

Eye Level

SPRING 2021

News & Views From Wills Eye Hospital



**THE WILLS EYE
EMERGENCY DEPARTMENT**
Saving Vision and Lives Every Day

PAGE 2



**REMEMBERING THE
HON. RONALD R.
DONATUCCI, ESQ.**

INSIDE COVER



**INTRODUCING
OUR NEW BOARD
PRESIDENT
BERNARD W.
SMALLEY, ESQ.**

PAGE 1

From Our Leaders



JOSEPH P. BILSON
Chief Executive Officer



JULIA A. HALLER, MD
Ophthalmologist-in-Chief

As we begin our Spring 2021 newsletter, we remember our dear friend, the Honorable Ronald R. Donatucci, Esq. Ron was a true champion of Wills Eye and served as our longtime Wills Eye Hospital Committee Chair and President of the Board of Directors of City Trusts. The #1 most loyal cheerleader for his hometown, Ron was a South Philly boy, a supremely dedicated public servant, and one of the longest-serving elected officials in our city’s history. Poignantly, he slipped away as a new day dawned after the elections, on November 4, 2020. Mr. Donatucci’s deep respect and gratitude for Wills Eye, however, began years before he joined our Board, when one of his young sons had an eye injury and needed emergency surgery, and the family turned to Wills Eye for vision-saving care. From that day forward, Ron felt he had a debt to repay, and that feeling of obligation deepened into a very special sense of loyalty and commitment as the years went by. When he was elected to the Board of Directors of City Trusts, Mr. Donatucci had his chance to put a special stamp of humanity admixed with drive, ambition, and relentless support on the future of Wills Eye Hospital.

Ron was Wills Eye’s staunchest advocate. His legacy includes his steadfast partnership with our medical staff, as well as an ability to relate to every member of the Wills Eye family — whether they worked in the C-Suite or the mailroom. He took a genuine interest in all who crossed his path, and made a point of connecting with them. We are honored that among his many contributions was recruiting us to our leadership roles here as Ophthalmologist-in-Chief and Chief Executive Officer. Ron was solidly behind all of us at Wills — pushing for the expansion of our Research Department, solidifying our Hospital status, ensuring our distinction as a top specialty care destination, and upholding our premier nationwide ranking.

We will always be grateful for Ron Donatucci and his enthusiasm, hard work, and leadership at Wills Eye. He always called us “The A Team.” His keen business acumen, his puckish sense of humor, that twinkle of wit with wisdom, will forever be missed. His beloved Stephanie and the entire Donatucci family will always be part of our Wills family. As we welcome Bernard W. Smalley, Esq., in his latest role as President of the Board of Directors of City Trusts, we usher in a new chapter that looks forward to the exciting challenges ahead, firmly grounded in our past, so notable for Ron’s authenticity and passion. May our hospital-wide commitment to excellence in every aspect of our mission be a fitting tribute to Ron Donatucci’s legacy of noble service to Wills Eye Hospital. ■■■



Above: The Honorable Ronald R. Donatucci, Esq., and Stephanie Donatucci at a Wills Eye Ball.

Eye Level

NEWS & VIEWS FROM WILLS EYE HOSPITAL
SPRING 2021
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ON THE COVER: Wills Eye residents Lucy V. Cobbs, MD (foreground), Marisa Schoen, MD, and Patrick B. Rapuano, MD, working a night shift in the ER.

A SIT-DOWN WITH BERNARD W. SMALLEY, ESQ.

Meet the new President of the Board of Directors of City Trusts.

In December 2020, the Board of Directors of City Trusts, the body overseeing Wills Eye Hospital, unanimously elected Bernie W. Smalley, Esq., as its new President, making him the first African American leader in the Board’s 151-year history.

Q: What does this role leading the Board mean to you?

A: I’ve always believed deeply in community service. It was instilled in me from an early age. My father, who was my mentor, unexpectedly passed away one week before my 21 st birthday. He had a very popular barbershop in West Philadelphia. Many of his loyal customers were city leaders and some of the greatest legal minds. I learned from them while I worked in the shop that community service is part of our responsibility to “pay it forward.” It is a great honor to be leading this Board now and being in service to others.

Q: Tell us about your relationship with Wills Eye Hospital.

A: My introduction to Wills Eye was when I was in elementary school and junior high. I played percussion in the All-City Orchestra and All-City Band. I would walk past Wills at 16th and Spring Garden on my way to rehearsals at The Masterman School. Later in life, my mother and father went to Wills Eye for their eye care. We continue to be a Wills Eye family. My wife, Jacqui, son, Bernie Jr., and I wouldn’t go anywhere else.

Q: Can you share your early plans or approach to Board oversight?

A: Joe Bilson and I have developed a very close working relationship through the years. As both Wills Eye Hospital CEO and Executive Director of Girard Estate, the Board’s largest trust, Joe’s work in these dual roles cannot be overestimated. On the medical side, Dr. Julia Haller brings to Wills a passion for excellence that is palpable. I hope to buttress and enhance initiatives and support them in every way I can.



Good things are happening at Wills Eye and I want to be a part of making it even better.

Q: As the first African American leader of the Board, how do you believe we can inspire more Black men and women to go into medicine?

A: Young people need to be exposed to these great fields and inspired at an early age. I believe “you get to be what you see.” My dad felt that my horizons were unlimited. He said, “You’re going to college.” That was the expectation. There is dignity in all work, but young people need role models early so they can understand that these opportunities are available.

Q: Some of the highest rates of eye disease affect people of color. How can we improve this?

A: Our responsibility lies in helping underserved communities. Wills Eye does this already with its annual kids’ vision screening and other programs. Improving health among these groups begins with awareness, education and outreach so they can enjoy the same good health, quality of life and longevity as others. ■■■

FAST FACTS

**Bernie W.
Smalley, Esq.**

Age: 71
Wife: Jacquelyn Smalley
Children:
Bernard Smalley Jr.
Jared Malik
Grandchildren: 2
Favorite music:
Jazz, George Benson

Favorite cheesesteak:
Dalessandro’s
Career highlights:
Working on behalf of clients
and being inducted into the
prestigious International
Academy of Trial Lawyers
and the American College
of Trial Lawyers

Favorite pastime:
Cooking, especially New
Orleans Gumbo
Favorite rituals:
Family vacation in the
Caribbean
Going to the annual
Penn Relays with friends



All Eyes, All the Time

The Wills Eye Emergency Department is THE place to go if you're having a vision or eye problem requiring urgent attention. This invaluable resource with state-of-the-art technology is one of only a few ERs in the nation focused exclusively on ophthalmology and eye-related diagnoses.



In 2019, Walter Jackson, a deputy chief’s aide with the Philadelphia Fire Department, returned from a cruise vacation with irritation and swelling in his left eye. He was treated for an eye infection. “I was still having issues months later when COVID-19 hit in March 2020, but I just dealt with them at home,” Walter said.

By February 2021, his condition had worsened: “I started seeing spots and bright lights, and my eyesight was diminishing.” Two of his children took him to the Wills Eye Emergency Department. After a battery of imaging tests, a Wills Eye surgeon and a Jefferson neurosurgeon came to meet with him. “The brain surgeon said, ‘I bet you had no clue you would need brain surgery,’” Walter recalled. “He was right.”

A wide reach, a wide range

In an average month, over 1,200 patients like Walter Jackson pass through the doors of the Wills Eye Emergency Department (ER), located directly across from Wills Eye Hospital at 9th and Walnut Streets, just inside the Jefferson Hospital for Neuroscience (JHN). It is one of the only ERs in the nation focused exclusively on eye emergencies; the next closest is over 300 miles away in Boston.

Because of its uniqueness and reputation, the Wills Eye ER attracts patients not just from Philadelphia and its suburbs but from throughout the mid-Atlantic region. Many patients come on their own; others are transported by ambulance from other hospitals or residential facilities. Emergency Department Director Anna P. Murchison, MD, MPH, has seen patients fly in from as far away as Florida and the Caribbean to access the world-class expertise available at Wills: “On landing in Philadelphia, they ask their driver, ‘Can you take me to the Wills ER?’”

The ER team is prepared for anything. Many people have straightforward issues that can be addressed right away, such as conjunctivitis (pink eye), mild corneal abrasion, debris in the eye or an eyelid tear. Patients without access to routine eye care may present with pronounced vision loss due to cataracts or glaucoma. Others are experiencing potentially vision-robbing emergencies such as giant cell arteritis (inflammation of the temporal arteries), retinal detachments, severe eye infections and corneal ulcers.

Vision changes can also signal an underlying health issue that started somewhere else in the body. Diabetes, high blood pressure and high cholesterol can affect vision, as can infections such as Lyme disease, syphilis and other blood-borne illnesses. So can stroke, brain tumors and other neurological conditions.

“Patients often come in saying, ‘I’m not sure this is an emergency,’ but anything that suddenly changes your baseline vision *is* an emergency,” noted Bernadette Waskiewicz, RN, BSN, the ER’s Administrative Supervisor.

Beyond the eyes: Saving vision, saving lives

The Wills Eye ER has capabilities that go far beyond eye interventions, thanks to a close affiliation with the Jefferson Hospital for Neuroscience, a comprehensive stroke center with world-class expertise in neurology and vascular surgery.

Vision changes are often the first sign of a recent or impending stroke: a blockage or rupture in a blood vessel that feeds the brain and also the eye. Wills Eye ER staff can call on the JHN stroke team 24/7 for urgent evaluation and management of these patients — a key advantage, given that every minute counts and “time lost is brain lost,” according to the American Stroke Association.

The association recently updated its acronym for quickly identifying stroke symptoms from “FAST” to “BE FAST,” which includes vision changes that can signal a brain event (see box on page 4).



THE WILLS EYE MANUAL
INFLUENCING EYE CARE WORLDWIDE

For three decades, this number-one-selling manual, with an 8th edition due out this fall, has been used by physicians, hospitals and Emergency Departments to diagnose and treat emergency eye conditions. The founding editors, Christopher J. Rapuano, MD, and Mark I. Friedberg, MD, published the first edition in 1990, based on their own experiences as residents in the Wills Eye ER.

Top Left: Wills Eye resident Lucy V. Cobbs, MD, speaks with a patient in the ER. **Bottom Left:** Wills Eye ER Director Anna P. Murchison, MD, MPH, scans patient Judith A. Beaumont of Florida using one of the ER’s new high-tech cameras.

“Every few days we have a case like this,” said Dr. Murchison, “and we call a stroke alert. The entire stroke team rushes to the ER to manage the patient. This really is the best place to be if you have vision changes that could indicate a stroke or neurovascular issue.”

That’s due not only to the expertise available but also to the ER’s access to an array of imaging studies: CT scans, brain and spine MRIs and neurovascular imaging. The Wills Eye ER staff has the power to save valuable time that preserves patients’ vision, brain function, even their lives.

Stroke isn’t the only neurological condition that can cause vision changes. Blockages in the carotid arteries in the neck, brain and skull base tumors, brain aneurysms (a bulging, weak area in a blood vessel wall), pseudotumor cerebri (pressure around the brain) and multiple sclerosis can all be culprits. That is why close collaboration among Wills Eye ophthalmologists and other specialists is such an advantage for ER patients.

It is also a key advantage for patients with traumatic injuries involving not just the eye itself but also the eye socket (orbit), skull and even the brain. The ER team has tended to injuries from car accidents, fireworks and baseballs — to name a few.

“I had a patient come in from Cape May, NJ, after falling into his boat antenna, which went into his eye and fractured his orbit,” recalled resident Olya Fromal, MD. “We discovered his sinuses were involved, so we consulted with Jefferson ENT [ear, nose, throat].” More extensive injuries can require calling on Jefferson’s neurosurgery team or sending patients to Jefferson’s Level I Trauma Center.

Coordinating patient care between teams “takes an extraordinary level of communication,” said Waskiewicz. It also requires communicating with ERs from beyond the Philadelphia region, who often call the Wills Eye ER’s transfer line when they have a case requiring advanced expertise. “Transfers from ER to ER are common; we often get patients from the Poconos or the shore,” she added.

An education like no other

The ER team includes residents and fellows from Wills Eye; an attending Wills ophthalmologist or Jefferson emergency physician; Jefferson nurses dedicated to the Wills Eye ER; Jefferson social workers; and support staff.

Patients often have a visual acuity test, pupil dilation, and examination of the front and back of the eye using specialized microscopes. Patients with sudden vision changes or severe injuries are evaluated and monitored in the ER’s trauma bays. There, they can receive IV medications or be

quickly sent for further imaging or surgery — with the Emergency Department at Jefferson as an additional resource.

“Working in the ER as an attending kept me on my toes and improved my own practice. You see it all.”

— Linda Ohsie-Bajor, MD, Assistant Professor of Ophthalmology, Case Western Reserve University School of Medicine, Wills Eye Residency Class of 2010, Wills ER Attending 2013-2016

For the Wills Eye residents who treat patients under the supervision of an attending physician, the ER offers an education like no other — a primary reason why many seek out the hospital’s highly competitive residency program. “Residents might see something three times in one shift here that people in other programs might not see in their entire residency,” said ER attending ophthalmologist Christine A. Chung, MD, Director of the Jefferson Consult Service and Assistant Program Director for Operations, Wills Eye Residency Program. She completed her own residency at Wills three decades ago.

“It’s all eyes all the time, and the variety is astounding: just an enormous range of cases from the front to the back of the eye,” said resident Sarah Amanullah, MD. “Everyone is coming in undiagnosed. It’s not like you are working in a cornea clinic or retina clinic and know what to expect.”

In addition to diagnosing and caring for patients, said resident Louie Cai, MD, “you’re always focused on directing them to the next best place for additional care they may need” — whether that means sending them to the ER’s procedure room, admitting them to Wills Eye or Jefferson, or arranging a follow-up appointment with a Wills Eye subspecialist.

There’s no shortage of nail-biter scenarios where time is of the essence. Resident Rakhi Melvani, MD, recently treated a California businessman who arrived in the middle of the night with a retinal detachment, which deprives the eye of oxygen and nourishment. “A major benefit here is that you can call in any eye subspecialist at any time,” she said. Dr. Melvani brought the retina team on board and sent the patient to Wills Eye Hospital for emergency surgery.

“Seeing a variety of pathologies is critical for resident education,” added Dr. Murchison, “but it’s also crucial to have the residents working side by side with attending physicians, along with the constant availability of every ophthalmic subspecialty as needed. The Wills Eye ER offers all of this.”

THE EYE-BRAIN CONNECTION

Vision changes can be the first important signs of neurological conditions or emergencies, such as stroke or aneurysm. **“BE FAST”** if you or a loved one experiences any of these possible stroke symptoms:

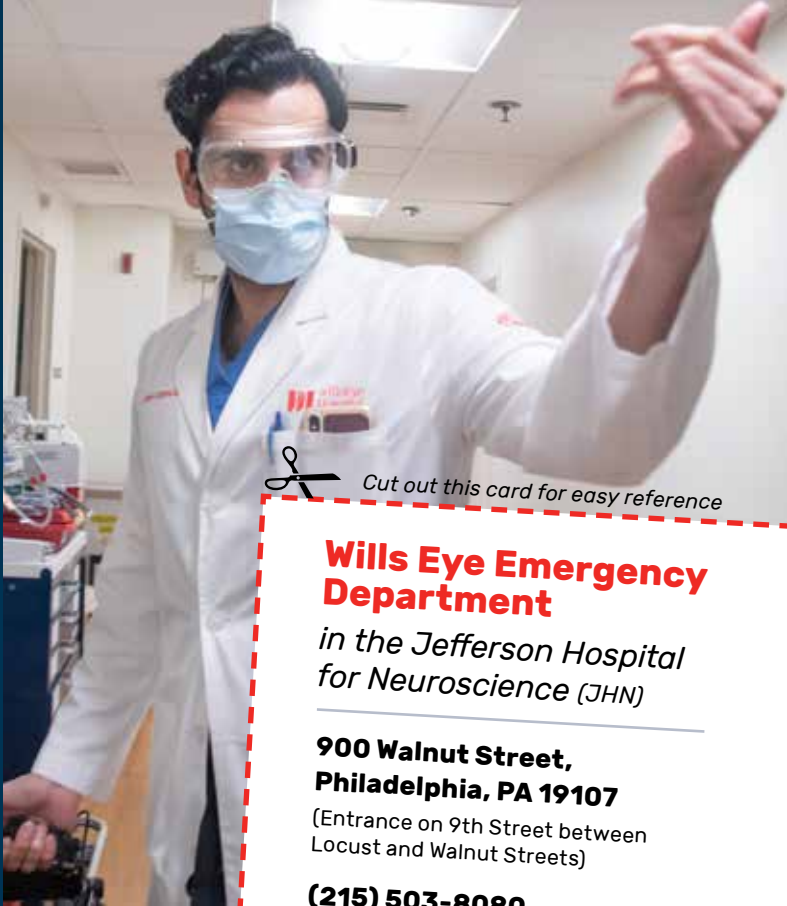
- B - BALANCE:** sudden loss of coordination
- E - EYESIGHT:** flashes or sudden loss of vision
- F - FACE:** droop on one side
- A - ARMS:** hold both out – does one drift down?
- S - SPEECH:** slurring or speaking incoherently
- T - TIME** to call 9-1-1




WHEN TO GO TO THE ER

Contact your physician or seek emergency care if you believe your eyesight is in jeopardy, if you are in severe pain or if you have any of the following symptoms:

- > Sudden vision loss
- > Pain in or around the eye
- > Redness accompanied by pain in the eye
- > New floaters (spots, strings, cobwebs or shadows before the eyes)
- > Bulging of the eye or swelling of eye tissues
- > Flashes or streaks of light
- > Double vision
- > Sudden crossed, turned or “wandering” eye
- > Discharge, crusting or excessive tearing
- > Sudden blurring of vision that persists



 Cut out this card for easy reference

Wills Eye Emergency Department

in the Jefferson Hospital for Neuroscience (JHN)

900 Walnut Street,
Philadelphia, PA 19107

(Entrance on 9th Street between
Locust and Walnut Streets)

(215) 503-8080

The impact of COVID-19

Like other clinical centers, the ER practices strict precautions related to COVID-19: mask-wearing, social distancing, patient screening, and the use of personal protective equipment by staff, such as a plastic shield during close-up eye exams with a slit lamp. Staff members also conduct masked “no-talk” eye exams, interviewing patients first and then using hand signals to direct where they should focus their eyes to ensure maximum safety against aerosol droplets.

While many medical offices shut down during the first months of the pandemic last spring, the Wills Eye ER remained open. “With so many ophthalmology offices closed, we were among the only eye care providers for patients from multiple states,” Dr. Murchison said. “In the early days of the pandemic, there was limited information about the transmission of SARS-CoV-2, and quite frankly, it was terrifying for our staff. Without exception, every physician, nurse and staff member continued to care for patients despite the personal risk.”

COVID-19 has also shaped the ER’s approach to specific eye conditions. The Wills Eye ER team initiated COVID testing for all patients with central retinal artery occlusion, a blockage in the retinal artery that is a risk factor for massive stroke. The team had the benefit of working closely with Jefferson neurovascular surgeons and noting a connection between COVID-19 and strokes in younger, otherwise healthy patients. In early 2021, Dr. Murchison and her Wills Eye and Jefferson colleagues

published a case study of one such patient who was asymptomatic for COVID-19 but tested positive. Following the new protocol, the ER team isolated him and took proper precautions. The patient was found to have a blocked carotid artery related to his COVID-19, but quick action averted a massive stroke.



8 REASONS FOR EMERGENCY VISITS

1. Trauma to the eye
2. Detached retina
3. Corneal ulcer
4. Acute glaucoma
5. Optic neuritis
6. Infections
7. Dog bites
8. Foreign body in the eye

Even during the pandemic, she said, what has always been true about the Wills Eye ER remains: “We are and always have been integrated into the greater Philadelphia community. As with any ER, there can be a wait at times. But we never close, we’re always there for patients, and we have the expertise to diagnose and treat anything that impacts patients’ vision or their eyes.”

In the case of patient Walter Jackson, the ER team’s imaging studies revealed a disease process involving the back of his left eye socket and the brain. He underwent a lengthy surgery with Wills Eye oculoplastics surgeon Alison Watson, MD, and Jefferson neurosurgeon Christopher J. Farrell, MD, who relieved the pressure on his optic nerve and removed tissue samples for testing. The physicians continue to care for Walter in collaboration with Wills neuro-ophthalmologist Mark L. Moster, MD.

“I was shocked that an eye issue led me to brain surgery,” Walter said. “But I feel I am recovering well and I’m relieved that my vision is getting better.” He added that because of the expertise and quick action of a “phenomenal staff,” he is now on a much better road. At his most recent visit, he had 20/20 vision in his left eye. ■■■



Tavis J. Peck, M.D.
Co-Chief Resident

A. Gervasio, M.D.
Co-Chief Resident

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Ho



WITH WILLS CO-CHIEF RESIDENTS TRAVIS PECK, MD & KALLA GERVASIO, MD

The Wills Eye Residency Program is renowned for training ophthalmologists who are among the best in the world. Each year, hundreds of graduating medical students vie for only eight open slots. Two senior residents are selected to lead the group.

MEET DR. TRAVIS PECK

Why medicine: I had early exposure to the field from having a brother who suffered an anoxic brain injury at birth. I was always amazed by the positive impact doctors could have on patients and their families. I viewed them as role models. In college, I became fascinated with the sciences and shadowed a doctor. It reaffirmed my desire to become a physician.

Why ophthalmology: I liked surgery, and eye procedures seemed to be the most successful, impactful and intellectually stimulating. Giving a patient a concrete diagnosis just by looking into his or her eye for less than a minute sealed my interest.

Why Wills: Wills has an incredible reputation. Its ER is the best learning ground and offers residents rapid clinical growth. Also, on the interview day, faculty and residents seemed happy and fun to be around.

Highlights: Becoming proficient in many areas of training. Also, progressing from student to teacher has been rewarding.

3 cool things about me: I was a Rehoboth Beach lifeguard for two years, a state tennis champion in high school, and I am getting married in April 2021!

Mentor: Michael Abendroth, MD, has been a source of wisdom for me inside and outside of work. His drive for knowledge, skills and improving patient care has been inspirational and sparked my interest and pursuits. He is selfless, humble and fun. These are traits I admire and try to emulate.

MEET DR. KALLA GERVASIO

Why medicine: My parents and maternal grandfather were all physicians. However, it was not until I lost my father to cancer when I was 15 years old that I decided to pursue medicine. It inspired me to serve others and embark on a lifelong pursuit of learning.

Why ophthalmology: Initially, I had planned to go into medical oncology. However, during a rotation in the operating room, I unexpectedly fell in love with surgery. I enjoyed the medical-surgical balance and overlap of subspecialties found in ophthalmology.

Why Wills: I rotated in pathology with Ralph Eagle, MD, a true legend. I also shadowed my medical school classmate Brett Weinstock, MD. I loved the camaraderie and variety of cases.

Highlights: By far, it is working in the ER and becoming proficient at quickly diagnosing nearly every condition. Also, the bond among residents is special, particularly during those 24-hour shifts together. Contributing to the professional growth of my co-residents is an honor.

3 cool things about me: I am half Greek, half Italian. I am a huge old-school hip-hop fan, particularly 2Pac and Biggie. I am trained in Reiki, Japanese healing for relaxation and stress reduction.

Mentor: Hard to name just one, but Tara Uhler, MD, Director of Resident Education! She provides endless support, career advice, general life guidance and is available literally 24/7. So lucky to have her! Also, Austin Meeker, MD, and Erin Nichols, MD, were outstanding mentors.



VIRTUAL LEARNING SOARS

World-Class Education Doesn't Skip a Beat

As the pandemic shuttered the world, Wills Eye ensured that its vast array of preeminent academic programs could be seamlessly accessed by a global audience. Physicians are logging on in record numbers.

Above: Ahmad Mohammad Ali, MD, logs on to a Friday morning Chiefs Rounds from his home in Jordan.

Middle: Visiting Professor Audrey Talley Rostov, MD, leads a virtual academic program on refractive surgery from her home in Seattle.

Right: The Chiefs Rounds program takes place in the Wills Eye auditorium every Friday morning during the academic year.

It's 7 a.m. on a Friday in January and resident Lucy V. Cobbs, MD, stands at the podium in the Wills Eye auditorium. She describes the case of a 23-year-old patient she saw in the Emergency Department (ER) complaining of severe headaches and fatigue. Her audience: 10 attending physicians and subspecialty chiefs — masked and socially distanced — and approximately 375 medical professionals livestreaming from across the country and the world. The GoToWebinar platform has become the “new normal” to attend this treasured weekly ritual, known as Chiefs Rounds. And like so much that has been impacted by the pandemic, all of Wills’ world-renowned academic programs and conferences have also gone virtual.

Dr. Cobbs continues to present details of the medical mystery that was ultimately solved. The patient had reported trauma to one eye and a concussion six months

prior to his ER visit. With a negative COVID test and CT scan, days later he began experiencing horizontal double vision. As Dr. Cobbs poses questions to the multidisciplinary team of Wills physicians, each offers insights as to how they would proceed.

The lively exchange of dialogue that follows, with some of the world’s brightest medical minds, is often described as a unique Sherlock Holmes mystery of sorts. But there is an educational twist, as residents take the lead.

Although Chiefs Rounds has looked dramatically different over the past year due to the large virtual audience, the content and quality remain the same, according to Arunan Sivalingam, MD, Director of the Retina Fellowship Program and Co-Director of the Retina Service, who has helped with the transition. “Before the pandemic, there were about 50 to 75 in attendance in the auditorium,” he

said. “Now, we follow all the health guidelines and there are never more than 12 in the room. The podium, keyboard and microphones are sanitized after each presenter; everyone is masked and seated at least six feet apart.”

Attendees from around the world can type in questions through the chat feature. One physician, laptop in hand, answers inquiries as they arrive from locations near and far.

As people became accustomed to learning from the comfort of their homes, the demand for streaming increased. “Before the pandemic, there were about 250 people logging on to Chiefs Rounds,” said Dr. Sivalingam. “Now, it’s about 400 or more.” Admittedly, nothing can replace in-person interaction, but the virtual platform is consistently receiving rave reviews.

“We had been streaming Chiefs Rounds since 2014,” said Jack Scully, Director, Media Technology Services, crediting team members Susan Umfer and Bill Romano with taking the technology to the next level. “Education is one of the pillars at Wills and we take it very seriously. Chiefs Rounds is Wills Eye in a nutshell.”

But the commitment to delivering world-class academics has never wavered. In fact, some days he and his team begin before dawn to get the early-morning livestream up and running and don’t finish until after dark. They do whatever it takes to ensure the virtual process is as seamless as possible.

“Our audience is really appreciative of what we do,” said Scully. “We receive a lot of positive feedback from around the world — from doctors in the Poconos to Peru. Many log on from thousands of miles away.”



Ahmad Mohammad Ali, MD, who practices ophthalmology in Jordan, is one of Wills’ loyal virtual attendees. He’s been logging on to Chiefs Rounds and other Wills conferences for six years. “The livestreams, and especially Chiefs Rounds, have enhanced my skills as a physician,” he said. “The programs improve my way of thinking and managing diseases by obtaining knowledge from the amazing discussions of great mentors.”

Kiran Turaka, MD, a pediatric ophthalmologist in Kuwait, has virtually attended Chiefs Rounds since 2017. A former Ocular

In March 2020, as massive shutdowns swept the region, Scully and his staff already had the technology in place to stream the myriad academic offerings that many have long depended upon. They switched into high gear to ensure regular streaming of programs such as Chiefs Rounds, Saturday Updates, Retina Imaging, Retina Surgical Conference, Continuing Medical Education courses and Visiting Professor lectures — all accessible with the click of a mouse. The Visiting Professor series switched to Zoom. The newer streaming platform, which took off like wildfire, allows attendees to view one another and communicate on screen.

Even though the technology was in place, there were still some challenges with bringing in participants. “Some are more technologically inclined than others,” noted Scully.

Oncology fellow at Wills Eye, he emphasized that the recent livestreams have been a lifeline. “It is the only way for me to have continuing medical education in Kuwait and get

“Our audience is really appreciative of what we do. We receive a lot of positive feedback from around the world...”

— Jack Scully, Director, Media Technology Services

updates with subspecialties in ophthalmology,” he said. “I couldn’t have kept myself professionally fit (during this pandemic) without Chiefs. It’s like my weekly vitamin pill to get the professional boost I need.” ■■■

Our Patients' View

With a broad range of expertise and cutting-edge medical advances, the Wills Eye clinical team answers the call for patients in search of life-changing treatments. For some, the outcome has opened doors that were previously unthinkable.

GENE THERAPY TRIAL RESTORES SIGHT

Five years ago, Hayley Hampton of South Philadelphia suddenly experienced an unusual and rapid decline in her vision. “I couldn’t read street signs and my vision became very blurry,” said Hayley, 27, who was working in a restaurant at the time. “It prevented me from reading, getting around and pursuing my career as a fashion stylist.” Hayley struggled to see colors and details of close-up work. She had no idea what was happening, but hoped she just needed to update her contact lenses.

Devastated and frightened, she first visited a local optometrist for an eye exam. The large E on the eye chart was barely discernible. The doctor referred her to an ophthalmologist, who then sent her to Wills Eye. There, she received an MRI and a series of tests. Within days, she was evaluated by specialists in the Wills Eye Retina and Neuro-Ophthalmology Services.

After a series of tests and exams, Neuro-Ophthalmology Chief Robert C. Sergott, MD, diagnosed her with Leber Hereditary Optic Neuropathy (LHON), a neurodegenerative blinding eye disease that affects 1 in 30,000 to 50,000 men and women, most often in their teens or twenties. “For a while, I was freaked out,” recalled Hayley, who wondered whether she was going to go completely blind.

“I feel truly blessed to be living in a city that had a clinical trial for this very rare condition.”

— Hayley Hampton

Dr. Sergott suggested she enroll in a clinical gene therapy trial taking place in seven locations worldwide, including Wills Eye Hospital.

Dr. Sergott’s colleague, Neuro-Ophthalmologist Mark L. Moster, MD, is the Wills Eye Principal Investigator of the randomized, double-masked, sham-controlled, Phase III clinical trial, known as REVERSE. Participants were treated for a mutation in the ND4 mitochondrial gene.

Hayley received a replacement gene injection in one eye and a “sham” injection in the other. Wills Eye Ophthalmologist-in-Chief and retina specialist Julia A. Haller, MD, performed the delicate procedure. Within several weeks, Hayley was shocked that her vision had improved. And each time she returned for follow-up exams, she could read more letters on the eye chart. “It



Above: Hayley Hampton and Mark L. Moster, MD.

was incredibly exciting,” said Hayley, who was surprised to find her vision improving in both eyes.

In fact, bilateral vision improvement has been an unexpected finding of the trial. “What was particularly impressive to me was that at the end of the study, most patients could read five additional lines on the eye chart,” said Dr. Moster.

“This landmark study offers hope for the brave young people battling this blinding condition,” said Dr. Haller.

“Gene therapy is no longer a futuristic dream — it provides hope in the dynamically evolving field of vision restoration.”

Hayley’s outlook on life is renewed and she’s regained confidence to resume her career plans. She’s taking classes at the Community College of Philadelphia and hopes to enroll

in a Fashion Marketing and Merchandising program at a local university.

“I feel truly blessed to be living in a city that had a clinical trial for this very rare condition,” said Hayley, who moved here from North Jersey in 2011 on a whim after being accepted to the Art Institute of Philadelphia. “I wasn’t expecting anything, but this treatment is working out for me. It’s really miraculous.” ■■■

Wills Eye Hospital was one of seven sites worldwide where the REVERSE clinical trial took place. Of the 37 participants, 17 enrolled at Wills Eye, the highest number of any site. Other locations were Atlanta, Georgia; Los Angeles, California; Bologna, Italy; Paris, France; London, United Kingdom and Munich, Germany.

AFTER DECADES OF HEARING ‘NO,’ HE FINALLY HEARD ‘YES’ AT WILLS EYE

Valdez Thomas, 49, of Philadelphia had given up hope of ever improving his eyesight, until the day he walked into Wills Eye Hospital. It was there — this past July — that he met glaucoma specialist Reza Razeghinejad, MD, and his life was forever changed.

Valdez, who grew up in Nassau, Bahamas, had worn glasses since he was 5. At 13, he was diagnosed with pediatric glaucoma, an eye disease in which the nerve connecting the eye to the brain is damaged. This leads to impaired peripheral vision and, possibly, blindness. The doctor prescribed eyedrops and Valdez grew accustomed to the daily regimen. The teenager was able to live a normal, active life, despite the diagnosis (see box below for more about pediatric glaucoma).

Over the next two decades, his eyesight worsened. “It was like a white cloudy mist,” said Valdez. He eventually had to give up driving, doing laundry, cooking and barbequing. He relied on his wife and three teenage sons to help him. “I couldn’t even see my wife’s face,” said Valdez, “and my peripheral vision was getting worse.” Things were so challenging that three years ago he resigned from his longtime position with the New York City Department of Education.

Valdez continued to search for doctors and answers. At each appointment, he heard the same grim message: There were no viable solutions to improve his vision. Then last summer, he was speaking with his health insurance coordinator. “She asked if there was one thing she could do for me, what would that be?” recalled Valdez, who was desperate to find a doctor who could help him. Within 30 minutes, she had connected him to the world-renowned Wills Eye Hospital and his fate shifted.

“I couldn’t read the letters on the eye chart,” said Valdez, reflecting on that first visit at Wills. When Dr. Reza, as he is known at Wills, entered the room and began the eye exam, Valdez was bracing for the same bleak response he’d heard time and again. Instead, Dr. Reza mapped out a plan to resolve multiple issues: He would perform complex cataract and shunt surgery on both eyes (on different dates). First, he would reposition and ultimately remove Valdez’s malformed natural lens, which had grown into an unstable cataract. Then he would proceed with shunt surgery to lower



Above: Reza Razeghinejad, MD, examines Valdez Thomas at a follow-up visit.

eye pressure, which would address his glaucoma. The two problems were interconnected because the location of his cataract was further decreasing his already limited vision from the glaucoma.

“It’s an intricate procedure, and I explained the risks,” Dr. Reza said. “Since Valdez was young and his vision was severely impaired, the benefits of surgery outweighed the risks.”

Valdez felt extremely comfortable and at ease with Dr. Reza throughout his two surgeries over the next six months.

A day after the first surgery to his right eye, Valdez followed the at-home instructions and removed the patch and gauze to insert eye drops. “I peeked and looked at the TV,” he said. “I could see what was on.” He turned to his

“I could actually see my wife’s beautiful face...I was blown away.”

– Valdez Thomas

wife. “I could actually see her beautiful face,” he beamed. “I hadn’t seen her in three years. My vision was really defined, real clear. I was blown away.”

A week later, during his post-op visit, the eye chart was presented. “I was able to read letters on the chart,” recalled a very thrilled Valdez, who can now cook, do laundry, text on his cell phone, even watch a football game. Vision in his right eye is 20/70. His glaucoma is under control and he has a new lens in each eye. “I’m so happy and thankful,” he said.

“Sometimes this surgery can be life-changing,” noted Dr. Reza. “It teaches us that as physicians, we should never give up.” ■■■

PEDIATRIC GLAUCOMA

In glaucoma, the rise in eye pressure causes damage to the optic nerve. Pediatric glaucoma is rare at about 1 in 10,000 births.* It can be hereditary or associated with other eye conditions. Early diagnosis is vital to determine the most effective care plan.

Common Symptoms of Pediatric Glaucoma

- Watery eye
- Sensitivity to light
- One eye may be larger than the other
- Vision loss
- Elevated eye pressure
- Optic nerve changes upon exam
- Nearsightedness
- Frequent changes in eyeglass prescription



In some cases, no symptoms are present and a diagnosis is made during a routine eye exam.

* American Association for Pediatric Ophthalmology and Strabismus

Inside View



WILLS EYE VACCINATES ITS WORKFORCE

Working closely with the City of Philadelphia, Wills Eye Hospital began vaccinating its workforce against COVID-19 on January 7, 2021.

This monumental effort drew volunteers from multiple departments in order to vaccinate as quickly as possible without disrupting patient care. Because of the commitment and dedication of every single member of the Wills Eye family, our Center City and suburban locations have already been able to achieve over 80-percent vaccination, providing even greater safety measures and peace of mind for patients coming for appointments and surgery.

A special thanks to the nurses who performed the vaccinations and provided clinical observation: Rechanda Barr, RN; Allison Boetcher, RN; Barbara Brocker, RN; Dawn Flowers, RN; Shante Green-Wilson, RN; Pat Gunter, RN; Tricia Lee, RN; Debra McClernan, RN; Lisa Metzger, RN; Linda Passanante, RN; Teresa Regillo, RN; Vincent Ross, RN; Alex Steltz, RN; and Frank Tiesi, RN. And thank you to those who organized and managed the program and provided the necessary support to make it such a success: Michael Allen, JD; Vinit Awatramani, MPH; Cynthia Farano, PHR, SHRM-CP; Sara Flanagan; Joseph Frattali; Janice Frayne; Patricia Middaugh, MS, RD, CPHQ; and Gregory Passanante, MBA, BSN, RN, CNOR. ■■■



Top: Kathleen Meehan, RN, shows her sticker after being vaccinated. **Inset Top:** Barbara Brocker, RN, vaccinates co-worker Frank Tiesi, RN. **Inset Center:** May Coates, 101 years old, of Philadelphia, shares a sigh of relief with Teresa Regillo, RN (right), who gave her the vaccine, and staff member Nicole Pratt. **Inset Bottom:** Wills employee Joanne Robinson reviews information about the vaccine with Barbara Brocker, RN.

ENDOWED LECTURESHIP HONORS LEGENDARY EDUCATOR AND DOCTOR

Edward A. Jaeger, MD, epitomized the motto of “skill with compassion” by sharing his knowledge of and devotion to ophthalmology with generations of medical students. Now his legacy of education will continue through the newly established **Jaeger Lectureship**.

Some say Ed Jaeger was born to be an educator. For more than three decades, he was the face of ophthalmology for medical students from around the country and the world who were being introduced to the field, exploring it as a career, and pursuing rotations and training at Wills Eye. Serving as the Director of Undergraduate Medical Education from 1980 to 2015, Dr. Jaeger mentored countless students and inspired many to pursue the field of ophthalmology.

When he passed away in June 2020, his wife of 59 years, Sandra, knew exactly how she wanted to continue his legacy at Wills Eye. She established the **Edward A. Jaeger, MD Endowed Lectureship** to provide a perpetual commitment to further strengthen the best education in ophthalmology for our medical students. The **Jaeger Lectureship** will fund an annual lecture from a leading scholar in various subspecialties of ophthalmology. It will enable students to learn and interact with these pioneering and innovative clinicians and researchers in ophthalmology.

“Ed loved teaching. He was devoted to his medical practice but really enjoyed spending time with students and sharing his knowledge just as much,” said Sandra. In



Above: Sandra and Edward A. Jaeger, MD, at a Wills Eye Ball.

and always made students feel good — even when they were struggling with something.”

Dr. Jaeger also liked to keep his students on their toes. Sandra met Ed when she was a young nursing student and he was a junior intern at West Penn Hospital in Pittsburgh. When the young intern was invited one day to lecture at one of Sandra’s nursing classes, Dr. Jaeger unexpectedly called on Sandra to answer a question — just as she was nodding off. “Ed saw me dozing and, of course, called on me!” she recalled. Years later, he used the same tactic on many sleepy medical students!

Sandra shared Dr. Jaeger’s devotion to imparting knowledge to the next generation of ophthalmologists. The couple hosted the ever-popular gatherings at their shore home each year, and she enjoyed meeting the many doctors that her husband mentored during his career.

“I’m thrilled that this lecture will bear Ed’s name,” said Sandra. “I know he would be proud to be a part of continuing the hospital’s strong commitment to educating future ophthalmologists. Our family felt it was a wonderful way to carry on his spirit.” ■■■

“Our family felt it was a wonderful way to carry on his spirit.”

— Sandra Jaeger

addition to teaching, Dr. Jaeger was also co-editor with Thomas Duane, MD, and later William Tasman, MD, of the 10-volume textbook, *Duane’s Ophthalmology*. He also played a critical role in Wills Eye’s partnership with Thomas Jefferson University. He served as a key advisor in many different capacities over his decades-long career.

Bruce J. Markovitz, MD, Dr. Jaeger’s successor, described him best: “When students would come to Wills for their skills workshop, or to learn the basics of the eye exam, that’s when he would really shine. He loved one-on-one teaching

For more information about the Jaeger Lectureship or to learn how you can support Wills Eye Hospital, contact John Zabinski, Chief Development Officer, at jzabinski@willseye.org or 215-440-3153.



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**Wills Eye Committee Member*

DOMINIC A. SABATINI
APPOINTED CHAIRMAN OF
WILLS EYE COMMITTEE



Dominic A. Sabatini, a member of the Board of Directors of City Trusts, has been appointed Chairman of the Wills Eye Committee, which functions in a leadership and oversight role for the hospital. Mr. Sabatini, who brings two decades of experience in health care administration, succeeds the past Chairman, the Hon. Ronald R. Donatucci, Esq.

Mr. Sabatini is a Director and former Executive Chairman of North Philadelphia Health System and a board member of The Behavioral Wellness Center at Girard, an award-winning drug and alcohol treatment center. He has served as President and CEO of the Penn’s Landing Corporation and, earlier in his career, was Philadelphia’s Commissioner of Licenses and Inspections, overseeing code enforcement. He is a graduate of Temple University.

DON’T DELAY CARE

Postponing your eye exam can lead to vision loss

If you are experiencing changes in your vision or haven’t had an eye exam in a while, please give us a call at 1-877-289-4557. We work diligently and are committed to maintaining a safe, comfortable environment. Telehealth is also available.

Wills Eye is Open & Safe	Masks required for all	Waiting room seating socially distanced	Exam rooms sanitized between patients	Health screening upon entry
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