



## Board of Advisors Welcomes Sir Howard Stringer as New Chairman

The Department of Ophthalmology's Board of Advisors has welcomed Sir Howard Stringer as its new Chairman. Sir Howard has assumed the chairmanship from Louis V. Gerstner, Jr., former Chairman and CEO of IBM.

Sir Howard, who is Chairman of the Board of Directors of Sony Corporation, as well as the company's former Chairman, CEO and President, has been a long-time innovator and leader in the world of business. He brings to the Department—where he is a devoted patient of Stanley Chang, M.D.—invaluable business acumen, honed during decades of work as a journalist, producer and television executive.

"I know from firsthand experience what great work is done by the dedicated professionals of the Department of



Sir Howard Stringer

Ophthalmology, and it is truly an honor to be invited to chair the Board of Advisors," Sir Howard said. "I look forward to working with everyone there as I attempt to fill the very large shoes of my good friend, Lou Gerstner, while also echoing the inspiration of the redoubtable Dr. Stanley Chang."

Before joining Sony in May 1997, Sir Howard was President of CBS, which rose from last to first place in network rankings under his direction. Earlier, he had been the executive producer of the CBS Evening News with Dan Rather and of the CBS Reports documentary unit, which earned him nearly every major broadcast honor, including 31 Emmys, four Peabody Awards, three Alfred I. DuPont-Columbia University Awards, three Christopher Awards, three Overseas Press Club Awards, an ABA Silver Gavel and a Robert F. Kennedy Grand Prize.

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## Fellowships: Transitions from Training to Practice

In this world of specialized and subspecialized medicine, fellowship training is de rigueur. Being a fellow at Columbia Ophthalmology, however, is about more than specialization or even becoming a superb clinician or scientist. It is about becoming a leader in the world of medicine.

Ophthalmologists typically leave residency qualified for general practice. Many receive some specialty training that allows them to do basic procedures, like examining the retina or performing retina laser surgery. However, three years of general ophthalmological training do not always expose residents to the rarest conditions or the subtleties of certain eye diseases. Such exposure comes from fellowship training.

Fellowships bridge the gap between residency and practice. Young oph-

thalmologists learn how to deal with the most unique diseases and surgical needs, while smoothing their transition from a training environment to independent practice. As George A. (Jack) Cioffi, M.D., the Edward S. Harkness Professor and Chairman, Columbia University Medical Center, Department of



Hamed Bazargan-Lari, M.D.,  
Glaucoma Fellow



Fiorella Saponara, M.D.,  
Cornea Fellow

Ophthalmology, explained, "I can teach you how to do glaucoma surgery in a few weeks, but I can't teach you how to be a doctor in a few weeks."

Columbia's clinical, international and research fellowship programs derive exceptional richness from the school's world-renowned faculty, its emphasis on teaching and mentorship, and its reputation as a national and international referral center for hard-to-treat cases.

Samantha Xavier, M.D., a pediatric retina fellow, has the opportunity to apprentice with the masters of her craft. Dr. Xavier's primary mentors are Stanley Chang, M.D., the K.K.

Tse and Ku Teh Ying Professor of Ophthalmology, who directs the retina fellowship, and Robert Lopez, M.D. Dr. Xavier feels especially fortunate to be learning surgical techniques firsthand from Dr. Chang, who invented many of them. "The fact that I can work with Dr. Chang on a daily basis is a dream come true, and my experience under the direction of Dr. Robert Lopez is unparalleled," she said.

The two-year retina fellowship is highly competitive: Some 60 applicants vie for a single position each year, and the opportunity to be

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mentored by more than a dozen world-class specialists, each of whom has a signature approach to the treatment of retina disease.

The fellowship is unique because it introduces young ophthalmologists to complex procedures that they would not ordinarily see during residency. It also exposes them to a wide variety of patients, many of whom come from medically underserved countries, as well as medically underserved communities in the United States, where treatment had been unavailable or unsuccessful. These patients commonly have an amalgam of underlying health problems, including diabetes, which makes their cases particularly challenging—and instructive.

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## Dear Friends,

It gives me great pleasure to begin this New Year by introducing Sir Howard Stringer, who will assume the role of the Department's new Chairman of the Board of Advisors. Sir Howard brings to the board 30 years of corporate leadership. Prior to his current post as Chairman of the Board of Directors of the Sony Corporation, Sir Howard was Sony's CEO and President, as well as president of CBS. A highly-esteemed journalist, television producer and philanthropist, he sits on the board of the NewYork-Presbyterian Hospital.

Reflecting on the New Year brings to mind beginnings. I have focused this issue of *Viewpoint* on training, because superior training launches successful ophthalmology careers. Training is probably our most significant obligation to our profession. And yet, training here is more than a tool. It is a legacy, and it begins with our Residency Training Program. Under the capable direction of Bryan Winn, M.D., the program has flourished.

When asked what they appreciate most about training at the Institute, current and former residents unanimously mentioned autonomy with superb faculty oversight. Doing is learning, and being responsible for patient care, formulating diagnoses and treatment plans, while always knowing that faculty are poised to offer guidance, builds residents' skills and self-confidence.

Students especially value the mentoring they have received here at the Institute. Such mentoring is the cornerstone of our Fellowship



Training Program, where fellows have the privilege of working alongside world-renowned clinicians, surgeons and scientists, some of whom had been Harkness fellows themselves. The gratitude is not one-sided—for every grateful mentee, there is a mentor who is grateful for the chance to give back.

Our base in Washington Heights, where much of the population hails from medically underserved countries without regular or proper eye care, greatly enhances training at the Institute. In this context, ophthalmology is more than a medical specialty; it is a public health crisis that strikes an alarming proportion of unknowing patients, many of whom are minorities and lack timely treatment. Read more in this issue about Dana Blumberg, M.D., M.P.H., and how she is trying to tackle this crisis by studying population-wide screening tools to detect glaucoma before it is too late to treat.

This *Viewpoint* spotlights new faculty: Leejee Suh, M.D., Quan V. (Donny) Hoang, M.D., Ph.D., and Lauren Yeager, M.D., as well as D. Jackson Coleman, M.D., who has returned to Columbia as professor, clinician, and researcher. It also features a story about the inaugural Stanley Chang, M.D. Lectureship, which was jointly and generously funded by two donations. Finally, it notes my appointment as the Jean and Richard Deems Professor of Ophthalmology, another important legacy, which I accept with the deepest honor.

Sincerely,

George A. (Jack) Cioffi, M.D.  
Jean and Richard Deems Professor  
Edward S. Harkness Professor  
Chairman, Department of Ophthalmology

## The Residency Training Program: Balance in Action

**Stacy Scofield had a feeling** early in medical school that she wanted to be an ophthalmologist. Her brief exposure to the residency training program at the Edward S. Harkness Eye Institute during her fourth-year in medical school at Columbia's College of Physicians and Surgeons solidified her decision to pursue Ophthalmology. Among the qualities that Scofield most appreciated about the program was its dual emphasis on students' autonomy and faculty support. "It was the best learning experience I have had," Scofield said.

This balance—between independence and supervision, formalized instruction and hands-on learning, even seriousness and fun—is what the Institute's residency training program strives for and, under the relatively new direction of Bryan Winn, M.D., has achieved.

When Dr. Winn assumed his post in July of 2011, his goal was formidable: to make an already-outstanding program better. He has done this subtly, predominately by fleshing out the curriculum. Lectures now include discus-

sions, and labs have lectures, so residents can talk and think about what they are learning.

For example, the monthly morbidity, mortality and microsurgery conference now allows for resident-faculty dialogue about cases that are presented via video. Meanwhile, the surgical curriculum, which traditionally had been taught as an apprenticeship—residents learned by watching and assisting—now includes formal lab sessions with lectures.

The lectures create a nonthreatening environment in which residents discuss their reasons for choosing certain surgical procedures, while intellectually preparing them for situations that could arise during surgery.

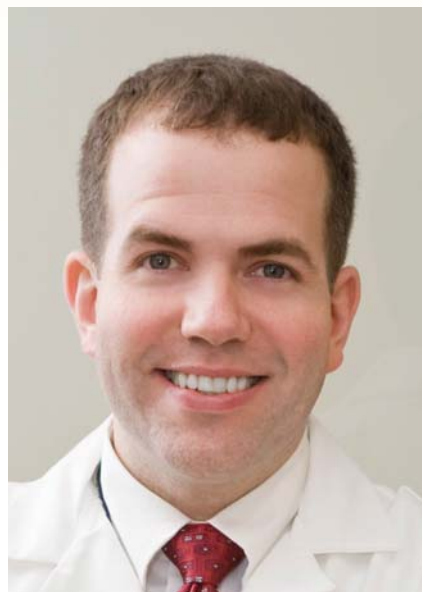
"Residents understand the fine points of surgery in their heads before using their hands," Dr. Winn explained.

From their first day, residents are encouraged to work independently. Initially, their caseloads are light and oversight is intense. They accompany attending physicians on rounds, take patient histories and conduct comprehensive ophthalmological exams. They take emergency calls, assist with and learn to perform basic surgical procedures, and act as the first liaison on the

ophthalmological team to examine patients who have an acute issue.

Gradually, residents acquire more autonomy. They become solely responsible for patient care, formulating diagnoses and making decisions on patient treatment and follow-up care.

Residents decide how much supervision they need or whether they need to confer



Bryan Winn, M.D.

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## Science Insight:

# Approaching Glaucoma as a Clinical and a Public Health Problem

When Dana Blumberg, M.D., M.P.H., began her subspecialty training in glaucoma, she expected to gain the technical expertise she would need to diagnose and treat patients with the disease. What she had not expected was to experience a complete transformation in the way she viewed glaucoma and the patients who have it.

During her fellowship at the Wilmer Eye Institute at Johns Hopkins, Dr. Blumberg learned that glaucoma, in addition to being a serious ophthalmological disorder, is a major public health problem in the United States: One-half of glaucoma patients do not know they have the disease and therefore do not receive treatment for it. In minority communities, that number is as low as 25%.

“We think of undiagnosed disease as something that happens in developing countries, not right here in the United States,” said Dr. Blumberg, an

Assistant Professor of Clinical Ophthalmology who joined the Harkness faculty in 2011. Yet, there are epidemic proportions of undiagnosed glaucoma cases in the United States and around the world. In the United States alone, the annual cost of treating advanced disease due to lack of timely diagnosis is \$2.8 billion.

This transformed view of both glaucoma and clinical ophthalmology inspired Dr. Blumberg to pursue a master’s degree at Columbia’s Mailman School of Public Health. “In medical school we’re trained to be clinicians and to think about patients on an individual level, but we’re not taught about population health as a whole,” she said. “I really didn’t have the tools to think about glaucoma as a population health issue until I received my M.P.H. at Mailman.”

Typically, glaucoma is detected opportunistically, either during the course of a comprehensive eye exam or because a patient has sought treatment for a scratch on his eye or a vision problem. However, no screening tools exist

for glaucoma. Because the disease is asymptomatic in its early stages, a substantial proportion of cases go undetected. “By the time we detect symptomatic glaucoma with a clinical exam, it’s too late for treatment,” Dr. Blumberg said.

Moreover, identifying glaucoma patients, especially those who are medically underserved and do not get regular eye care, is difficult. What is needed, therefore, is a community-wide tool to screen for the disease, especially so the medically underserved—many of whom are minorities and at particularly high risk—can be identified.

With this idea in mind, Dr. Blumberg applied for and won a prestigious KM1 training grant from the National Institutes of Health to evaluate Optical Coherence Tomography (OCT) as a screening tool to detect glaucoma in high-risk minority populations. She and her colleagues have been developing a predictive, population model for conducting community-wide glaucoma screening on asymptomatic patients. They are recruiting patients who seek routine eye care at Harkness, taking an MRI-like image of their optic nerve and using the image to build a mathematical model that will determine which kind of test most efficiently predicts the disease.

To be effective, a glaucoma screening tool should be easy to administer, minimally invasive, reasonably priced, reproducible, valid and able to detect disease. Dr. Blumberg hopes to demonstrate that the wide-scale implementation of such a tool for high-risk patients would reduce their lifetime prevalence of visual loss from glaucoma. In addition to evaluating the screening tool, Dr. Blumberg is using the grant to ascertain if community-wide screening can improve patients’ activities of daily living and overall quality of life.

Dr. Blumberg’s research has the potential to produce wide-ranging benefits, from detecting glaucoma and preventing blindness—especially among disadvantaged patients—to reducing the extreme costs that are associated with lost work time and productivity, disability and the treatment of advanced disease.



Dana Blumberg, M.D., M.P.H.

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## Board of Advisors Welcomes Sir Howard Stringer *continued from page 1*

Sir Howard has received numerous media and philanthropic awards, in recognition of his important contributions to many boards, including that of the New York-Presbyterian Hospital. In 2007, he was honored with the Paley Center for Media’s Visionary Award for Innovative Leadership in Media & Entertainment. He has also been honored by Lincoln Center, Big Brothers Big Sisters, the New York Hall of Science and the UJA-Federation of

New York, which bestowed him with its Steven J. Ross Humanitarian Award.

Born in Cardiff, Wales, Sir Howard was knighted by Queen Elizabeth II in 1999. He earned his bachelor’s and master’s degrees in modern history from Oxford University and has honorary doctorates from Oxford, the University of Glamorgan in Wales and the University of the Arts London.

## Inaugural Stanley Chang, M.D. Lecture Features World-Renowned International Retinal Surgeon

The “Subway Series” of grand rounds took place on October 18, when the Department of Ophthalmology faculty and staff of Columbia’s Harkness Eye Institute teamed up with those of Weill Cornell Medical College. Borja Corcostegui, M.D., an internationally renowned retinal surgeon, had been invited to give the inaugural Stanley Chang, M.D. Lecture at Columbia, while Mark Blumenkranz, M.D., who is on the nominating committee for the Stanley Chang, M.D. Lectureship, had been invited to attend the lecture at Columbia and give one at Weill Cornell. Thus, the idea to combine the lectures into the “Subway Series” was born.

The goal was to enhance the educational efforts of both departments by sharing presentations by two illustrious guests. This collaborative format was developed to allow both campuses to learn about the most recent developments in retinal disorders from Drs. Corcostegui and Blumenkranz, both brilliant innovators who have pioneered significant contributions to the



Borja Corcostegui, M.D.

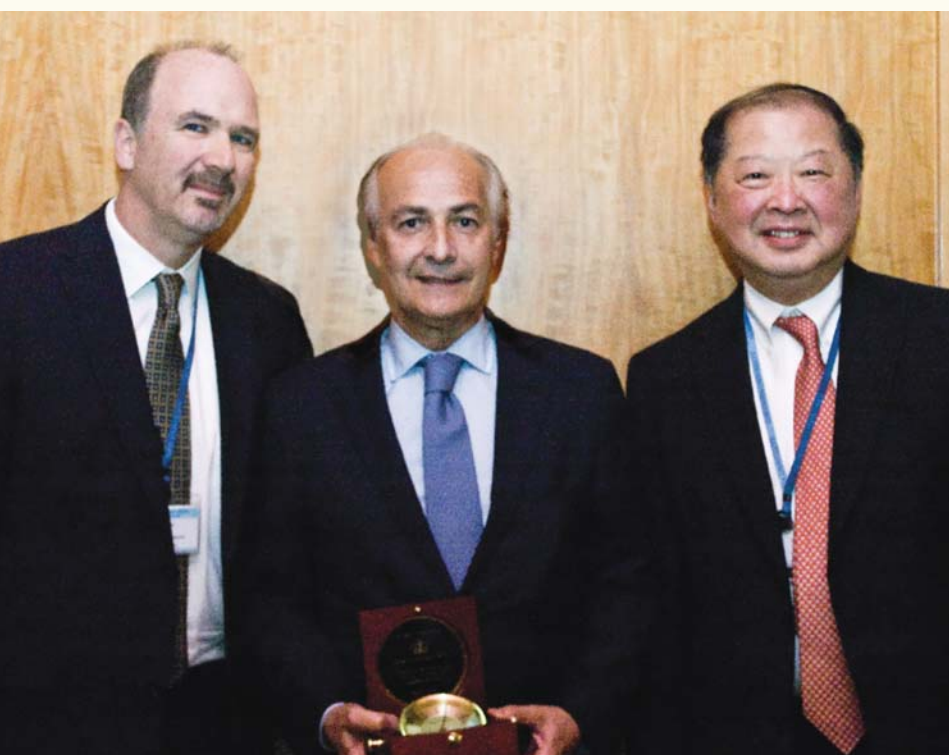
The festive event began at Columbia, where residents and fellows had lunch with the invited speakers and then presented and discussed surgical cases with faculty from both institutions. Following the presentations, Dr. Corcostegui delivered the Stanley Chang, M.D. Lecture. Dr. Corcostegui is Professor of Ophthalmology at the Universitat Autònoma de Barcelona (UAB) and founder and Medical Director of the Instituto de Microcirugía Ocular of Barcelona, one of Europe’s outstanding centers for eye care. After the talk, the entire group travelled to Weill Cornell Medical Center for a second grand rounds lecture by Dr. Blumenkranz, H.J. Smead Professor and Chairman, Department of Ophthalmology, Stanford University and Director, Byers Eye Institute at Stanford. The evening concluded with a memorable reception

and a dinner for the retina divisions of both Columbia and Weill Cornell.

The Stanley Chang, M.D. Lectureship was established in 2011, in honor of Dr. Chang’s contributions to the field of retina, and his 17 years of leadership as Chair in the Department of Ophthalmology. It was established through major gifts by Hilel Lewis, M.D., Chair emeritus at the Cleveland Clinic, and Director of the Cole Eye Institute, Cleveland Clinic, and by the Annenberg Foundation. The Chang lecture will be given annually to bring clinical expertise and new knowledge to ophthalmologists in the New York metropolitan region.

Dr. Corcostegui began his distinguished career in 1978, when he received his degree in ophthalmology from UAB, where he has been the department head at Hospital Valle Hebrón since 1990. He is also the Director of the Scientific Council of the European School for Advanced Studies in Ophthalmology in Lugano, Switzerland. Widely published and honored, Dr. Corcostegui has received awards from the American Academy of Ophthalmology and the British and Eyre Association for Vitreoretinal Surgeons, among others. He has held leadership roles in several Spanish and international ophthalmological societies, especially those dedicated to the subspecialty of retina, including Euretina, Club Jules Gonin, where he is a board member, Macula Society, American Society of Retina Specialists, where he is an international board member, and others. He belongs to the European Academy of Ophthalmology, and is President of EURO-LAM Retina, a society of retinal specialists from Europe and Latin America, and editor-in-chief of its journal, *Ophthalmic Research*. Dr. Corcostegui has also served as a volunteer and vice-president of “Eyes of the World,” which supports programs in the Western Sahara, Mozambique, Mali, and Bolivia.

The entire audience, including medical students, residents, visiting fellows and faculty enjoyed the Subway Series. Dr. Cioffi expressed his hope that it would continue as an excellent way of sharing educational resources from both medical campuses. ■



L. to R.: Jack Cioffi, M.D., Borja Corcostegui, M.D., Stanley Chang, M.D.

field of retinal surgery. Dr. Corcostegui presented the modern surgical treatment of advanced diabetic retinopathy, while Dr. Blumenkranz discussed new methods of vision testing at home for patients with macular disease.



# Jack Cioffi, M.D. is First Recipient of Deems Professorship of Ophthalmology

**George A. (Jack) Cioffi, M.D.**, the Edward S. Harkness Professor of Ophthalmology and Chair of the Department of Ophthalmology, was appointed as the inaugural recipient of the Jean and Richard Deems Professorship of Ophthalmology in October. Lee Goldman, M.D., Dean of the Faculties of Health Sciences and Medicine, and Executive Vice President for Health and Biomedical Sciences at Columbia University Medical Center, presented the honor to Dr. Cioffi during a dinner at Café Boulud in New York City.

“I can’t think of anyone more deserving of this honor,” Dr. Goldman said. “Dr. Cioffi is leading the Department in exciting directions and, under his leadership, I know we will continue to be the premiere center for superior, patient-focused eye care.”

It was an elegant dinner, and among the attendees were Dr. Cioffi’s parents, two of his brothers, and other family members. Two representatives from the Hearst Corporation and Foundation also attended, including Frank A. Bennack, Jr., chief executive officer of the Hearst Corporation and George Irish, a former Hearst Corporation executive and current vice president and eastern director of the two Hearst Foundations.



Lee Goldman, M.D., Jack Cioffi, M.D.

Deems, who had made the donation to express his deep gratitude for the years of excellent care he had received from the Department of Ophthalmology and, especially, from its former chairman, Stanley Chang, M.D. Mr. Deems was a senior executive at the Hearst Corporation, a member of the Hearst Corporation’s Board of Directors, a board member at The Hearst Foundation and a Trustee of the Hearst Family Trust.

“Dick Deems served the Hearst Corporation faithfully for decades and was instrumental in building Hearst Magazines into the industry leader it is today,” Mr.

Bennack said. “The corporation has always been a family business and Dick was an integral part of that association. Board members are lifetime members and Dick, like all the other executives, provided an important institutional memory for the continuation of our work.”

Dr. Cioffi is internationally recognized as a glaucoma researcher and clinician. His research focuses on how circulatory changes in the optic nerve may lead to glaucoma, as well as on best practices in glaucoma surgery. For 18

years, Dr. Cioffi has received continuous funding from the National Institutes of Health. He has contributed to more than 200 publications, and is the current editor-in-chief of the *Journal of Glaucoma* and chairman of the Scientific Advisory Committee for the Glaucoma Research Foundation. ■



Above, L. to R.: Frank Bennack, Jack Cioffi, M.D., Lee Goldman, M.D.



Left, L. to R.: Jack Cioffi, M.D., his parents, William and Therese Cioffi, and his wife, Linda Cioffi.

Mr. Bennack, who is also a trustee of the Hearst Family Trust and serves on the board of

the Hearst Foundation, contextualized the honor of the Deems Professorship, which was created from the gift of Richard

## Fellowships: Transitions from Training to Practice

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What makes Columbia’s fellowship among the best in the country is not only its array of patients and pathologies, but its access to academic, private and public settings, which include Vitreous-Retina-Macula Consultants of New York (VRMC), Bellevue Hospital and the Manhattan Eye, Ear & Throat Hospital. At VRMC, for example, Lawrence Yannuzzi, M.D., focuses on the diagnosis and treatment of rare retinal diseases, while Columbia’s Stanley Chang, M.D., specializes in the management of retinal conditions requiring complex surgical care. Krishna Mukkamala, M.D., a vitreoretinal fellow, said, “The dedication of our mentors to training fellows is inspirational.”

The retina and other clinical fellowships frequently overlap with international fellowships, which Dr. Chang co-directs with Lama Al-Aswad, M.D., Associate Professor of Clinical Ophthalmology. The international fellowship program attracts ophthalmologists from countries such as Ireland, Canada, Chile, Italy, China, Australia, Spain and Brazil. International fellows share knowledge and skills they have acquired at home and bring back a level of expertise that their countries might not be able to provide. However, international fellows require proper medical credentials to examine patients and operate; those without the credential can only observe.

Whether domestic or international, fellows benefit from numerous mentors. For example, Hamed Bazargan-Lari, M.D., a glaucoma fellow whose position is supported by a gift from the Hellenic Medical Society of New York, appreciates the different styles and strategies of his four mentors— Jack Cioffi, M.D., Max Forbes, M.D., Lama Al-Aswad, M.D. and Dana Blumberg, M.D. Learning to approach the same problem from four different angles is helping Dr. Bazargan-Lari to develop his own style.

Like the retina fellowship, the one-year glaucoma fellowship is highly competitive, attracting approximately 50 applicants per year. It is an intense year of learning, because Columbia’s ethnically diverse, often-disadvantaged patients frequently have rare forms of glaucoma that have been neglected or improperly treated. “Fellows aren’t exposed to many of these very complicated scenarios during their residency,” said Dr. Cioffi, who directs the glaucoma fellowship program.

All Columbia fellowships have a research component, which allows fellows to balance patient care and surgical practice with academic projects. Research experience is particularly helpful for ophthalmologists who are interested in teaching. “It is a great way for fellows to learn to present their data at meetings,” said Leejee H. Suh, M.D., Assistant Professor of Clinical Ophthalmology and director of the Cornea Fellowship Program and the Refractive Surgery Service. Dr. Suh’s corneal fellow, Fiorella Saponara, M.D., is awaiting such an experience: She was recently invited to attend a conference in Geneva, where she will present her research findings on the outcomes of patients who have undergone corneal collagen cross linking for keratoconus.

Columbia also offers fellowships that are dedicated to research training. Janet Sparrow, Ph.D., Anthony Donn Professor of Ophthalmological Science, supervises such fellows in her lab, which is investigating causes of blindness. These fellows are using imaging, biochemical techniques and cellular assays to study retina changes that are related to certain forms of macular degeneration and its underlying pathology. In the process, they are learning how to design experiments, collect and accurately measure data and draw meaningful conclusions. They are also becoming familiar with the literature about their research and preparing to present their findings and write a manuscript for publication. “Research requires training, and clinical training by itself is not sufficient,” Dr. Sparrow said.

At Columbia, every part of fellowship training counts. “Education, including training and mentorship, is our highest calling,” Dr. Cioffi said. “As an educator, you’ll be known by those you train to go out into the world to be leaders.” ■

## Faculty Spotlight:

# Columbia Ophthalmology Welcomes Four New Faculty Members

**Renowned for the high quality of its patient care, teaching, training and research,** the Department of Ophthalmology further enriched its faculty this year with the addition of several new clinicians and researchers.

For **Leejee H. Suh, M.D.**, Assistant Professor of Clinical Ophthalmology and Director of the Refractive Surgery and Cornea Fellowship Programs, joining the Department was like coming home. A native of Queens, New York, Dr. Suh had always wanted to settle down—personally and professionally—in her home state. Until recently, however, her education, training and career have kept her moving up and down the East Coast.

A graduate of Stuyvesant High School in Manhattan, Dr. Suh earned her undergraduate degree at M.I.T. in Cambridge, Massachusetts and then returned to New York to earn her medical degree at the N.Y.U. School of Medicine. After completing her residency at the Wilmer Eye Institute at Johns Hopkins in Baltimore, Maryland in 2006, she did a one-year fellowship at the Bascom Palmer Eye Institute at the University of Miami and remained there as an assistant professor of clinical ophthalmology until 2009. For the next several years she went back and forth between Bascom Palmer and Columbia: She joined the ophthalmology department at Columbia from 2009–2011, returned to Bascom Palmer for one year and last summer returned to Columbia and her hometown.

A specialist in corneal refractive surgery, corneal transplantation and cataract surgery, Dr. Suh had been practicing a revolutionary approach to corneal transplantation known as DSAEK (Descemets Stripping Automated Endothelial Keratoplasty) when Jack Cioffi, M.D., Chairman, Department of Ophthalmology, recruited her to direct the cornea fellowship and serve as the cornea specialist for the faculty practice, Columbia Ophthalmology Consultants.

“I couldn’t resist the chance to come back to New York and have a pivotal role in the department,” explained Dr. Suh.

In addition to cataract surgery, intraocular lenses, and corneal transplantation, Dr. Suh’s surgical specialties include LASIK (Laser Assisted In-Situ Keratomileusis), PRK (Photorefractive Keratectomy) and PTK (Phototherapeutic Keratectomy). Her clinical research interests are in novel methods of refractive surgery and the use of the femtosecond laser for partial and full thickness corneal transplantation. She is also extensively involved in keratoconus research and treatments, namely intracorneal ring segments (i.e. Intacs) and corneal collagen crosslinking. She is currently a principal investigator for the Corneal Collagen Crosslinking Trial for the Treatment of Keratoconus and Post-Refractive Surgery Ectasia at Columbia University.

“Many keratoconus patients or patients who develop ectasia after laser corrective surgery may need corneal transplantation, which we can avoid

by offering corneal collagen crosslinking,” Dr. Suh said. The technique has been practiced globally for more than 10 years but does not yet have FDA approval. “We hope that data from our study will contribute to eventual FDA approval,” Dr. Suh added.

In the near future, Dr. Suh is looking forward to the relocation of the Laser Vision Correction Center back to the faculty practice’s midtown Manhattan office and to the expansion of the refractive surgery practice. In the meantime, she is thrilled to be in New York and working at Columbia under the chairmanship of Dr. Cioffi. “It was always my dream to come back to my hometown,” she said.

As **D. Jackson Coleman, M.D.**, who recently returned to the Harkness Eye Institute as a professor, clinician, and researcher, explains, “I’m a new old member of the faculty.”

Dr. Coleman is delighted to be back at Columbia, where he had spent many earlier years of his distinguished career. He completed both his residency and fellowship in vitreoretinal disease at the Harkness Eye Institute in 1969 and earned an NIH Special Trainee Award. He remained on staff until 1979, before moving to Weill Cornell Medical College as the John Milton McLean Professor and Chairman of the Department of Ophthalmology, a position he held for 26 years. At Weill Cornell, Dr. Coleman

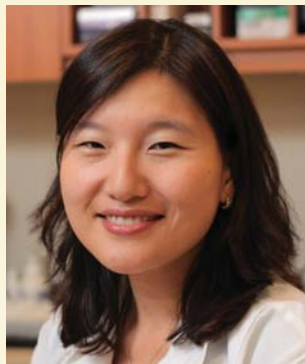
founded the Margaret M. Dyson Vision Research Institute, a premier ophthalmic research center.

An expert in the use of ultrasound to diagnose and treat retinal diseases, Dr. Coleman received his first R01 grant from the National Institutes of Health in 1964 to study the use of high-frequency ultrasound in ophthalmology, a career-long area of interest. He collaborated with Frederic Lizzi, EngScD, and more recently with Ronald H. Silverman, Ph.D., to develop the first electronic interval counter for measuring eye length and the first commercially available B-scan for ophthalmic applications.

His research in the use of ultrasound continues at Columbia today with Dr. Silverman. Specifically, he is exploring the use of sophisticated ultrasound technology to measure the choroid in the human eye to diagnose age-related macular degeneration. “This tells us if the choroid is ischemic,” Dr. Coleman said. “It also measures how much flow is taking place so we can diagnose early changes in macular degeneration and possibly institute therapy to delay vision loss.”

In addition, Dr. Coleman is working with Stanley Chang, M.D., the world-renowned retinal surgeon and K.K. Tse and Ku Teh Ying Professor of

Ophthalmology, to determine the effectiveness of systemic drugs currently used for pulmonary



Leejee H. Suh, M.D.



D. Jackson Coleman, M.D.

## The Residency Training Program: Balance in Action

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with an attending physician, knowing there is expert back-up if they need it. “As a resident, you’re really running the ship,” commented chief resident Frank Siringo, M.D.

In their second year, residents learn to perform basic laser eye surgery, laser retinal and glaucoma surgery, cataract surgery, eye muscle surgery, oculoplastic and eyelid surgery. They also examine hospitalized patients with ocular disease and coordinate their care. By their third and final year, residents spend most of their time in the operating room, mastering comprehensive ophthalmological and surgical skills.

The program’s balance of autonomy and supervision was invaluable in preparing Royce Chen, M.D., last year’s chief resident, for his current retinal fellowship at the Bascom Palmer Eye Institute in Miami. Because Columbia’s program has only nine residents (it accepts only three out of more than 400 applicants each year), it has a small family feeling that allows for personal attention. Faculty members take a strong interest in residents’ development and make sure they have the right principles in place. “The independence I gained over the course of three years built my self-confidence,” Dr. Chen said.

The Institute’s faculty includes leaders in the field, such as Stanley Chang, M.D., who has been a major innovator of modern vitrectomy techniques and is one of the world’s most respected eye surgeons, and Michael Kazim, M.D., a world-renowned specialist in thyroid eye disease.

The residents are not the only ones to benefit from expert faculty. Medical students who rotate through the program for a week, or choose it as a fourth-year elective, also benefit from the program’s exceptional faculty and staff.

During that week, students receive broad exposure to ophthalmology—performing eye exams, checking vision and eye movement. “It helps them decide if practicing ophthalmology is something they want to do,” said Dr. Winn, who also directs the medical student clerkship. Each year, about 20 fourth-year medical students spend one month rotating through the ophthalmology clinic, the operating room and private faculty offices. They receive more in-depth exposure to ophthalmology and function like first-year ophthalmology residents.

Like residents, fourth-years are encouraged to work autonomously, with faculty and staff

hypertension in increasing choroidal blood flow. The author of two books on ultrasonography of the eye, numerous book chapters and more than 250 peer-reviewed articles, Dr. Coleman continues to see patients with vitreoretinal diseases and does ultrasound evaluation of patients with a variety of pathologies here at the Harkness Eye Institute.

**Quan "Donny" Hoang, M.D., Ph.D.,** wears several hats at the Harkness Eye Institute, where he joined the faculty as an Assistant Professor of Clinical Ophthalmology in August. He earned both his medical and doctorate degrees at the University of Illinois in Chicago, after earning three bachelor's degrees with honors in chemistry, integrated science and biology at Northwestern University in Evanston, Illinois. As a vitreoretinal surgeon, Dr. Hoang mentors residents and retina fellows in the clinic and in surgery, sees and operates on his own patients and researches new ways to treat extreme nearsightedness (also called pathologic myopia).

Dr. Hoang has long been interested in both clinical ophthalmology, specifically the retina, and in neuroscience research. His current research, which stems from work started during his surgical retina fellowship at the Harkness Eye Institute, focuses on imaging the subset of patients with extreme nearsightedness to identify those at risk of permanent vision loss, and discovering new treatments for these patients by using an animal model of the disease.

Nearsightedness is due to excessive eye length. In extreme cases, there may be life-long eye elonga-



Quan "Donny" Hoang, M.D., Ph.D.

tion, coupled with eye wall thinning. In some patients, the eye wall thins to the extent that out-pouchings or "staphyloma" arise. Many of these patients then experience permanent vision loss. Dr. Hoang is investigating different chemicals that, when injected around the eye, can strengthen the eye wall of growing rabbits. "Preliminary findings show that certain chemicals stiffen the eye wall and stunt eye length growth," he said. "If you can stiffen the eye wall, then you have a good chance of preventing vision threatening consequences of extreme nearsightedness."

Dr. Hoang has been working with Stanley Chang, M.D. and Lawrence Yannuzzi, M.D., director of the LuEsther T. Mertz Retinal Research Center of the Manhattan Eye, Ear & Throat Hospital and founder of Vitreous-Retina-Macula Consultants of New York, on imaging the eyes of people with extreme nearsightedness. He is hoping to define an "elasticity/deformability index" for staphyloma that can be used to better track the progression of disease in the extremely nearsighted, and identify those at risk of imminent loss of vision. "Our ophthalmology department is rich with collaboration and ingenuity," he added, citing research collabora-

tions with David Paik, M.D., Ron Silverman, Ph.D. and Rando Allikmets, Ph.D., as a major reason he has chosen to remain at Columbia.

Pediatric ophthalmologist **Lauren Yeager, M.D.,** an Assistant Professor of Clinical Ophthalmology, joined the Harkness faculty in December and is especially excited about the prospect of working in the pediatric ophthalmology clinic at the Morgan Stanley Children's

Hospital at Columbia University Medical Center, which is currently in the planning phases. Dr. Yeager is the Peter J. Sharp Pediatric Ophthalmology Scholar, a position funded by a generous gift from The Peter Jay Sharp Foundation. This scholar fund was established to provide support for the recruitment and



Lauren Yeager, M.D.

career development of a pediatric ophthalmologist during a five-year period. All of the funding is used to defray the cost of the scholar's salary and research.

Born and raised in Highland Park, Illinois, Dr. Yeager graduated in 2003 from the honors col-

lege at the University of Michigan in Ann Arbor and earned her medical degree at Boston University in 2007. She completed her ophthalmology residency at SUNY Downstate in Brooklyn in 2011. One year later, she completed a fellowship in pediatric ophthalmology at Children's National Medical Center in Washington, D.C.

In addition to teaching residents in the clinic and the operating room, Dr. Yeager will be treating strabismus in both the pediatric and adult population, as well as all ocular disorders in children from birth to age 18, including cataracts, glaucoma, congenital anomalies, nasolacrimal duct disorders, retinopathy of prematurity and retinal disease. She is looking forward to working with residents and hopes to become involved with research on hereditary ocular conditions that affect the pediatric population. ■

nearby and available to provide guidance. "By my second week, I was examining patients on my own," Scofield declared.

impoverished health systems. Thus, residents are seeing a level of disease—such as end-stage glaucoma, diabetic retinopathy, advanced orbital

thing to see mild cataracts and another to know how to treat them when the disease is really advanced," Dr. Winn said.



L. to R.: Bryan Winn, M.D. with residents: Lora R. Dagi Glass, M.D., SongEun Lee, M.D., Brian Song, M.D., Frank Siringo, M.D., Mary Whitman, M.D., and Elizabeth Dale, M.D.

Besides high-caliber instruction, the residency training program draws richness from its home in Washington Heights, which has a sizeable, medically underserved population, a significant proportion of which comes from countries with

tumors and complex neurological conditions that involve the eye—that is not common in the United States or in the New York area. "It's one

Among the innovations that Dr. Winn has introduced is a formal graduation ceremony that takes place in June, during which residents and fellows are recognized and honored for completing their training at the Eye Institute. The event, known as John Flynn Residents' and Fellows' Day, has been named in honor of John T. Flynn, M.D., who serves as an important mentor to both residents and fellows.

In the coming years, Dr. Winn hopes to increase his program's diversity by accepting an additional resident each year, and to continue enhancing the surgical curriculum. He is currently preparing to pilot an online question-and-answer game to supplement medical students' reading during their week-long rotation. "You can read an encyclopedic textbook that's very dry, or you can make it interesting, funny and different. If you laugh, you learn." Such is the balance that will continue to make this program exceptional. ■

*In Memoriam:*

# John Wilson Espy, M.D., Esteemed and Beloved Colleague

**John Wilson Espy, M.D.**, Clinical Professor Emeritus of Ophthalmology, Columbia University Medical Center, passed away on December 22, 2012 after a brief illness. The faculty and staff mourn the loss of this distinguished physician and highly respected and beloved colleague.

On hearing of Dr. Espy's death, Jack Cioffi, M.D., Chair of the Department of Ophthalmology, said, "While I only knew him for a short period of time, I was struck by his class, grace, intelligence and devotion to the Eye Institute."

Stanley Chang, M.D., former Chairman of the Department, said, "Dr. John Espy was a brilliant and caring physician who was devoted to his patients and the Edward Harkness Eye Institute for over five

decades. He was a true professional in all respects and will be greatly missed by all his colleagues and patients."

Dr. Espy was associated with the Department for more than 50 years, starting as a resident in 1960 and rising to Clinical Professor of Ophthalmology. Upon his retirement in 2011, he received Emeritus status. He is survived by Polly, his wife of 47 years, and his children, Peter W. Espy and Burrell Schorr, and their families.

A professorship in Dr. Espy's name was established by his children several years ago. The John Wilson Espy Professorship of Ophthalmology will maintain his legacy of keen clinical skills and outstanding dedication to academic values. ■



John Wilson Espy, M.D.

## Important Patient Care Information

**Specialties:** Cornea/External Ocular Disease  
Glaucoma  
Pediatric Ophthalmology and Strabismus  
Refractive Surgery/LASIK  
Vitreoretinal and Uveitis

*For inquiries and appointments, please call 212.305.9535*



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