

FRONTIERS

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prove successful, patients in southwest Florida actually have the chance to participate in the proving grounds. "We're involved in a number of clinical studies," says Dr. Alexander Eaton, board-certified ophthalmologist and founder of the Macular Degeneration Research Center at Retina Health Center in Fort Myers. "We have a research department with two fulltime research assistants," he says, and reveals that 10-20 studies are currently underway regarding macular degeneration.

Success stories

Eaton describes two patients who participated in clinical trials: one could no longer see his fishing line or read emails, while the other was no longer enjoying his favorite hobby, which required good vision. Today, the hobby is in full swing again, the patient's sight restored. His counterpart in a separate study had a "dramatic improvement and has required very little in the way of treatment," according to Dr. Eaton. "There have been many, many success stories," he says, of his patients' participation in clinical trials for promising drugs and therapies.

Eaton's practice also treats macular hole, diabetic retinopathy and retina problems; he has twice conferred with the Secretary of the Department of Health and is currently on the faculty at Duke University. His keen interest in research began in Medical School; his partner at the research center, Dr. Hussein Wafapoor, shares his enthusi-



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asm for discovery of treatments, which improve one's quality of life.

Drug companies wanting to do trials contact the Macular Degeneration Research Center regularly. Eaton founded the center as an adjunct to his practice to "bring the best we can to our patients in Fort Myers." When a brand new treatment or therapy improves a patient's sight, "it brightens your day, and it brightens their day," says Eaton.

Wet and dry

What exactly is age-related macular degeneration? In a nutshell: the center of the eye's inner lining, known as the macula area of the retina, suffers atrophy, thinning, or bleeding. This can result in a brutal loss of central vision, meaning a person can no longer read,

see road signs, or even distinguish one face from another.

AMD has two forms: the treatable "wet" form, and the "dry" version. "Dry" means the tissue that supports the retina becomes damaged from life and time, and, as a result, the tissue does not function as well and vision is lost. "The majority of people with the dry version have good vision and do okay," says Eaton, but a small percentage see progression and have vision loss. For dry, there are medicines and treatments under development that can prevent the progression or perhaps improve vision, but not a lot can be done now if vision loss occurs.

Nearly 85 percent of AMD patients have dry macular degeneration, but anywhere from 15-85 percent of those with the innocuous dry version con-

vert over time to having the "wet" version, which is treatable, but which "is more severe and progresses more rapidly," explains Eaton.

"If dry converts to the wet form, one Monday you might be reading, and the next Monday you might not."

Good, better, best?

Typically, wet AMD patients aiming to improve their vision opt for intraocular injections of one of two drugs: Lucentis or Avastin. Both drugs target the molecule largely responsible for damage to one's vision. Injections are typically given every 4-6 weeks, and patients must continue treatment to maintain any improvement in vision they attain. With a current drug under trial at Eaton's research facility, however, that story is changing.

The patient who last year couldn't see his fishing line because of wet AMD participated in a local study of a new drug called VEGF-Trap, and now has 20/25 vision. Better yet, hasn't had an injection since August.

"The drug is by a company called Regeneron," says Eaton, of the trial, which is giving new hope at his research facility. "That drug really looks exciting."

Post-cataract improvements

Florida Eye Health's Dr. Jonathan Frantz, also a board-certified ophthalmologist, has many patients enjoying exciting improvements in the arena of cataract surgery. Traditionally, patients undergoing cataract surgery could expect to eventually need bifocals, trifocals or progressives. "With new technology lenses and modern surgical techniques," says Frantz, "we now have the ability to make it so that people are able to function without

Jonathan M. Frantz, MD, FACS

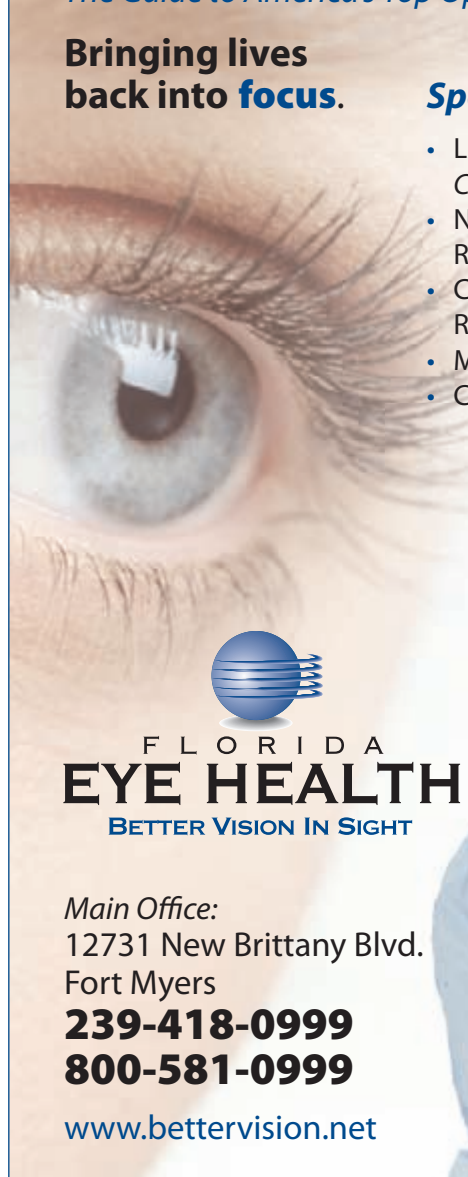
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