



**Annual Report 2002**

**Sight for Life**

# 1. The Save Sight Institute Vision and Mission



*The Save Sight Institute is located on the historic site of Sydney's first hospital and shares this home with the Sydney Eye Hospital*

Sight  
for Living,  
Sight for Life!

Established on 6 May 1985, the Save Sight Institute is a not-for-profit organisation working with government and community to save sight. Its work and its vision provide a unique fusion of scientific endeavour, clinical excellence and community spirit!



## Our Vision:

**Sight for Life**  
for the whole community.

## The Mission:

**New Knowledge Creation**  
to save sight.

## Research Focus:

**Eye Disease &  
Vision Science**

ensuring that the unsolved blindness of today becomes curable and preventable tomorrow.

**Communication  
Technologies**

exploiting digital media to train the next generation of eye doctors; increase community awareness and extend eye health services to remote and rural communities.

**Community Service &  
Eye Care**

developing eye health services, diagnostic tools and screening programs for prevention of eye disease.

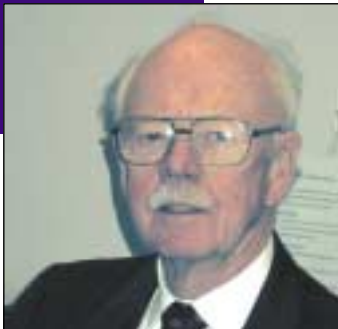
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New Knowledge  
Creation to  
save sight

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### 3. President's Report



The Save Sight  
Institute...  
an internationally  
recognised eye  
and vision  
research Institute

This report details a year of significant and exciting progress. Following the annual meeting held on 16<sup>th</sup> September 2001 I was honoured to be re-elected as your President for the year ahead. The Institute is particularly indebted to the support provided by NSW Lions to us and to our sister organisation, the Lions NSW Eye Bank. The close link we have with Lions is maintained with three members of our Council elected each year at their annual conference. This year they re-elected Deputy President Mr Alan Judd, and Mr Greg Dunn and elected Ms Michele Bentley. We thank Mr Syd Hyett for the years of his service and contribution to Council and Ms Donna Greaves, who, having served for three years, did not stand for re-election. Mr George Harris BA LL.M Partner of Baker and McKenzie and a Member of the Board of Foresight was elected to Council. We warmly welcome him and Ms Michele Bentley.

You will see from the annual accounts that the finances of the Institute improved significantly during 2002 with income increasing 30%, to almost \$2m, all deficit accounts being eliminated and reserves increasing 48%. Most of this income is from research grants for specific purposes complemented by the State Government Infrastructure grant that funds the facilities and staff supporting the research scientists. While only about 10% of our income is from donations, it is very important in that it provides for some discretionary spending on things we could not otherwise do.

During 2002 the fund raising sub-committee of Council made further progress with the fund raising plan developed earlier. With much help from the staff and volunteers led by Council member Caroline Wilkinson a fund raising mail appeal was posted in May 2002 and had an excellent response. We again invited people to become Members of the Save Sight Institute for a year by donating \$250 or \$1,000. Council has since created three categories of Membership, Ordinary Members who donate \$250, Silver Members who donate \$500 and Gold Members who donate \$1,000 and over. We thank all those who became Members and made this vital contribution to the success of the Institute. We have listed their names in this report.

ObjectiVision Pty Ltd made good progress with commercialisation of "AccuMap" the objective perimeter developed by and from research carried out at the Institute. The first sales of this impressive machine were made and the Institute received its first royalty payment. A program of clinical trials was developed and initiated in Australia and overseas. A number of improvements were made to the commercial machine, which is being sold in Australia and New Zealand by OPSM Ltd.

The Save Sight Institute reports to the Senate of the University through the Pro Vice-Chancellor Health Sciences Professor John Young. We thank him for his support since the Institute was established in 1985. We were saddened to learn of his illness last year. We wish him well.

The progress made this year continues to add to the stature of the Save Sight Institute as an internationally recognised eye and vision research Institute. You can gain some idea of the scientific progress being made from reading the details of the papers published during the year by our scientists. May I thank the Director, Professor Frank Billson, the Research Director, Professor John McAvoy, members of Council, the research scientists, the clinicians and the staff for their dedication and support and for sharing our vision of Sight for Life.

**Ken Coles AM**

## 4. Director's Report



Our vision is to  
prevent and cure  
blindness and  
achieve sight for life

The year 2002 was important for research and international recognition for the Save Sight Institute (SSI) in the University of Sydney and for the profession of Ophthalmology in Australia. It was a year in which the profession, industry and all those associated with Ophthalmology in Australia agreed to make the International Congress the principal focus of all efforts on this historic occasion of the first meeting to be held in Australia, with Sydney Darling Harbour as the venue.

The organising committee included the Director who was also the Honorary President. The University of Sydney celebrated the occasion with a dinner hosted by the Chancellor and Vice-Chancellor to honour the distinguished visitors.

The SSI staff involvement in the Congress included presentations and symposia by Professor Jan Provis, Professor Paul Mitchell, Dr John Grigg, Dr Mark Gillies, Dr Kathy McClellan and Dr Con Petsoglou. The Academia Ophthalmologica Internationalis provided a special program in the meeting. The Director on behalf of the Academia organised a symposium "The choroid circulation in age-related macular degeneration". Among the highlights of this symposium was Professor Jan Provis of the Institute who spoke on her work on the development of the human macula and the reasons for its vulnerability to the disease. Professor Max Bennett lectured on plasticity of the human brain, which was a further highlight of the meeting.

Professor John McAvoy is leading and organising the International Congress for Eye Research (ICER), which will be held in Sydney in 2004. The SSI is the address of the Congress organisation, further adding to the SSI's international recognition.

The SSI infrastructure support for research has continued, providing \$139,000 for the Blue Mountains Study into the epidemiological study of age-related eye disease led by Professor Paul Mitchell and \$260,000 to the SSI on Macquarie Street for its clinical and laboratory research. The Blue Mountains Study from Westmead has been extended to include deafness and genetic epidemiology is further planned for 2003-2004. The Institute and ObjectiVision shared \$1.27 million research and development grant from the Federal Government through the AusIndustry R & D Start Program Grant.

One important measure of the contribution of an institution to research is the number of young people given opportunities to undertake training in research through postgraduate degrees. In 2002, there were 27 such students. Nineteen undertook degrees by research from the Macquarie Street site of the SSI; 10 of them PhDs. We congratulate Dr Jerry Vongphanit and Dr Kathy Wu for being awarded their postgraduate degrees in 2002. Degrees by course work and treatise are being completed by eight students at Westmead.

In addition to the SSI, teaching of students in the Graduate Medical Program of the University of Sydney also provides opportunity for students to do honours projects.



## 4. Director's Report *(continued)*

The SSI Laboratory research chaired by Professor John McAvoy continues studies into the mechanisms of eye disease. The addition of important major technology in the form of confocal microscopy and ocular coherence tomography complement and further strengthen the Institute's strength in understanding the structure of the human eye and its development.

Clinical trials of new therapies to assist in the management of diabetes and age-related macular degeneration were continued by Dr Mark Gillies. Triamcinolone Acetonide for which the Institute holds intellectual property has become a major focus of commercial interests and of clinical trials in the USA and Australia.

The SSI teaching activities in vocational training continued in the annual joint symposium of the Sydney Eye Hospital Eye Registrars. The focus in January 2002 was on corneal external eye disease. Professor Douglas Coster of Flinders Medical School and Dr Kathy McClellan of the SSI University of Sydney gave the Claffy Memorial Lectures. The meeting was held on the campus of the Institute and Sydney Eye Hospital and Sydney Hospital. Over 90% of those attending the meeting were Ophthalmologists in training in Australia and New Zealand. Doug Coster, in his Claffy Lecture, addressed aspects of corneal transplantation and novel ways of avoiding immunological rejection. Kathy McClellan spoke on corneal problems in childhood. The meeting also held trial exams for the students and workshops for school transfer.

The SSI's community activities in 2002 included the continuing strong interface of its staff with the Lions NSW Eye Bank, which provides corneas for transplantation throughout the state of NSW and also with Foresight Australia at an international level.

The SSI and Foresight Australia have independent boards with strong collaborations with SSI a feature of the relationship. Separate reports of the activities of the Lions NSW Eye Bank and Foresight Australia appear on page 19 and page 22 - 23 respectively of this report.

In conclusion, the SSI acknowledges the contribution of all members of the SSI team including those in administration support services. The Institute values its strong and expanding links within Sydney Eye Hospital and Sydney Hospital and the South Eastern Sydney Area Health Service. The fibre optic linkage contracts have been agreed to in 2002. This also includes Sydney Hospital and Sydney Eye Hospital allowing economies of scale, which means the communication through fibre optic connections, will be in place for 2003 and this will further improve SSI rural outreach. The SSI acknowledges the support of the St George Foundation for the \$25,000, making possible the improvement of care of premature babies' eyes.

All members of the SSI and those associated with us are also members of a much larger team of collaborating colleagues, institutions, non-government organisations and government agencies with the Board of the SSI, the College of Health Sciences and the Senate of the University of Sydney. We can achieve more together and this must be good for the community. In addition to all the networking and collaboration it is Lions Clubs, members of the community and the people of NSW we thank for their personal support in assisting our teaching, service and research.

In this they share the vision to prevent and cure blindness and achieve sight for life for increasing numbers of Australians and men women and children in less privileged communities in developing countries.



## 5. Members of Save Sight Institute



*Staff of the SSI in the historic courtyard of Sydney Hospital*

### Board of Directors

#### Appointed Members

- Mr Ken Coles** AM  
President
- Professor Frank Billson** AO  
Director
- Mr Alan Judd** (PDG Lion)  
Deputy President
- Mrs Michele Bentley**
- Mr John Davies**
- Professor Ramzi Fayed**
- Mrs Donna Greaves** – (retired Sept)
- Mr George Harris**
- Mr Peter Ketley**
- Professor John McAvoy**
- Mr Ben Meek**
- Mr Steven Stux**
- Mrs Caroline Wilkinson**
- Mr Greg Dunn**
- Mr Sydney Hyett** (retired Sept)

#### Ex Officio Members

- Hon Justice Kim Santow** OAM  
Chancellor
- Mrs Renata Kaldor**  
Deputy Chancellor
- Professor Gavin Brown** FAA  
Vice-Chancellor
- Professor J A Young** AO  
Pro Vice-Chancellor
- Professor Stephen Leeder**  
Dean, Faculty of Medicine

#### Academic Staff

- Professor Frank Billson** AO  
FRACO, FRACS, FACS
- Professor John McAvoy** BSc, PhD

**Dr Max Conway** PhD, FRACO, FRACS (NHMRC Neil Hamilton Fairley Fellow)

**Dr Mark Gillies** MBBS, PhD, FRACO, FRACS  
Senior Lecturer

**Dr John Grigg** FRACO, FRACS  
Lecturer (sabbatical leave)

**Dr Frank Lovicu** BSc, PhD  
Lecturer

**Dr Kathy McClellan** PhD, FRACO, Senior Lecturer

**Professor Paul Mitchell**  
MBBS (Hons), MD, PhD, FRACO, FRACS, FRCOphth, FAFPHM (Westmead)

**Dr Michele Madigan** B.Optom, PhD

**Dr Philip Penfold** MPh, PhD,  
Senior Lecturer

**Associate Professor Jan Provis**  
BSc, PhD

### Clinicians with Academic Appointments to University of Sydney, Department of Ophthalmology

**Dr Andrew Chang** FRACO,  
Clinical Lecturer

**Dr Gagan Khannah** FRACO, FRACS,  
Clinical Lecturer

**Dr Michael Lawless** FRACO,  
FRC Ophth, (RNSH),  
Clinical Senior Lecturer

**Dr Gerard Sutton** FRACO, FRACS,  
Clinical Lecturer



*Professor John McAvoy  
Director Laboratory Research*

## 5. Members of Save Sight Institute *(continued)*



*Personal Assistants (l to r)  
Gisela Payne and Linda Young*

### **FORESIGHT VOLUNTEERS**



*Mary Kane*



*Doris Flood and John Wilmott*

### **Administrative & Clinical Staff**

**Ms Haipha Ali** B. App Vis  
(Orthoptics) Orthoptist

**Mr Hassan Al Khatab** BSc  
Financial Controller (from  
November 2002)

**Mr Deeb Aqbani** BSc, MBA, CPA  
Financial Controller (until  
November 2002)

**Dr Iain Dunlop** FRANZCO, FRACS  
Staff Ophthalmologist

**Mrs Lisa Feldman** RN, Dip Health  
Sci (Pathology Techniques)  
Electrophysiology Technician

**Mr Sean Fitz-Gerald**  
Retinal Photography,  
Clinic Attendant (until May 2002)

**Mrs Helen Goldsmith** RN  
Clinical Secretary (until July 2002)

**Mr Bill Hoddinot**  
Clinic Attendant

**Mr Ryan Kirgan**  
IT Support

**Dr Wei Luo** MD, MPH  
Clinical Trial Coordinator

**Mrs Trish Lorgier**  
Clinical Secretary

**Ms Barbara MacDougall**  
Clinic Co-ordinator

**Mrs Gisela Payne**  
Personal Assistant to the Director

**Ms Linda Young**  
Personal Assistant to the Director

**Mr Gary Zebington** BA, Grad Dip  
Design Computing  
Digital Media Developer

### **Finance and Fundraising Advisory Committee**

**Mr Ken Coles** AM  
(President)

**Professor Frank Billson** AO

**Mr John Davies**

**Professor John McAvoy**

**Mr Ben Meek**

**Mr Steven Stux**

### **Foresight Australia**

**Major General Paul Cullen**  
AC, CBE, DSO, ED, FCA  
Patron

### **Council Members**

**Professor Frank Billson** AO  
Chairman

**Mr John Davies**

**Dr Maureen Gleeson**

**Mr George Harris** BA, LL.M

**Ms Carol Ireland**

**Dr Kathy McClellan** PhD, FRACO

**Mr Moses Koiri**  
(Foresight/Leila, PNG)

**Mr Mohammad Sultan**  
(Foresight/Leila, PNG)

**Dr Nitin Verma**  
(Foresight/Leila, PNG)

### **Administration**

**Mr John Davies**  
Honorary Treasurer

**Mr Paul Pryce** (Honorary)

**Mr John Witt** (Honorary)  
Auditors

### **Medical Advisors**

**Professor Frank Billson** AO  
FRACO, FRACS, FACS

**Dr Kathy McClellan** PhD, FRACO

**Dr Neil Mulligan** FRACO

**Dr Geoffrey Painter** FRACO

**Dr Gerard Sutton** FRACO, FRACS

**Dr Nitin Verma** MD(Oph), FRACO

### **Volunteers**

(Recycled Glasses Program)

**Mr Paul Davis**

**Mr Arthur Durham**

**Mrs Doris Flood**

**Miss Mary Kane**

**Mrs Anne Leach**

**Mr Livio Siviz**

**Mr John Wilmott**



## 5. Members of Save Sight Institute *(continued)*



*Lions NSW Eyebank Staff  
(l to r) Raj Devasahayam,  
Helen Kerry, Brendan O'Shea,  
Pierre Georges*

### **Lions NSW Eye Bank Staff**

**Professor Frank Billson** AO  
FRACO, FRACS, FACS  
Director

**Dr Kathy McClellan** PhD, FRACO  
Deputy Director

**Mr Raj Devasahayam**, BAppSc  
Senior Scientist

**Mrs Lynne Douglas** RN  
Transplant Coordinator

**Mr Pierre Georges**, BSc (Hons)  
Transplant Coordinator

**Ms Helen Kerry**, BSc  
Transplant Coordinator

**Mr Brendan O'Shea**  
Transplant Coordinator

**Dr Meidong Zhu**, MBBS, MMed, PhD  
Research Fellow

### **Registrars and Visiting Fellows**

**Dr Sapna Dave** MBBS,  
Diplomate National Board  
(Ophthalmology) India  
Clinical Fellow

**Dr I-Van Ho**  
Professorial Junior

**Dr Con Petsoglou**  
Professorial Senior

**Dr Stephen Rodwell**  
Professorial Junior

**Dr Florian Sutter** FMH  
Specialist in Ophthalmology  
Clinical Fellow

**Dr David Wechsler**  
Professorial Junior

**Dr Alina Zeldovich**  
Professorial Junior

**Dr Udaya Weerakoon** MBBS, DO,  
MD (Ophthalmology) Sri Lanka  
Clinical Fellow

### **Research**

**Professor Frank Billson** AO  
FRACO, FRACS, FACS  
Director

**Professor John McAvoy** BSc, PhD  
Director Laboratory Research

### **Professor Paul Mitchell**

MBBS (Hons), MD, PhD, FRACO,  
FRACS, FRCOphth, FAFPHM  
Director Westmead

**Associate Professor Roger Truscott**  
BSc, PhD

(also University of Wollongong)

**Ms Sharyn Ang** BSc (Hons)  
Research Assistant

**Ms Nisreen Aqbany**  
Research Assistant

**Dr Max Conway** PhD, FRACO, FRACS  
(NHMRC Neil Hamilton Fairley  
Fellowship)

**Dr Katherine Gill** PhD  
Research Officer

**Dr Mark Gillies** MBBS, PhD, FRACO

**Dr John Grigg** FRACO, FRACS  
(sabbatical leave)

**Dr Alexander Klistorner** B Med, PhD

**Dr Frank Lovicu** BSc, PhD

**Dr Wei Luo** B. Med, MPH  
Clinical Research Assistant

**Dr Michele Madigan** B.Optom, PhD

**Dr Kathy McClellan** PhD, FRACO,  
FRACS

**Mr Riccardo Natoli** BSc (Hons)  
Research Assistant

**Dr Philip Penfold** MPH, PhD

**Associate Professor Jan Provis**  
BSc, PhD

**Professor Jonathan Stone**  
BSc, PhD, DSc, FAA

**Dr. Richard Stump** BSc, PhD  
Laboratory Manager

**Mrs Diana van Driel** BSc (Hons)  
Senior Research Assistant

**Dr Jie Jin Wang** MBBS, MMed  
(Clin Epi), MMed (AppIStat), PhD

**Dr Li Wen** MSc  
Research Assistant

**Dr Meidong Zhu** MBBS, MMed, PhD  
Research Fellow



*Dr Florian Sutter  
Clinical Fellow from  
Switzerland*

## 6. Spectrum of Eye Disease SSI Research and Response



*Screening babies in the intensive care nursery of King George V Hospital*

Blindness can occur at any time of life – but mostly affects those at the vulnerable end of life's spectrum – children and the elderly.

Sight threatening disease can affect the -

- **Developing eye**, causing Childhood Blindness
- **Transparent structures** including the:
  - **Cornea**, causing Corneal Blindness
  - **Lens**, causing Cataract
- **Optic nerve** causing Glaucoma
- **Retina** and its structures including the:
  - **Blood Vessels** as in Diabetic Retinopathy
  - **Rods and Cones** as in Retinitis Pigmentosa
  - **Macula** as in Age-Related Macular Degeneration

Responding to the challenge of sight threatening conditions, the SSI is creating new knowledge, improved treatments and providing cutting edge services across a broad spectrum.

Blindness can occur at any time of life - in children it can mean a lifetime without sight

### ***Childhood Blindness***

Blindness in children is a major component of world blindness.

In Australia, childhood blindness is mainly due to developmental problems. In developing countries, blindness in children is largely due to nutritional and infectious causes.

SSI staff pioneered improvements in microsurgical techniques that have resulted in the prevention of blindness and restoration of sight in children. Intra-ocular Lens Implantation (IOL) following cataract surgery in children as young as one to two years of age is now routine.

The management of Retinopathy of Prematurity (ROP), Congenital Cataract and Glaucoma has improved so much in recent years that good vision for life is now the rule rather than the exception, provided disease is recognised early. Collaborating with the intensive care nursery of King George V Hospital, SSI's joint research and care initiatives have resulted in a marked improvement in the vision of premature babies. In the last two years there have been no cases of blindness from Retinopathy of Prematurity in that hospital. SSI studies in molecular and clinical genetics are also shedding significant light on Congenital Cataract and Glaucoma. Through its international arm, Foresight Australia, SSI plays a leading role in programs to prevent childhood blindness in the Asia-Pacific region.

## 6. Spectrum of Eye Disease SSI Research and Response *(continued)*



*Two young recipients of  
corneal grafts*

Early intervention  
promises good  
vision for life

### ***Cataract***

The lens sits behind the cornea and because of its curvature and refractile properties, it focuses light onto the retina. When the lens becomes cloudy this is known as cataract.

Cataract is the major cause of blindness in the world. At present the only treatment available is surgery. In Australia 120,000 cataract operations are performed yearly at a cost of \$378 million. However, the fact that about 23 million people worldwide are blind from cataract reflects a lack of health services in many countries. Whilst organisations such as the Foresight Australia work tirelessly to establish appropriate services and resources to alleviate the burden of cataract blindness, this will only serve to slow the rate of increase in cataract blindness. New drugs/molecular therapies are desperately needed to prevent or slow the progression of cataract and also to improve the outcome of current surgery. The Institute's research aims to reduce the burden of cataract blindness. Delaying the onset by 10 years would halve the amount of surgery required, with obvious savings to the community.

Recent integration of University of Wollongong cataract researchers into the SSI makes this Institute one of the strongest centres for innovative cataract research in the world. Collaborative efforts at SSI into understanding the molecular basis of cataract are now focused on two main fronts: (i) how growth factors induce aberrant cell behaviour characteristic of subcapsular cataracts; (ii) how a diffusion barrier limits key molecular exchanges in the lens that leads to changes characteristic of nuclear cataract. This consolidation of research efforts has opened up opportunities for new strategies for treating cataract and complications that result from modern cataract surgery.

### ***Cornea and External Eye Disease***

The cornea enables the eye to receive and focus light for transmission and image formation in the visual system. Corneal blindness continues to be a significant cause of blindness worldwide. This reflects the vulnerability of the human eye as well as the impact of poverty in developing countries on health. Infections of the outer eye frequently result in corneal blindness unless prompt diagnosis and appropriate treatment are available. Children who suffer from malnutrition are at risk of devastating bilateral corneal ulceration with illness such as measles and this frequently results in intractable corneal scarring and a lifetime of blindness.

In Australia eye infections remain an important cause of eye disease. Early diagnosis of the infecting organism and the antimicrobial susceptibilities of each infection enables optimal management that is sight saving in both children and the elderly. Laboratory facilities at the SSI now enable molecular biology to be used in the diagnosis of these infections.

In our community other important causes of corneal blindness are keratoconus in young people and corneal oedema in middle and older age. These conditions are all able to be treated using corneal transplantation. Corneal donation restores vision to many Australians each year. The SSI and Lions NSW Eye Bank together are developing a new method of corneal storage to optimise the availability and quality of this most precious resource. Organ and tissue donation is a very special gift and the family must all share in the decision. Eye banks make possible the equitable distribution of the best quality corneal tissue. The expertise developed amongst the staff here at the Institute is also being used to assist the establishment of eye banks within the Asia-Pacific region and in South America.

## 6. Spectrum of Eye Disease SSI Research and Response *(continued)*



***Ophthalmologists get hands-on experience with the AccuMap***

### ***Glaucoma***

Glaucoma affects the sight of nearly a quarter of a million Australians and is the second most common cause of world blindness after macular degeneration. Glaucoma may occur at any age, but happens with increasing frequency during advancing years. Approximately 2% of the population over the age of 40 are affected. If you have a family history of glaucoma there is a 6 times greater risk of developing that disease, so screening of families is important.

A disease of the optic nerve, glaucoma reduces a person's field of vision finally resulting in severe tunnel vision. Known as 'the sneak thief of sight' it has no obvious symptoms until later stages when damage is irreversible.

For this reason early diagnosis is critical in prevention of blindness. To date diagnosis and measurement of the impact of glaucoma on field of vision has relied on patients' perceptions through subjective testing.

In 2001, ObjectiVision, an Australian medical device start-up company based in Sydney, launched the AccuMap, a product based on the SSI's world leading research into electrophysiology. This is the world's first technology to objectively test for visual field loss from glaucoma.

In 2002, SSI signed a strategic consulting agreement with ObjectiVision for on-going research. Dr Alex Klistorner, who leads electrophysiology research at the SSI, will carry out the role of Chief Scientist. Co-researcher and clinician Dr Stuart Graham has a seat on the Board of ObjectiVision.

Sponsored research activities under this arrangement include the development of break-through methods to track the progression of disease in glaucoma patients and an order of magnitude reduction in test time to enable the use of the AccuMap for patient screening as well as serious investigation.



***(l to r) Dr Alexander Klistorner, Dr Stuart Graham and Iouri Malov, celebrate receiving two Australian Design Awards for the AccuMap (with Belinda Sheehan)***

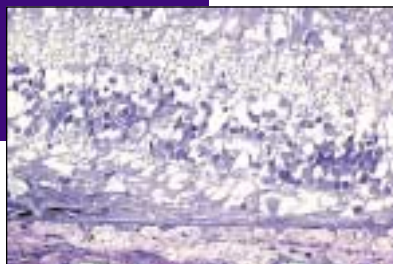
Outside and beyond this sponsored research the group is now pursuing a wide range of research into:

- Development of a true gold-standard definition of glaucoma
- Early development of the visual system particularly in infants
- Objective electrophysiological measurement to detect other diseases such as multiple sclerosis and optic neuritis

In 2002, the AccuMap won two Australian Design Awards for Engineering Design and Software Electronics Design which further enhanced interest in this innovative technology.



## 6. Spectrum of Eye Disease SSI Research and Response *(continued)*



*Human retina with age-related macular degeneration*

Smokers have a  
4 times greater  
risk of blindness  
from AMD

### ***Age-Related Macular Degeneration (AMD)***

AMD is responsible for 90% of registered blindness in Australians over 55. It destroys the reading centre of the eye called the macula. The macula is responsible for seeing detail and recognising faces. Macular Degeneration is age-related. It is anticipated that by 2020, there will be a doubling of blindness from this cause.

The Institute continues its “bench to bedside” research into AMD. The SSI Retinal Vascular and Clinical Trials Unit is currently analysing the results of a major 5-year clinical trial it has conducted of long-acting steroids being injected directly into eyes with wet AMD. SSI studies have also linked a fish diet with a lower incidence of AMD and confirm that smokers have a 4 times greater risk of getting the disease.

The Institute is active in community awareness programs for prevention of AMD. SSI Vision Science and Epidemiological research is underpinning a National Anti-Smoking Television Advertising Campaign.

### ***Diabetic Retinopathy***

Diabetes-related blindness occurs at any age and particularly in working life. Every person with diabetes has a twenty-five-fold increased risk of losing vision. Many Australians have undiagnosed diabetes and altogether it is estimated that up to 900,000 Australians have diabetes. Aborigines have a much higher incidence of diabetes than other Australian communities. Early diagnosis, careful medical treatment and timely intervention with laser in most cases promise sight for life.

Diabetic Retinopathy is due to the disease of small blood vessels in the retina. SSI Retinal Vascular and Clinical Trials Unit is studying the mechanism by which diabetes affects these small vessels, and how increased leak that causes retinal swelling may be prevented. This research has led to the start of a major clinical trial, in this case of a long-acting steroid for retinal swelling, which is the commonest form of loss of vision in diabetes. In other research the SSI Clinical and Digital Media Research group is focusing on improving screening tools and services to ensure early diagnosis and management of the disease in the community.

The SSI is pleased to report that our Tele-ophthalmology initiative in the Northern Territory significantly increased the numbers of remote Aboriginal Communities successfully screened for diabetic retinopathies.

### ***Retinal Dystrophy and Retinitis Pigmentosa (RP)***

Retinal Dystrophy refers to degenerative diseases of the retina. Retinitis Pigmentosa (RP) is one well-known form of retinal dystrophy. It is a hereditary disease, which affects the retina’s photoreceptors – destroying their ability to detect colour and light. It is commonly associated with “night blindness”.

Currently there is no known cure for RP or other common dystrophies. SSI molecular and gene array studies aim to unravel the challenging multi-gene links associated with RP. Laboratory research is focused on ways in which the onset of dystrophies can be delayed, or the disease retarded.



## 7. Teaching Activities



*Participants in Registrar Symposium*

A recognised Centre of Excellence in the teaching of Ophthalmology and the provision of Training in Research



*Professor Frank Billson with Clinical Fellows Dr Sapna Dave and Dr Udaya Weerakoon*

### ***Ophthalmic Sciences***

SSI is a recognised centre of excellence in the teaching of clinical ophthalmology and the provision of training in research to medical students as an important component of their medical education, medical graduates seeking further specialty training and research students training as vision scientists. The SSI has contributed directly to the clinical training of more than 80% of the ophthalmologists in New South Wales through its participation in the Registrar Training Program of the Sydney Eye Hospital.

The SSI gives medical students from the University of Sydney and other Australian and overseas universities opportunities for vocational electives to develop their interest in clinical ophthalmology. Students gain clinical experience during these observerships in the outpatients and wards and complete a research project.

Each year the SSI hosts the Sydney Eye Hospital Registrar Symposium. This meeting, held in January, brings together trainee registrars from throughout Australasia in an interactive symposium held in conjunction with leading academic ophthalmologists from overseas and throughout Australia. Each year, 90% of those in vocational training attend, not only from Australia but also from New Zealand.

In 2002 the symposium explored the basic science and diseases of the external eye and welcomed as Claffy Lecturers Professor Doug Coster from the Department of Ophthalmology, Flinders Medical Centre and Dr Kathy McClellan from the SSI, University of Sydney.

The Ophthalmic Basic Science Course, held each year since 1985, introduces trainee registrars to the anatomy, physiology and optics curriculum that is the prerequisite for the Fellowship Examination of the Royal Australian and New Zealand College of Ophthalmologists. The format of this course is currently undergoing some changes with the aim of formalising it as a university degree which will allow candidates to complete the necessary coursework whilst continuing their vocational training and later sitting the RANZCO examinations.

The SSI continues to gratefully acknowledge the ongoing support of these educational activities by the ophthalmic supply industries. The Institute is active in providing vocational training opportunities to post-graduate ophthalmologists from overseas through its international exchange program. Past Visiting Fellows have come from USA, Europe and developing countries such as Sri Lanka.

Dr Florian Sutter from Zurich, Switzerland who joined the SSI in 2001 as a Visiting Clinical and Research Fellow continued his appointment in 2002. His research work at the SSI during the year concentrated on medical retinal, which involved trialling new therapies in the treatment of Age-Related Macular Degeneration.

In 2002 we were delighted to welcome Dr Udaya Weerakoon from Sri Lanka and Dr Sapna Dave from India, as Visiting Fellows. The training programs offered to both these doctors aimed at extending their clinical and surgical skills in general and paediatric ophthalmology.

## 7. Teaching Activities *(continued)*



*A patient within the Virtual Ophthalmology Clinic.*

With a click of a mouse students can practice their diagnostic skills

### ***Virtual Ophthalmology Clinic***

The SSI has developed a revolutionary computer-based teaching program that enables interactions with patients in a virtual clinical setting. The program allows students to question virtual patients who are randomly accessed from a digital video archive. Each of the patients in the archive has been pre-programmed to reflect symptoms associated with a common eye disease or complaint. Students can learn the importance of the order in which they ask diagnostic questions and gather information. The program includes humour and tiered levels of interaction with the virtual patients, who, if questioned badly, can even “lose patience” with the student doctor. Student responses can then be emailed to supervisors within the education program and when a provisional diagnosis is made, a student is allowed to continue the examination and progress to higher levels of investigation.

The strength of the program is that it allows the candidate to develop skills in interviewing and forming a diagnosis before practising on real patients. This powerful interactive program has been designed and trialled at the SSI. Its success as a teaching and self-development tool, highlights the direction of future digital and distance learning initiatives. It also provides a strong platform for modelling other educational tools that support problem solving and diagnostic skills in a variety of disciplines.

In 2002 the program was updated to integrate with the University's online teaching system and the Institute's imminent fibre optic connection. These developments will greatly enhance the program's accessibility and utility.

### ***Training General Practitioners***

The Department of Ophthalmology remains active in promoting continuing medical education among general practitioners.

## 7. Teaching Activities *(continued)*



*Professor Frank Billson, principal guest speaker at Saudi Ophthalmology Conference receiving a special award from His Royal Highness Abdulaziz bin Abdulaziz Al-Saud, President of the Saudi Ophthalmological Society*

### ***Conferences and Seminars***

Members of the SSI and University of Sydney Department of Ophthalmology organised, convened and gave presentations at ophthalmic and vision science conferences, both in Australia and overseas including:

### **International**

#### **March**

Saudi Ophthalmology 2002 (A combined meeting of The 19<sup>th</sup> Annual Symposium of the King Khaled Eye Specialist Hospital and The 15<sup>th</sup> Annual Scientific Meeting of Saudi Ophthalmological Society) (Billson)

#### **May**

Association for Research in Vision and Ophthalmology Annual Meeting in Fort Lauderdale, Florida, USA (Chen, Gillies, Graham, Lovicu, McAvoy, O'Connor, Penfold, Provis)

Royal College of Ophthalmologists Annual Congress, Manchester, United Kingdom (Grigg)

#### **June**

North West Glaucoma Symposium, United Kingdom (Grigg)

#### **July**

Paediatric Ophthalmology & Strabismus – British Children's Eye Group Meeting & The Claud Worth Lecture, Medal & Visiting Professorship, Oxford Ophthalmological Congress 2002, United Kingdom (Billson)

#### **October**

European Association for Vision & Eye Research, Alicante, Spain (Madigan, McAvoy)

International Congress of Eye Research, Geneva, Switzerland (Gillies, Lovicu, Madigan, McAvoy, Stone)

## 7. Teaching Activities *(continued)*

### National

#### January

Registrars' Symposium and Save Sight Institute Congress, Sydney  
(Billson, McClellan, Sutter)

#### March

Adelaide Eye Bank Meeting, Adelaide (McClellan)

#### April

AOI Symposium "The Choroid and Related Macular Disease", Sydney  
(Billson)

Australian Ophthalmic Nurses Association, Sydney (Graham)

International Congress of Ophthalmology, Sydney (Billson, Gillies, Graham,  
Grigg, McClellan, Sutter, Wu)

Neuro-ophthalmic Society Australia, Sydney (Graham)

The Hunter Valley Cellular Biology Meeting, Hunter Valley, NSW (McAvoy)

#### May

Australian Association Optometry, Melbourne (Graham)

The General Practitioner Conference and Exhibition, Sydney (McClellan)

#### August

Sydney Eye Hospital Alumni Meeting, Sydney (McClellan)

#### September

Australian Diabetes Federation, Adelaide (Gillies)

Royal Australian and New Zealand College of Ophthalmology (Gillies)

#### November

Australasian Ophthalmic and Visual Science Conference, Sydney (Ang, Chen,  
Gillies, Iyengar, Lovicu, McAvoy, Penfold, Provis, Quin, Stone, Sutter)

Retina Australia (Stone)

Royal Australian and New Zealand College of Ophthalmologists, Canberra  
(Graham, McClellan, Sutter)

#### December

Institute for Biomedical Research Postgraduate and Postdoctoral Conference,  
Sydney (Ang, Cheng, Iyengar, O'Connor)

## 7. Teaching Activities *(continued)*

### *Postgraduate Students in 2002*

**Allende, Alexandra** - MM (Research) - Regulation of choroidal blood vessel growth during development and aging of macula

Supervisors: Assoc Prof J Provis, Prof P McCluskey

**Ang, Sharyn L.** - MSc Med (Research) - Growth factors in the maintenance of lens epithelial cells

Supervisors: Prof JW McAvoy, Dr F Lovicu

**Balachandran, Chandrashekar** - MM (Research) - Multifocal perimetry in glaucoma

Supervisors: Prof FA Billson, Dr S L Graham, Dr A Klistorner

**Chang, Andrew** - PhD (Medicine) - Interaction of indocyanine green dye with ocular tissues

Supervisors: Prof FA Billson, Dr M Zhu

**Chen, Yongjuan** - PhD - Role of Wnt signalling in lens development

Supervisors: Prof JW McAvoy, Prof W Webster

**Cherepanoff, Svetlana** - PhD (Med) - Retinal immune microenvironmental changes in age related macula degeneration

Supervisors: Dr MC Gillies, Dr P Penfold

**Chia, E-M**, MM (Medicine) - Systemic, ocular, and socio-demographic risk factors predicting 10-year development of eye disease and vision loss: The Blue Mountains Study

Supervisors: Prof P Mitchell, Prof R Cumming

**Cornish Elisa EG** - PhD (Med) - Development of the primate fovea centralis

Supervisors: Assoc Prof J Provis, Dr M Madigan

**Chua, William CT** - MM (Research) - Clinical and fluorescein angiographic outcomes of intravitreal triamcinolone therapy in exudative age-related macular degeneration

Supervisors: Dr MC Gillies, Dr P Penfold

**Georges, Pierre** - MSc Med (Research) - Differentiation and function of Muller cells in the developing human retina

Supervisors: Assoc Prof J Provis, Dr M Madigan

**Graham, Stuart L** - PhD (Medicine) - Development of a technique for objective perimetry in the assessment and early detection of glaucoma

Supervisors: Prof FA Billson, Prof P Mitchell

**Ho, I-Van** - PhD (Research) - Cost effective analysis of tele-ophthamology in remote communities of the Northern Territory

Supervisors: Prof FA Billson, Dr N Verma

**Hopley, CRM** - MM (Research) - The economic impact of visual impairment from age-related macular degeneration

Supervisor: Prof P Mitchell

**Lee AJ** - MM (Research) - The development of glaucoma over 10 years in a community - The Blue Mountains Eye Study 10 year follow-up

Supervisors: Prof P Mitchell, Prof R Cumming

**Leung, H** - MM (Research) - Epidemiology of retinal vessel wall signs in older Australians

Supervisors: Prof P Mitchell, Dr J Wang

**O'Connor, Michael** - PhD - Regeneration of the mammalian lens

Supervisors: Prof JW McAvoy, Dr F Lovicu

**Quin, Godfrey J** - MM (Research) - The effect of laser treatment on retinal vascular leak in diabetic retinopathy

Supervisor: Dr MC Gillies

**Pager, Chet KW** - PhD (Medicine) - Cataract outcomes and satisfaction study

Supervisors: Prof P Mitchell, Prof P McCluskey

**Pham TQ**, MM (Medicine) - The relationship between cataract surgery and age-related macular degeneration: A hospital-based follow-up study

Supervisor: Prof P Mitchell

**Roberts, Tim** - MM (Research) - Nocturnal hypotension and hypoxia as risk factors for glaucoma

Supervisor: Prof P Mitchell

**Sandercoe, Trent M** - PhD (Medicine) - Vascular development in primate retina.

Supervisors: Assoc Prof J Provis, Dr P Penfold

**Tretiach, Marina L** - PhD (Medicine) - Effect of peripheral cells on retinal capillary endothelial cell permeability

Supervisors: Dr MC Gillies, Dr P Penfold

**Van Pham, Trong** PhD- (Medicine) - Eye disorders in HIV+ and AIDS patients in Vietnam

Supervisors: Dr P Penfold, Prof P McCluskey

**Wederell, Elizabeth D** - PhD - Integrins in lens morphogenesis and differentiation

Supervisors: Prof JW McAvoy, Dr RU de Jongh

**Wong, James G** - PhD (Medicine) - Age-related macular degeneration.

Supervisors: Dr P Penfold, Prof FA Billson

**Wyndham, Jennifer R**, PhD (Medicine) - Role of matrix metalloproteinases in regulation of vascular permeability

Supervisors: Dr MC Gillies, Prof JW McAvoy

**Zeldovich, Alina** - MM - Clinical and angiographic features of patients presenting with age-related macular degeneration over a twenty four year period

Supervisors: Prof P Mitchell, Prof R Cumming

#### *Degrees awarded in 2002*

**Vongphanit, Jerry** - MM - Ocular effects and impact of myopia and astigmatism in an older population

Supervisors: Prof P Mitchell, Prof RG Cumming

**Wu, Kathy** - MM (Research) Histopathological studies of the aging human retina

Supervisors: Dr P Penfold, Prof FA Billson



## 8. Community Activities in Australia



Many hands  
make sight work

### *Lions NSW Eye Bank*

The Lions NSW Eye Bank situated in the SSI, provides the valuable service of sight-saving operations through corneal transplantation. The year 2002 was made remarkable by the largest number of people in the community who chose to donate their eyes in the event of their death. As a result, over 500 people in NSW and the ACT have had their eyesight restored. The chance to restore sight through corneal transplantation is dependent on the generous decision of individuals and families to donate their eyes after death. It is a very personal decision that needs to be shared with family members to ensure that it occurs. The Lions NSW Eye Bank makes every attempt to fulfil the wishes of the deceased, which may have been indicated on a driver's licence or the newly formed National Organ Donor Register. The Lions NSW Eye Bank also works as part of a national consortium of Eye Banks known as the Eye Banks Association of Australia to promote eye donation and facilitate corneal transplantation nationally. 2002 saw this Association greatly strengthened.

The Transplant Coordinators are responsible for the education of medical/nursing and lay persons to facilitate eye donation if the family wish it. They aim to make eye donation accessible to all people and to make the decision of family members as easy as possible under difficult circumstances. The positive outcome of the donation is seen by many to assist in the grieving and healing process, and is always handled in a very sensitive and caring manner.

Some families agree to research if the eyes are not suitable for surgery. The wishes of the family are always abided by, and we encourage people to discuss donation with their families, as these are the people who will make the decision in their absence.

People of all ages, be they young children or the elderly are currently waiting patiently in NSW for a corneal transplant. Corneal blindness is the third most common cause of world blindness largely due to infection and malnutrition. However, the cornea may be damaged from injury or disease causing scarring, or due to a change of shape from hereditary diseases like keratoconus, particularly in young people. 40% of those on the waiting list are under the age of 40. There is no upper age limit to being a donor so that many of the elderly within our community can assist in restoring sight of others.

The National Organ Donor Register means people can indicate their wish to become a donor. They can register their decision to be a donor even if they do not hold a Driving Licence.

In conclusion, as Director of the Lions NSW Eye Bank, I acknowledge the tremendous contribution the Eye Bank staff are making to the community of NSW and join with them in thanking the Lions Foundation and Lions Clubs of NSW and all those people in the community who make eye donations and corneal transplantation possible. These people in many cases, make that contribution without fuss or without seeking recognition. Without them hundreds of people would not benefit from the modern day miracle of restoration of sight from corneal transplantation.

## 8. Community Activities in Australia *(continued)*



*Clinic Staff (l to r)  
Barbara MacDougall and  
Haipha Ali*

### ***Save Sight Clinical Services***

The SSI clinical services are located on the ground floor of our Macquarie Street premises and include the latest advances in diagnosis, treatment and care of eye disease. This work complements the work of the Sydney Eye Hospital.

### ***Clinical Research***

The clinical area is vital for clinical research and in 2002 there has been a continued focus on research in age-related macular degeneration (AMD) including trials of major therapies for AMD. In addition, there were therapeutic trials for glaucoma management and assessment being made of visual field by the instrument invented and developed within the SSI, the AccuMap. The clinical work is an important link between the Institute's teaching and research activities. The Institute provides special clinical services in the diagnosis, treatment and management of childhood eye disease and in ocular cancer, both in children and adults, as well as for unusual cases of eye disease in the community.

2002 saw clinical research further validating the objective perimeter developed in the SSI and now manufactured by ObjectiVision. The use of the equipment for the diagnosis of glaucoma in adults and children is impressive.

Research is continuing in new laser therapies and drug treatments for retinal disease in the elderly and the use of laser therapy in treatment of ocular cancer.

A special area of expertise interest in the Institute is in the management and treatment of cataract, glaucoma and corneal diseases in children.

### ***Serving Remote Areas of Australia: Communication Technology & Teleophthalmology***

The SSI and Sydney Eye Hospital share in the training of the next generation of ophthalmologists. The Sydney Eye Hospital training program is also giving a broad experience in ophthalmology that complements training in the Sydney metropolitan teaching hospitals, particularly Sydney Eye Hospital, with country rotations that extend to Lismore, Wagga Wagga, Northern Territory and Tasmania.

The SSI and Sydney Eye Hospital in 2002 positioned themselves to be included in the fibre optic (fast exchange of information) with University and health institutions in New South Wales. Contracts have now been agreed and connection will take place in the first months of 2003. The fibre optic will improve capacity to bring teaching and clinical services to remote and rural areas in Australia and internationally. Rural clinical schools associated with Universities with Medical Faculties have been supported by Federal Government and already medical students are receiving training in rural areas, for example, in New South Wales, Dubbo, Broken Hill and Wagga Wagga. The fibre optic connectivity will be critical in bringing teaching and service to the rural areas.



***Outreach: Reaching the  
unreached and preventing  
unnecessary blindness***

## 8. Community Activities in Australia *(continued)*



***Blindness is more severe  
in remote areas of Australia***

St. John Ambulance Australia is a leader in first aid and Australians who attend state and national occasions and sporting events have long been reassured by their presence and service. St. John Ambulance Australia, a charitable not-for-profit organisation, integrates its services with ambulance services in New South Wales and other states.

Less known is St. John Ambulance's work through two important branches; the Community Care Branch reaching school children with reading problems and older Australians. Its other branch, the Ophthalmic Branch, provides support for the Jerusalem Eye Hospital overseas, but has extended its service for eye health care particularly in rural communities in Australia. St John Ambulance's initiatives in Northern Territory and Macquarie Area Health Service involve good collaborations with the SSI and Flinders Medical Centre.

In 2002, the Outreach Program in Northern Territory received a setback with changes in staffing. However, the program continues in the Katherine area, a community which has 90% indigenous Australians, and will be extended again in 2003, complemented with a glasses program providing holistic eye health care.

In the Top End of the Northern Territory, Dr Rob McKay has replaced Dr Nitin Verma. Rob provides laser treatment services, visiting communities associated with Darwin, Katherine and Goh. In Alice Springs, Dr Tim Henderson provides a similar Outreach Program.

These Outreach Programs excite the interest of young people in training with the challenge of travel often involving small aircraft journeys. Treatment services are available but there is enthusiasm about further integrating these services with screening that involves the services of indigenous eye health workers. The screening is done using digital cameras and archiving facilities.

Dot Butler is a leader among Aboriginal health workers in this area and plays a vital role for screening for diabetic retinopathies. Indigenous Australian health workers show great aptitude in mastering digital photography of the retina and they are able to make preliminary assessments of retinal damage or leaking vessels (macular retinal disease).

The Program is also important as it results in an updated extensive database on all the diabetics in rural Aboriginal communities at the Top End and can be integrated with the Territory Health Service Community Diabetic Register.

## 9. Community Activities in World Ophthalmic Health

### FORESIGHT



A U S T R A L I A



*Dr Nitin Verma, Professor Frank Billson, Directors from Foresight and Dr Para Segaram from World Health Prevention of Blindness Program discussing work in Asia-Pacific Program*



*Dr Mohammed Zia and family - trained in children's cataract surgery and paediatric ophthalmology through Foresight at the SSI. Dr Zia is now working in the rural area of Peshawar, Pakistan*

### *Foresight Australia*

Foresight Australia was a part of the original executive committee of the International Agency for the Prevention of Blindness (IAPB). The IAPB formed in 1975, has played a major part in the development of the World Health Organisation's Prevention of Blindness Program. Foresight remains a member of the partnership committee collaborating with the international agency and together with the SSI, is involved with the World Health Organisation's Project Vision 2020 Right to Sight, which aims to eradicate needless blindness in the developing world over the next 20 years. Foresight is in partnership in this initiative as is the SSI.

Foresight Australia's projects in 2002 include in-country development and service in countries including the Solomon Islands, Nepal and East Timor.

### **Solomon Islands**

The link between Foresight and the Solomon Islands was strengthened in 2002. Nurse Wanta Aluta and the senior registrar, Dr John Hue were both sponsored by Foresight to attend the International Congress Meeting in Sydney in April. John Hue, who had spent 12 months in a training position for the SSI and Foresight Australia in 2000, sat for and passed his Diploma of Ophthalmology in Papua New Guinea. Foresight played a role in establishing the Diploma of Ophthalmology in Papua New Guinea.

Dr Geoffrey Painter and Dr Neil Mulligan Medical Advisors to Foresight performed eye surgery in Kieta in the West Province of the Solomon's as well as in Honiara. They performed 150 surgeries predominantly cataract surgeries, with intraocular lens implantation. In the first week of August 2002, Geoffrey Painter and Neil Mulligan were involved in teaching nurses in a refresher course for ophthalmic nursing funded through AusAid and the Hollows Foundation.

### **Nepal**

Dr Roger Dethlefs visited Nepal from 3-9 September 2002. Foresight Australia financed his travel and freight expenses of a benchtop autoclave. Dr Dethlefs' trip was to help train nurses and install this equipment at The Shree Janaki Eye Hospital, Janakpur, which has replaced two pressure cookers and given more reliable sterilisation of instruments and drapes.

### **East Timor**

Foresight work in East Timor has continued with Dr Nitin Verma who worked with the SSI studying Vitamin A in Papua New Guinean children. Having completed a Master in Medicine with the Institute, Dr Verma has continued to work with Foresight and has also been involved in the SSI's commitment to outreach in rural communities in Australia particularly in the Northern Territory.



## 9. Community Activities in World Ophthalmic Health *(continued)*



*Sick premature baby in the Sushi Hospital, Bangladesh*

### **Foresight's Recycled Glasses Program**

This has been steadily continuing and during the year nearly 10,000 glasses were shipped to developing countries including Nepal, Bangladesh, India, Papua New Guinea, Vietnam, Solomon's, Kiribati and Myanmar.

The Recycled Glasses Program involves cleaning the glasses, which are donated from many sources, such as individuals, charities and corporations.

The glasses are sorted, assessed for their suitability and classified. Packing and shipping is organised to meet the requests the Foresight Office receives from developing countries. To date, the airlines have been most supportive of Foresight's Recycling Glasses Program and the vast majority of the glasses have been shipped at no cost.

The Recycled Glasses Program is run by a keen group of volunteers, most of whom have been working on the Program for many years. Through the strong commitment and dedication of the Foresight team of volunteers, the Recycled Glasses Program continues to grow in strength.

### **Foresight Volunteers**

Thanks to the Foresight volunteers' involvement with banking of donations, updating and maintenance of a comprehensive donor database, and answering customer enquiries, Foresight is positioned for an even stronger contribution to developing countries in the coming year and in particular its involvement in Bangladesh in the development of a children's prevention of blindness program.



*Foresight Volunteers Livio Siviz, Paul Davis, John Wilmott, Anne Leach*



## 10. Community, Clinic and Laboratory Research



A powerful interface between community, clinic and laboratory research

SSI provides a powerful interface between 3 domains of research – community, clinic and laboratory (vision science).

### **Community Research – Professor Paul Mitchell**

Community (epidemiological – demographic) research recognises major causes of blindness and establishes priorities for research. It also explores lifestyle links to these. The frequency of disease in the community is important information for planning public health.

### **Clinical Research - Professor Frank Billson**

Clinical research at the SSI has a major focus in Age-Related Macular Degeneration (AMD). New therapies to suppress the imaging of blood vessels in the reading centre of the eye in AMD are being trialled at the Institute. With the objective perimetry field testing we are trialling new therapies for glaucoma. Early detection of glaucoma together with early detection of tumours of the visual pathway in children is being studied.

A new instrument, the AccuMap, developed from intellectual property within the SSI and incubated to a product, is now within the public domain as part of the Medicare service. It has continued to excite international interest in 2002. The AccuMap won two Australian Design Awards. Orders for the AccuMap continue to be taken in 2002 and further sales are anticipated in 2003.

### **Laboratory Research - Professor John McAvoy**

Gaining a good understanding of the cellular and molecular origins of eye disease is central to its prevention.

Progress was made in identifying the factors that influence the permeability of the retinal vasculature. Advances were also made in understanding the role of members of the FGF, TGF $\beta$  and Wnt growth factor families in the normal and pathological development of the retina and lens.

Researchers in the SSI laboratories continue to make advances towards understanding the changes that occur in the cells and tissues of the eye during the processes of vision impairment. Projects aimed at identifying the molecular disturbances that cause these diseases received a major boost in 2002 by the expansion of the cell and tissue imaging facilities in the SSI laboratories with the purchase of a new Confocal microscope. This has been made possible by support (totalling \$200,000) from the University of Sydney Major Equipment Fund, the Sydney Eye Hospital Foundation and a generous donation from Dr John Hornbrook.

## 11. Funded Research Projects

### **AusIndustry R&D Start Program Grant** (With ObjectiVision Pty Ltd)

**Title:** Multi-focal Objective Perimeter Mark II

**Funding:** 4 Years \$569,850 in 2002.

### **Medical Foundation University of Sydney**

**Researcher:** Stone J.

**Title:** Death and survival of neurones in degenerative retinal disease: from mechanism to therapy.

**Funding:** 5 years, \$165,000 p.a.

### **National Health and Medical Research Council (NHMRC)**

**Researchers:** Little MH, McAvoy JW, Lovicu FJ.

**Title:** The role of Crim-1 in lens development and eye disease. (jointly held with University of Queensland)

**Funding:** 3 years, \$ 65,000 in 2002.

**Researchers:** Lovicu FJ, McAvoy JW.

**Title:** Analysis of FGF receptor signalling involved in lens cell proliferation and differentiation.

**Funding:** 3 years, \$114,973 in 2002.

**Researchers:** Provis JM, Madigan MC.

**Title:** Development of Primate Fovea.

**Funding:** 3 years, \$65,000 p.a.

**Researchers:** Stone J, Maslim J.

**Title:** Functional recovery from retinal degeneration: genetic, environmental and senescent models.

**Funding:** 3 years, \$89,185 in 2002.

**Researchers:** Stone J, Valter K.

**Title:** Molecular mechanisms of photoreceptor protection in rat models of degenerative retinal disease.

**Funding:** 3 years, \$85,000 in 2002.

### **National Institutes of Health, USA**

**Researcher:** McAvoy JW.

**Title:** Growth factors in lens development: roles of FGF, RA and Wnt.

**Funding:** 5 years, US\$100,000 p.a.

### **Ophthalmic Research Institute of Australia**

**Researchers:** Hales AM, McAvoy JW.

**Title:** TGF $\beta$ -induced cataracts and oestrogen conferred protection.

**Funding:** 1 year, \$34,308.

**Researcher:** Gillies, M.

**Title:** Mechanism of action of retinal laser treatment.

**Funding:** 1 year, \$41,000.

## 11. Funded Research Projects *(continued)*

### **Ophthalmic Research Institute of Australia (continued)**

**Researchers:** McClellan KA, Badenoch PR.

**Title:** Suppurative keratitis: the role of polymerase chain reaction.

**Funding:** 1 year, \$16,000.

### **St George Foundation Limited**

**Researcher:** Billson FA et al.

Purchase of medical equipment for The Save Sight Institute's Premature Baby Eye Clinic in Macquarie Street and the Neo-natal intensive care unit for Premature Babies, RPA Womens Hospital.

**Funding:** \$25,000.

### **Sesqui New Staff Support Scheme (NSSS) Grant, University of Sydney.**

**Researcher:** Lovicu FJ.

**Title:** The role of growth factors in lens biology and pathology.

**Funding:** 1 year, \$29,500.

### **Sydney Eye Hospital Foundation**

**Researchers:** Provis JM, Madigan MC.

**Title:** Development of primate fovea.

**Funding:** 2 years \$15,000 p.a.

### **Sydney Foundation for Medical Research**

**Researcher:** Klistorner A.

**Title:** Objective Perimetry.

**Funding:** 5 years, \$60,000 in 2002.

**Researcher:** Madigan MC.

**Title:** Vascular Growth and Tumour Invasion in Retinoblastoma and Uveal Melanoma.

**Funding:** 5 years, \$113,600 p.a.

**Researcher:** McAvoy JW.

**Title:** Normal and Pathological lens development in relation to cataract.

**Funding:** 5 years, \$189,376 in 2002.

## 12. Publications in 2002



***Microglial cell in the human retina immunolabelled with macrophage antigen S22***

SSI and vision science research papers regularly appear and have been published with prominence in major ophthalmic publications worldwide.

### **Journal articles - refereed**

1. Aksozek A, McClellan K, Howard K, Niederkorn JY, Alizadeh H. Resistance of *Acanthamoeba castellanii* cysts to physical, chemical and radiological conditions. *J Parasitol* 2002;88:621-623.
2. Dunlop A, Graham, SL. Familial amyloidotic polyneuropathy presenting with rubeotic glaucoma. *Clin Exp Ophthalmol* 2002;30:300-302.
3. Farpour B, Browne A, McClellan K, Billson FA. Combined iridocyclectomy and lensectomy surgical technique modified for the removal of an iris cyst in a child. *Ophthalmic Surgery and Lasers* 2002;33:62-65.
4. Fitzgibbon T. Organization of reciprocal connections between the perigeniculate nucleus and dorsal lateral geniculate nucleus in the cat: a transneuronal transport study *Vis Neurosci* 2002;19:511-520.
5. Flood V, Smith W, Wang JJ, Manzi F, Webb K, Mitchell P. Dietary antioxidant intake and incidence of age-related maculopathy: the Blue Mountains Eye Study. *Ophthalmology* 2002; 109(12): 2272-2278.
6. Foran S, Rose K, Wang JJ, Thiagalingam S, Mitchell P. Five-year outcome of correctable visual impairment: the Blue Mountains Eye Study. *Clin Exp Ophthalmol* 2002; 30(3):155-158.
7. Foran S, Wang JJ, Mitchell P. Causes of incident visual impairment: the Blue Mountains Eye Study. *Arch Ophthalmol* 2002;120(5):613-619.
8. Foran S, Rose KA, Wang JJ, Mitchell P. Correctable visual impairment in an older population: the Blue Mountains Eye Study. *Am J Ophthalmol* 2002; 134:712-719.
9. Gilhotra JS, Mitchell P, Healey PR, Cumming RG, Currie J. Homonymous visual field defects and stroke in an older population. *Stroke* 2002; 33: 2417-2420.
11. Goldberg, I, Graham, S and Klistorner A. Multifocal objective perimetry in the detection of glaucomatous field loss. *Am J Ophthalmol* 2002;133:29-39.
12. Guzowski M, Rochtchina E, Wang JJ, Mitchell P. Refractive changes following cataract surgery: Findings from the Blue Mountains Eye Study. *Clin Exp Ophthalmol* 2002; 30(3)159-162.
13. Ivers RQ, Cumming RG, Mitchell P, Peduto A. The accuracy of self-reported fractures in older people. *J Clin Epidemiol* 2002; 55(5):452-457.
14. Ivers RQ, Cumming RG, Mitchell P, Peduto A. Risk factors for fractures of the wrist, shoulder and ankle: the Blue Mountains Eye Study. *Osteoporosis International* 2002; 13(6):513-518.
15. Kok A, Lovicu FJ, Chamberlain CG, McAvoy JW. Influence of platelet-derived growth factor (PDGF) on lens epithelial cell proliferation and differentiation. *Growth Factors* 2002; 20:27-34.



## 12. Publications in 2002 *(continued)*

16. Kuzniarz M, Mitchell P, Flood VM, Wang JJ. Use of vitamin and zinc supplements and age-related maculopathy: the Blue Mountains Eye Study. *Ophthalmic Epidemiology* 2002;9(4):283-295.
17. Landers J, Goldberg I, Graham SL. Factors affecting knowledge and awareness of glaucoma in patients attending an urban emergency department. *Clin Exp Ophthalmol* 2002;30:104-109.
18. Landers J, Goldberg I, Graham SL. Analysis of risk factors that may be associated with progression from ocular hypertension to primary open angle glaucoma. *Clin Exp Ophthalmol* 2002;30:242-247.
19. Landers J, Goldberg I, Graham SL. Comparison of clinical optic disc assessment with tests of early visual field loss. *Clin Exp Ophthalmol* 2002;30:338-342.
20. Lovicu FJ, Schulz MW, Hales AM, Vincent LN, Overbeek PA, Chamberlain CG, McAvoy JW. TGF $\beta$  induces morphological and molecular changes typical of anterior subcapsular cataract. *Br J Ophthalmol* 2002;86:220-226.
21. Madigan MC, Penfold PL, King NJC, Billson FA, Conway RM. Immunoglobulin superfamily expression in primary retinoblastoma & retinoblastoma cell lines. *Oncol Res* 2002;13:103-111.
22. Manzi F, Flood V, Webb K, Mitchell P. The intake of carotenoids in an older Australian population: the Blue Mountains Eye Study. *Public Health Nutrition* 2002; 5(2):347-352.
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## 12. Publications in 2002 *(continued)*

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### **Journal articles – not refereed**

Goldberg I, Graham S.L., Healey P.R., Primary open angle glaucoma (Editorial) *Medical Journal of Australia* 2002; 177(10):535-536.

Ivers RQ, Cumming RG, Mitchell P. Poor vision and risk of falls and fractures in older Australians: the Blue Mountains Eye Study. invited contribution *NSW Public Health Bulletin* 2002; 13(1-2): 8-10.

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Penfold PL, Intravitreal triamcinolone in recurrence of choroidal neovascularisation [Editorial]. *British Journal of Ophthalmology*. 2002;86(6):601.

### **Published Books and Book Chapters**

Mitchell P. The 2002 Libby Harricks Memorial Oration: The Prevalence, Risk Factors and Impacts of Hearing Impairment in an Older Australian Community: The Blue Mountains Hearing Study. [ISBN 0 9578615 2 4] *Deafness Forum*, February 2002, 1-36.

## 13. Abridged Financial Statements

### *Statement of Income & Expenditure for the year ended 31 December 2002*

	Note	31 Dec 2002	31 Dec 2001
<b>INCOME</b>		\$	\$
Grants and HECS		922,770	665,776
Scholarships/Donations/Bequests		211,218	306,594
Business & Investment Income		98,054	38,271
Fees & Charges		78,296	66,776
Internal & Other Income		665,632	442,285
<b>Total Income</b>		1,975,970	1,519,702
<b>EXPENDITURE</b>			
Staff Payroll		902,623	742,007
Consumables		100,624	88,586
Equipment & Repairs/Maintenance		404,975	239,640
Services/Utilities		36,449	18,056
Travel		44,515	8,880
Conferences/Entertainment		12,088	1,374
Other Expenses		247,061	140,312
<b>Total Expenditure</b>		1,748,335	1,238,855
<b>SURPLUS FOR THE YEAR</b>		227,635	280,847
<b>Accumulated Funds as at 1 January</b>		471,400	190,553
<b>Total Accumulated Funds as at 31 December</b>		699,035	471,400

I certify that the Statement of Income and Expenditure and Balance Sheet have been prepared in accordance with the University's accounting practices and procedures and reflect the transactions as recorded in the University's general ledger.



B P McLaughlin FCPA  
College Manager, Finance and Resources, College of Health Sciences  
January 20, 2003

## 13. Abridged Financial Statements

### *Balance Sheet as at 31 December 2002*

	Note	31 Dec 2002	31 Dec 2001
<b>ASSETS</b>			
		\$	\$
<b>Current Assets</b>			
Funds Participating in University Pool Interest		713,461	485,180
Total Current Assets		713,461	485,180
<b>Total Assets</b>		713,461	485,180
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Suspense Account	2	13,780	13,780
Expense advance		646	0
<b>Total Current Liabilities</b>		14,426	13,780
<b>NET ASSETS</b>		699,035	471,400
<b>EQUITY</b>			
Accumulated Funds		699,035	471,400
<b>TOTAL EQUITY</b>		699,035	471,400

#### Notes to the Financial Statements for the reporting period ended 31 December 2002

##### 1. Statement of Significant Accounting Policies:

- Accounts prepared on a cash basis.
- Income tax is not applicable to activities of the Foundation.
- All fixed assets are expensed in the year of purchase.

##### 2. Suspense:

The amount of \$13,780 is funds being held on behalf of a disbanded organisation.

I certify that the Statement of Income and Expenditure and Balance Sheet have been prepared in accordance with the University's accounting practices and procedures and reflect the transactions as recorded in the University's general ledger.



B P McLaughlin FCPA  
College Manager, Finance and Resources, College of Health Sciences  
January 20, 2003



## 14. Major Donations

The SSI would like to thank all of our supporters who have, over the last year helped us to continue our research, teaching and community awareness programs. Listed below are the major contributors for the year 2002.

### Companies

Alcon Laboratories Australia Pty Ltd  
Allergan Australia New Zealand  
Australian Natural Care Product  
Pharmacia Ophthalmology (Aust) Ltd  
The Children's Bookshop  
Ursula King Travel

### Foundations

Claffy Foundation  
Friends of Sydney Hospital  
Lions Save Sight Foundation  
Medical Foundation University of Sydney  
St George Foundation Limited  
Sydney Eye Hospital Foundation  
Sydney Foundation for Medical Research

### Clubs and Church Organisations

Lions Club of Ardlethan  
Lions Club of Colembally  
The Church of Christ

### Individuals and Families

Mr R & Mrs J Apter  
Mrs F Best  
Prof Frank & Mrs Gail Billson  
Mr & Mrs Nick Boon  
Mr P & Mrs E Boersma  
Mr W Bothamley  
Mr Norman & Mrs Eva Bristow  
Mrs DZ Burger  
Mrs Florence Chirnside  
Mr KG Coles  
Mr SE & Mrs R Collins  
Mrs Marjorie Cotter  
Mr Robert Cunneen  
Mr & Mrs John Davies  
Mr WPG Davies  
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Mr Grahame & Mrs Anne Evans  
Mrs G Joyce Fardell  
Dr Adrian Farinelli  
Mr S & Mrs G Farkas  
Prof & Mrs Ramzi Fayed  
Mr George Foster  
Mr FR Golding  
Dr Mark Gillies  
Ms Edit Gillott  
Dr Ivan & Mrs Vera Goldberg

Mr J Griffin  
Mr Reg & Mrs Katherine Grinberg  
Mr Gordon Guy  
Prof Richard & Mrs Margaret Gye  
Mrs J Hale  
Dr SA Hing  
Dr Greg & Mrs Gillian Horowitz  
Miss Heather Howie  
Mr Peter Ketley  
Ms Sylvia Kline  
Mr N Levay  
Mrs VA Lisle  
Ms Suzie Lowenstern  
& Mr Robert Philips  
Mr J Luckey  
Dr Frank J & Mrs Moya Martin  
Sir John and Lady Mason  
Mrs Marie-Therese Maurel  
Dr Kathy McClellan  
Mrs Mabs Melville  
Mr Ben Meek  
Mr LN Mills  
Mr RW Moody  
Dr Maria Moon  
Mr Michael O'Dea  
Mr LO & Mrs HD Payne

Dr Justin Playfair  
Mr Henry & Mrs Renee Pollack  
Mr Mathew & Mrs Kristin Potter  
Lady Laurine Proud  
Mr I Oag  
Mrs Calliope Raftos  
Mr Chris & Mrs Jane Recny  
Save Sight Institute Fundraising  
Committee  
Dr Diana Semmonds  
Ms Vera Shaw  
Mr David & Mrs Terri Solsky  
Mr S & Mrs B Susskind  
Mr Steven & Mrs Ruth Stux  
Dr Gerard Sutton  
Mr Donald Taylor  
Mr Andrew Tosio  
Mrs Gail Tosio  
Mr Willy J Utiger  
Dr & Mrs AW Wechsler  
Mrs Caroline Wilkinson  
Dr HG Wong  
Mrs DA Wood  
Dr Derrick Woodhouse  
Mr William Workman  
Mr WJ & Mrs M Youll

## 15. Fundraising Events and Activities

The SSI wishes to thank our volunteers and supporters who have participated in special events and fundraising activities throughout the year.

In May Council member Caroline Wilkinson, coordinated staff and a very dedicated group of volunteers to undertake a very successful fundraising mail appeal.

A successful fundraising shopping bus trip took place in November, organised by Save Sight Institute staff. The shopping bus trip was well attended by staff and supporters of the Save Sight Institute.



*The shopping bus trip*



## 16. Community Information and Awareness

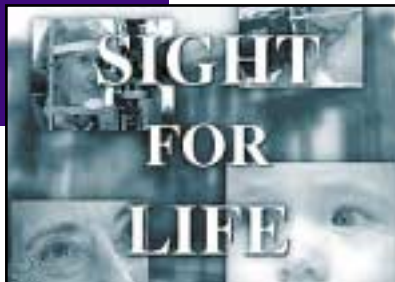
Understanding how to have healthy eyes is the first step to Sight for Life. The SSI remains committed to providing the community with the most accessible and up-to-date information about eye health and eye care.

**Our website for further details is** [www.ssi.eye.usyd.edu.au](http://www.ssi.eye.usyd.edu.au)

### **Publications and videos include -**

- **Numerous brochures** on eye disease and eye care
- **“Eye Sight” and “Foresight News”** - regular newsletters
- **“Sight for Life”** - short video on the Save Sight Institute
- **“The Gift of Sight”** - documentary on the Lions NSW Eye Bank
- **“The Eyes of Bangladesh”** - documentary on the work of Foresight Australia in Bangladesh

## 17. Share the Vision



Share with us  
a vision of  
Sight for Life!

### *Bequests & Donations*

Bequests and donations are the lifeblood of The Save Sight Institute. A bequest could take one of the following forms in your Will.

#### **Money**

I GIVE to The Save Sight Institute, the University of Sydney, the sum of \$..... which I direct to be paid to the Honorary Treasurer of The Save Sight Institute to be applied for the purposes of The Save Sight Institute in such manner as the Council of Governors may determine.

#### **Property**

I GIVE to The Save Sight Institute, the University of Sydney, my property (insert address) (or my shares, debentures, etc. and describe them, e.g. BHP shares) to be applied for the purposes of The Save Sight Institute in such manner as the Council of Governors may determine.

#### **General**

If you wish to leave the whole or part of your estate:  
I GIVE to The Save Sight Institute, the University of Sydney, the whole (or specified percentage, or the residue) of my estate or whatsoever nature or kind and wheresoever situated to be applied for the purposes of The Save Sight Institute in such manner as the Council of Governors may determine.

**For further information, please contact  
The Save Sight Institute on:**

**Telephone: 02 9382 7302**

Facsimile: 02 9382 7372

email: [sightforlife@eye.usyd.edu.au](mailto:sightforlife@eye.usyd.edu.au)

**The Save Sight Institute  
GPO Box 4337  
Sydney NSW 2001**

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## **Save Sight Institute**

### *Incorporating:*

#### **Save Sight Institute**

University of Sydney  
Department of Clinical Ophthalmology & Eye Health  
Lions NSW Eye Bank  
Foresight Australia  
Sight for Life

#### **Located at**

Sydney Eye Hospital Campus  
Macquarie Street, Sydney NSW 2000

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#### **Facsimile**

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**SAVE SIGHT**  
**INSTITUTE**  
UNIVERSITY OF SYDNEY