

Glaucoma Research Society of Canada News & Information



Vol. 30 No. 2 Fall 2019

We Support New Ideas

You're Invited to the Glaucoma Research Society of Canada's
Annual Meeting of Supporters
Wednesday, October 16, 2019

CNIB Conference Centre
1929 Bayview Avenue, Toronto

See enclosed flyer for details



Sunday, October 20, 2019

**Our goal is to raise \$50,000
in the Marathon this year**

All money raised will go to fund glaucoma research

**PLEASE sponsor/donate and
help make a difference**

Go to: www.torontowaterfrontmarathon.com
Select: **Charity & Community**
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Better yet, REGISTER TO PARTICIPATE

Join Our Team for a 5KM walk and
ask your family and friends to sponsor you!

For details, call (416) 483-0200 or
email info@glaucomaresearch.com

High Cholesterol Linked to Increased Glaucoma Risk but Statin Drugs May Reduce Risk

A study in the U.S. found that among adults 40 years or older, higher serum cholesterol levels were associated with higher risk of primary open-angle glaucoma (POAG). Every 20-mg/dL increase in total serum cholesterol was associated with a 7% increase in risk. But the study also found that five or more years of statin use was associated with a 21% lower risk of POAG, compared with never use of statins.

In the observational study, more than 136,000 adult health care professionals who participated in three study groups provided information on their statin use and cholesterol levels over 15 years. There were 886 new cases of POAG identified among the adults.

The association between longer statin use for five or more years and lower risk of POAG was stronger among those 65 and older.

The authors suggested that statins may lower intraocular pressure and have neuroprotective effects on retinal ganglion cells.

While these results need to be confirmed in other studies, they are of interest given the widespread use of statins in older people at risk for POAG. **The authors cautioned that glaucoma treatment or prevention is not by itself a reason to start using statins.**

— *JAMA Ophthalmology, May 2019*



Dr. Rajiv Bindlish Answers Your Questions about Glaucoma

My mother has had glaucoma for more than 20 years. She has lost one eye, a great deal of her peripheral vision, and has not responded to laser treatment. Her doctor has recommended an Ahmed Valve implant. What is this?

An Ahmed Valve, or glaucoma drainage valve, is a device that is used to help lower intraocular pressure when maximum medical therapy with eye drops and laser treatment is not enough.

A tube is surgically inserted into the front part of the eye allowing the aqueous fluid from inside the eye to slowly drain through the tube and into the reservoir which is placed on the outside of the eye under the conjunctiva. The fluid is then naturally absorbed by the surrounding tissue.

The slow drainage of fluid decreases the internal eye pressure.

Should I tell my family doctor and pharmacist that I have glaucoma?

Yes, let them know, so that they can advise you about possible effects on the eye of any prescribed medications and vice versa.

My optometrist has detected narrow angles in my eyes and wants me to have laser surgery to prevent glaucoma. Is this necessary?

Narrow angles may lead to angle closure glaucoma and laser surgery may lower the risk of developing angle closure.

To assess whether the angles are open or closed and determine if laser surgery is required, an ophthalmologist will perform a comprehensive eye exam. Laser surgery is a relatively safe procedure with small risk for bleeding, inflammation, eye pressure spike or glare.

My optometrist has scheduled a field of vision scan and an optical coherence tomography (OCT) as I am near-sighted and have high pressure (20 & 22) in both my eyes. These tests are not covered by OHIP. Are they important?

Risk factors for glaucoma include age, race, family history, eye pressure, and myopia. Information from both a comprehensive eye exam and various tests may be necessary to diagnose glaucoma.

The usual tests include visual field testing and OCT, a non-invasive imaging test that uses light waves to take cross-section pictures of your retina.

Email your questions about glaucoma to info@glaucomaresearch.ca or call 416-483-0200 1-877-483-0204

GRSC Researcher Wins Canadian Glaucoma Society Award

Dr. Emily Mathieu won the 2019 Best Glaucoma Paper Award in the Graduate Student Category for the article - **“Reduced Cerebral Spinal Fluid Inflow to the Optic Nerve in Glaucoma”**.

The article was published in the December 2018 issue of *Investigative Ophthalmology & Visual Science*. Emily was supervised by Dr. Yeni Yücel, whose research work was supported by the GRSC.

She won the same award in 2018 for the article - **“Evidence for Cerebrospinal Fluid Entry into the Optic Nerve via a Glymphatic Pathway”**.

Attention Researchers New Process for Grant Applications

The GRSC will be accepting applications for 2020 grants for research projects on glaucoma in early September. Visit our website for details on our new process.

Thank You Barbara and A Fond Farewell



Long-time GRSC
administrator,
Barbara Ullmann,
on her eightieth birthday

After 14 years of expertly running the GRSC office, administrator Barbara Ullmann has retired. She will be greatly missed by the Board, researchers, supporters and donors who benefitted from her excellent and dedicated service over the years.

“Working at the Society was a wonderful experience with many happy memories. I wish the GRSC continued success with their fundraising efforts and for many successful breakthroughs in glaucoma research,” she said.

Welcome Mary

Mary Ghazalian, a certified
ophthalmic assistant, is the
Society’s new administrator



Increased IOP with Swimming Goggles

This cross-sectional study evaluated the eyes of 35 healthy volunteers to determine the effects of wearing swimming goggles (SG) on intraocular pressure (IOP), ocular perfusion pressure, and ocular pulse amplitude.

The study found that SG provoked acute IOP elevation and disturbance in the ocular hemodynamics which was associated with larger orbital rim area and greater SG elastic force. These findings could have implications for subjects at high risk for glaucoma onset or progression.

– *Journal of Glaucoma, October 2016*

President’s Message



This year the GRSC is celebrating its 30th anniversary. Since 1989, it has raised over \$5 million to support research into the causes, diagnosis, prevention and treatment of glaucoma.

In its fiscal year that ended on May 31, 2019, the Society raised over \$51,700 from participating in the Scotiabank Toronto Waterfront Marathon and received bequests of about \$24,000.

Total revenue for the year was more than \$231,000, which enabled the Society to make research grants of \$180,000 to 14 applicants. The GRSC and its directors are grateful and thank all of our generous supporters for making those grants possible.

The Society will participate again in the Scotiabank Marathon on Sunday, October 20, 2019. Dr. Mark Shaffer, our executive secretary, is again leading this effort along with a committee of volunteers.

The Annual Meeting of Supporters will be held on Wednesday, October 16, 2019 at the CNIB. Copies of the audited financial statements for the fiscal year will be available at the meeting and on our website.

Barbara Ullmann, our administrator, retired at the end of June after more than 14 years of loyal service. She will be greatly missed by all of us at the GRSC.

I take this opportunity to express my own personal thanks to Barbara for her invaluable assistance to me as president and thanks on behalf of all of the directors.

We are pleased to welcome Mary Ghazalian as our new administrator. Barbara and Mary will be at the Annual Supporters’ Meeting, where I hope many of you will have an opportunity to express your thanks to Barbara and meet Mary.

– *James M. Parks, President*

Powerful Ways for You to Help Fund Research

You can support the Society financially, not only with cash donations, but with donations of publicly listed securities (to avoid recognition of capital gains), transfers or designations of insurance policies or registered plans such as RRSPs, RRIFs or TFSAs, bequests under wills and through other methods of giving.

You can give an existing life insurance policy or purchase a new one naming the Glaucoma Research Society of Canada (GRSC) as owner/beneficiary. Gifts of an existing policy entitle the donor to a fair market value tax receipt, which may be greater than the cash surrender value. They may also require the donor to report income for tax purposes.

You can also designate the GRSC as the beneficiary under a life insurance policy, a registered retirement savings plan, a registered retirement income fund or a tax-free savings account. In that way, the funds will be paid directly to the GRSC without passing under a will or through an estate.

Giving marketable securities eliminates tax on a capital gain and entitles the donor to a fair market value receipt. This is more tax efficient than giving cash after selling the securities. Donors should seek tax advice in connection with gifts of insurance policies or securities or by making designations.

Corporations can also make donations to charities. A donation of securities by a private company could save tax and provide tax benefits to the company which could be worth as much as 90% of the value of the donation. A donor who owns securities personally can transfer them to a private company [at no tax cost by taking appropriate steps to avoid recognition of any accrued gains] and the company can then donate them to the charity.

Please ask our office for details or consult with your tax advisor.

The Glaucoma Research Society of Canada is a national registered charity funding research into finding a cure for glaucoma. Since 1989, the GRSC has raised more than five million dollars for research.

Charitable Registration No 889178695 RR0001

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