, MD, PhD
- Sumit (Sam) Garg, MD

“Continuing our shared vision”

- Barry Kuppermann, MD, PhD
- Sumit (Sam) Garg, MD

“Make an appointment today”

- Barry Kuppermann, MD, PhD
- Sumit (Sam) Garg, MD
FIGHTING TO BE SEEN

KEEPING OPHTHALMOLOGY IN THE MEDICAL SCHOOL CURRICULUM

Exposing a Blind Spot
“Ophthalmology—misguidedly—to not perceived as a core medical discipline,” shares Dr. Lippa. “In the last 50 years, the hours dedicated to ophthalmology rotations in medical school curriculum have plummeted. The eye holds many clues to systemic disease diagnosis and management in general medicine. Also, medications routinely prescribed by generalists can have potentially blinding side effects. Ophthalmology is an inherent part of delivering better overall healthcare to patients.”

Dr. Linda Lippa’s first step was to scientifically demonstrate the gap in ophthalmic knowledge and skills in medical students. To do this, she created a learning and diagnostic tool that combined a mannequin head with photographic slides of actual patients’ retinas to test eye examination skills. The dire performance documented in her study, based on data collected on an entire class of UC Irvine (UCI) medical students over their 4 years of medical school, prompted the inclusion of the tool into the statewide clinical skills assessment exam. It then became clear that the skills deficiency was widespread.

Focusing on Solutions
Having highlighted further worrisome skills deficiencies in subsequent studies, Dr. Lippa has worked tirelessly and in the face of considerable resistance to help UC and medical colleges throughout the country and world to put ophthalmology back into the medical curriculum. At UCI, Dr. Lippa instituted an integrated 4-year curriculum, infiltrating rotations with relevant ophthalmic content.

“By organizing medical student educators into a group now formally incorporated into AUPO, I’ve served as a mentor and encouraged collaboration on teaching tools and strategies to plug gaps in individual school curricula across the country. In serving as AAO’s representative to the Association of American Medical Colleges, I’ve met with clinical deans and skills directors to share why ophthalmology is important and relevant to best practices of general medicine. As I’ve mobilized educators to gather intelligence and spread our message, this has really become a movement,” says Dr. Lippa.

“I’m incredibly gratified to be noted for my work over the last 12 years to get ophthalmology recognized in general medicine. Medical students need to be inspired to pay attention to the eye, and teaching them gives me an incredible thrill.”

“The Pediatric Vision Program will help us to detect ophthalmic issues in children early enough to protect their future vision.” — Robert Lingua, MD

“Medical students need to be inspired to pay attention to the eye, and teaching them gives me an incredible thrill.” — Linda Lippa, MD

Dr. Linda Lippa received an award for championing the inclusion of ophthalmology, in the medical school curriculum.

Earning for Eyes
While $1.5 million in funding will be provided by CFCOC, the other $1.5 million must be raised through philanthropy in the community. Funds will go toward photoscreening devices for schools and a Mobile Eye Bus that will have a presence in all of the school districts. Pediatric optometry personnel staffed by GHEI will write glasses prescriptions, do follow-up eye exams and make referrals to ophthalmologists, all from the bus. Tracking software to measure the initiative’s impact now—and for years to come—will also be needed.

School readiness nurses will perform the bulk of the screenings in public preschools throughout Orange County. Photoscreening technology allows vision testing for focus, pupil size, alignment, clarity and light reflex to be achieved in seconds. A software system could be used as a follow-up tool to monitor the results of referral, treatment and child compliance with eye wear in schools.

“The hope is that all 100,000 Orange County children aged 3 to 5 years old will benefit,” says Dr. Lingua. “The Pediatric Vision Program will help us to detect ophthalmic issues and the need for eyewear in children early enough to prevent interference with learning and to protect their future vision.”

For more information on how you can support the Pediatric Vision Program, please contact Janice Briggs at (949) 824-0091.

The photosix® photoscreener (above) will help school readiness nurses to quickly perform vision screenings in preschool children, as part of Orange County’s Pediatric Vision Program.

SETTING SIGHTS ON IMPROVED VISION FOR THE CHILDREN OF ORANGE COUNTY

“This fall, the Gavin Herbert Eye Institute (GHEI) is helping to implement a $3 million Pediatric Vision Program in preschools throughout Orange County. Two years in the making, the program is the result of a partnership with Children and Families Commission of Orange County (CFCCOC) and Children’s Hospital Orange County (CHOC).

State funds from Proposition 10 earmarked for improving the lives of children from 0 to 5 years of age in each county are supervised by a commission called First Five, or in Orange County, CFCCOC. “Vision became a priority for CFCCOC in 2012, and as Director of Pediatric Ophthalmology at the institute, I was invited to help lead this program,” recalls Robert Lingua, MD.

“Timing of detection, evaluation, treatment and monitoring is very important for vision issues,” Dr. Lingua emphasizes. “Interference in visual perception in children can become set in the brain and threaten adult vision potential. Even though you can focus an eye with a contact lens or eyeglasses, a clear image in the eye cannot be seen by the brain if it has not done so before 9 years of age. The leading cause of poor vision in one eye in people under 40 years old is amblyopia or lazy eye, which can be easily treated if caught early. By 6 years old, amblyopia treatment has limited success.”

“Fighting to be Seen Pediatric Vision Program will help us to detect ophthalmic issues in children early enough to protect their future vision.”

In the face of considerable resistance to help UC and medical colleges throughout the country and world to put ophthalmology back into the medical curriculum. At UCI, Dr. Lippa instituted an integrated 4-year curriculum, infiltrating rotations with relevant ophthalmic content.

Dr. Linda Lippa, MD, is the inaugural recipient of the American Academy of Ophthalmology (AAO) and Association of University Professors of Ophthalmology (AUPO) joint Award for Excellence in Medical Student Education. The Director of Medical Student Education at the Gavin Herbert Eye Institute, Dr. Lippa is being recognized for her work to preserve ophthalmology training in the medical school curriculum.

The Pediatric Vision Program in preschools throughout Orange County will benefit,” says Dr. Lingua. “The Pediatric Vision Program will help us to detect ophthalmic issues and the need for eyewear in children early enough to prevent interference with learning and to protect their future vision.”

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“Medical students need to be inspired to pay attention to the eye, and teaching them gives me an incredible thrill.” — Linda Lippa, MD

““The Pediatric Vision Program will help us to detect ophthalmic issues in children early enough to protect their future vision.” — Robert Lingua, MD
A as an undergraduate student at UC Davis, Sameh Mosaed, MD, knew that she wanted to go into medicine. While earning her medical degree at New York Medical College, Dr. Mosaed focused in on a specialty.

“I had initially decided to go into pediatrics because I was interested in healthcare for kids,” remembers Dr. Mosaed. “But then I went into the operating room for the first time. One trip was all I needed to convince me that I needed to be a surgeon.”

After completing her residency at Mount Sinai Hospital in New York City and a glaucoma fellowship at UC San Diego, Dr. Mosaed joined the faculty of the Gavin Herbert Eye Institute (GHEI). “I knew all along that I wanted to teach, do research, and see patients in the clinic. As an ophthalmologist, I get to treat children and adults of all ages and interface with whole families. Also, when you treat patients for glaucoma, you develop a relationship that lasts over many years.”

As Director of Glaucoma Services at the institute, Dr. Mosaed oversees the treatment of all glaucoma patients as well as the training of glaucoma residents and fellows. She also served as the Director of Glaucoma at the Long Beach VA for 8 years. Her research on novel, less invasive glaucoma therapies has given keynote lectures and led invited to be a visiting professor. She is an internationally recognized expert and is highly sought after for the surgical treatment of complex cataracts, as glaucoma patients often have special circumstances that make cataract extraction more challenging. She has given keynote lectures and led training sessions around the country and abroad, including in Paris, Vancouver, London, Sao Paulo, and Bogota. She also serves as an Associate Examiner for the American Board of Ophthalmology. In addition, Dr. Mosaed has been highly involved in many national and international clinical trials concerning the safety and efficacy of surgical treatment for glaucoma management. She is a valuable asset at the institute.

Coming Full Circle

At GHEI, Dr. Mosaed is happy to be serving patients in Orange County, where she was raised. “I’m a product of the public school system from kindergarten all the way through to the University Of California. “It feels great to be giving back to the community that has given me so much. I see patients daily that are referred to me from both near and far, and I’ve been able to tailor their treatment with the numerous techniques we have available at the institute. ‘Every day in the clinic is a breakthrough. Just today I saw one of my patients, a 5-year-old boy, playing on a video game while waiting for his appointment. When he was 3 months old, I was able to save his sight by performing surgery on him for glaucoma in both eyes. He has great vision now. Seeing him enjoying his vision is tremendously gratifying. Being in the position to impact the lives of people in this way is a profound privilege, and I am honored to carry out this work.”

Dr. Sameh Mosaed in her lab.

“Being in the position to impact the lives of people in this way is a profound privilege, and I am honored to carry out this work.” — Sameh Mosaed, MD

A as a community, we’ve accomplished a monumental achievement: The state-of-the-art Gavin Herbert Eye Institute building—funded entirely by philanthropy—opened its doors last year after a decade of planning and hard work. Now, our dedicated clinicians and researchers have a beautiful, cutting-edge home to treat and care for patients.

The story doesn’t end there. To stay on the forefront of patient care and innovation, we rely on private funding for research that will make future eye treatments and cures for blindness available first in Orange County, then throughout the world. As research grants have become less available, private research support is critical to sustaining our important work of restoring and saving sight, advancing research on new therapies and training future ophthalmologists.

Legacy donors, who provide gifts of their estate or structured planned gifts, help us to continue this important research in times of scarcity. Joining the 20/20 Society is another way to help. Your annual gift enables our world-class faculty to perform groundbreaking research and truly advance vision care. It also gives you access to invitation-only events where you can hear about the latest milestones in our mission.

JOIN US IN

GRANTING THE GIFT OF SIGHT

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To eradicate preventable blindness by the year 2020.

We are grateful for your continued partnership. For more information on how you can help, contact Karen Kirkbride at karen.kirkbride@uci.edu or (949) 824-1677.

A CURE FOR HER NEW NORMAL

For over a decade, Heike Rau’s left eye—with its frequent inflammation, light sensitivity and involuntary tearing—drew blank stares. The many physicians who examined and treated her couldn’t pin down a diagnosis, but prescribed steroid eye drops that she needed to use constantly. Rau’s painful condition became her “new normal.”

The chronic PUK led to blood vessels forming over Rau’s eye, causing scars to form. “The symptoms ebbed and flowed,” recalls Rau. “It felt like little pins poking into the eye, which would become extremely inflamed, red and sensitive to any mildly bright light, even indoors.”

Dr. Steinert determined that the accumulation of scar tissue could threaten her vision in the long run, as the buildup approached her pupil. He recommended surgery to relieve and cure Rau’s PUK.

After the outpatient procedure, Rau was back to work within a matter of days and considered herself fully recovered within two weeks. She now comfortably enjoys outdoor activities and no longer experiences the kind of inflammation and watering that had forced her to wear sunglasses indoors. She credits the Gavin Herbert Eye Institute’s Dr. Steinert with restoring her vision.

“I thought it was something I’d have to live with for the rest of my life,” says Rau, who now sees no trace of the disorder. “There are more serious illnesses and surgeries that one can have, but this was a tremendous quality of life improvement for me. I am very grateful to Dr. Steinert and his team at the institute.”

Thanks to Dr. Roger Steinert, Heike Rau’s rare and painful eye disorder was diagnosed and treated successfully.

Unveiled on September 9, 2014, the Donor Wall at the institute (left) recognizes our generous community members who are dedicated to furthering sight-saving research. Donors including Dr. Geneva Matlock (right), pictured with Dr. Roger Steinert, discussed new eye care innovations with GHEI faculty members at the annual Shine the Light Reception.
In August, Mitul Mehta, MD, MS, joined the Gavin Herbert Eye Institute (GHEI) faculty as Clinical Assistant Professor of Vitreoretinal Diseases and Surgery. Along with seeing patients, he instructs residents and fellows and performs research on designing new medical devices for treating the retina.

Dr. Mehta learned to read patient charts and bills as a child at his father’s medical practice in Hemet in Riverside County. “My father had always wanted me to go into medicine, but I studied computer science, engineering and finance when I attended MIT. But after volunteering at a hospital, I realized that medicine was more of my calling than the tech world,” Dr. Mehta recalls.

During his first summer break from medical school at USC, Dr. Mehta was encouraged by his father to meet all of the doctors in Hemet to gain clarity on what specialty to choose. Dr. Mehta’s choice was made when he later performed an ophthalmology rotation at GHEI under Dr. Stephanie Lu and Dr. Sumit (Sam) Garg, who were senior residents at the time.

After completing his residency at the University of Cincinnati and a retina fellowship at the New York Eye and Ear Infirmary, Dr. Mehta was excited to return to California, live closer to his family and become a part of the program that first sparked his interest in ophthalmology.

“Everyone on the faculty is so friendly,” says Dr. Mehta. “I look around and am in awe of how lucky I am to be here. It’s been an amazing experience so far.”

Dr. Mitul Mehta is a Clinical Assistant Professor of Vitreoretinal Diseases and Surgery at GHEI.