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ABOUT THE CENTRE FOR EYE RESEARCH AUSTRALIA

Who we are
The Centre for Eye Research Australia (CERA) is Australia’s leading eye research institute. Our close affiliation with the Royal Victorian Eye & Ear Hospital and the University of Melbourne makes us a leader in patient care, translational research and education.

Our mission
To eliminate the major eye diseases that cause vision loss and blindness and reduce their impact in the community.

Our vision
To become a world-leading eye research institute renowned for the discovery of the causes of eye diseases and our work in improving diagnosis, prevention, treatment and rehabilitation of eye disease, vision loss and blindness through our research, clinical work and teaching.

Our research
CERA’s eight units conduct basic, clinical and population based research to understand disease processes, improve diagnosis and treatment of major eye diseases and ensure better health service delivery, eye health education and program evaluation. Beyond the eye, researchers are investigating the relationship between retinal vascular changes and systemic disease such as hypertension, stroke and heart disease.

The University of Melbourne Department of Ophthalmology
Informed media coverage promotes greater awareness of eye disease and its impact in the community. It also highlights the achievements made through research and the need for funding. CERA has more than doubled its media presence in the last two years and our researchers regularly feature as experts in their areas of research in the media.

Here is a snapshot of CERA’s media stories in 2010…

**Eyes have it for brain snapshot**

The health of a person’s brain can be checked by looking deep into the eyes. Images of the tiny blood vessels in the retina can be used to predict long-term risk of damaging “mini-strokes”, the precursor to a major stroke or dementia.

Dr Ning Chong, from the Centre for Eye Research Australia, led a study which examined 800 middle-aged people over a decade. “You can see bleeding, swelling and all sorts of changes in the retina,” Dr Chong said. Researchers can now say when you have those changes you will more likely develop changes in the brain. Participants with abnormalities in their retinas were up to three times more likely to have a mini-stroke.

**Eyes a window into chances of stroke**

**Gene disrupts vision**

Austalian scientists have identified a gene that can lead to diabetic retinopathy and, potentially, to the development of a new treatment for the condition.

**Aussie scientists find the ‘lazy’ eye gene**

Austalian scientists have identified a gene that can lead to diabetic retinopathy and, potentially, to the development of a new treatment for the condition.
Principal Investigators at CERA are among the world’s leading ophthalmic scientists. Experts in a broad range of disciplines – from neuroscience to ophthalmology to molecular genetics – they’re leaders in scientific discovery and clinical innovation.

We asked some of our researchers what drives them. Here’s what they had to say...

1. Dr Chi Luu
   Senior Research Fellow
   Macular Research Unit

2. Dr Paul Connell
   Gerard Crock Fellow
   Retinal Vascular Imaging Centre

   “It’s so important to look to the next generation of eye care providers and constantly improve on our body of knowledge.”

3. Professor Tien Wong
   Head, Retinal Vascular Imaging Centre

4. Professor Jill Kaeble
   Head, Population Health Unit
   “Knowing we have the tools to prevent blindness, in a world where so many people are affected by vision loss, drives us to develop improved health care services at home and abroad.”

5. Professor Jonathan Crowston
   Head, Glaucoma Research Unit
   CERA Managing Director
   “The incidence of vision loss is a growing challenge and one CERA is committed to fighting head on. We are tackling the issue from all angles, from the cellular level to epidemiology studies to the development of new treatments.”

6. Dr Ryo Kawasaki
   Research Fellow
   Retinal Vascular Imaging
   “The eyes are a window to the rest of our body. Predicting the onset of diseases just by looking at the eye is truly remarkable.”

7. Associate Professor Ecosse Lamoureaux
   Head, Health Services Unit
   “Understanding patients’ behaviours and barriers to optimal treatment drives my research. We investigate clinical, behavioural and cost-effective treatment regimes.”

8. Associate Professor Paul Baird
   Head, Ocular Genetics Unit

9. Professor Robyn Guymer
   Head, Macular Research Unit
   “Discovering how to slow the progression of early age-related macular degeneration would be a significant breakthrough to benefit millions of people worldwide who are at risk of losing their vision.”

10. Dr Jon Ruddle
    Research Fellow
    Clinical Genetics Unit

11. Dr Lyndell Lim
    Senior Research Fellow
    Macular Research Unit

12. Associate Professor Ian Trounce
    Principal Research Fellow
    Glaucoma Research Unit
    “The retinal nerve cells can reveal the first signs of deterioration as energy levels decline, making the eye the ideal model to study changes in cellular energy production caused by diseases like glaucoma and Alzheimer’s.”

13. Dr Gwyn Rees
    Senior Research Fellow
    Health Services Unit

14. Professor Rasik Vajpayee
    Head, Surgical Research Unit
C E R A  R E S E A R C H  U N I T S

C L I N I C A L  G E N E T I C S  U N I T

Unit Head: Professor David Mackey

Decoding the genetics of eye disease can help us unravel its causes and discover new therapeutic targets. The Clinical Genetics Unit specialises in the genetic analysis of conditions including glaucoma, optic atrophy, strabismus, ptosis, congenital and familial cataracts, retinitis pigmentosa and retinal detachment.

The smaller things in life

Most people associate eye disease with older people. But for some children, vision loss is a reality they face from a very young age.

Paediatric ophthalmologist Dr Jon Ruddle knows all too well the devastating effect that eye disease can have on the young.

It's one of the reasons he chose to specialise in paediatric ophthalmology after returning from Fellowships at Moorfields Eye Hospital and Great Ormond Street Children’s Hospital in London.

According to Dr Ruddle, the challenges of the role are far outweighed by the resilience of his little patients and the rewarding nature of his work.

“When you treat a child for vision problems you're potentially improving their vision for 80 years. It's work that has an important and long-lasting impact,” he said.

As a Research Fellow within CERA’s Clinical Genetics Unit, Dr Ruddle was part of the team that discovered TUBB3 – a gene associated with a rare subtype of the common childhood eye disorder, strabismus.

Strabismus - the condition that causes ‘turned’ or ‘crossed’ eyes - affects one in 50 Australians.

“When you treat a child for vision problems you’re potentially improving their vision for 80 years. It’s work that has an important and long-lasting impact.”

A collaborative effort with Harvard University, the project spanned more than 15 years and involved a large team of people.

“Through the Biobank, we’ll collect blood and clinical information from people with eye disease and people with healthy eyes who’ll be control participants,” Dr Ruddle said.

“Over time, the bank will become a major repository of data for investigating the genetic and environmental causes of eye disease, and developing new treatments.”
Understanding the ‘chicken or the egg’ relationship between mitochondrial decline and ageing drives the Glaucoma Research Unit, whose researchers are investigating the role of ageing in glaucoma. From analysing the disease at the cellular level to conducting clinical trials, the Unit strives to improve glaucoma diagnosis and treatment and translate new therapies into clinical practice.

Neurosciences rising star

If someone had told Vicki Chrysostomou ten years ago that she’d be training mice to swim in an effort to prevent glaucoma, she’d have raised her eyebrows. Now this unusual pastime is part the neuroscientist’s daily routine as she seeks to discover if exercise helps to protect the optic nerve from the harmful effects of ageing.

Vicki’s fascination with the inner workings of the brain began during her Honours year in Medical Science where she studied neurodegenerative diseases such as Alzheimer’s and retinitis pigmentosa. These days, Vicki works as a post-doctoral research fellow in CERA’s Glaucoma Unit, where she and her colleagues are investigating the role of ageing in glaucoma.

Glaucoma damages the optic nerve, the link between the eye and the brain that transfers visual information. As we age, the function of our mitochondria, the part of the cells responsible for energy production, declines. CERA researchers believe that this decline makes the optic nerve vulnerable to injuries that lead to glaucoma.

Vicki’s study was inspired by the research of her colleagues who found that diet restriction can dramatically improve mitochondrial function and the health of the optic nerve.

“The brain is a curious organ. Understanding its architecture and how it influences the rest of the body can help us to solve the mysteries of brain-related diseases.”

restriction can dramatically improve mitochondrial function and the health of the optic nerve.

“While the results are exciting, dietary restriction has obvious limitations, so our focus has been to find other ways to improve mitochondrial function,” Vicki said. According to Vicki, exercise could be the alternative.

“Exercise activates many of the same pathways as diet restriction, including improved mitochondrial function. It also protects against a range of diseases. The effect it has on eye health, however, is largely unknown,” she said.

To test the hypothesis, Vicki is putting middle-aged mice through a vigorous swimming regime. The mitochondrial function of the mice will be tested before and after they are exercised.

“Swimming is an ideal exercise for mice, they’re natural swimmers and usually don’t want to stop!” she said.

Vicki expects that the mitochondria in the exercised mice will stand up against the ageing process better than those of the non-exercised mice.

“The implications of this study are huge. Doctors regularly prescribe exercise to guard against heart disease and hypertension. One day, they may give the same advice to protect against eye disease,” she said.

Vicki was recently awarded a grant by the Ophthalmic Research Institute of Australia and Glaucoma Australia Inc to continue her work.

Who is at risk of developing eye disease? What are the barriers to good diabetes management? What is the most effective way to treat glaucoma? These are just some of the questions asked by the Health Services Research Unit, who seek to understand the behavioural issues in medication adherence, investigate the impact of vision impairment and evaluate new treatments.

Out of the blue

Senior Research Fellow Dr Gwyneth Rees has dedicated much of her career to investigating the link between vision loss and psychological issues.

“Loss of sight is one of the most feared health conditions and it’s one that triggers a strong psychological response,” Gwyn said.

“The rate of depression in people with vision loss is significantly higher than that of the general population, with around one-third of older visually impaired adults showing clinically significant depressive symptoms.”

“But despite the availability of effective treatments, the majority of depressed patients aren’t seeking treatment.”

It’s this gap between depressed patients and their treatment that Gwyn is committed to addressing.

“Depression in the visually impaired is an added source of disability. The dual existence of depression and low vision leads to a complex reciprocal relationship that can be difficult to escape,” Gwyn said.

“One study found that just 20 percent of visually impaired patients with depression are receiving treatment. It’s an unacceptable trend and one I’m dedicated to reversing.”

According to Gwyn, eye-care practitioners could be the much-needed conduit between patients and their treatment.

To facilitate this link, Gwyn developed a program to train eye-care practitioners and low vision rehabilitation staff to spot the signs of depression, broach the subject with patients and refer them for treatment.

“Practitioners who undertook the training reported increased competence and confidence in managing depressed patients. It also increased the likelihood of practitioners responding to depressive symptoms.”

The National Health and Medical Research Council has also responded to the issue, awarding CERA a substantial grant to build on Gwyn’s early intervention strategies.

Through the grant, low vision service staff will learn how to spot depressive symptoms, offer some psychological treatment and refer patients to appropriate services.

The treatment program will assist people with problem solving and reducing avoidant behaviours using the widely recognised cognitive behavioural therapy (CBT) approach to depression treatment.

“My aim is to get eye care practitioners and their patients identifying and talking about depression and being open to treatment. Ultimately, I’d like to see these early intervention strategies incorporated into clinical practice.”
**MACULAR RESEARCH UNIT**

Unit Head: Professor Robyn Guymer

Age-related macular degeneration (AMD) is Australia’s leading cause of vision loss and blindness, affecting around one in seven people over the age of 50. The Macular Research Unit is working to improve the lives of those affected with AMD through research into new treatments and ways to prevent the disease. Their comprehensive research program includes genetic studies, clinical trials and investigations into biomarkers and risk factors of AMD. The Unit also leads clinical and surgical research program in the bionic eye project in which CERA is a core collaborator.

**Technology to shape the future**

Imagine being able to restore sight to the blind. Senior Research Fellow Dr Chi Luu is one of the scientists behind the iconic bionic eye project which aims to do just that.

As a core partner in Bionic Vision Australia (BVA), CERA leads the surgical and clinical research programs involved in the bionic eye’s development.

“Initially, the bionic vision technology will target patients with late stage retinitis pigmentosa. In the future, we hope the technology will help patients with other vision impairment conditions, like age-related macular degeneration.”

Dr Luu’s CV is impressive. An orthoptist with a PhD in visual neuroscience, he has completed a post-doctoral research fellowship in neurophysiology and a two-year graduate diploma in epidemiology and statistics at the University of Melbourne.

Dr Luu’s intimate knowledge of the eye and its interaction with the brain and his experience in patient care makes him the ideal candidate for the role.

“Day to day my role varies significantly. I might see patients, conduct an experiment, take retinal images, conduct electrophysiology recording, perform surgery, or test the retina’s response to stimulation,” he said.

“The bionic vision technology aims to restore the sense of vision to people living with blindness.”

The team provides surgical support for the safety and efficacy studies. We also carry out clinical assessments of eye health following trial implants.”

Dr Luu said the clinical program will become more active in coming months as the team works towards performing the first human implant in 2019.

“The clinical team is working to establish clinical tests for patient selection and assess and monitor the eye health, visual performance and vision-related quality of life both pre- and post-implantation.”

“One of our key roles is to develop a database of patients with various degrees of retinitis pigmentosa, AMD and other retinal degenarations. These patients will participate in visual function studies which will inform the selection protocol for the first retinal implant patient tests.”

“We’re also developing and validating tests for assessing visual function, daily living tasks and vision-related quality of life in patients.”

Professor Robyn Guymer is the project’s principal investigator. Bionic Vision Australia (BVA) is a consortium of world-leading Australian researchers, collaborating to develop an advanced bionic eye.

For more information visit www.bionicvision.org.au

**OCULAR GENETICS UNIT**

Unit Head: Associate Professor Paul Baird

Many eye diseases run in families. The Ocular Genetics Unit is working to unlock the genes involved in hereditary diseases such as age-related macular degeneration and refractive error and translate their findings into therapies to slow or prevent their development.

**Sights set on a cure**

Research Optometrist Srujana Sahebjada has her sights set firmly on changing the lives of patients with vision loss.

The ambitious PhD student is conducting a world-first study to investigate whether myopia (short-sightedness) and keratoconus share a common genetic basis. She hopes her research will one day contribute to a cure for the diseases.

“I’ve always been interested in myopia, primarily because it runs in my family, but also because of its prevalence and the severity of some forms of the disease,” Srujana said.

Myopia is a serious public health issue, affecting around one in four Australians over forty. Around two billion people world-wide are myopic and by 2020, it’s estimated that more than one-third of the world’s population will have the condition.

Research shows that the children of myopic parents are at least four times more likely to develop the condition. Keratoconus is a degenerative eye condition that causes a thinning of the central zone of the cornea, the front surface of the eye.

Despite the increasing prevalence of myopia and keratoconus, little is known about their causes or how to prevent or slow their progression.

“Research suggests there could be a link between the two conditions. We believe that either myopia predisposes keratoconus or vice versa,” Srujana said.

“I’m looking for similar characteristics between the two and undertaking genetic linkage studies to identify whether the same genes are involved in both diseases,” she said.

“For Srujana, working at CERA allows her to experience the best of both worlds - clinical and research.

“Genetic research is fascinating. And it’s so different from the work optometrists typically do. I also love the patient interaction and seeing them benefit from treatment,” she said.

“Recently, a patient of mine underwent a corneal transplant. One of her first visions since having her sight restored was of her young son eating noodles - it was the first time she’d seen him feed himself! She was ecstatic. It’s the small things that encourage me.”
It was a fantastic experience. The introduction and development of eye care will inform Government policy on the communities. The survey’s results impact of eye disease in Indigenous Health Survey, a national study into the coordinate the National Indigenous Eye During her first year at CERA she helped the jungles of Cambodia and Vietnam. communities in the Australian Outback to and abroad, from remote Indigenous disadvantaged communities at home and abroad. The role has taken Anna-Lena to land the role of Research Assistant within CERA’s Population Health Unit. She hasn’t looked back. The role has taken Anna-Lena to disadvantaged communities at home and abroad, from remote Indigenous communities in the Australian Outback to the jungles of Cambodia and Vietnam. During her first year at CERA she helped coordinate the National Indigenous Eye Health Survey, a national study into the impact of eye disease in Indigenous communities. The survey’s results will inform Government policy on the introduction and development of eye care services in these communities. It was a fantastic experience. The survey took me to some of Australia’s most remote Indigenous communities to conduct vision testing and introduced me to some of our most admired champions of Indigenous health,” Anna-Lena said. Anna-Lena coordinated CERA’s contribution to the Australian Government’s Avoidable Blindness Initiative, a project aimed at eliminating avoidable blindness in the Asia Pacific region by 2020. She visited poverty-stricken villages of Vietnam and Cambodia to assess the rate of blindness and attitudes to eye health. “Sadly, I saw many people who’d gone blind from treatable diseases like cataract or minor accidents like cuts to the cornea,” Anna-Lena said. Anna-Lena says that while the location and communities she works with vary immensely, the central mission remains the same – to reduce vision loss and blindness in disadvantaged communities. “Healthy vision is so important to a person’s quality of life. Knowing that I’m helping to make a practical difference in someone’s life – that’s the most rewarding aspect of my work.”

“People living in remote or disadvantaged communities often don’t seek treatment for eye problems because it’s too costly or inaccessible. That’s why we’re bring eye care to the people.”

Global vision

A desire to prevent blindness and improve eye care delivery in the Asia-Pacific region drives the Population Health Unit who conducts research into the prevalence, causes and impact of vision loss, population-based surveys on low vision and evaluation of eye care delivery and low vision support.

The complexity of available treatments can lead to patients failing to comply with treatment advice. The potential solution, says Paul, is a small implant containing antibiotic that can be inserted into the eye during or after surgery. “The implant delivers the antibiotic continuously over a set time period, removing the need for other post-operative treatments and eliminating much of the burden for patients,” Dr Connell said. Dr Connell believes the implant, which is due to undergo human trials at the Eye and Ear Hospital as early as 2011, could revolutionise the treatment of eye disease. The project is a collaboration between CERA, the CSIRO, the Bionic Ear Institute and PolyActiv. The development of the treatment is funded by the National Health and Medical Research Institute.

“People living in remote or disadvantaged communities often don’t seek treatment for eye problems because it’s too costly or inaccessible. That’s why we’re bring eye care to the people.”

Retinal Vascular Unit

Imagine being able to predict the onset of vascular diseases such as high-blood pressure, stroke and heart disease, just by looking deep into the eyes. For clinician-scientist Professor Tien Wong, a ‘eureka moment,’ made this vision a reality. The Retinal Vascular Unit is working to transform this breakthrough into a clinical practice tool to screen, detect and monitor vascular diseases in Australia. Other research focuses on new drug delivery techniques for conditions such as bacterial endophthalmitis and age-related macular degeneration.

Blind ambition

For clinician-scientist Dr Paul Connell, research is about improving the lives of patients. It was this enthusiasm for continuous development that led the Irish-born and educated ophthalmologist to Australia, where he was awarded the prestigious Gerard Crock Fellowship at CERA. In between consulting at the Royal Victorian Eye and Ear Hospital, Dr Connell is investigating new drug delivery techniques for conditions that affect the back of the eye. One technique is a world-first treatment for bacterial endophthalmitis which Dr Connell hopes will one day be modified to treat other eye diseases requiring regular therapy such as AMD and glaucoma. Endophthalmitis is a sight-threatening complication of some eye operations. It occurs when bacteria enters the eye and causes infection. Late diagnosis of the disease is common. Because of this, multiple treatments such as drops, injections and surgery are often required to treat the disease.

The University of Melbourne Department of Ophthalmology
The Surgical Research Unit strives to improve the surgical techniques used to treat corneal diseases, cataract and refractive disorders. The Unit also conducts research into stem-cell derived alternatives to donor cornea transplantation.

Fixing broken windows

PhD student Karl Brown has always found himself riding the wave of new scientific developments.

“I first enrolled in 1995, the year that the world’s interest in stem cells exploded. It was a very exciting time,” Karl said.

After completing a bachelor’s degree in biotechnology, Karl became interested in molecular biology, particularly stem cells and their potential to repair damaged tissue following disease and trauma.

Following his bachelor’s degree, Karl completed an honours degree in medical science before enrolling in a masters by research at the Australian National University in Canberra.

The course provided him with a deep understanding of the processes that regulate cell differentiation and tissue development.

“A lot was happening in DNA research at the time. I had a sense that the discoveries being made would change the field of medicine forever,” Karl said.

These days, Karl channels his passion for scientific enquiry into developing bioengineered corneal tissues to replace the damaged tissue in corneal transplant patients.

Corneal transplantation is a surgical procedure that replaces a damaged or diseased cornea with donated human corneal tissue. Donor corneas are removed from a recently deceased person before being stored in an eye bank for up to four weeks before being transplanted into a patient during surgery.

Karl and his colleagues aim to revolutionise this 100-year-old technique by ‘growing’ corneas in the lab using a patient’s own stem cells.

“Using a patient’s stem cells, we aim to grow the outer layer of cornea known as corneal epithelium,” Karl said.

“Engineered tissues will help to reduce waiting times, remove the need for anti-rejection drugs and will have the potential to treat a wider range of eye disease.”

“In order for the cells to be functional we have to ensure that the lab grown cells maintain the traits of the original cells,” he said.

“The cells are then attached to a contact lens which is placed over a patient’s cornea. It’s expected that the cells from the lens will attach themselves to the patient’s eye and replace the damaged cells.”

Karl expects that the technique, which could be introduced as early as 2012, will reap benefits for patients, ophthalmologists and healthcare systems alike.

“Engineered tissues will help to reduce waiting times, remove the need for anti-rejection drugs and will have the potential to treat a wider range of eye disease.”

In Australia, approximately 1700 corneal transplants are performed each year.

Karl Brown’s research is supported by grants from the Federal Government and the Ophthalmic Research Institute of Australia.
As the saying goes, ‘nothing succeeds like success’. Our researchers’ scientific advances, contribution to knowledge through publications and presentations and grant successes demonstrate that CERA continues its journey on the virtuous cycle of growth and towards the goal of eliminating the major eye diseases responsible for vision loss and blindness.

An essential enabler for growth is the availability of expansion space. We were greatly encouraged by then Opposition leader Ted Baillieu’s Shadow Health Minister David Davis’ public commitment of support for the Eye & Ear Hospital’s redevelopment during November’s election campaign. The election of the Baillieu government has now given renewed impetus to this project that is so vital for securing continuous improvements in eye and ear health. CERA looks forward to working with the Hospital, the Departments of Health and of Business and Innovation and other partners to plan facilities that will allow improved delivery of clinical services and the expansion of our world-leading research programs.

The prospect of seeing the Eye & Ear Hospital redevelopment become reality within the foreseeable future is very exciting. It is central to CERA’s strategic plan for 2010-2012 to focus on securing additional resources for our research. In this context, we are grateful that Eye and Ear Hospital management has allocated additional space for CERA’s growing Macular Research Unit that is leading the clinical studies for the bionic eye project.

CERA research highlights throughout the year included the start of a new nano-second laser treatment for early stage AMD, work on a bioengineered cornea; investigating new diabetic retinopathy screening modalities; new surgical techniques for corneal disease; epidemiological studies to investigate the links between genetics and risk factors for eye disease; Vision CRC activities in indigenous communities; and CERA’s contribution to the Avoidable Blindness Initiative in the Asia Pacific.

Federal and State Government grants to support the indirect costs of research through the Independent Research Institutes Infrastructure Support Scheme (IRIISS) and the Operational Infrastructure Support (OIS) scheme, respectively, provide essential funding for research administration, maintaining and equipping laboratories, IT facilities and core services like health and safety, risk management and staff, student and financial administration without which research would not be possible. CERA is receiving increasing income from these programs for which we are very grateful.

The growth and success of CERA has been guided by our dedicated Board. We want to thank all our fellow Directors for their work and wisdom. Changes on the Board in 2010 included the appointment of Professor Terry Nolan as the Director nominated by the University of Melbourne. Dr Peter Henderson who joined the Board in 2006 as the Royal Australian and New Zealand College of Ophthalmologists’ representative resigned mid-year and Dr Cathy Green was appointed as his successor. The Hon Michael Mackellari AM completed his term as a Director on 31 December 2010 and did not seek reappointment.

Ultimately, the purpose of eye research is to improve people’s lives. Support for CERA’s work from you, our community of private donors and from trusts and foundations, is invaluable. Not only because it provides much-needed resources but also because it is a measure of your confidence in our ability to make a difference. We thank you for that trust and for the practical expression it finds through your gifts and bequests. With help from your investment, competitive grants and other public and private support, our researchers are making progress in eye research. We thank you sincerely for your interest in and support for CERA’s work.

Tina McMeckan
Chair

Jonathan Crowston
Managing Director
The CERA board brings together seven directors nominated by the member organisations and up to eight independent directors. The Chair and Treasurer are appointed from among the independent directors. The Board meets quarterly and holds an annual planning day.

1. Professor Jonathan Crowston
BSc, MBBS, PhD, FRCOD, FRANZCO
Professor Jonathan Crowston is Managing Director of CERA and the Ringland Anderson Professor of Ophthalmology at the University of Melbourne. A practising ophthalmologist and a clinician-scientist specialising in glaucoma, Professor Crowston heads the Glaucoma Clinic at the Royal Victorian Eye & Ear Hospital.

2. Dr Catherine Green
MBChB, FRANZCO, MMedSc
Dr Catherine Green, an ophthalmologist with a subspecialty interest in glaucoma, consults at the Royal Victorian Eye and Ear Hospital and in private practice in Melbourne. An active member of the Royal Australian and New Zealand College of Ophthalmologists, Dr Green serves on several committees including the Victorian State Branch Committee and College Council and is the Chair of the RANZCO Ophthalmic Sciences Court of Examiners. In 2009, she was appointed Deputy Chief Medical Executive of Invo.

3. Mr Alfred Hawk
Mr Hawk has been nominated by the Victorian Lions Foundation to serve on the CERA board. He has extensive experience in the community and volunteer sector.

4. Mr John Jeffries
BBus, MAICD
Mr Jeffries is the National Director of Christian Blind Mission Australia. He also holds directorships at Vision 2020 Australia, Servants in Hawthorn and Christian Blind Mission International, USA. He is a member of the Australian Institute of Company Directors.

5. The Hon Dr Barry Jones AO
LLD, LLB, DCL, DUniv, FAA, FAH, FTSE, FASSA, FACE, FRSA, FRSV, FAIM
Former MP and Science Minister, Barry Jones, is a Professorial Fellow at the University of Melbourne. Dr Jones is a director of a number of medical research and community organisations including CARE Australia, the Bumet Institute for Medical Research and Public Health, and the Australian Stem Cell Centre. He is also chair of Vision 2020 Australia.

6. Mr James Joughin (Treasurer)
BBus, CTM, GIDA
Mr Joughin is a partner in the Mergers & Acquisitions Division at Ernst & Young. He has 25 years corporate finance experience and has advised publicly listed, multi-national and private companies. He chairs the CERA Finance and Audit Committee.

7. The Hon Michael MacKellar AM
BScAgr (Syd), MA (Goulburn), MAICD
Mr MacKellar is an agricultural scientist and a former Commonwealth Minister for Health. He works with a number of medical research institutes and is chair of the National Ageing Research Institute.

8. Ms Tina McMeckan (Chair)
BSocSci, MBA (Melb), FAIM
Ms McMeckan has 20 years experience in corporate governance, enterprise development, equity investment and industry reform as a company director and senior executive. Her specific skills are in science and technology commercialisation.

9. Mr Gerard Menses
BA(Hons), MA, MAICD, FAIM, MAPsS
Mr Menses has headed some of Australia’s largest not-for-profit organisations and advised governments on social policy issues. He is the CEO of Vision Australia, chair of Corporate Social Responsibility Australia and a director of both Vision 2020 Australia and the International MD Alliance.

10. Mr Peter Nankivell
BComm, LLB (Melb), LLVM (London) (Deputy Chair)
Mr Nankivell is a partner in the Corporate and Finance Division at Herbert Geer Lawyers. He has been involved with CERA in a number of different capacities since 2001 and is currently chair of the Eye Research Australia Foundation and the Ansell Ophthalmology Foundation.

11. Professor Terry Nolan
MBBS, BMedSc, PhD
Professor Terry Nolan is Foundation Head of the Melbourne School of Population Health at The University of Melbourne, and Associate Dean of the Faculty of Medicine, Dentistry and Health Sciences. He is Head of the Vaccine and Immunisation Research Group, a joint initiative of the Melbourne School of Population Health and Murdoch Children’s Research Institute, and Director of the NHMRC Centre for Clinical Research Excellence in Child and Adolescent Immunisation. He undertook fellowships at Westmead Hospital, NSW and the University of California San Diego, where he was later appointed to the faculty before moving to Melbourne in 2006.

12. Mr Tim O’Leary
MBA
Mr O’Leary is a member of the board of the Royal Victorian Eye & Ear Hospital and is the Hospital’s nominated representative on the CERA board. He has been a CEO and senior manager in psychiatric services, acute hospitals, community health services, local government, aged care and migrant services.

13. Professor Robert Williamson AO
PhD, FRCPath, HonAM, MRCP, FRS, FAA
Professor Williamson is a key figure in the global medical research community and one of Australia’s preeminent geneticists. A former director of the Murdoch Children’s Research Institute and professor of medical genetics, Professor Williamson is now an Honorary Senior Principal Fellow (Professor) of the Murdoch Institute, the University of Melbourne and Monash University.

14. The Hon Dr Michael Wooldridge
MBBChB, MMedSc, FAIMC, HonFRACMA, HonAFFPM, HonLID, HonOzSc
Dr Wooldridge is a former Commonwealth Minister for Health. He is a professor in the Faculty of Medicine, Nursing and Health Sciences at Monash University and an associate professor in the Faculty of Medicine at the University of Melbourne.

The Finance and Audit Committee

MEMBERS:
- Professor Jonathan Crowston
- Mr. James Joughin, Treasurer (Chair)
- Ms. Tina McMeckan
- Mr. Peter Nankivell

The Eye Research Australia Foundation and the Ansell Ophthalmology Foundation

TRUSTEES:
- Professor Jonathan Crowston
- Ms. Tina McMeckan
- Mr. Gerard Menses
- Mr. Peter Nankivell (Chair)
- Professor Tim Wong
The Research Advisory Committee, chaired by Professor Bob Williamson AO, is a group of eminent scientists who advise CERA on research strategy and planning and review research performance.

Dr Mirella Dottori

Dr Dottori completed a Bachelor of Science (Hons) at the University of Melbourne and PhD studies at the Walter and Eliza Hall Institute. She also completed a fellowship at the Salk Institute for Biological Studies in the USA. She has established her own Stem Cell Laboratory within the Neural Regeneration group at the Centre for Neuroscience, University of Melbourne.

Professor Jonathan Crowston

Professor Crowston is Managing Director of CERA and the Ringland Anderson Professor of Ophthalmology at the University of Melbourne. A practising ophthalmologist and a clinician-scientist specialising in glaucoma, Professor Crowston heads the Glaucoma Clinic at the Royal Victorian Eye and Ear Hospital.

He gained fellowships at Westmead Hospital, NSW and the University California San Diego, where he was later appointed to the faculty. In 2006, Professor Crowston was appointed professor of glaucoma at the University of Melbourne.

Professor John Hopper AM

Professor Hopper is one of nine inaugural Australia Fellows awarded by NHMRC in 2007. He is a professional fellow with a PhD in mathematical statistics, and is currently director (research) of the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology in the Department of Public Health at the University of Melbourne.

Professor Robert Williamson AO

Professor Williamson is a key figure in the global medical research community and one of Australia’s preeminent geneticists. A former director of the Murdoch Children’s Research Institute and Professor of Medical Genetics, Professor Williamson is now an Honorary Senior Principal Fellow (Professor) of the Murdoch Institute, the University of Melbourne and Monash University.

Dr Ehud Zamir

Dr Zamir is a fellowship-trained specialist ophthalmologist. He completed his medical training at the Hebrew University-Hadassah Medical School, Jerusalem followed by a clinical fellowship in Uveitis and Ocular Pathology at the Doheny Eye Institute, Los Angeles, California.

In 2006, Professor Crowston was appointed professor of glaucoma at the University of Melbourne.

Professor Terry Nolan

Professor Nolan is foundation head of the Melbourne School of Population Health at the University of Melbourne and Associate Dean of the Faculty of Medicine, Dentistry and Health Services. He was a member of the NHMRC’s Research Committee and the deputy chair in the last triennium. He serves as head of the Vaccine and Immunisation Research Group and is a director of the NHMRC Centre for Clinical Research Excellence (CCRE) in Child and Adolescent Immunisation.

Professor Mark Cook

A neurologist specialising in the treatment of epilepsy, Professor Cook is a professor and director of Neurology at St Vincent’s Hospital. He is an editor of Epilepsia, a director of the Bernard O’Brien Institute of Microsurgery, serves on several advisory boards and chairs the Neurosciences Victoria Scientific Review Committee.

Associate Professor Ravi Savarirayan

Associate Professor Savarirayan is a clinical geneticist and head of the Royal Children’s Hospital Clinical Genetics Service in Melbourne. His special area of expertise is in the inherited disorders of the skeleton that cause short stature, arthritis and osteoporosis in both children and adults. He is the foundation director of the Southern Cross Bone Dysplasia Centre and an elected member of the International Skeletal Dysplasia Society.

Professor Mark Cook

MBBS, FRACP AO

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Associate Professor Ravi Savarirayan

MBBS, MD, FRACP, HGSA, ARCPA

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Dr Ehud Zamir

MBBS, MD, FRANZCO

Dr Zamir is a fellowship-trained specialist ophthalmologist. He completed his medical training at the Hebrew University-Hadassah Medical School, Jerusalem followed by a clinical fellowship in Uveitis and Ocular Pathology at the Doheny Eye Institute, Los Angeles, California.

He is a fellow of the Royal Australian and New Zealand College of Ophthalmologists and director of training for RANZCO for the state of Victoria. He currently holds the position of director of clinical training at the Royal Victorian Eye and Ear Hospital.

The University of Melbourne Department of Ophthalmology
CERA held a number of events, welcomed special visitors and launched new channels of communication in 2010.

February

At the Gerard Crock Lecture, Professor Robyn Guymer reflected on the research challenges of developing a bionic eye and the promise it holds for restoring sight.

March

Bionic Vision Australia (BVA) unveiled its prototype for a bionic eye at the consortium’s official launch at the University of Melbourne.

June

The inaugural CERA Scientific Exchange gave CERA’s early career researchers an opportunity to present their work. At the event, exceptional CERA staff and students were recognised with the 2010 CERA Awards.

July

The CERA eNews and Facebook page was launched.

A team of CERA scientists and Herbert Gears lawyers pedalled more than 520 kilometres in 24 hours to raise money for eye research in the 2010 Murray to Moyna.

October

CERA marked World Sight Day by celebrating the donation of 10,000 corneas to its Lions Eye Donation Service. Then Victorian Health Minister Daniel Andrews joined transplant recipients and specialists to celebrate the milestone.

November

Then Opposition leader Ted Baillieu and Shadow Health Minister David Davis pledge their support for the redevelopment of the Eye & Ear Hospital.

Eye research supporters, Henry and Miriam Greenfield visited the Glaucoma Research Unit. They are pictured here with Managing Director Professor Jonathan Crowston.
# Abridged Audited Financial Statement

## Statement of Comprehensive Income

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Government</td>
<td>3,821,345</td>
<td>3,520,890</td>
</tr>
<tr>
<td>State Government</td>
<td>1,090,041</td>
<td>809,939</td>
</tr>
<tr>
<td>Charitable Contributions &amp; Other Income</td>
<td>6,969,922</td>
<td>6,083,100</td>
</tr>
<tr>
<td><strong>Total Revenue from operating activities</strong></td>
<td>11,881,308</td>
<td>10,413,929</td>
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<tr>
<td><strong>Less Expenditure on operating activities</strong></td>
<td>11,252,821</td>
<td>9,588,016</td>
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<tr>
<td><strong>Surplus / (Deficit) on operating activities</strong></td>
<td>$628,487</td>
<td>$825,913</td>
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<tr>
<td><strong>Net Financial income</strong></td>
<td>369,266</td>
<td>495,191</td>
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<tr>
<td><strong>Capital Grants</strong></td>
<td></td>
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<tr>
<td><strong>Net Surplus / (Deficit)</strong> *</td>
<td>$997,753</td>
<td>$3,535,945</td>
</tr>
</tbody>
</table>

## Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td>8,714,831</td>
<td>7,995,097</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td>1,111,787</td>
<td>1,164,696</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>9,826,618</td>
<td>9,159,793</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>530,876</td>
<td>995,514</td>
</tr>
<tr>
<td>Provisions</td>
<td>660,468</td>
<td>539,252</td>
</tr>
<tr>
<td>Other</td>
<td>817,948</td>
<td>839,058</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>2,069,292</td>
<td>2,373,824</td>
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<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td>160,643</td>
<td>127,039</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,169,935</td>
<td>2,500,863</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>7,666,683</td>
<td>6,658,930</td>
</tr>
<tr>
<td><strong>Asset Replacement Reserve</strong></td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td><strong>Accumulated funds</strong></td>
<td>2,666,683</td>
<td>1,658,930</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>7,666,683</td>
<td>6,658,930</td>
</tr>
</tbody>
</table>

CERA receives Operational Infrastructure Support funding from the Victorian Government.

* The Centre for Eye Research Australia Limited operates 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.


quantitative trait loci for central corneal thickness identified by candidate gene analysis of oстеогенез imperfectа genes.


145. Nguyen TT, Wong TY, Islam FMA.
139. Mcintosh RL, Rogers SL, Lim LL.
144. Nguyen TT, Islam FMA, Farouque.
PUBLICATIONS

continued...

146. Ngounpore ME, Wong TY, Sabanayagam C.
140. Mohamed Q & Wong TY.
145. Mcintosh RL, Rogers SL, Lim LL.
141. Mohamed Q & Wong TY.
147. Mcintosh RL, Rogers SL, Lim LL.
142. Mohamed Q & Wong TY.
148. O'Connor PM, Scarr BC, Lamoureux
149. Ojaimi E, Guymer RH, Wong TY &
150. O'Neill EC, Danesh-Meyer HV, Connell
151. Muthuswamy S, Chohan AB, Vрабajepepe RR
153. Mcintosh RL, Rogers SL, Lim LL.
154. Mcintosh RL, Rogers SL, Lim LL.
155. Mcintosh RL, Rogers SL, Lim LL.
156. Mcintosh RL, Rogers SL, Lim LL.
157. Mcintosh RL, Rogers SL, Lim LL.
158. Mcintosh RL, Rogers SL, Lim LL.
159. Mcintosh RL, Rogers SL, Lim LL.
160. Powner MB, Gillies MC, Tretiach M,
164. Rees G, Ponczek E, Hassell JB, Larizza
166. Rees G, Ponczek E, Hassell JB, Larizza
172. Sabanayagam C, Lim S, Wong TY.
173. Sabanayagam C, Lim S, Wong TY.
174. Sabanayagam C, Lim S, Wong TY.
181. Sasongko MB, Wong TY & Wang JJ.
182. Sasongko MB, Wong TY & Wang JJ.
183. Sasongko MB, Wong TY & Wang JJ.
184. Sasongko MB, Wong TY & Wang JJ.
185. Sasongko MB, Wong TY & Wang JJ.
186. Sham W, Dirani M, Chong Y, Hornbeak
187. Sham W, Dirani M, Chong Y, Hornbeak
Professor Rasik Vajpayee
Unit Head
Ms Monica Mauer
Executive Assistant
Mr Karl Brown
Research Assistant
Ms Adrienne Mackey
Ocular Transplant Coordinator
Mr Tony Ngo
Research Assistant

Lions Eye Donation Service
Dr Graeme Pollock
Manager
Dr Prema Finn
Senior Transplant Coordinator
Ms Faye Mach
Orthoptist

PhD Candidate
Dr Christine Wrigt

ANTERIOR SEGMENT
RESEARCH UNIT
Professor Jonathan Crowston
Unit Head
Dr Vicki Chrysostomou
Glaucoma Research Fellow
Dr Michael Coote
Senior Research Fellow
Professor Sarah Hasking
(until February 2010)
Professorial Researcher
Ms Fleur O’Hare
Clinical Research Coordinator
Mrs Yu Qin Li (from January 2010)
Research Assistant
Associate Professor Ian Troncone
Neurobiologist; Ophthalmology
Wagstaff Fellow
Ms Nicole Van Bergen
Research Assistant/Laboratory Manager
Dr Peter van Wijngaarden
(from June 2010)
Research Fellow
Ms Hayley Waugh
Research Assistant
Summer Student
Ms Ingrid Diep

PHD Candidates
Ms Heather Connor
Dr George Kong
Ms Nicole Van Bergen
Ms Hayley Waugh

MPhil Candidate
Ms Fleur O’Hare

GLAUCOMA RESEARCH UNIT
Professor Jonathan Crowston
Unit Head
Dr Vicki Chrysostomou
Glaucoma Research Fellow
Dr Michael Coote
Senior Research Fellow
Professor Sarah Hasking
(until February 2010)
Professorial Researcher
Ms Fleur O’Hare
Clinical Research Coordinator
Mrs Yu Qin Li (from January 2010)
Research Assistant
Associate Professor Ian Troncone
Neurobiologist; Ophthalmology
Wagstaff Fellow
Ms Nicole Van Bergen
Research Assistant/Laboratory Manager
Dr Peter van Wijngaarden
(from June 2010)
Research Fellow
Ms Hayley Waugh
Research Assistant
Summer Student
Ms Ingrid Diep

PHD Candidates
Ms Heather Connor
Dr George Kong
Ms Nicole Van Bergen
Ms Hayley Waugh

MPhil Candidate
Ms Fleur O’Hare

HEALTH SERVICES
RESEARCH UNIT
Associate Professor Ecosse Lamoureux
Unit Head
Dr Mohamed Dirani
Research Fellow
Ms Eva Fenwick
Research Assistant
Ms Jennifer Hassell
Research Assistant
Ms Edith Holloway
(from March 2010)
Research Assistant
Ms Theona Nicolaou
Research Assistant

Ms Melanie Leniaga
Research Assistant
Dr Gwyneth Rees
Research Fellow
Ms Sutharsna Sammugasundram
(from October 2010)
Research Assistant
Honours Candidate
Ms Keisema Kovala
Masters Candidate
Ms Rehan Benarous
MPhil Candidate
Mr Ryan (Eym Kidd) Mann
PhD Candidates
Ms Eva Fenwick
Ms Manjula Marela
Mr Robert Finger

MACULAR RESEARCH UNIT
Professor Robyn Guymer
Unit Head
Ms Rebecca Maxwell
Executive Assistant/Research Assistant
Dr Farshad Abedi (from June 2010)
Research Assistant
Dr Penelope Allen
Senior Research Scientist
Dr Khn Zaw-Aung
Research Assistant
Dr Lauren Ahtyon (from September 2010)
Bionic Eye Research Coordinator
Ms Kate Brasington
Research Assistant
Ms Melinda Cain
Clinical Project Manager
Ms Tana Cipriani
Clinical Trials Coordinator
Dr Peter Dimitrov
Study Investigator
Dr Lyndell Lim
Senior Research Fellow
Dr Chi Luu
Senior Research Fellow
Dr Galina Maleyeva
Research Assistant
Dr Mark McCombe
Senior Research Fellow
Dr Luba Robman
Research Fellow
Dr Robyn Troutbeck
Novartis Research Fellow

Research Fellow Dr Danny Cheung discovered a non-invasive method of detecting ‘silent’ brain damage by looking deep into the eyes.
Ms Mary Varsamidis
Research Orthoptist
Dr Sanj Wickremasinghe
(from January 2010)
Senior Research Fellow
AMS Students
Ms Pei Yu Nathalie Chiarn
Ms Gwendolyn Chien Yee Liow
Mr Thomas James Cai Jen
Ms Divya Sarah Pratap
Mr Jon Young Tao
PhD Candidate
Dr Farshad Abedi
MD Candidate
Dr Marc Saraosy
OCULAR GENETICS RESEARCH UNIT
Professor Professor Paul Baird
Unit Head
Ms Andrea Richardson
Research Assistant
Dr Maria Schache
Research Fellow
Ms Nicole Tindill
(from August 2010)
Research Assistant - Databases
PhD Candidates
Ms Sujana Shebabjada
Ms Madeline Adams
Mr Stuart Cantisiens
POPULATION HEALTH UNIT
Professor Jill Keefe OAM
Unit Head
Mrs Anna Macrae
(from November 2010)
Executive Assistant/Graduate
Research Coordinator
Ms Natasha Tomic
Executive Assistant
Ms Anna-Lena Arnold
Research Assistant
Mrs Lucy Busia
(from February 2010)
Biostatistician
Ms Leah Evans
National Program Manager
Lions Eye Health Program
Ms Kathy Fotsa
Research Assistant
Dr Nicolas Goujon
(from June 2010)
Research Fellow - International Health
Dr Alex Harper
Senior Researcher
Dr Sharon Haymes
Public Health Research Fellow
Ms Beatrice Iezzi
(from March 2010)
Research Assistant
Dr Trish O’Connor
Research Fellow
Ms Betty Telis
Research Assistant
Dr Elaine Wong
Research Fellow
MD Candidate
Dr Anu Mathew
PhD Candidates
Mr Jethro Karimunio
Ms Gail Ormsby
RETRIC RESEARCH UNIT
Professor Tien Wong
Unit Head
Mrs Kelly Mikunda
Executive Assistant
Mrs Jessica Alessi-Calando
(from September 2010)
Research Assistant
Dr Alaudinn Bhuiyan
Research Scientist
Ms Carly D’Sylva
Clinical Trials Assistant
Research Coordinator
Ms Elizabeth Glatt
Research Assistant
Dr Alex Harper
Senior Researcher
Ms Lauren Hodgson
Research Assistant
Dr Amirul Islam
(from February 2010)
Research Fellow
Dr Ryo Kawasaki
(from July 2010)
RevICG Grading Manager
Mr Ignatious Kukouras
(from September 2010)
Research Assistant
Ms Annie McAuley
Research Assistant
Ms Rachel McIntosh
Clinical Projects Manager
Ms Julie Morrison
Research Assistant
Ms Sophie Rogers
Epidemiologist
Dr Cong Sun
(from February 2010)
Research Assistant
Dr Khay-Lin Teoh
Commercial Manager
(from December 2010)
Associate Professor Jie Jin Wang
Senior Research Fellow
Dr Sophia Xie
Biostatistician
MMed Candidates
Ms Joanne You
MPhil Candidate
Mr Nazim Uddin
PhD Candidates
Dr Michelle Baker
Research Fellow
Ms Annie McAuley
CORPORATE SERVICES
Ms Gerlinde Scholz
General Manager
Dr Sasha Amanagostou
Research Administration Officer
Ms Jessica Boccamazzo
Fundraising Administrator
Mr Peter Coates
Finance Officer
Ms Holly Custance
Human Resources Officer
Ms Kim Dorell
Student Administration Officer
(from January 2010)
Ms Sue Griffin
Administrative Officer
Mrs Inna Kalpakis
Finance Officer
Ms Lauren Metcalf
Communications Officer
Mr Robert Palm
Finance and Resources Manager
Mr Sanjeewa Perera
IT Support Officer
Mr David Summer
IT Manager
Ms Nicole Tindill
(from August 2010)
Database Manager
Ms Monika Zheng
Finance Support Officer
(from August 2010)

January: International Symposium on Diabetic Retinopathy, Madurai, India
Wong T.Y., ‘Epidemiology of Diabetic Retinopathy in Asia’
Wong T.Y., ‘Early Retinopathy Signs and Their Relationship to Diabetess’
Wong T.Y., ‘What Retinal Vessels tell about Systemic Disease?’
Wong T.Y., ‘Central Retinal Vein Occlusion: Evidence-Based Management’

January: 33rd Annual Meeting of Japanese Society of Ophthalmic Surgeons, Tokyo, Japan
Kawasaki R., ‘Essential Knowledge of Epidemiology in Ocular Surgery’

January: Asahikawa Medical College Research Meeting, Asahikawa, Japan
Kawasaki R., ‘Major Findings from the Funagata Study and Novel Retinal Imaging Techniques’

January: Kansai Jan-Shikkan Kenkyu-Kai, Kyoto, Japan
Kawasaki R., ‘Major Findings from the Funagata Study and Perspectives in Ocular Epidemiology’

February: ANZIG Annual Meeting, New Zealand
Crowston J.G., ‘Mitochondria in Glaucoma’

February: RVEEH Alumni Meeting, Melbourne
Guimer R.H., ‘RVEEH Putting Research into Practice’
March: Opening of SAILOR & 2nd Asia-Pacific Ocular Imaging Symposium, Singapore
Kawasaki R., ‘Epidemiology of Retinal Diseases in Asia’
March: 27th Annual Cornea and Eye Bank Meeting, Melbourne
Vajpayee R.B., ‘Lamellar Keratoplasty – a great revival’

April: GRS Meeting, Kyoto, Japan
Crowston J.G., ‘Basic Mechanisms of Glaucoma Damage’

April: 13th Annual Vision Research Conference, Ft Lauderdale, USA
Crowston J.G., ‘Real-Time Monitoring of Retinal Ganglion Cells’

April: RVEEH Conference, Ballarat
Guimer R.H., ‘Clinical Presentation – Bionic Eye Program’

April: World Cornea Congress, Boston, USA
Vajpayee R.B., ‘Impact of Corneal Blindness’

April: RVEEH Conference, Ballarat
Guimer R.H., ‘Clinical Presentation – Bionic Eye Program’

May: World Glaucoma Association Annual Meeting, Ft Lauderdale, Florida USA
Crowston J.G., ‘Neuroprotection in Glaucoma’

May: ARVO Annual Meeting, Ft Lauderdale, Florida USA


Crowston J.G., ‘Molecular Pathways in Glaucoma’


Haynes S.A., LeBlanc R.P., Nicolaire M.T., Chauhan B.C., ‘Reliability and Validity of the Useful Field of View Test’


Kearns L.S., Hewitt A.W., Biquart O., Ruddle J.B., Staffier S.E., Sanfilippo P.G., Martin N.G., Hammond C.J., Young T.L., Mackey D.A., ‘Up to What Age is a Cyclopleged Refraction Required? Results From the Twins Eye Study Tasmania (TEST)’


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Cassidy D., Beltz J., Jhanji V., Vajpayee R.B., ‘Indications and outcomes for DSAEK Triple Surgery during the learning curve at a tertiary referral eye hospital’


Lim L., ‘Management of Acute Uveitis – Instruction Course’

Li J., ‘The Influenza A Virus’

Luu C.D., Shivdasani M., Cipriani T., Guymer R.H., ‘Novel Nanosecond Laser Treatment to Prevent Vision Loss from AMD’

Ramakrishnan T., Constantinou M., ‘Study of profile of cases presenting with metallic corneal foreign body in an eye emergency department’


Fabinyi D., Chen C., Allen P., Connell P.P., ‘Endophthalmitis after Intravitreal Injection’

Go A., Wong C., Busia L., Cipriani T., ‘Study of profite of cases presenting with metallic corneal foreign body in an eye emergency department’

Robman L., Aung K.Z., Makeyeva G., ‘Novel Nanosecond Laser Treatment to Prevent Vision Loss from AMD’

Ramakrishnan T., Constantinou M., ‘Study of profile of cases presenting with metallic corneal foreign body in an eye emergency department’

Luu C.D., Shivdasani M., Cipriani T., ‘Study of profite of cases presenting with metallic corneal foreign body in an eye emergency department’

Robman L., Aung K.Z., Makeyeva G., ‘Novel Nanosecond Laser Treatment to Prevent Vision Loss from AMD’

Ramakrishnan T., Constantinou M., ‘Study of profile of cases presenting with metallic corneal foreign body in an eye emergency department’

November: Australasian Ophthalmic and Visual Sciences Meeting, Adelaide

Wong T.Y., ‘Diabetic Retinopathy – New Understanding, New Questions’

Baird P.N., ‘Association Studies and Myopia’

November: 5th International Congress on Glaucoma Surgery, New Delhi, India

Crowston. J.G., Plenary Session, Wound Healing: The Eye under Control; ‘Prospective Wound Healing – The Key to Successful Trabeculectomy’

November: Symala Bhaskaran Lecture, Hyderabad, India

Wong T.Y., ‘The Diabetes Epidemic in Asia’

November: General Practitioner Conference and Exhibition (GPCE), Melbourne

Lim L., ‘Retinopathies and Blindness – Macular Degeneration, Diabetic Retinopathy and Retinal Vein Occlusion: Diagnosis and Management’

November: NHG-NUHS’s 1st Singapore Health and Biomedical Congress, Singapore

Wong T.Y., ‘Diabetic Retinopathy’

November: Asia Pacific Vitreo-Retinal Society Meeting, Singapore

Wong T.Y., ‘Epidemiology and Natural of Retinal Vein Occlusion’

Wong T.Y., ‘An Update of VEGF Trap – EYE: Development in other Indications – Macv, OVD and PO’

November: Retina 2010/16th Annual Meeting of the Japanese Society of Ophthalmic Diabetology, Osaka, Japan

Kawasaki R., ‘Diabetic Retinopathy and Risk of Cardiovascular Disease’

December: APJGC, Taipei, Taiwan

Crowston J.G., Course 3: Rescuing the Failing Bleb; ‘Failing Blebs: Future Therapies’

Lee S., Van Bergen N., ‘Role of Mitochondria in Optic Nerve Degeneration’

December: Biomarker Discovery Conference, Shoal Bay, NSW