



Associate Professor Simon Skalicky appointed new president

Glaucoma Australia is pleased to announce Associate Professor Simon Skalicky is assuming the role of President of Glaucoma Australia, and celebrates the achievements of outgoing President Mr Ron Spithill, OAM.

A/Prof Skalicky is following Mr Spithill who has served Glaucoma Australia as a councillor for 10 years including the past four as President. At the recent Board meeting Mr Spithill shared “It has been a great honour to work with colleagues on the Glaucoma Australia Council,

our CEO Annie Gibbins and her very dedicated team. In recent years we have seen glaucoma detection and referrals grow significantly and I am convinced that blindness due to glaucoma can be greatly reduced by our collaborative programs.”

Mr Spithill added “I expect that under the expert leadership of Simon Skalicky, the next decade will see reduced glaucoma blindness in Australians”. Mr Spithill also paid a special tribute to Glaucoma Australia’s co-founder,

Continued page 3

From the CEO



Since I last wrote, Glaucoma Australia has announced a new President Associate Professor Simon Skalicky, Vice President Mr Rowan McMonnies along with new board

members Dr Hamish Dunn, James Christensen, Maree O'Brien and Kirsten McKerrell. We are looking forward to the impact these new Councillors will have in key areas of Governance and Strategy to maximise our growth, impact and reach.

As we welcome these Directors into their new roles, we are also celebrating the incredible contribution Mr Ron Spithill has made to people with Glaucoma over his 10 years on Council and as President. Mr Spithill has championed our family link campaign and will be awarded an Honorary Life Governor position in December when he officially retires.

It is wonderful to note a combination of our risk awareness campaign along with new detection and referral technologies have resulted in the average age of referral dropping from 80-89 to 60-69. Incredibly, this now enables sight saving education and support to be provided for 20 years longer than previously possible.

I'm thrilled to say our new patient support journey is now reaching 5000 patients by post, phone, email and the website. For those who prefer paper based communication, our new welcome kit includes an information and referral booklet, risk awareness brochure, eye drop brochure and newsletter. Recent growth in our social media channels has also provided new ways of sharing information, stories and support.

Annie Gibbins
CEO

Vale Marcus James Quinlivan OAM

24 October 1921 - 24 August 2019



It is with deep gratitude that Glaucoma Australia remembers the life and generosity of Marcus James Quinlivan OAM who passed away on 24 August and is survived by his loving wife Nathalie.

In 2006 Mr Quinlivan established the William A Quinlivan Research Fund in honour of his late father. The fund has since generated over \$1.8M in assets which ensures Glaucoma Australia is able to support high quality glaucoma research into the future.

Since the funds inception, Glaucoma Australia has committed \$934,527 to support Australian glaucoma researchers across a diverse range of projects. Examples include research to improve the accuracy of glaucoma detection, improve the benefits to people on glaucoma treatment and demonstrating the efficiency of Glaucoma Australia in caring for people with glaucoma and their families.

Mr Quinlivan's generosity continues to help Glaucoma Australia advance our mission to 'eliminate glaucoma blindness.' To commemorate World Sight Day on 10 October the William A Quinlivan Research Fund will be used to award \$200,000 in the first round of its new Glaucoma Research Grants Program. ●

Cover Story

Associate Professor Simon Skalicky appointed new president (continued)

Clinical Prof Ivan Goldberg who continues to inspire our efforts as a Life Governor of Glaucoma Australia.

Simon's involvement with Glaucoma Australia began in 2014, when he joined the Glaucoma Australia Ophthalmology Committee. Using his research skills in quality of life in glaucoma he lead a multicentre Australia-wide randomised clinical trial evaluating the impact of Glaucoma Australia education for newly diagnosed glaucoma patients.

In 2016 Simon became Chair of the Ophthalmology Committee and joined the Glaucoma Australia Council. He was instrumental in establishing the Glaucoma Australia Research Grants, and in co-ordinating the Glaucoma Australia involvement in the Medicare submission for MIGS. A strong supporter of glaucoma awareness activities such as World Glaucoma Week, Simon actively promotes collaborative care between ophthalmology and optometry. He has worked closely with colleagues in optometry to establish the Glaucoma Australia Patient Referral Pathway and integrate Glaucoma Australia services with online referral platform Oculo, enhancing digital referral of new glaucoma patients to Glaucoma Australia services. He helped organise the

successful Glaucoma Australia Patient Symposium at the World Glaucoma Congress in Melbourne 2019.

"This is an exciting time for Glaucoma Australia," says Simon. "As we have moved digitally, we are connecting with more glaucoma patients and their families, as well as health professionals. Digitally integrating the support services of Glaucoma Australia through online referral pathways ensures greater support is provided to people with glaucoma at every step along the journey, in metropolitan, rural and regional Australia. Patients are joining our online community and benefitting from our regular newsletters and online community support and events.

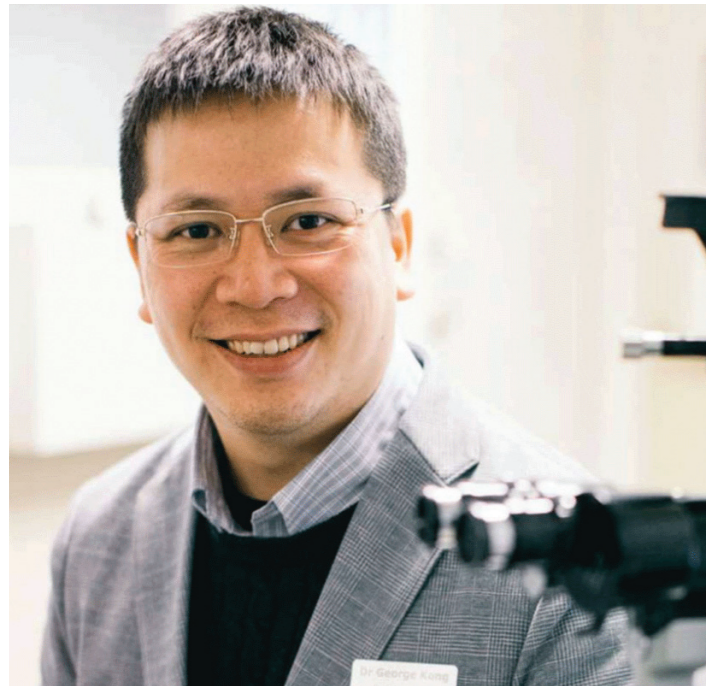
"Through our network of dedicated individuals involved in Glaucoma Australia: clinical, research and governance committees, council members and our wonderful executive, we are lucky to have a highly motivated team that brings diverse skills, enthusiasm and experience to our organisation.

"There is much more work to be done. More can be done to promote glaucoma awareness, to achieve our goal of detecting glaucoma earlier, and finding the 100,000 -150,000 Australians who are unaware they have glaucoma. Fostering early diagnosis

through optometric practice is the key. By supporting and promoting great Australian glaucoma research we can hopefully encourage further research funding to improve outcomes for people with glaucoma. We need to learn how to measure the impact of our patient support and refine this service over time. Ideally we aim to integrate our service better with health care providers to enhance the likelihood that patients access our resources and community support, which in turn motivates long-term adherence to medication and monitoring for glaucoma. We would like to foster closer integration and communication between the multidisciplinary players who care for patients with glaucoma: ophthalmology, optometry, pharmacy, and people with glaucoma. Digital and/or social media platforms are novel ways to achieve this."

Simon is an Associate Professor at the University of Melbourne and Centre for Eye Research Australia. He serves on various committees for the World Glaucoma Association. He works as a glaucoma specialist at the Royal Victorian Eye and Ear Hospital Glaucoma Unit and privately at Eye Surgery Associates, Melbourne. ●

Could MIGS replace trabeculectomy?



Written by Dr George Kong

Over the last several years Minimally Invasive Glaucoma Surgery (MIGS) devices have become important parts of an ophthalmologist's armamentarium.

These devices provide the means by which aqueous can bypass areas of outflow limitation with less tissue manipulation and fewer severe complications than traditional trabeculectomy. Due to these perceived benefits, general ophthalmologists and glaucoma subspecialists are increasingly making use of MIGS.

This prompts one to ask: Is trabeculectomy now completely outdated?

There are a number of reasons why trabeculectomy has long been considered the gold standard for the treatment of uncontrolled glaucoma. Primarily, it has produced effective, long-term results. One of the longest-term studies shows an 88% qualified success rate, even after 20 years. In comparison, few MIGS

studies have extended beyond 36 months.

Trabeculectomy is also highly effective at lowering eye pressure. In the most recent studies comparing trabeculectomy to tube shunt implantation, trabeculectomy has ultimately resulted in lower levels of intraocular pressure (IOP). For patients with advanced glaucoma requiring low eye pressure targets, trabeculectomy is often required.

Secondly, trabeculectomy does not require a specially designed device. MIGS devices increase surgical expense and are not without the risk of complications. For example, some degree of hyphaema is not uncommon in MIGS procedures, and cases of stent erosion and endophthalmitis have also been reported for the XEN stent.

Furthermore, following the recall of the CyPass suprachoroidal stent due to concerns of its long-term effect on corneal endothelial cells, questions are being raised regarding the long-term safety of MIGS devices.

The emergence of MIGS also raises a secondary issue over doctors maintaining their operative proficiency. If trabeculectomies are performed less frequently, ophthalmologists could become deskilled in this area.

Australia is an important training centre for international fellows. In developing countries where cost limits the availability of MIGS, trabeculectomy will remain a critical procedure for some time. Therefore, trabeculectomies remain important in Australia to ensure skills are maintained and training is available to those who need it.

Despite these challenges, it is not difficult to understand why MIGS has increased in popularity. Prior to its introduction there was no

intermediary step between Selective Laser Trabeculoplasty (SLT) and glaucoma filtration surgery. Most ophthalmologists who regularly perform trabeculectomies understand the complexity and extensive follow up required to manage outcomes.

For instance, studies have reported a five-year reoperation rate of 25% for trabeculectomy. The technical demand required to prevent and manage complications has seen trabeculectomy increasingly being performed by ophthalmologists with glaucoma subspecialist training.

MIGS has provided a bridge between medication or laser treatment and glaucoma filtration surgery. On one side, ophthalmologists are increasingly utilising trans-trabecular stents at time of cataract surgery for glaucoma patients with inadequately controlled IOP or an intolerance to eye drops. On the other, the XEN filtration stent is being adopted by more ophthalmologists with glaucoma subspecialist interest as an alternative to trabeculectomy with reduced risks.

Importantly, MIGS have also prompted an evolution of the surgical approach to glaucoma. This will see future incremental improvements to MIGS devices, making them safer and more effective. The recent Medical Research Futures Fund directed to the development of Australian medical devices might stimulate further progress in this area.

In summary, MIGS devices have given ophthalmologists an increased range of options for treating glaucoma, but it is far too soon to consider trabeculectomy an obsolete procedure. Both procedures will still have their place in an ophthalmologist's toolbox for some time. Although, current trends and advances in MIGS could change this in the not too distant future.

This article is republished courtesy Insightnews.com.au. ●

Thank You

Annual appeal helps to raise vital funds for support services

A big thank you to our generous donors for supporting our mission to save sight during our Annual Appeal. With your contribution, we are able to raise vital funds to support those struggling with glaucoma.

Each year many Australians are newly diagnosed with glaucoma or told they are at high risk of developing glaucoma. Hearing this news can be frightening.

Fortunately with the help of our kind donors, we can offer help and support through every stage of a person's glaucoma journey. Funds raised from donations go toward giving free resources and education to help prevent blindness as well as sight-saving support from an orthoptist educator on our free support line.

We also educate and help patients with treatment adherence, as studies show that almost half of people living with glaucoma let their treatment lapse within the first 6 months of diagnosis.

There are also more than 150,000 Australians who have glaucoma but are undiagnosed. Your donation will also help Glaucoma Australia continue to raise awareness and educate people about the importance of early detection.

Our free support services enable us to help those living with glaucoma feel more in control and better prepared in their fight against the disease. To seek support from our free support line please call us on 1800 500 880, our health educators are available 9:00 am – 5:00 pm or you can email us on glaucoma@glaucoma.org.au.

Our tears could one day be used to detect glaucoma

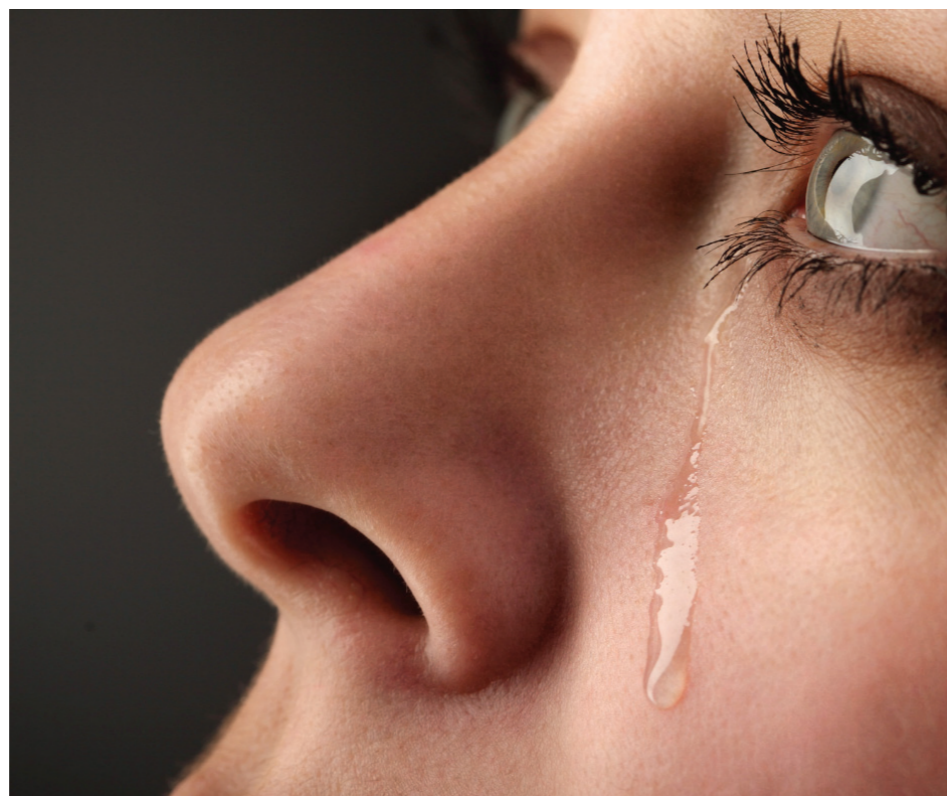
A new research project examining the proteins that circulate in the eye's fluids has the potential to pave the way for a test to diagnose glaucoma that doesn't rely on intraocular pressure.

Contrary to what many of us think, high pressure inside the eye does not define glaucoma and researchers want to know if the proteins circulating in the fluid of our eyes might.

While some patients do have classic high pressure inside the eye, the reality is others with glaucoma don't, says Dr. Ashok Sharma, proteomics and bioinformatics expert in the Center for Biotechnology and Genomic Medicine and Department of Population Health Sciences at the Medical College of Georgia at Augusta University.

Since glaucoma, a leading cause of blindness worldwide, often has no clear symptoms in the early stages, by the time a patient notices they have a problem they can have significant optic nerve damage and vision loss.

Now researchers are working to associate the proteins present in the eye's fluid with the structural damage to the eye that is caused by



glaucoma. Their goals are to find a better way to diagnose glaucoma, monitor its progress and maybe find new treatment targets. If they do, our tears may one day provide the fluid needed to perform such tests.

Sharma is the lead researcher who has been awarded a US\$1.5 million (AU\$2.1 million) grant from the National Institutes of Health to undertake this research project. Over the next four years researchers will examine and compare the fluid of the 200 patients with glaucoma with 400 patients with

cataracts serving as control group.

Researchers are comparing the protein profile in the millionth of a liter of fluid, or aqueous humor, found in the eye - and removed as part of surgery - with clinical data, like images of a misshapen optic nerve, and other demographic and health data like age and race, to begin to write a proteomic signature for glaucoma.

"Probably half the people who have glaucoma do not have intraocular pressures above average," says Dr. Kathryn Bollinger, ophthalmologist,

glaucoma specialist and retinal cell biologist in the MCG Department of Ophthalmology and the Culver Vision Discovery Institute, and a study co-researcher.

Conversely, some with what is considered high pressure don't have the potentially blinding condition. While the bottom line is damage to the neurons in the eye, the level of intraocular pressure that causes damage varies in different people, she says.

Their goals are to find a better way to diagnose glaucoma, monitor its progress and maybe find new treatment targets. If they do, our tears may one day provide the fluid needed to perform such tests.

"That is part of the reason why these studies are so important, because we don't have a clear diagnostic indication for glaucoma based simply on intraocular pressure," Bollinger says.

"After we find a patient actually has glaucoma, we would like to classify them as adequately controlled and therefore stable rather than progressing," add Dr Lane Ulrich, ophthalmologist in the MCG Department of Ophthalmology and James and Jean Culver Vision

Discovery Institute at AU, and a study co-researcher. "So we are looking for a good way to not only identify these patients but also to monitor them better."

While exactly where ocular proteins come from and what they do is largely a mystery, it is clear they are part of the microenvironment of glaucoma that should provide good clues about what is occurring at the molecular level, Sharma says.

"The aqueous humor has a lot of molecular information because it is in contact with tissues in the eye and there are proteins coming in and out, and all those molecules might be related to function," Sharma says.

Ophthalmologists routinely check eye pressure as a part of the eye exam and look in the back of the eye at the optic nerve for these classic shape changes that indicate it's under too much pressure. When they see changes, they get images to further confirm and study those changes.

"I usually tell patients it's sort of like a volcano, it's got a crater and then there is an edge of the volcano. In glaucoma, the crater gets bigger and bigger and bigger," Dr Ulrich says.

Like people themselves, some individuals' nerves can handle pressure better than others

and you can't tell who they are by looking.

"We see patients all the time who have vision loss due to glaucoma that, if recognised earlier, could have been prevented," Bollinger says.

"That is the idea here, to identify a signature that indicates early on that a particular person is either predisposed to developing glaucoma or they are not."

"This kind of study will allow us to really pinpoint people and to target our treatment toward people who need it," she says.

Glaucoma typically first affects peripheral vision; advanced disease causes total vision loss and is a leading cause of irreversible blindness worldwide. Treatments include eye drops that reduce pressure by reducing the production or increasing the outflow of aqueous humor. Surgery including laser can also improve outflow.

While glaucoma is a risk for everyone, especially as we age, it is a higher risk for people with an Asian or African ethnic background and those with a family history. Associated risks include hypertension, diabetes, tobacco use and long-term use of corticosteroids. ●

Living with glaucoma blindness and its challenges

Fighting back from the trauma of glaucoma blindness to write the first in a series of children's books

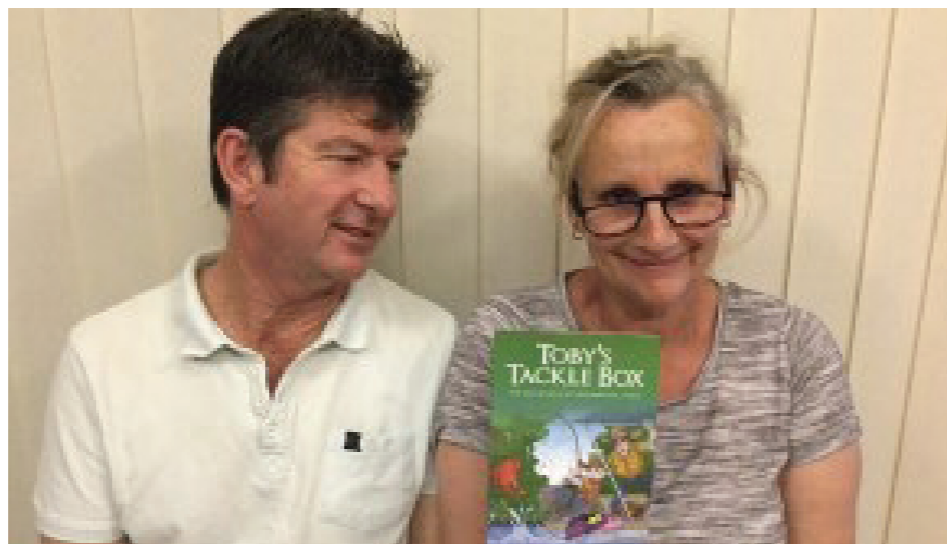
This is a piece of our story. The AMAZING turning point in the battle with the disease that is GLAUCOMA.

It's a good news story in the midst of the troubled world we live in.

It may make you cry, it will definitely make you smile and it will hopefully give you a message of HOPE and COURAGE to claw your way out of that hole.

Ian and I met in our fifties on an overcast day in July three years ago. It was almost like we had known each other for years, old friends. We chatted easily and had much in common. We shared the same likes and talked openly about each other's children and lives. A shared love for the Great Outdoors and the joy it brings was strong from the beginning and would cement our bond.

I spent my working life in the field of hospitality, cooking professionally for over thirty years. My love and passion for cooking was obvious, and often I recounted stories to Ian of my working life in hotels, cafes, restaurants and the



latter years my time in Aged Care. Who could ever have predicted that in 2018 the road in my life would take such an unexpected turn.

I was diagnosed with Glaucoma early in my forties. Unfortunately there is no cure for the eye disease and as I would soon discover can cause blindness, it is often managed successfully with medication, however surgery is sometimes required.

Ian learnt very quickly the importance of stable eye pressure, something that had never crossed his mind. Many times Ian sat in the waiting room of the eye clinic waiting and hoping for positive news. Many times I would return and with the shake of my head he knew the news was NOT good.

As the pressure in my eyes increased so did the deterioration of my optic nerves. It was with great sadness that I lost the sight in my left eye.

As the pressure in my eyes increased so did the deterioration of my optic nerves. It was with great sadness that I lost the sight in my left eye. It was now just a matter of keeping the eye comfortable. It has taken many operations and procedures with an extremely caring and dedicated professor of ophthalmology to finally stabilise my right eye.

There was a real sense of vulnerability as Ian watched me say goodbye to my lifelong career in hospitality. The tasks

that I had performed so easily had become stressful and impossible. Walking down the street had become difficult as my special awareness was challenged. Thank goodness for the yellow lines on steps. There were lots of trips and bumps and spills.

The once simple task of applying eyeliner and mascara had become a thing of the past. As insignificant as this may seem in the grand scheme of things it was just one more thing that I was not able to do. My eyes, once bright blue and clear had become swollen and bloodshot, eyelids dark and lifeless.

A once confident Head Chef I had lost my self-esteem. What was next? What could I do? Who would employ me? These were all the questions that were going through my mind. It was the ongoing support of Ian, and my incredible friends and family that got me through. AS HARD AS IT WAS, I ASKED FOR HELP.

Every single one of us have had or will have trying times in our lives. We will feel vulnerable, scared, helpless, insignificant, worthless to name but a few. It is our incredible strength and courage that will get us through these times.

With an iPad, various sized magnifying glasses, very large sized font and the ability to laugh at myself I was able to successfully complete the manuscript for Toby's Tackle Box, the adventures of four magical lures.

There was great excitement as Ian and I sent the finished work to many publishers. After months of waiting with no replies it became blatantly obvious we were not for them. Yet another slap in the face, and a few more tears. However with the help from many people Toby's Tackle Box has now been published for the world to enjoy.

We are sharing our story to bring hope to others. Every single one of us have had or will have trying times in our lives. We will feel vulnerable, scared, helpless, insignificant, worthless to name but a few. It is our incredible strength and courage that will get us through these times.

Ian and I have learnt to ASK FOR HELP. No problem is ever too big that it can't be talked about. Sometimes the solutions are not right in front of us and we may need to dig deep to work through problems. As I continue to battle this eye disease glaucoma, I WILL continue to challenge myself and write more in the Toby's Tackle Box series. Why not? Toby is part of my life now.

WITH LOVE Jen Gierens ●

Dorothy's Story

My mother went blind with glaucoma in 1974 when she was 74 years old.

When I turned 35 I decided to have my eyes checked every 2 years. Intraocular pressure was discovered within my eyes when I was 48. Over the years I have used a variety of eye drops every night, which for me do not have any side effects. The ophthalmologists I have seen every 6 months over the years in Canberra, Nowra, Batemans Bay, and the Central Coast have all been very caring and experts in their field. My optic nerve and retina continue to remain healthy.

My sister, now aged 91, was also diagnosed with glaucoma at age 50 and, with regular visits to her ophthalmologist and eye drops every night, is managing well.

I regularly remind my four children aged 62, 61, 59 and 58 to have their sight checked and thankfully so far, their eyes are healthy.

I do enjoy reading my regular Glaucoma News and am truly amazed at the advances in glaucoma treatment. My best wishes to Glaucoma Australia for continued success and help to glaucoma patients. ●

Education

Upcoming Events

Katoomba Education Evening

Wed 16 October 6pm - 7pm
Parke Street Specialist Centre
61 Parke St, Katoomba NSW 2780
Guest Speaker: Dr Sue Wan

Castle Hill Education Evening

Wed 20 November 6pm - 7pm
Marsden Eye Specialists Castle Hill
19/7-9 Barwell Ave, Castle Hill
Guest Speakers: Dr Ashish Agar and
Orthoptist Catherine Severino

Perth Support Group

Sat 30 November 2pm - 4pm
Harry Perkins Building: QQ Block,
QEII Campus, Nedlands
Cost: \$5.00
Guest Speaker: Dr Antonio Giubilato

To book visit www.glaucoma.org.au/events
or call 1800 500 880



Our Supporters

Thanks to our Supporters

Many thanks to the companies, clubs and organisations who provided financial and other support to Glaucoma Australia:



Platinum



Marcus Quinlivan OAM

Gold

Carr Family Trust

Silver



Bronze



Supporters

- Alcon
- Anonymous
- ASE IT
- Evolhope Family Trust
- Glaukos
- Icare
- Mundipharma
- Specsavers
- The Angles Family Foundation

Media Supporters

- Insight Magazine
- mivision Magazine

Allied Health Partners

- Brien Holden Vision Institute
- Centre for Eye Health
- Healthdirect Australia
- Lions Eye Institute
- MedAdvisor
- MyHealth1st
- Oculo
- Optometry Australia
- Orthoptics Australia
- RANZCO
- Vision Australia
- Vision 2020 Australia

In Memorium

We acknowledge with gratitude gifts, from family and friends, in loving memory of:

Mr Giuseppe Skrezenek

Mr John Manfield

Bequests

The estate of the Late Sybil Dawne Hintze

The estate of the Late Mary Garroway

The estate of the Late Patricia Gallagher

Giving HOPE

A gift in your will can help eliminate glaucoma blindness.

If you would like more information about leaving a gift in your will please contact Glaucoma Australia on 02 9411 7722 or email ceo@glaucoma.org.au

How can we help?

Glaucoma Australia offers FREE education and support to people living with glaucoma.

If you or someone you care for has been diagnosed with glaucoma we recommend you join our community to access free resources, guidance and support.

Join our community online

www.glaucoma.org.au/registration

Call our free support line

1800 500 880

Contact details

PO Box 420
Crows Nest NSW 1585
Suite 3.02 Level 3
44 Hampden Road Artarmon 2064
T: 02 9411 7722
T: 1800 500 880 (Freecall)
F: 02 9413 4466
E: glaucoma@glaucoma.org.au
W: www.glaucoma.org.au

Follow us



Glaucoma Australia

Saving sight

glaucoma.org.au

Your Questions Answered

Q&A

with Sapna Nand

Sapna is an Orthoptist Educator with over 10 years' experience working with glaucoma patients. If you have a question for Sapna you can call our free support line 1800 500 880.

Q I live on the Gold Coast and my family have bought year passes to the theme parks here. There are a lot of roller coaster rides and while I am not madly keen on them, I would like to try them. Will the sudden changes in movement and sudden drops etc, affect my glaucoma? i.e. raise the pressures suddenly.

A Generally speaking, anyone involved in extreme/high impact sports such as sky diving and bungee jumping and activities such as going on a roller coaster ride increase their risk of getting a retinal detachment. Those with an eye condition such as glaucoma or who have had previous eye surgeries are at a higher risk of a possible retinal detachment. However, each case is different and safety of going on the roller coaster could be determined by how well controlled your glaucoma is and the general health of your eyes. It is advised to speak to your ophthalmologist before deciding on the roller coaster rides.

Q I have started to notice the dark shadows under my eyes, apparently a common result of using Latanoprost /Xalatan. Do these keep getting worse or is there some point that it stabilises?

A Unfortunately this is a side effect of the eye drops (Xalatan/ Latanoprost) which increase the outflow of fluid from your eyes. Prostaglandins (which is the active ingredient in the eye drop) are responsible for the dilation and constriction of blood vessels in our body. The skin under and around the eyes are thin, therefore the changes in the blood vessels show easily - creating darkening/shadowing around the eyes. At some point it will stop getting darker, but unfortunately you will still have a dark shadow. Have you discussed this with your ophthalmologist? You could ask to try a different eye drop at your next visit. Once you change your eye drops, the dark circles will eventually go away. But you also have to weigh up the cosmetic appearance versus controlling your eye pressure.

Q Do sinus problems increase eye pressure?

A Sinus infection can cause the feeling of pressure behind your eyes, but it is not related to the pressure inside your eyes. With sinusitis, bacteria or viruses get into the space behind your nose, eyes, and cheeks. These germs cause your sinuses to swell up and your nose to fill with mucus. When this happens, you'll feel pressure in the upper part of your face, including behind your eyes.

Q How to differentiate between a sinus infection and an angle closure glaucoma attack.

A During an angle closure glaucoma attack there will be significant loss of vision or sudden onset of blurry vision. While they may both present with similar symptoms such as painful eyes, pain around the eyes and headache this will help to distinguish between a glaucoma attack and it being something else like a sinus infection.