Eye Research Australia

Annual Report for 2004

Includes a review of the activities of:
University of Melbourne Department of Ophthalmology
Centre for Eye Research Australia
Eye Research Australia Foundation
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Vision

The elimination of vision loss and blindness in our community

Mission

To become the pre-eminent centre for eye research in Australia, renowned for our work in the prevention, treatment and rehabilitation of eye disease, vision loss and blindness, through our research and teaching

Goals

Conduct Quality Research

- Identify major factors leading to vision impairment
- Develop early detection of potential vision impairment
- Develop intervention strategies
- Develop models of optimum care

Application of Research into Best Practice

- Develop and promote preventative behaviours through community awareness to reduce the incidence and severity of eye disease
- Develop and promote screening activities for treatable eye diseases and other causes of vision loss
- Develop and promote models of best practice in the management of eye disease

Foster a Quality Learning Environment

- Promote a learning environment
- Undertake regular reviews of the range, objectives and structure of teaching
- Provide a positive environment for student recruitment, assessment and support

Effective and Efficient Management

- Develop and continuously improve management processes relating to:
  - People and Organization Development
  - Business Management and Marketing
  - Finance and Administration
In my role as Chairman of the Centre for Eye Research Australia, I am pleased to have the opportunity to reflect on the year that has passed and record a great sense of achievement and optimism.

A number of highlights stand out in 2004. We were thrilled to receive five important Commonwealth Government grants, specifically three National Health and Medical Research Council (NHMRC) project grants, an NHMRC Fellowship and an Australian Research Council Linkage Grant. Such tangible recognition of our research performance and strategies is a great accolade for our staff who strive so hard to obtain the means to continue their research into eye disease. In addition, we remain most grateful to the Victorian State Government for their continuing infrastructure support so crucial for the Centre’s operation.

Another important milestone for 2004 was the launch of “Clear Insight: The Economic Impact and Cost of Vision Loss in Australia” in August. This report, undertaken in partnership with Access Economics, documents the enormous cost of vision loss to our community and rightly places vision loss and its prevention on the national health agenda. My congratulations to all those who made a contribution to this very significant document.

I have been fortunate to have a group of such committed and loyal stakeholders and Board Members with whom to work. The support we have received over the year from the University of Melbourne, Royal Victorian Institute for the Blind (RVIB), Vision Australia Foundation (VAF), Royal Victorian Eye and Ear Hospital, Christian Blind Mission International, Ansell Ophthalmology Foundation, Victorian Lions Foundation and Victorian branch of the Royal Australian and New Zealand College of Ophthalmologists has been extraordinary, and I am sure has helped make 2004 such a success for the Centre. At the end of the year, the merger of the RVIB and VAF into the one entity has meant that Mr Malcolm Daubney and Ms Rosanne Cunningham, representing the VAF and RVIB respectively, will leave us in 2005, and I would like to thank them both for their valued contributions. I would also like to take this opportunity to convey our condolences to the family, friends and colleagues of our inaugural RVIB Director, Dr Trevor Anderson, who died in October.

Of course I would be remiss if I failed to mention the wonderful job Professor Taylor does as Managing Director of the Centre. He is dedicated to the cause of eliminating vision loss and blindness in our community and his enthusiasm and energy are contagious.

I look forward to 2005 with a great sense of excitement and anticipation. Thank you again to all our private and public benefactors for their generous support of our work, and to our many partners and collaborators for their continued relationship with the Centre.

Ms Tina McMeckan
We have a great team working at Eye Research Australia, of whom we are rightly proud.

Our job at the Centre for Eye Research Australia is clearly stated in our name and that is to do eye research. Our vision and mission are set out elsewhere in this report, and are both lofty goals and everyday gauges for our work.

To do our job, we need people, time and money. The short-term indicators that we are doing our job are published papers and presentations, and the longer-term indicators are the adoption of the new knowledge and changes in practice.

By all these measures, 2004 has been an outstanding year.

People
Our major resource without question is our people. We have a great team working at Eye Research Australia, of whom we are rightly proud. The fruits of their labour are reflected in this report. We were delighted to have Associate Professor Tien Wong join us full time at the start of the year, and he is rapidly building up a world-leading group in retinal imaging.

With the growth of the Centre, some organizational restructuring was advantageous and we grouped the Units together into Divisions. Some new Units were also formed. Dr Ecosse Lamoureux, last year’s winner of the CERA Research Award, was appointed Head of the Health Services Research Unit and Dr Andreas Müller joined us as the Head of the Eye Health Promotion Unit. Both have done outstanding jobs.

Over the year we were pleased to welcome many new staff, each of whom has added significantly to our team effort, and it would be unfair to single out a few and difficult to succinctly mention all. However, recognition of the great job Janine Reid has done in Administration is well earned.

Our staff can only work their best in reasonable quarters. The lack of incisive direction in our public hospitals has held up refurbishing the space we use, but we were delighted at the start of the year to open the newly renovated and reconfigured offices for Associate Professor Robyn Guymer and her team. At the end of the year, we were equally pleased to start the refurbishing of the McComas Family Laboratory for Dr Paul Baird and his group. We gratefully acknowledge the support from the Victorian Lions Foundation, the University of Melbourne and the Royal Victorian Eye and Ear Hospital that made both these projects possible.

Time
As I have mentioned before, there is the old adage that all you need for research is a good idea and running water. For a lot of our research, you can drop the running water. Our world-recognized staff are at the cutting edge of their respective fields and rarely lack a manifest of good ideas, what holds them back is the time to do everything. Obviously, an expanding workforce helps this, but in some ways we researchers are our own worst enemies because when we gain more resources we always want to start more research projects. We all need practice at saying “No!” and prioritizing our time.

However, to help with this process, we have spent a lot of effort in improving our management and administrative practices. Much of the preparation work started to pay off in 2004, and credit and thanks for this go to Clive Mitchell, and to Rod Watts and the Executive Management Team.

Money
It is sad that so often money seems to be the bottom line, although I know that the Centre much more often looks to the so-called “triple bottom line” and rightly so. However, without money we would not be here.

2004 has been an outstandingly successful year. The grants that were received are listed in detail elsewhere, but to obtain three National Health and Medical Research Council (NHMRC) Project Grants, an Australian Research Council (ARC) Linkage Grant, a National Institute of Health (USA) Grant, an NHMRC Fellowship, a second round Science Technology
Infrastructure application, and 20 other grants from other groups is a wonderful achievement, and all involved deserve the warmest congratulations.

As detailed elsewhere, the Eye Research Australia Foundation gave significant support to Robyn Guymer’s work, and we thank them and all the donors to the Foundation for their support and encouragement.

**Collaboration**

I have a saying on my wall that “There is no limit to what you can achieve if you do not care who gets the credit” (Robert Woodruff). There is so much work we need to do that to work collaboratively is both smart and essential.

**Vision CRC**

We highly value our partnership in the Vision Co-operative Research Centre (CRC). As outlined elsewhere in this report, we are proud to be one of four core partners in this highly important and exciting endeavour. It is a huge undertaking, but opens tremendous opportunities. Through the year Associate Professor Jill Keeffe was appointed Program Manager for the Vision Care Delivery Program in the Vision CRC.

**University of Melbourne**

The Centre works hand in glove with the University Department of Ophthalmology and the University is a key stakeholder in the Centre. We try hard to make this close, productive and mutually advantageous relationship work as seamlessly as possible, although there are times when the particular needs of one or other organization need to be addressed. We continue to recognize and appreciate the support we receive from so many quarters in the University, starting with the Dean, Professor James Angus.

**Royal Victorian Eye and Ear Hospital**

The Royal Victorian Eye and Ear Hospital is also a stakeholder in the Centre, and we treasure the close working relationship we have with the Hospital. We would not exist without the Hospital and the same may well be true. The mutual contributions we make to support each other reflect the maturity and importance of the relationship led by Graeme Houghton and Rob Grogan.

**Vision 2020 Australia**

The Centre and the Foundation were founding partners of Vision 2020 Australia, and we are pleased and proud to continue our close working relationship. Vision 2020 Australia is finding its rightful recognition as the peak national body of all those working in vision in Australia and is gaining appropriate status.
We hope that Clear Insight will help mobilize Governments and other groups and agencies to re-evaluate the priority given to vision loss.

Papers and Presentations
As I said in the introduction, these form the immediate indicators of us doing our job. These are listed in full at the end of this report, but one must not only look at the number but also the quality of the journal or the importance of the meeting in which the work is reported. We are doing world-class work.

In addition, the invitations that our staff receive to talk at national and international meetings, or to belong to or chair working groups, organizing committees, advisory panels and so forth also testify to their international standing.

Changing Practice
Almost nothing gives me greater satisfaction than seeing something we worked on being incorporated into standard practice or behaviour. I have a few personal favourites, such as ivermectin and river blindness, some aspects of trachoma and the “QUIT” ads for macular degeneration.

Over the last year, there have been further examples; all of Jill Keeffe’s work on low vision being taken up by the World Health Organization and Vision 2020, the findings of the Melbourne Vision Impairment Project that form the basis for The Vision Initiative, the assessment of retinal images presented by Tien Wong, the assessment and treatment of age-related macular degeneration following Robyn Guymer’s work, and the familial basis of glaucoma led by Associate Professor David Mackey.

This adds substance to our claim that we want to make a difference in our community to eliminate unnecessary vision loss and not just turn wheels in an ivory tower.

Clear Insight
In some ways the single most important event for us in 2004 was the launch of our report with Access Economics “Clear Insight: The Economic Impact and Cost of Vision Loss in Australia”. Although launched in the middle of the Athens Olympics and just before the Federal Election campaign, it received tremendous press and has sparked considerable interest worldwide and is already being quoted in the world’s literature.

This report accounts for the first time ever the full cost of vision loss to a community. In 2004, vision loss cost Australia nearly $10 billion in total and almost $2 billion in direct healthcare costs. Its impact is far greater than previously expected and far exceeds many other recognized health priorities. Again, three-quarters of vision loss could be prevented or treated. We hope that Clear Insight will help mobilize governments and other groups and agencies to re-evaluate the priority given to vision loss.

Acknowledgements
I must thank Ms Tina McMeckan for all her timely support as Chairman of the Centre’s Board and each of the other Board Members. Tina and the Board bring great experience and new perspectives that really do help us to set and achieve the most appropriate targets.

In addition to the Board Members, I want to thank all those who serve on the Finance and Audit Committee, the Research Committee and the other internal committees we have within the Centre.

The Eye Research Australia Foundation report is at the end of this report, but I do want to say how much we appreciate the work and support the Foundation does under the leadership of its Chairman, Professor John Funder AO and its Executive Director, Ms Laurie Staub. Their fundraising enables us to start some of the most important and innovative new projects, and is critical to our success. Through them I also want to thank all the donors and supporters of the Foundation. I would also like to recognize the contribution made by Miss Elizabeth Douglas, who retired through the year.

Finally, I would like to thank and congratulate all the staff for their hard work and their great successes throughout the year. I know they are not resting on their laurels and are already working to make 2005 even more successful.

Professor Hugh R. Taylor AC
Eye Research Australia’s major resource, without question, is its people.

Research Award: Ms Pam Garoufalis
Ms Pam Garoufalis is the recipient of the 2004 CERA Research Award in acknowledgement of her excellent work on the Genes in Myopia (GEM) Study that is being undertaken as part of the Vision CRC. Pam’s key role is the recruitment, follow up and co-ordination of patient subjects that to date number nearly 500.

Administration Award: Mr Colin Miles
Mr Colin Miles is the recipient of the 2004 CERA Administration Award in recognition of his undying enthusiasm for the world of computers and IT and his ability to manage cheerfully the numerous requests made of him without disappointing anyone. His role as IT Manager carries enormous responsibilities that he approaches with great skill and professionalism. His work touches everyone in the Centre and without him we would cease to function.

Travel Award: Dr Matt Chamberlain
Dr Matt Chamberlain is the recipient of the 2004 CERA Travel Award. This will allow him to present his results from a twin study investigating the heritability of age-related macular degeneration at the Annual Research in Vision and Ophthalmology Meeting in Fort Lauderdale in May 2005.
Another key function of the Centre’s role as a WHO Collaborating Centre is the training of personnel from overseas, particularly from developing countries.

The Centre for Eye Research Australia was originally designated a WHO Collaborating Centre for the Prevention of Blindness in 1992. In 2002, this designation was renewed for a third time, to 14 August 2006.

The terms of reference of the Centre are to:
- participate actively in the development of activities for the prevention of blindness
- provide facilities for the training of personnel at different professional levels, especially from developing countries
- conduct applied field research on the epidemiology, management and operational aspects of avoidable blindness
- foster a multidisciplinary approach to the promotion of eye health and to the delivery of eye care, including rehabilitation, to all
- participate in the collection, elaboration and distribution of pertinent information.

During 2004, the Centre undertook a wide range of WHO-related activities for the prevention of blindness. Included in this category are the global initiative for the elimination of blindness described next in this report, and the work that Associate Professor Jill Keeffe and her Prevention of Blindness Unit undertake on behalf of the WHO Low Vision Working Group that she chairs. In addition, Professor Taylor is an adviser to the WHO Alliance for the Global Elimination of Trachoma.

Another key function of the Centre’s role as a WHO Collaborating Centre is the training of personnel from overseas, especially from developing countries. Dr Liu Ming, an ophthalmologist from the People’s Republic of China, worked with Professor Keeffe and her team from September 2003 to February 2004. Also in 2004, Professor Keeffe’s Population Health Division hosted Dr Graziella Pereira, an ophthalmologist from Sao Paulo, Brazil, Mr Gok Ratnarajan, a medical student from University College London and Dr Ji Won Kwon, an ophthalmologist from the Seoul National University Hospital in South Korea.
WHO has established that in 2002, globally there were 37 million people who were blind and an additional 124 million people who had low vision. Vision 2020: The Right to Sight, a global initiative to eliminate avoidable blindness by the year 2020, was launched in 1999. This initiative builds on the alliance between WHO and the International Agency for the Prevention of Blindness (IAPB).

Dr Richard Le Mesurier is the Regional Coordinator for the Western Pacific for Vision 2020 and Professor Taylor is the Regional Chairman.

Highlights in this area for 2004 included:
- successful National Planning Meetings for Fiji (February), Mongolia (April), Cambodia (May) and the Philippines (August)
- the 5th Inter-Country Workshop for Indo-China held in Korat in July that both Professor Taylor and Dr Le Mesurier attended
- the IAPB 7th General Assembly in Dubai in September that Professor Taylor, Associate Professor J Jill Keeffe and Dr Le Mesurier attended, as did the Hon. Dr Barry Jones AO in his capacity as Vision 2020 Australia Chairman
- the Fred Hollows Foundation Vision 2020 Fiji workshop held in October that both Associate Professor Keeffe and Dr Le Mesurier attended
- the Vietnam Non-Government Organization Co-ordination Meeting held in December in Hanoi that both Professor Taylor and Dr Le Mesurier convened

World Sight Day was celebrated widely throughout the Western Pacific Region and there has been steady progress during 2004. The massive earthquake and tsunami of 26 December has indirectly involved many countries in the Region, with repercussions to be felt for many years to come.
Vision 2020: The Right to Sight Australia was launched in October 2000 by the Director-General of WHO, Dr Gro Brundtland, and then Federal Minister for Health, the Hon. Dr Michael Wooldridge. Vision 2020 Australia provides a platform for Australian eye health professionals to work together. It has three areas of interest: the Australian Community, Aboriginal and Torres Strait Islander Communities, and Global Eyecare.

A two day Vision 2020 Australia forum, held in Canberra in March, provided a useful opportunity for eye health professionals to workshop their ideas and liaise with Government bureaucrats.

Each year, Vision 2020 Australia participates in World Sight Day activities designed to promote awareness of the problem of global blindness. In 2004, World Sight Day was celebrated on 7 October.

Vision 2020 Australia is currently co-ordinating a tsunami disaster response alliance to aid the huge international assistance operation now in progress.

Further information on Vision 2020 Australia is available at: www.vision2020australia.org.au
The Vision Initiative promotes professional best practice and encourages ophthalmologists, optometrists, general practitioners, pharmacists and other vision specialists to put forward a consistent message to their community regarding eye care. The Vision Initiative is the world’s first large-scale public eye health program committed to improving the vision of the community by health promotion and developing best professional practice for eye care services. The Vision Initiative complements CERA’s partnership with Lions in the Lions Eye Health Program.

The Centre is monitoring and evaluating the impact of The Vision Initiative as part of its work in the Vision CRC. This is described in more detail later in the report.

On 8 November 2004, The Vision Initiative was announced as this year’s winner of the Victorian Heath Award for Program Excellence.

In October 2002, the Victorian Government granted $1.8 million over three years to Vision 2020 Australia to fund The Vision Initiative, a program that grew directly out of the Centre for Eye Research Australia’s research findings and public health and health promotion activities. It is a great example of our research findings being directly translated into the improved eye health of our community.
The Centre for Eye Research Australia is one of the four core participants in the Vision CRC, other core participants being the International Centre for Eyecare Education, LV Prasad Eye Institute (Hyderabad, India) and the Institute for Eye Research. In addition, there are over 20 supporting participants from around the world and eight industry participants.

The objectives of the Vision CRC are to become a leader in research, education and the delivery of vision correction; improve international eyecare; and maximize commercial opportunities. Ms McMeckan and Professor Taylor are members of the Board of the Vision CRC.

The Centre is involved in five projects as part of the Vision CRC. These include:
1. The Genetics of Myopia
2. Monitoring and Evaluation of The Vision Initiative
3. Eye Care Delivery Models
4. Enabling Technology
5. Aboriginal Eye Health

Associate Professor Jill Keeffe was appointed Program Director of the Vision Care Delivery Program in 2004. In this role, she has undertaken the direction of Projects 2 - 5 above.

Professor Taylor examining an Aboriginal patient for trachoma at Maningrida, NT

Associate Professor Debbie Sweeney, Mr Leon L’Huillier, Governor General His Excellency Major General Michael Jeffery AC, CVO, MC (Retd) and Professor Brien Holden OAM at a reception for the Vision CRC at Admiralty House, Kirribili, Sydney, 22nd January, 2004
As noted in last year’s report, the Lions of District V2 donated the $40,000 they raised on their 10th Annual Ride for Sight from Mallacoota to Melbourne to help us renovate new offices for the Macular Research Unit. The University of Melbourne Medical Faculty also contributed $50,000 towards this work. The newly refurbished offices of the Macular Research Unit were officially opened on 9 March 2004.

If this were not enough, in addition the Lions have undertaken to commit the proceeds of this year’s Bike Ride towards a $50,000 Research Fellowship that is to be awarded annually. The recipient of this year’s Fellowship is Dr Ecosse Lamoureux, Head of the Health Services Research Unit, who was the winner of the 2003 CERA Research Award.

We used this occasion to launch the new Low Vision website, “low vision online”, which can be accessed at www.lowvisiononline.org. This exciting new website was developed as part of the Lions Low Vision Initiative.

The Lions have committed a further $50,000 towards the refurbishment of the Ocular Genetics Unit to accommodate its increasing number of staff and students. Work on this commenced late in 2004.
Research

Basic Science Division –
Director Professor Hugh R. Taylor AC

In 2004, much thought and discussion have gone into restructuring the Centre to reflect our focus on public health, clinical and basic ophthalmic research.

We created four Divisions to bring together our various Units.

Ocular Genetics Unit
- Unit Head Dr Paul Baird

This Unit’s research focuses on two major areas:
- the genetic basis of myopia
- the genetic basis of age-related macular degeneration (AMD)

Myopia
As part of the Vision CRC, a study was commenced in 2003 in collaboration with the Melbourne Excimer Laser Unit (MELG) to investigate the genetic basis of myopia.

1  Genetic analysis of myopia – the GEM Study
Individuals (index cases) with myopia have been identified and recruited through MELG. Family members of these index cases are being identified and examined with the aim of identifying genes involved in myopia. To date, over 245 families have been identified with myopia of <-3.0D and have agreed to take part in the study. Other family members are currently being recruited, with 489 individuals so far examined. Gene identification using linkage analysis on some of the larger families is due to begin soon.

2  Gene – Environment Interaction – Twin Study
A twin study to investigate features of myopia that are inherited, as well as to better establish the heritability of previously described features, has commenced. To date, 280 twin pairs over the age of 50 years have undertaken a questionnaire, had a full eye exam and a blood sample taken for DNA analysis. Additional family members are also being recruited and families that exhibit a history of myopia are recruited into the GEM Study.

Age-related Macular Degeneration
Three major studies were undertaken in 2004:

1  Do AMD and Alzheimer’s disease share common proteins?
Donor eyes and eye sections determined to have AMD were tested utilizing a range of antibodies against proteins typically associated with other neurodegenerative disorders including Alzheimer’s disease. All eyes showed evidence of staining with ubiquitin and apolipoprotein (ApoE), however only one AMD eye showed evidence of staining with β-amyloid, a protein typically associated with Alzheimer’s disease.

2  Genetic analysis of AMD
(i) Analysis of the common allelic variants of the ApoE gene and progression of AMD was investigated in DNA extracted from 254 individuals (47% male, 53% female), aged between 51 to 89 years, recruited into Associate Professor Robyn Guymer’s Cardiovascular Health and Age-related Maculopathy (CHARM) Study. Our results indicate a three- to four-fold increased risk of progression of AMD in individuals who present with the ε2 variant of apoE relative to the other variants of this gene.

(ii) AMD families as well as sibling pairs from our repository have been analyzed for their apoE variant status in order to investigate segregation of these genetic variants with disease. Data analysis is currently underway.

(iii) A collaboration has been undertaken with Professor John Hopper at the Australian Twin Registry to examine features of AMD that are inherited. 280 Victorian twin pairs over the age of 50 years have so far been recruited and examined through the Registry, with a questionnaire and eye exam being administered to each twin pair and a DNA sample obtained.
In addition, recruitment of NSW twins over the age of 60 years is being undertaken.

(iv) Candidate gene analysis of AMD continues and we have begun to examine a series of genes (called fibulins) that have recently been implicated in AMD.

Corneal Research Unit
- Unit Head Dr Graeme Pollock

This Unit incorporates the Lions Corneal Donation Service, the research activities of MELG, and Corneal Studies.

The Lions Corneal Donation Service
This is primarily a service provider, supplying donor corneal tissue, sclera and amniotic membrane to surgeons for transplantation procedures performed in Victoria, Tasmania and occasionally other states. Research activities are focused on issues relating to corneal transplantation and related procedures, and may be summarized as follows:

1 Marginalization of Eye Donation
This is a new direction that aims to examine from a sociological perspective issues surrounding donation for transplantation and the marginalization of eye donation. It is hoped this research will fully identify the consequences in regards to the delivery of eye donation services and what approaches need to be taken to circumvent the pathways.

2 Cultivation of Corneal Epithelia Cells
In patients with total limbal stem cell deficiency, severe vision loss is caused by invading vascularized conjunctiva, resulting in pain and photophobia. A healthy ocular surface can be reconstructed by grafting “stem cells”, grown on an amniotic membrane carrier, that have been cultivated and expanded from donor eyes.

Our research has resulted in the successful cultivation and maintenance of corneal epithelial stem cells for four weeks - the next step in making this a practical clinical tool is to investigate the use of a carrier amniotic membrane upon which the stem cells can be seeded and grown. We have been on hold with this work awaiting clearance to continue to use amniotic membrane.

Excimer Laser Refractive Surgery Research
The Centre continues to have a role in the ongoing evaluation of Excimer laser procedures, both in the correction of refractive error and in the treatment of corneal disease. Although now regarded as a relatively mature procedure, the recent acquisition of a new Excimer laser technology has renewed interest in monitoring and evaluating the outcomes of procedures performed with this device. Current projects include:
1 Evaluation of current treatment algorithms for LASIK using Bausch and Lomb 217z Excimer laser and use of aberrometry in the treatment of myopia, astigmatism and hyperopia.
2 Genetics of myopia.
3 The role of Excimer laser phototherapeutic keratectomy.
4 Evaluation of the new technology of wave-front guided laser refractive surgery.
5 The evaluation of quality of life pre- and post-refractive surgery.

Corneal Studies
1 Bacterial Keratitis Clinical Trial
A clinical trial of three topical antibiotic regimes (Moxifloxacin versus Ofloxacin or a combination of Tobramycin/Cefazolin) for the treatment of microbial keratitis has been in progress since October 2002. Over 200 patients with the most severe corneal infections have been enrolled in this prospective randomised control trial. This study is expected to be completed by mid 2005.

2 Cyclosporin Clinical Trials
Two randomized clinical trials of Cyclosporin A are in progress, one in the management of acute corneal graft rejection that will recruit 125 patients, (82 have been enrolled to date), the other on treatment of steroid dependent atopic and vernal keratoconjunctivitis that has its full complement of 30 patients enrolled.
The new Retinal Vascular Imaging Centre will focus on the diagnostic analysis of retinal images for the purpose of predicting vascular disease.

Four major research programs are currently underway:

1. **Retinal Vascular Disease: Epidemiology, Cardiovascular Risk and Significance**
   The objectives of this program are to determine the relationship of retinal vascular signs to risk of stroke and heart disease, to evaluate the use of retinal photography as a cardiovascular tool and to understand the clinical significance of hypertensive retinopathy. This research comprises four local and five international studies in three countries. Collaborating partners include the University of Wisconsin, Madison, USA, University of Sydney and National University of Singapore.

2. **Epidemiology of Eye Diseases**
   The objectives of this research program are to study the epidemiology of major eye diseases such as myopia, angle-closure glaucoma, cataract and diabetic retinopathy. As with our research with Retinal Vascular Disease, this undertaking comprises local and international studies. One large study, the Singapore Malay Eye Study (SiMES) will examine epidemiology of these diseases in Malay people in Singapore, the first in the world.

3. **Clinical Treatment of Retinal Vascular Diseases**
   The objectives of this research program are to study the epidemiology and treatment of eye disease, in particular diabetic retinopathy. An NHMRC funded grant is supporting a clinical trial on diabetic retinopathy.

4. **Retinal Vascular Imaging Centre**
   An application has been submitted to the Office of Science and Technology for Science Technology Infrastructure (STI) for funding to build the new Retinal Vascular Imaging Centre (RetVIC) that will focus on the diagnostic analysis of retinal images for the purpose of prediction of vascular diseases, including diabetes, stroke, hypertension and heart disease. If the goals of this proposal are achieved and clinical practice can be substantiated, then such predictive capability may significantly impact on these major causes of morbidity and mortality in middle-aged and elderly populations through earlier and more precise detection and treatment of these diseases.

Collaborating partners in RetVIC will include the Baker Medical Research Institute, BSC Electronics Pty Ltd, Centre for Vision Research - University of Sydney, Diabetes Australia, Eastern Clinical Research Unit, Monash University - Department of Epidemiology, National Heart Foundation, National Stroke Foundation, National Stroke Research Institute, Pfizer Pty Ltd, Royal Melbourne Hospital - Department of Neurology, Royal Victorian Eye and Ear Hospital and St. Vincent’s Health - Department of Medicine.

The final proposal for our STI grant was submitted in January 2005.
The Department of Ophthalmology through the Standing Committee on Ophthalmology develops curriculum and co-ordinates teaching and assessment in ophthalmology in Semester 4, including clinical placements in ophthalmology, and clinical training in Semesters 8–9 Neurosciences block of the medical school degree. Evidence-based ophthalmology is also taught in the Semester 8–9 program. In addition, the Centre takes students for the Advanced Medical Science Year and gives them training in research.

Undergraduate training of Optometry students is performed in liaison with the Department of Optometry, and the Centre assists with the provision of lecturers and helps facilitate the clinical training in the clinics of the Royal Victorian Eye and Ear Hospital.

Postgraduate education in ophthalmology is conducted under the direction of the Hospital's Clinical School. The Centre assists with the teaching and occasional research projects generated by Hospital registrars.

Postgraduate research training is also an important component of the Centre’s activities. It typically involves medical or science graduates in Masters or PhD courses and medical graduates in an MD course.

Alcon Australia continued to fund a Visiting Professor Program in 2004. We are most grateful for their ongoing support of this important program. The three invited speakers listed below each spent a full day with us and Hospital staff. During this time, each gave two lectures on their particular area of speciality and participated in a grand round teaching session, ward rounds and public clinics.

June 2004 - Dr Dinesh Selva, Adelaide

September 2004 – Associate Professor Glen Gole, Brisbane

October 2004 – Dr Stuart Graham, Sydney, (centre right)
The Macular Research Unit focuses on age-related macular degeneration (AMD), the most common cause of irreversible visual loss in our society. The Unit has a multi-faceted approach to investigation of this disease, as is evidenced by the various projects currently being undertaken.

1  Determination of the Genetic Components of AMD
This research concentrates on the collection and maintenance of AMD cases and families, thereby allowing us to study genes that might influence AMD, described previously in the work of the Ocular Genetics Unit.

Also referred to earlier in relation to the Ocular Genetics Unit, a twin study has been undertaken to investigate features of AMD that may be inherited. This study will produce novel information about the inherited characteristics of retinal appearance and function and provide us with information as to the genetic impact on macular functions and diseases.

2  Understanding Epidemiological Risk Factors in AMD
One aspect of our research focuses on interpretation of the data obtained following our investigation of the association between cardiovascular health and AMD.

In another approach to this question, we are utilizing participants from the Melbourne Collaborative Cohort Study that was set up in the early 1990s to investigate the role of diet and other lifestyle factors in causing common chronic diseases in middle-aged Australians. These recruits are now aged between 51 and 80 years and we are currently in the process of simultaneously investigating dietary, genetic and other protective / risk factors for AMD in this group.

3  Delaying the Progression of AMD
We have embarked on an intervention study that aims to determine whether or not statin treatment for three years, administered to people with high risk fundus changes, can slow the progression of AMD. The observation that statins can improve retinal function suggested that they may limit the decline in function caused by high fat diets.
The observation that statins can improve retinal function suggested that they may limit the decline in function caused by high fat diets.

To investigate this further, a rat model has been developed that is hoped will mimic a model of compromised Bruch’s membrane that may reflect AMD changes.

4 A Functional Predictive Test of AMD
A major study in progress is the investigation of retinal functional tests that will produce a more sensitive and specific indicator of disease risk and progression towards end-stage disease.

5 Pathogenesis of AMD
The Macular Research Unit continues to help co-ordinate the collection of eyes for research so that retinas can be used to study the pathogenesis of AMD. Predicated on a link between Alzheimer's disease and AMD, this research has been described previously in the Ocular Genetics Unit Report.

6 International Drug Trials
Four international drug company sponsored intervention studies in AMD (two Alcon, one Pfizer and one Novartis) are currently being undertaken by the Unit.

Paediatric Studies – Unit Head Dr Wendy Marshman
Research in this area focuses on the anatomy of extraocular muscles as a cause of squints in children.

Glaucoma Unit – Unit Head Dr Julian Rait
Two clinical trials continue in this Unit, one a five year post marketing study of Latanoprost (Xalatan) compared to usual care (Pfizer), the other a five year trial of a neuroprotector (Allergan).
In addition, a Computerised Decision Support System for the Management of open-angle glaucoma is being developed. The aim of this project, funded by Allergan, is to improve the visual functioning and quality of life of people with open-angle glaucoma.

Clinical Genetic Studies – Unit Head Associate Professor David Mackey
Research in this Unit focuses on the identification of genes responsible for glaucoma and identification of risk factors for this disease.
To this end, a collaborative study based on the examination of 1,000 sets of twins will be undertaken to identify new glaucoma genes. In addition, by capitalising on over a decade's worth of clinical information and DNA from 400 families and 5,000 individuals from the Glaucoma Inheritance Study in Tasmania, further genes for glaucoma will be identified, as will better regimes for treatment and screening.
The mission of this Division is the prevention of vision loss and blindness and reduction of its impact. The streams of research include health services especially in low vision and diabetic retinopathy, outcomes research measured as quality of life, use of appropriate technology, health economic measures and costs, Aboriginal eye health, and development and evaluation of eye health promotion activities.

**Eye Health Promotion Unit - Unit Head Dr Andreas Müller**

Core research in this Unit focuses on The Vision Initiative (TVI), a comprehensive public health program designed to prevent avoidable blindness and to reduce the impact of vision impairment on individuals and the community.

The Centre is conducting evaluation of the health promotion activities. Prior to the launch of TVI, baseline data on eye disease, knowledge and use of services were collected from older Victorians from randomly selected suburbs. Fieldwork and data collection for the first stage were completed at the end of 2003. The second identically designed stage will commence in 2005.

A second research priority within the Unit is the Lions Eye Health Program-Australia (LEHP-Australia), the objective of which is to prevent vision loss and blindness from diabetic eye disease and glaucoma through a community based health promotion program.

During 2004, the LEHP-Australia National Committee has developed objectives and implementation strategies for the next phase of the program that will include expansion of the eye health promotion messages and transition to a self sustaining Australian Lions sponsored initiative.

**Health Services Research Unit - Unit Head Dr Ecosse Lamoureux**

1. **Burden of Eye Disease - Impact of Vision Impairment:**

   This study was designed to determine the vision-specific rehabilitation needs of people with vision impairment and to measure the outcomes of vision rehabilitation programs.

   To accomplish this, a 32-item questionnaire, the Impact of Vision Impairment (IVI), was developed. Statistical analysis of the data obtained from this study is in progress and a detailed database and manual have been constructed. In addition, a database has been completed for the Guide Dogs’ Victoria IVI Project that has been investigating quality of life following sudden acquired vision loss.

2. **Economic Evaluation of Rehabilitation Programs for People with Impaired Vision:**

   This year saw the Vision and Quality of Life Index (VisQoL) project in its main phase, with 360 “time-trade-off” interviews being conducted, half on participants recruited from the general community, the other half on patients recruited from the Hospital’s Special Eye Clinic with vision <6/12. This will allow us to determine whether this measure would prove a useful add-on dimension to the existing generic quality of life utility instrument, AQoLII. VisQoL was also used as a tool to measure quality of life among people with refractive error. The findings indicate that it is sensitive to vision-related changes to life quality due to refractive error, and hence is suitable to use in developing a vision utility value. The personal costs for people with vision impairment study moved into its final phase in 2004. Cost data have been analyzed from participants who have returned completed diaries for 12 months, and the results indicate that people with impaired vision experience significant vision related expenditure but with a large range.
Future projects within this Unit include:
(i) a randomized control trial of different types of low vision care comparing usual care with one that has a self-management aspect, to empower individuals to manage their low vision effectively.
(ii) a study to investigate the relationship between visual impairment and gait with the aim of developing an intervention program to improve mobility and reduce falls.

Prevention of Blindness Unit -
Unit Head Associate Professor
Jill Keeffe

Research in this Unit concentrates on the development of effective models of vision care delivery.

1 Diabetic Retinopathy Screening – Use of the Polaroid Non-mydriatic Camera versus the Digital Non-mydriatic Camera:
In the past two decades, non-mydriatic retinal cameras have become an important tool for diabetic retinopathy screening. In 2004, data were collected and analyzed that indicated that screening for diabetic retinopathy with the Polaroid camera is as effective in detecting people needing referral as screening with the digital camera.

2 Development for commercialization of a new Non-mydriatic Fundus Camera:
In collaboration with Vision Instruments, a prototype for a non-mydriatic retinal camera is being developed that is optimized for retinal screening in public health, developing countries and remote areas. This camera will be portable, have a uniquely intuitive operator interface and will be available at less than half the price of existing bench mounted digital retinal cameras.

3 Evaluation of Environmental Health Initiatives for the Elimination of Trachoma:
The Centre is working with the Northern Territory Government to conduct a health impact study in selected Aboriginal communities where swimming pools are to be constructed. A survey is to be designed to measure health-related behaviour associated with use of swimming pools to evaluate changes in the prevalence of trachoma, ear and skin infections.

4 Development of Low Vision and Eye Care Programs for Fiji:
In this project, eye care services, especially for low vision and diabetic retinopathy, will be developed as services integrated into the eye and health care system in Fiji. These models of service will be evaluated from an economic perspective and with culturally appropriate outcome measures.

5 Development of a Model of Low Vision Care for Children:
Globally, 90% of school age children with vision impairment are unable to receive a school education. In this project, the needs of children with low vision will be assessed and categorised into three levels so that the requirements for human resources, equipment and infrastructure can be incorporated into national Vision 2020 and Education for All 2015 plans.
Postgraduate research training is an important component of the Centre’s activities. The following students are currently enrolled.

### Degrees Awarded in 2004

**Doctor of Medicine**
- Dr Anthony Chiu: “The role of cholesterol-lowering medications (“statins”) in the progression of age-related macular degeneration.”
- Dr Niro Narendran: “Genetics of age-related macular degeneration.”

**Advanced Medical Science**
- Mr Shane Battye: Project related to protein analysis of donor age-related macular degeneration tissue.
- Ms Sing Pey Chow: Project related to diabetic retinopathy studies.
- Ms Cheryl Leung: Project related to vision and quality of life measurements.
- Ms Kar Yan Lo: Project related to monitoring and evaluation of The Vision Initiative.

### Theses Submitted in 2004

**Doctor of Philosophy**
- Dr Reuben Phiri: “Diabetic retinopathy screening; use of the Polaroid non-mydriatic camera versus the digital non-mydriatic camera.”

**Master of Medicine**
- Dr Amy Cohn: “Autosomal Dominant Optic Atrophy: Correlating Disease Severity and Optic Disc Appearances.”

### Theses in Progress

**Doctor of Philosophy**
- Dr Christine Chen: “Identification of genes in myopia.”
- Ms Shiao-Lan Chou: “Economic evaluation of rehabilitation programs for people with impaired vision.”
- Mr Peter Dimitrov: “Predicting progression of age-related macular degeneration.”
- Mr Mohamed Dirani: “The use of twins to measure refractive error and establish both genetic and environmental components of disease.”
- Dr Van Lansingh: “Primary health care approach to trachoma control.”

**Doctor of Medicine**
- Dr Matthew Chamberlain: “Hereditability of features of early age-related macular degeneration: a twin study.”
- Dr Claire Hooper: “Does cataract surgery precipitate choroidal neovascular membranes in susceptible eyes?”

**Master of Medicine**
- Dr Heathcote Wright: “Trachoma in Northern Australia: a public health problem?”

**Advanced Medical Science**

Advanced Medical Science student Ms Kar Yan Lo.
With this in mind, we commissioned Access Economics Pty Limited to prepare a report on the economic impact and cost of vision loss in Australia. We gratefully acknowledge the unrestricted grant from Alcon Australia and the support of its Managing Director, Mr Warwick Kitt, that enabled this work.

The report we produced, “Clear Insight: the Economic Impact and Cost of Vision Loss in Australia”, was launched at the Victorian State Library on 19 August by Professor John Funder AO, Eye Research Australia Foundation Chairman, Ms Tina McMeckan, Centre Chairman, Hon. Dr Michael Wooldridge, Hon. Dr Barry J ones AO, Vision 2020 Australia Chairman and Professor Taylor. The launch was further supported by the Vision CRC, RANZCO Eye Foundation and Vision 2020 Australia.

Research documented in the Clear Insight report has revealed that the real impact of visual impairment in Australia has been overlooked:

- The total cost of vision disorders in Australia was estimated to be $9.85 billion in 2004.
- By 2024 the number of Australians with visual impairment or blindness may increase to nearly 800,000.
- Costs of eye care will continue to increase faster than the population because of the increasing proportion of older people.
- The direct health costs of treating eye disease are extremely large - $1.8 billion in 2004. They have increased by $1 billion over the last 10 years and will increase by another $1 - 2 billion over the next 10 years.
- Visual impairment has significant socio-economic costs. The indirect costs to the community of visual impairment are $3.2 billion.
- The direct costs for vision disorders are more than the cost of coronary heart disease, stroke, arthritis or depression and that of diabetes and asthma combined.
- Three quarters of visual impairment is unnecessary. It can be either prevented or treated and prevention is often more cost-effective than treatment.
- The years of life lost due to disability (YLD) from visual disorders is 2.7% of the national total, similar to that of diabetes and coronary heart disease and significantly greater than the disability burden for breast cancer, prostate cancer, melanoma or HIV/AIDS.

To reverse the projected prevalence, cost and burden of vision loss we must have:

- appropriately resourced, long-term eye health promotion initiatives to reduce avoidable vision loss
- adequate funding for eye care services for treatable conditions and for low vision support services
- a substantial increase in research into causes of vision loss and blindness that cannot be prevented or treated at present.

Unlike many other diseases, the economic impact of vision loss on the Australian community had never been thoroughly assessed, nor had the impact on the people who are visually impaired and their families.
Over the year we were pleased to welcome many new staff, each of whom has added significantly to our team effort.

Centre for Eye Research Australia
Board of Directors
Ms Tina McMeckan, Chairman
Professor Hugh R. Taylor AC, Managing Director
Professor James Angus
Ms Rosanne Cunningham
Mr Malcolm Daubney
Professor John Funder AO
Mr Graeme Houghton
Mr John Jeffries
Hon. Dr Barry Jones AO
Mr Philip Molyneux, Treasurer
Mr David Welsh
Dr Robert West
Hon. Dr Michael Wooldridge
Company Secretary: Mr David Doyle

Investment Committee
Mr Charles Macek
Mr Philip Molyneux

Research Committee
Associate Professor Justin O’Day AM, Chairman
Professor James Angus
Professor John Funder AO
Mr Philip Molyneux
Professor Terence Nolan
Professor Hugh R. Taylor AC

Vision CRC Research Advisory Committee
Professor Hugh R. Taylor AC, Chairman
Professor James Angus
Professor John Funder AO
Associate Professor Jill Keeffe
Professor Terence Nolan
Associate Professor Justin O’Day AM

Finance and Audit Committee
Mr Philip Molyneux, Chairman
Ms Tina McMeckan
Professor Hugh R. Taylor AC
Mr David Welsh

Professor Funder, Ms McMeckan, Professor Taylor, the Hon. Dr Jones and the Hon. Dr Wooldridge at the launch of the Clear Insight report
Centre for Eye Research Australia Board
Centre and University Staff

**Head of Department and Ringland Anderson Professor of Ophthalmology**
Professor Hugh R. Taylor AC

**Basic Science Division**
Professor Hugh R. Taylor AC, Division Director

**Ocular Genetics Unit**
Dr Paul Baird, Unit Head
Ms Pam Garoufalis, Research Co-ordinator
Mr Nicholas Johnson, Data Analyst
Mrs Teresa Liistro, Administrative Assistant
Ms Kelly Pertile, Research Assistant
(from February 2004)
Ms Andrea Richardson, Research Assistant

**Postgraduate Students**
Dr Matthew Chamberlain
Dr Christine Chen
Mr Mohamed Dirani

**Advanced Medical Science Student**
Mr Shane Battye

**Undergraduate Summer Student**
Ms Debbie Farrell (Jan – Feb, 2004)

**Corneal Research Unit**
Dr Graeme Pollock, Manager, Lions Corneal Donation Service
Mr Anthony Carnicelli, Transplant Co-ordinator, Lions Corneal Donation Service
Mr Mark Daniell, Senior Lecturer (from July 2004)
Dr Prema Finn, Transplant Co-ordinator, Lions Corneal Donation Service
Mr David Shearer, Transplant Co-ordinator, Lions Corneal Donation Service
Dr Grant Snibson, Senior Lecturer, Medical Director, Lions Corneal Donation Service

**Melbourne Excimer Laser Group**
Mr Terry Couper, Unit Manager
Ms Kate Craig, Orthoptist
Ms Caroline Gibbs, Orthoptist
Ms Ilona Probyn, Receptionist

**Clinical Epidemiology Division**
Associate Professor Tien Wong, Division Director

**Retinal Vascular Unit**
Associate Professor Tien Wong, Unit Head
Mr Mohamed Dirani, Retinal Fellow
Ms Theresa Dolphin, Clinical Trials and Grants Co-ordinator
Mr Marios Constantinou, Clinical Trial Co-ordinator and Orthoptist
Dr Alex Harper, Senior Lecturer
Ms Rachel McIntosh, Clinical Trials and Grants Co-ordinator
Ms Irene Tam, Photographer/Grader
Ms Fulya Torun, Executive Assistant

**Research Students**
Ms Ekaterina Aibrahim
Ms Kristin De Haseth

**Education Unit**
Associate Professor Deb Colville, Unit Head

**Advanced Medical Science Student**
Ms Julia Kuchinsky

Hector Maclean scholarship winner Ms Debbie Farrell with Associate Professor Hector Maclean
Clinical Research Division
Associate Professor Robyn Guymer, Division Director

Macular Research Unit
Associate Professor Robyn Guymer, Unit Head
Dr Penny Allen, Senior Fellow
Dr Khin Zaw Aung, Research Assistant
Ms Melinda Cain, Research Nurse
Mr Anthony Camicelli, Research Assistant
(until September 2004)
Mr Peter Dimitrov, Research Assistant
Ms Penny Allen, Research Assistant
Dr Alex Harper, Senior Fellow
Ms Nicola Hunt, Research Assistant
Ms Amanda Lancaster, Administrative Assistant (from September 2004)
Dr Lyndell Lim, Research Fellow
Ms Gabriella Tikellis, Research Assistant
(ongoing)
Ms Mary Varsamidis, Research Assistant

Glaucoma Unit
Dr Julian Rait, Unit Head
Dr Richard Clark, Research Fellow
Ms Danielle Healey, Research Co-ordinator
Ms Rachel McIntosh, Orthoptist

Clinical Genetic Studies
Associate Professor David Mackey, Unit Head

Postgraduate Student
Dr Amy Cohn

Paediatric Studies
Dr Wendy Marshman, Unit Head

Corporate Services Division
Mr Rod Watts, Division Director

Finance and Administration Unit
Ms Janine Reid, Manager (from May 2004)
Mr Peter Coates, Finance Officer
Ms Irina Kalpakidis, Finance Officer
Ms Anna Giannios, Administrative Assistant
Ms Amanda Lancaster, Administrative Assistant (from September 2004)
Ms Jennifer Marshallsea, Manager (until March 2004)
Ms Fiona Warden, Grants Administration Officer

Visual Communications Unit
Ms Joanna Ong, Unit Head
Ms Sarah Squire, Technical Assistant

Postgraduate Students
Dr Matthew Chamberlain
Mr Peter Dimitrov
Dr Claire Hooper
The mission of the Population Health Division is the prevention of vision loss and blindness and reduction of its impact.

Members of the Population Health Division

IT Unit
Mr Colin Miles, Manager

Head of Department
Ms Judith Carrigan, Communications Co-ordinator and Personal Assistant to Professor Taylor
Ms Phyllis Halliday, Administrative Assistant and Clinical Receptionist (from July 2004)
Ms Amanda Lancaster, Administrative Assistant and Clinical Receptionist (until July 2004)

Strategic and Business Planning
Mr Rod Watts

Population Health Division
Associate Professor Jill Keeffe, Division Director

Eye Health Promotion Unit
Dr Andreas Müller, Unit Head (from March 2004)
Mr Marios Constantinou, Research Assistant
Mr John Ferraro, Field Co-ordinator
Mrs Leanne Mazzoni, Research Assistant
Mr John Simpson, Program Manager

Health Services Research Unit
Dr Ecosse Lamoureux, Unit Head
Ms Sharon Amira, Research Assistant
Ms Jennifer Hassell, Research Assistant
Ms Melanie Larizza, Research Assistant
Dr RoseAnne Misajon, Research Fellow
Ms Betty Tellis, Research Assistant
Dr Elaine Wong, Research Associate

Prevention of Blindness Unit
Associate Professor Jill Keeffe, Unit Head
Dr Alex Harper, Senior Lecturer
Mr Nicholas Johnson, Data Analyst
Dr Richard Le Mesurier, IAPB/Vision 2020 Regional Co-ordinator
Ms Jessica Towers, Administrative Assistant
Dr Hien Vu, Statistician

Postgraduate Students
Ms Shiao-Lan Chou
Ms Gillian Cochrane
Dr Van Lansingh
Dr Reuben Phiri
Dr Heathcote Wright

Advanced Medical Science Students
Ms Sing Pey Chow
Ms Cheryl Leung
Ms Kar Yan Lo
Attendance at Conferences and Meetings in 2004

The invitations that our staff receive to talk at national and international meetings testify to their world renowned standing.

**Overseas**

Cost of Blindness Symposium, Toronto, Canada, January/February
Professor Hugh Taylor

32nd International Agency for the Prevention of Blindness (IAPB) Executive Committee and Task Force, Geneva, Switzerland, February
Professor Taylor

8th Meeting of the WHO Alliance for the Global Elimination of Blinding Trachoma, Geneva, Switzerland, March
Professor Taylor

44th Annual Conference on Cardiovascular Disease Epidemiology and Prevention, American Heart Association, San Francisco, USA, March
Associate Professor Tien Wong

**International Myopia Meeting, Cambridge, UK, July**
Dr Baird

5th Inter-Country PBL Workshop for Indo-China, Korat, Thailand, July
Professor Taylor, Dr Richard Le Mesurier

Vision 2020 Philippines Meeting, Manila, Philippines, July/August
Professor Taylor, Dr Le Mesurier

15th Singapore National Eye Centre (SNEC) International Meeting, Singapore, September
Associate Professor Wong

European Association for Vision and Eye Research (EVER) Meeting, Vilamoura, Portugal, September
Associate Professor Wong

IAPB 7th General Assembly and 18th ISGEO Meeting, Bahrain, Dubai, September
Professor Taylor, Associate Professor Keeffe, Dr Le Mesurier

American Academy of Ophthalmology Meeting, New Orleans, USA, October
Professor Taylor

Low Vision Group Meeting, Oslo, Norway, October
Associate Professor Keeffe

National Institute of Health MacTel Research Project, Baltimore, USA, October
Associate Professor Robyn Guymer

11th Asian and Oceanic Congress of Neurology, Singapore, November
Associate Professor Wong

SNEC Diabetic Retinopathy Symposia, November
Associate Professor Wong

Vietnam NGO Co-ordinating Meeting, Hanoi, Vietnam, December
Professor Taylor, Dr Le Mesurier

**Associate Professor Tien Wong**

Awarded the 2004 Sandra Daugherty Award for Excellence in Cardiovascular Disease and Hypertension Epidemiology

Association for Research in Vision and Ophthalmology (ARVO) Meeting, Fort Lauderdale, USA, April
Professor Taylor, Associate Professors Jill Keeffe, David Mackey and Wong, Drs Paul Baird, Amy Cohn, RoseAnne Misajon, Luba Robman, Hien Vu, Mr Peter Dimitrov, Ms Sing Pey Chow, Ms Shiao-Lan Chou, Ms Joanna Ong

Royal College of Ophthalmologists Annual Congress, Manchester, UK, May
Dr Niro Narendran

Indonesian Ophthalmologists Association Annual Meeting, Indonesia, June
Associate Professor Keeffe
Attendance at Conferences and Meetings in 2004

**Australia**

**Deans and Heads Conference, Lorne, February**
Professor Taylor

**9th Proteomics Symposium, Lorne, February**
Dr Baird

**21st Cornea and Eye Bank Meeting, Melbourne, March**
Professor Taylor, Drs Mark Daniell, Graeme Pollock and Grant Snibson

**Vision 2020 Australia Forum, Canberra, March**
Professor Taylor, Associate Professor Keeffe, Drs Lamoureux and Misajon, Mr Rod Watts, Ms Laurie Staub

**Vision CRC Postgraduate Review Meeting, Sydney, April**
Associate Professor Keeffe, Drs Christine Chen, Lamoureux, Reuben Phiri and Heathcote Wright, Mr Mohamed Dirani, Ms Chou, Ms Gillian Cochrane

**Australian Institute of Health and Welfare Meeting, Canberra, June**
Professor Taylor

**14th Annual Scientific Meeting of the Melbourne Ophthalmic Alumni Club, Melbourne, July**
Professor Taylor, Associate Professors Colville, Guymer, Keeffe and Wong, Drs Khin Aung, Matthew Chamberlain, Helena Cilliers, Chou, Cohn, Alex Harper, Lamoureux, Lyndell Lim, Misajon, Andreas Müller, Phiri and Robman, Messrs Dimitrov and Dirani, Ms Pam Garoufalis, Ms Jennifer Hassell, Ms Nicola Hunt

**16th International Congress for Eye Research (ICER) Sydney, August/September**
Professor Taylor, Associate Professors Guymer, Mackey and Wong, Drs Baird and Christine Chen, Mr Dirani, Ms Garoufalis

**Myopia Down Under: Satellite Meeting of the 16th ICER, September**
Ms Garoufalis

**Australian Society for Microbiology Meeting, Sydney, September**
Professor Taylor

**RANZCO 36th Annual Scientific Congress, Melbourne, November**
Professor Taylor, Associate Professors Guymer, Mackey and Wong, Drs Penny Allen, Baird, Chen, Cilliers, Richard Clark, Cohn, Harper, Wendy Marshman, Salmaan Qureshi, Julian Rait and Snibson

**Australia at Risk Meeting, November**
Professor Taylor, Associate Professor Wong

Dr RoseAnne Misajon at the ARVO conference, Fort Lauderdale, USA, May 2004

Associate Professor Tien Wong
Invited Lectures and Talks for 2004

**Professor Hugh Taylor**

Cost of Blindness Symposium, Toronto, Canada, January/February
The impact of vision loss in Australia

21st Cornea and Eye Bank Meeting, Melbourne, March
Myopia research and the Vision CRC

ARVO Meeting, Fort Lauderdale, USA, April
Gender differences in blindness and the need to target services

16th ICER, Sydney, August/September
Trachoma
Research priorities for Vision 2020

IAPB 7th General Assembly, Bahrain, Dubai, September
Prevention of corneal blindness

Australian Society of Microbiology Meeting, Sydney, September
What we know and what we don’t know about trachoma

American Academy of Ophthalmology Meeting, New Orleans, USA, October
What experience has taught me – do not miss glaucoma
Progress in improving vision worldwide

RANZCO 36th Annual Scientific Congress, Melbourne, November
Economic effect of vision loss

**Associate Professor Robyn Guymer**

Country Women’s Association Annual Meeting, Shepparton, February
Age-related Macular Degeneration

RANZCO 36th Annual Scientific Congress, Melbourne, November
New treatments in AMD

**Associate Professor Jill Keeffe**

National Vision Forum, Canberra, March
www.lowvisiononline.org

ARVO Meeting, Fort Lauderdale, April
Impact of age-related macular degeneration on quality of life

Indonesian Ophthalmologists Association Annual Meeting, Indonesia, June
Challenges in community ophthalmology: low vision

IAPB 7th General Assembly, Bahrain, Dubai, September
Vision 2020: low vision care

Low Vision Group Meeting, Oslo, Norway, October

WHO/Lions Childhood Blindness Training Course, Hong Kong, November

RANZCO 36th Annual Scientific Congress, Melbourne, November
Economic effect of vision loss

Associate Professor Keeffe outlines the Low Vision Online website during its launch.
Invited Lectures and Talks for 2004

**Associate Professor Tien Wong**

*Kyoto Prefectural University of Medicine, Kyoto, Japan, January*
Clinical significance of retinal arteriolar signs in the non-diabetic patient – is hypertensive retinopathy still useful for cardiovascular risk stratification?

*Yamagata Frontiers of Ophthalmology Lecture. Yamagata University, Yamagata, Japan, January*
Hypertensive retinopathy: new insights from population-based studies

*Singhealth Research Forum, Singapore General Hospital, Singapore, February*
Epidemiological research in ophthalmology

*16th ICER, Sydney, August/September*
Is the age-related decrease in myopia due to age or cohort effects?

*15th SNEC International Meeting, Singapore, September*
Current concepts in the epidemiology of diabetic retinopathy
Effectiveness in management of systemic risk factors in reducing retinopathy

*European Association for Vision and Eye Research Meeting, Vilamoura, Portugal, September*
Myopia and associated ocular morbidity

*Victorian College of Optometry, Melbourne, October*
Current concepts and classification of hypertensive retinopathy

*Singapore Eye Research Institute, Singapore, October*
Recent advances in hypertensive retinopathy

*11th Asian and Oceanic Congress of Neurology, Singapore, November*
Is a retinal assessment useful for stroke risk prediction?

**Singapore National Eye Centre Diabetic Retinopathy Symposia, November**
The epidemiology of diabetes and diabetic retinopathy

**Dr Paul Baird**

*ARVO/ISER International Advocacy Workshop, Fort Lauderdale, USA, April*
Government regulation of scientific research – the Australian viewpoint

*International Myopia Meeting, Cambridge, UK, July*
Genes in myopia study

*RANZCO 36th Annual Scientific Congress, Melbourne, November*
The alleles of the apolipoprotein gene are associated with AMD

**Dr Amy Cohn**

*University of Bologna, Italy, October*
Autosomal dominant optic atrophy in Australia

**Dr Andreas Müller**

*University of the Third Age, Geelong, November*
Vision loss is not a necessary consequence of ageing
### Visitors in 2004

**March**

**Launch of Low Vision Online and Opening of New Offices of the Macular Research Unit**
- Mr Scott Anderson, Telematics Trust
- Mr David Welsh, Victorian Lions Foundation, CERA Director
- Mr George Barnard, Lions Victorian LEHP Co-ordinator
- Mrs Norma Barnard, Lions District Governor, 201 V3
- Mr Eric Black, Lions Low Vision Initiative Committee
- Mr Ian de Bruyn, Chairman, Lions Ride for Sight Committee
- Ms Shirley Higman, Lions Ride for Sight Committee
- Mr Ross Larsen, Lions Ride for Sight Committee
- Ms Kathy O’Connell, Secretary, Lions Ride for Sight Committee
- Ms Yvonne von Hartel and Mr Firdaus Kartika, peckvonhartel
- Mr Chris Edwards, Royal Victorian Institute for the Blind
- Mr David Gerrard and Dr Robert Grogan, Royal Victorian Eye and Ear Hospital
- Mr Graeme Houghton, Royal Victorian Eye and Ear Hospital, CERA Director
- Ms Diana Halmanick, Vision Australia Foundation
- Ms Carley Nicholls, Executive Director, Vision 2020 Australia
- Ms Tamara Pollard, Department of Human Services
- Dr Peter Rose, Department of Primary Health Care, University of Oxford

**April**

- Hon. David Davis MLC, Shadow Minister for Health
- Mr Brian Jones, Business Management Ltd, Mr John Reid AO, Australian Graduate School of Management, Dr Gregg Suaning, School of Engineering, University of Newcastle and Associate Professor Nigel Lovell, Graduate School of Biomedical Engineering, UNSW
- Mr Alan Roche, Adviser to the Hon. Tony Abbott MP, Minister for Health and Ageing

**May**

- Mr Michael Braham and Ms Beverley Lindsell, Glaucoma Australia
- Mr Jeff Dalman and Ms Misha Stavris, Multipurpose Taxi Program, Department of Infrastructure
- Mr Les Donovan, Vision CRC
- Mr Warwick Kitt, Managing Director, Alcon Australia

**Seventh Annual General Meeting and Publication of 2003 Annual Report**
- Professor James Angus, Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, CERA Director
- Messrs Frank and Louis Brettell
- Mrs Phyllis Connor
- Dr Xavier Csar, Manager, Biomedical Research, Department of Innovation, Industry and Regional Development
- Mr David Doyle, CERA Company Secretary
- Professor John Funder AO, Chairman, Eye Research Australia Foundation (ERAF)
- Dr Dick Galbraith
- Mrs Sylvia Gelman
- Mr Graeme Head, Victorian Lions Foundation
- Mr Graeme Houghton, Chief Executive Officer, Royal Victorian Eye and Ear Hospital, CERA Director
- Mr John Jeffries, National Director, Christian Blind Mission International, CERA Director
- Mr Ronald Krongold
- Mr Ian and Mrs Nelle Lees
- Mr Rod and Mrs Margaret McDonald
- Ms Tina McMeckan, Chairman, CERA
- Commander Tony Murphy, Metropolitan Fire Brigade
- Mr Peter Nankivell, Herbert Geer and Rundle, ERAF Trustee
- Drs Genevieve Napper and Suit May Ho, Victorian College of Optometry
- Dr Simon Rabl, Manager, Neurosciences Victoria Monash Node
- Mr David Rath, ERAF Trustee
- Mr Alan Roberts, Victorian Lions Foundation
- Mr Andrew Skinner, Skinner Advertising Services Pty Ltd
- Ms Joan Smith
- Mrs Lola Stewart
- Ms Jennifer Thompson, Vision 2020 Australia
- Mrs Yvonne von Hartel, peckvonhartel
- Mr David Welsh, Victorian Lions Foundation, CERA Director
Visitors in 2004

June
Mr Peter Allen, Anglia Polytechnic University, Cambridge
Mr Keith Gardner, Australian Ambassador to Nepal
Dr Bill Ketelbey, Senior Medical Director, Pfizer Australia
Dr Dinesh Selva, Royal Adelaide Hospital
Dr Serina Stretton, Vision CRC

July
Dr Sven-Erik Bursell, Director, J VN TeleHealth Programs, Joslin Vision Network, Beetham Eye Institute, Boston
Dr Eric Papas, Vision CRC
Dr Len Goldschmidt, Medical Director, Telemedicine and Medical Informatics, US Department of Veteran Affairs, Palo Alto, California
Ms Paris Kostakos, Adviser to the Hon. Tony Abbott MP, Minister for Health and Ageing
Ms Kelley Mirabello, Marketing Manager, Bausch & Lomb
Ms Gillian King Rodda, Senior Adviser, Office for an Ageing Australia

August
Ms Kirnly Burgess, Trust Manager, Equity Trustees and Mr Philip Molyneux
Mr Adrian Cooke, Alcon Australia
Dr Jonathon Crowston, Hamilton Glaucoma Centre, University of California, San Diego
Mr John Hilton, TechStar, Associate Professor Nigel Lovell, Graduate School of Biomedical Engineering, UNSW, Mr Datuk Yahya Baba, Malaysian Industry-Government Group for High Technology and Professor Dato Dr Khalid Abdul Kadir
Professor John McNeil, Department of Epidemiology and Preventive Medicine, Monash University
Professor Colin Masters, Department of Pathology, University of Melbourne
Associate Professor Debbie Sweeney and Dr Eric Papas, Vision CRC

September
Dr Subhabrata Chakrabarti, LV Prasad Eye Institute, Hyderabad
Mr James Guest, Ms Robyn Reeves and Mr Kem Mayberry, Jack Brockhoff Foundation

October
Professor James Angus, Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne
Associate Professor Kerry Bennett, Chief Executive Officer, Ian Potter Foundation
Messrs Wolfgang Fischer and John Jeffries, Christian Blind Mission International
Ms Jennifer Gersbeck, Executive Director, Vision 2020 Australia
Dr Stuart Graham, Sydney
Messrs Graeme Innes and Doug Kent, Royal Blind Society NSW, Royal Victorian Institute for the Blind, Vision Australia Foundation

Dr Len Goldschmidt, right, Medical Director, Telemedicine and Medical Informatics, US Department of Veteran Affairs, a visitor to Eye Research Australia in July

November
Mr David Abrahams, Cass Foundation
Dr Susan Hurley, Ms Lisa Gropp and Ms Helen Owens, Australian Government Productivity Commission
Dr Imre Lengyel, Moorfields Eye Hospital, London
Dr Tunde Peto, Moorfields Eye Hospital, London
Mrs Margaret Ross AM, John T. Reid Charitable Trusts
Professor Graeme Ryan AC and Mr Graeme Houghton, Royal Victorian Eye and Ear Hospital
### Basic Science Division

**Ocular Genetics Unit**
- Commonwealth Government CRC $264,000
- Myra Stoicesco Charitable Trust $65,000
- Helen Macpherson Smith Trust $50,000
- L.E.W. Carty Charitable Trust $50,000
- The Joan & Peter Clemenger Trust $50,000
- RVEEH Research Committee $6,564

**Corneal Research Unit**
- Allergan Australia $16,050

### Clinical Research Division

**Macular Research Unit**
- Alcon Australia $225,000
- NHMRC $124,903
- Royal Victorian Institute for the Blind $90,909
- PPD Development $89,079
- Novotech (Australia) $73,631
- Novartis Pharmaceuticals $70,000
- Ophthalmic Research Institute of Australia $54,000
- Macular Vision Loss Support Society $16,491
- RVEEH Research Committee $6,209

**Glaucoma Research Unit**
- Allergan Australia $185,339
- Pfizer Australia $7,425
- Alcon Australia $2,700

**Population Health Division**
- Commonwealth Government CRC $379,750
- Dorothy Edols Trust $193,373
- Wagstaff Fellowship $159,090
- Victorian Dept of Human Services $135,000
- Vision Australia Foundation $132,000
- International Agency for Prevention of Blindness $111,756
- Lions Clubs International Foundation $108,623
- Christian Blind Mission $100,000
- Brockhoff Foundation $50,000
- Ophthalmic Research Institute of Australia $29,000
- Australian Research Council $11,943
- RVEEH Research Committee $8,029
- William Angliss Charitable Fund $2,000

### Other Research
- Dept of Innovation, Industry & Regional Development $237,126
- Ansell Ophthalmology Foundation $120,000
- Ophthalmic Research Institute of Australia $119,750
- Commonwealth Government CRC $56,250
- Victorian Dept of Human Services $50,000
- Novartis Pharmaceuticals $35,000
- Alcon Australia $25,000
- RANZCO $20,000
- Vision CRC $16,000
- Leon Mow Nominees $15,000
- F J Wiseman Estate $13,000

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Novartis representative Mr Chris Pangilinan presents Professor Taylor, Dr Lyndell Lim and Associate Professor Guymer with the Novartis Fellowship.
<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Authors</th>
<th>Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Pegaptanib for neovascular Age related Macular Degeneration.</td>
<td>Feinsod M, Guyer DR, for the VEGF Inhibition Study in Ocular Neovascularization Clinical Trials Group.</td>
<td></td>
</tr>
</tbody>
</table>
Publications in 2004


Letters/Reviews/Editorials


Book

We at the Foundation have a responsibility to communicate to the community at large the extent and cost of eye disease to the community.

We are pleased to report that the year 2004 was a year of growth in funding for the Eye Research Australia Foundation. Contributions were up from individuals, increasing the number of first time donors. The average contribution was also increased by 23% over the same period as the previous year. We thank everyone who contributed.

Because of this generosity, the Foundation supported the work led by two of the Centre for Eye Research Australia’s scientists, Dr Paul Baird and Associate Professor Robyn Guymer. We are grateful to The Paul Newman Foundation that also supported Associate Professor Guymer’s work with age-related macular degeneration.

J & J Printing very generously printed the Foundation’s newsletter, Vision, which is written in-house. By printing almost 100,000 copies of Vision, J & J Printing have made a huge contribution, ensuring that many thousands of people have had the opportunity to learn about the work of Eye Research Australia and the on-going need for funding of research into eye diseases. The Foundation was able to give more money to the Centre’s scientists because J & J picked up the printing tab!! Thank you!

At the Foundation we have an added responsibility to communicate the magnitude and cost of eye disease to the community. The release of the report Clear Insight - The Economic Impact and Cost of Vision Loss in Australia heightened public awareness of the need to substantially increase funding for research in to eye diseases. And the public responded. This Access Economics report, commissioned by Eye Research Australia, identified the cost (almost $10 billion in 2004!) and economic impact of vision impairment in Australia.

Our pledge to our donors and supporters is to ensure that their donations actually do support the work of the scientists at the Centre for Eye Research Australia. Accountability is our mantra. The Foundation’s sole purpose is to support the Centre’s research into the diagnosis, prevention and cure of eye disease.
Tours
One of the many highlights of the work we undertake at the Foundation is to provide the opportunity for our donors and supporters to meet Professor Hugh Taylor AC and the Centre's scientific staff. These tours enable our guests to learn and see first hand the vital work we undertake in pursuit of the diagnosis, prevention and treatment of eye disease. Our sincere thanks are extended to Professor Taylor and the staff for their willingness to meet and talk with those who support their work.

Committees
The aim of the Foundation is to grow strategically and minimize operational costs so that monies raised go straight to the Centre's research. To assist us in this aim we worked closely with, and extend special thanks to, the Special Events, PR and Marketing Committee, chaired by Mr Peter Nankivell. Under Peter's leadership the Committee was re-structured to better ensure its long-term effectiveness. We also extend sincere thanks to Mr Andrew Skinner for obtaining the pro bono services of McPhersons Public Relations, and for his co-ordination, donation and production of the stage setting for the launch of the Clear Insight report.

Long standing Committee members Barbara Inglis and Associate Professor Robyn Guymer resigned at the end of 2004. Both women made wonderful contributions and we are appreciative.

The Committee's main fundraising event for 2004 was the Asics Melbourne Marathon. The majority of the Eye Research Australia team of 73 runners completed either the 10.9km marafun and the half marathon, whilst 18 were brave enough to attempt - and complete! - the full 42.2km marathon.

Through the efforts of Committee member Chief Fire Officer Tony Murphy, the Marathon team was supported by the Melbourne Metropolitan Fire Brigade, who fielded a number of runners. The Committee extended its thanks to all the MFB staff, who with Centre staff led Eye Research Australia to be the winning charity in every results category. Rookie Firefighter Sandy Hearn took up the challenge to be trained by marathon legend Robert deCastella to do the half marathon in less than 1 hour 38 minutes, in an attempt to raise $5000 for the Foundation from major marathon sponsor Asics. Congratulations, Sandy!
The Committee hosted the Marathon Volunteer Hospitality Marquee. Nudie Foods Australia and Brumby’s South Melbourne were most generous in their donations of drink and food to help nourish in excess of 600 volunteers on the day - thank you! Masseurs Rhonda Hill and Jillian Niven generously donated their time, professional skills and sheer hard work to provide a cool down massage to each of the Eye Research Team members. Thanks and appreciation were extended to the Year 10 girls from Methodist Ladies College, Eye Research Australia staff and all the other “friends of friends and family” who dutifully rose before dawn to volunteer for the early shift.

Trustees

The Foundation is governed by a Board of Trustees, Chaired by Professor John Funder AO. This year we welcomed solicitor Mr Peter Nankivell as a Trustee. Peter has been a great supporter of our work for many years and we are delighted with his appointment! Early in 2004, we acknowledged the resignation of Mrs Annie Grindrod and extended thanks for her contribution as a Trustee.

Each of the Trustees has been a great support to the Foundation on both an individual and group basis. We very much appreciate their accessibility and time and thank them for their continued support.

Administration

This was a year of change for the Foundation and we have quickly seen some positive results.

I commenced as Executive Director in February 2004 and “hit the deck running” as they say.

Everyone has been enormously supportive and I especially thank Professor Hugh Taylor and Professor John Funder for their guidance and support during the year. It has been great and I am enormously appreciative.

We were pleased to appoint Kelly Mallia as Executive Assistant to the Foundation. Kelly was previously with the Royal Australasian College of Surgeons for five years as Conference and Events Organiser. Since arriving in September, Kelly has shown herself to be a tremendous asset to the team and we are appreciative of all her contributions!

We are indebted to the Foundation’s Bequest Officer, Elizabeth Douglas, for her effective establishment and management of the Foundation’s Bequest Program. Elizabeth retired in July 2004. This program, which was handled by Elizabeth in the most sensitive manner, has set a foundation to better ensure income in the future to support the work of the Centre for Eye Research Australia. Elizabeth’s retirement was a great loss to the organization and we thank her for her contributions and wish her well in her retirement.

Our team was further supported by casual Jude Sebastian and we extend thanks for his contributions.

During the year we worked closely with the Centre for Eye Research Australia’s Administration to implement new administrative procedures to minimize
administration overheads. We appreciate their support and patience.

Being housed in the Royal Victorian Eye and Ear Hospital, it is important that relations between the fundraising areas of both organizations are healthy at best. We extend special thanks to the Chief Executive Officer of the Royal Victorian Eye and Ear Hospital and CERA Board member, Mr Graeme Houghton, who has been very supportive of joint initiatives. The Hospital’s Fundraising Co-ordinator, Mr Jayson Hanrahan, the Public Relations Officer, Ms Lerna Avakian and Grants Officer, Ms Anju Shrestha for their openness in developing joint initiatives to benefit us all.

We wish to thank everyone within the Centre for Eye Research Australia for their support of our fundraising and communication efforts. Literally, everyone has made a contribution to the Foundation’s success...from the Ophthalmologists, to the scientific researchers, to the receptionist, the PA’s...the lot. We are grateful and most appreciative. Thank you

Fundraising is an enormous task when raising funds for medical research. The Eye Research Australia Foundation has an enviable support base from which to grow financially. Strategic marketing, planning, relationship development, communication and innovation will all play a part in the Foundation’s future fundraising activities. Until we find the causes, preventative measures and treatment for those eye diseases we cannot currently prevent or treat... the Eye Research Australia Foundation has its work cut out for it.

**Laurie Staub**  
Executive Director

If you would like to know more about making a bequest or contribution, volunteer your time for Eye Research Australia, or to be placed on our newsletter mailing list, please contact the Foundation on +61 3 9929 8705 or via email at kmallia@unimelb.edu.au.
### Income and Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Federal Government</td>
<td>801,250</td>
<td>281,860</td>
</tr>
<tr>
<td>State Government</td>
<td>442,929</td>
<td>291,782</td>
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<tr>
<td>Charitable Contributions</td>
<td>2,020,366</td>
<td>2,315,579</td>
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<tr>
<td><strong>Total</strong></td>
<td>3,264,545</td>
<td>2,889,221</td>
</tr>
<tr>
<td><strong>Less Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,527,833</td>
<td>2,884,419</td>
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<tr>
<td><strong>Surplus (Deficit) for the year</strong></td>
<td>(263,288)</td>
<td>4,802</td>
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### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td>1,085,092</td>
<td>1,429,515</td>
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<tr>
<td><strong>Non-Current Assets</strong></td>
<td>389,492</td>
<td>266,220</td>
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<td><strong>Total Assets</strong></td>
<td>1,474,584</td>
<td>1,695,735</td>
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<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
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<tr>
<td>Payables</td>
<td>288,921</td>
<td>610,183</td>
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<tr>
<td>Provisions</td>
<td>280,593</td>
<td>75,328</td>
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<tr>
<td>Other</td>
<td>432,694</td>
<td>274,563</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
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<td>960,074</td>
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<tr>
<td><strong>Non-Current Liabilities</strong></td>
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<td>-</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,002,208</td>
<td>960,074</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
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<td>735,661</td>
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<tr>
<td><strong>Total Equity</strong></td>
<td>472,376</td>
<td>735,661</td>
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</table>

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*The Centre for Eye Research Australia Limited is operated as a not for profit organisation. Accordingly, accumulated surpluses are held in the form of working capital and fixed assets to support committed and planned research projects.*
### Income and Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues from ordinary activities</td>
<td>570,284</td>
<td>327,692</td>
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<tr>
<td>Less: Expenditure</td>
<td>391,039</td>
<td>323,518</td>
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<td>Profit from ordinary activities</td>
<td>179,245</td>
<td>4,174</td>
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<td>Less: Distribution to CERA</td>
<td>80,000</td>
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<tr>
<td><strong>Net Surplus (Deficit) for the year</strong></td>
<td><strong>99,245</strong></td>
<td><strong>4,174</strong></td>
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### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
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<tbody>
<tr>
<td>Current Assets</td>
<td>406,470</td>
<td>265,057</td>
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<td>Non-Current Assets</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>406,470</strong></td>
<td><strong>265,057</strong></td>
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<tr>
<td>Total Liabilities</td>
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<td>26,273</td>
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<tr>
<td><strong>Net Assets</strong></td>
<td><strong>338,029</strong></td>
<td><strong>238,784</strong></td>
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<tr>
<td>Funds and Reserves</td>
<td>338,029</td>
<td>238,784</td>
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</tbody>
</table>
Acknowledgements

Mr Bill Fazio, Herbert Geer & Rundle
Mr John Flynn, J & J Printing
Mrs Bernadette Funnell, McPherson Promotions
Mr Tony Hill, Capital Hill Consulting
Mr Peter Jovic, KPMG
Mr Bill Karanatsios, VMIA
Ms Jenni Lightowlers, Partner, Francis Abourizk Lightowlers
Mr John Macdonald, Designinc
Mr Banjo McLachlan, Allens Arthur Robinson
Mr James McPherson, McPherson Promotions
Mr Ashley Midalin, Allens Arthur Robinson
Mr Peter Nankivell, Herbert Geer & Rundle
Ms Sarah Nesbitt, Access Economics Pty Ltd
Ms Lynne Pezzullo, Access Economics Pty Ltd
Mr Tony Pyman, Allens Arthur Robinson
Mr Andrew Skinner, Skinner Advertising Services
Ms Yvonne von Hartel and staff, peckvonhartel