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SIGHT + SOUND

SPRING EDITION



Robotic Surgery—Innovating for the Future

by Zack Butovich

A few years ago, Dr. Uma Duvvuri, Assistant Professor of Otolaryngology in our Department of Otolaryngology, met Dr. Yoon Woo Koh, then a visiting scholar at Ohio State University from Yonsei University in South Korea, when he came to the University of Pittsburgh briefly to observe some operations and procedures. At our leading institution for head and neck cancer research and surgery, Dr. Koh was very impressed with what he learned, and subsequently maintained a correspondence with Dr. Duvvuri.

More recently, Dr. Duvvuri and Dr. Steve Kim, also of our Otolaryngology Department, went to South Korea to work with Dr. Koh, together hoping to find a way to minimize scarring from surgery to remove cancer in the neck and throat. In the past, procedures to remove cancers in this hard to reach area required an invasive method, often leaving extensive scarring and other visible functional defects. Robotic surgery has greatly reduced the level of related trauma and damage from removal of the cancer. Dr. Duvvuri is the head of the Center for Robotic Surgery at UPMC, and works with Dr. Kim and Dr. Robert Ferris to provide a multi-disciplinary approach to innovation and new equipment design within the relatively new field of robotic surgery.

Not long after this meeting, Dr. Koh performed the first minimally invasive procedure for cancer in the neck, and began presenting data at international conferences. Upon seeing the data, Dr. Duvvuri knew immediately that it would be necessary to bring this procedure to Pitt. He later received a grant from the PNC Charitable Trusts, through the Eye & Ear Foundation, to refine and perfect his skills on the procedure Dr. Koh devised, called TARA (transaxillary and retroauricular approach). Dr. Duvvuri, after bringing Dr. Koh to Pittsburgh, and training with him, became the first surgeon in the US to perform the TARA procedure. The approach is a very new, highly technical approach, requiring a sophisticated combination of surgical robots and manual surgical skill, and preserves the major vessels in the neck while removing cancer containing lymph nodes, without the need for obvious scars on the neck itself. This procedure is especially beneficial for head and neck cancer patients who want to avoid noticeable scars as a result of more traditional surgical approaches. The cancer cure rate suggests that the robotic surgery is at least as effective as traditional open techniques.

Robotic surgery, overall, has been an effective adjunctive to traditional surgery in that it requires fewer incisions, involves less swelling, and can far more easily reach hard to approach areas like the back of the throat and base of the neck. By using extremely small instruments, and sensitive controls, surgeons are able to maneuver through difficult to reach locations, including the back of the neck and throat, essentially reducing the obstacles between the surgeon and the tumor. High technology built into the surgical robot also help eliminate the natural tremor in the surgeons' hands, increase dexterity by providing the ability to turn and twist in ways human joints could not, and provide enhanced vision through a 3D camera.

Robotic surgery is not just for head and neck surgery, either. Procedures can provide treatment for sleep apnea, reconstructive defects from past head and neck procedures, and increase the chances of correctly identifying tumors in the throat by 250% over traditional methods. The Center for Robotic Surgery at UPMC is among the leading robotic surgery centers in the nation, and was the first center in the region to offer these cutting edge surgical treatments to people with thyroid and parathyroid diseases.

The DaVinci robot is the only FDA approved surgical robot in the world, and the robotic surgery team here in Pittsburgh is dedicated to not only using it to its fullest extent, but also to improve upon it. To that extent, they have set up a collaboration with the Biorobotics Institute at Carnegie Mellon University to innovate and develop robotic technologies to improve upon patient care and technical effectiveness.

As Dr. Duvvuri says, "We've been doing this since 2008, and we're on the cutting edge of care, the top notch of patient care. That's what makes us different, we are doing what others aren't."

Further support is needed to help the great advancements in robotic surgery Dr. Duvvuri is pursuing. To find out more information, please contact the Eye & Ear Foundation.

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In Memory of Dr. Joseph F. Novak MD, FACS

On January 22, 2013, at the age of 97, Joseph F. Novak MD, FACS, Emeritus Board Member, Eye & Ear Foundation and close friend of many within both Departments, sadly passed away. Dr. Novak, a lifelong Pittsburgh resident, was a force in the ophthalmologic community. In addition to saving the vision of countless patients and helping develop the early formation of the Eye & Ear Foundation, he served as an ocular safety consultant for U.S. Steel and many other industrial organizations. Ultimately, Dr. Novak helped develop many of the OSHA standards and regulations that industrial companies are guided by today, including protective eyewear that goes all the way around the eye. For his efforts he was awarded the Outstanding Humanitarian Service Award from the American Academy of Ophthalmology in 1994.

Dr. Novak graduated from the University of Pittsburgh School of Medicine in 1938, and went on to become a neurosurgeon at Walter Reed General Hospital in the US Army Medical Corps. Shortly thereafter, he switched his specialty to Ophthalmology and returned to Pittsburgh starting in 1943. His career would span for over 50 years and would leave a profound legacy on both the development and research potential of the Department of Ophthalmology.

In his honor, the University of Pittsburgh and the Novak family established the Joseph F. Novak Chair in Ophthalmology Research in 2007 to provide support for an outstanding

faculty member and their research. The seat is currently filled by Dr. Robert Hendricks, PhD, Vice-Chair for Research, and Director of Ophthalmology and Visual Sciences Research Center. "Although my successors as Research Directors will all benefit from the Joseph F. Novak, MD Endowed Chair," Dr. Hendricks said, "I feel particularly privileged to have known Joe and been inspired by him. The endowed chair has been extremely useful, providing support that allowed me to extend my research into new areas..."

"Given Dr. Novak's essential contributions to the early development of the ophthalmology research program at the University of

Pittsburgh, it is most fitting that he will continue to contribute to the direction of ophthalmic research through the Joseph F. Novak endowed chair," Dr. Hendricks continued. In that regard, the Eye and Ear Institute, and Eye & Ear Foundation have a lot to thank Dr. Novak for. In the 1980s, Dr. Novak's close relationship with the Mellon family eventually resulted in a multimillion dollar grant over a five

year period which helped transform both departments from purely clinical activity into a truly academic environment with full-time academic faculty and research efforts—an early form of the internationally recognized Institute both departments now embody. Dr. Eugene N. Myers, former head of the Department of Otolaryngology and Distinguished Professor, upon remembering Dr. Novak's irreplaceable

**I have thought
many times about
where we would be
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The world will not
be the same without
Joe Novak.**

— Dr. Eugene Myers



Dr. Joseph F. Novak MD, FACS
Emeritus Board Member, Eye & Ear Foundation

impact on Eye & Ear, said, "I have thought many times about where we would be now without Joe's involvement... The world will not be the same without Joe Novak."

Dr. Novak is survived by his wife Eve, children, Carolyn, John and Anne, and four grandchildren. He will be remembered fondly by all of us at the Eye & Ear Foundation, and by all the scientists, researchers, and clinicians in both departments of the Eye and Ear Institute. **S+S**

Swallowing Disorders: Rehabilitation and Care

by Tamara Wasserman-Wincko, MS, CCC-SLP
Director of Speech-Language Pathology Division
Department of Otolaryngology


Although an estimated 18 million people suffer from swallowing problems, eating and drinking is something that we take for granted. Difficulty swallowing, also known as dysphagia, is an interruption of the process of food and or liquid going from the mouth to the esophagus. Dysphagia can be caused by a stroke, trauma to the head or neck, a progressive neurological disease, amyotrophic lateral sclerosis (Lou Gehrig's Disease, myasthenia gravis, multiple sclerosis, Parkinson's disease) or a mechanical problem that prevents food from entering the esophagus, or accidentally diverts it into the airway. If food or liquid goes down the "wrong pipe" and into the lungs, it is known as aspiration. Aspiration can lead to a life threatening condition, known as aspiration pneumonia. Those with head and neck cancer may experience difficulty swallowing following surgery and/or during and after chemoradiation therapy. Dysphagia can affect people of all ages; however, those with advanced age may have more problems especially if they are suffering from an illness that makes them weak and deconditioned.

The UPMC Swallowing Disorders Center is dedicated to the treatment of patients with dysphagia. The team in the Swallowing Disorders Center consists of otolaryngologists and speech-language pathologists. Whether the swallowing problem is temporary or becomes progressively worse, a specialist can guide the patient through the process. The first step is an evaluation to properly diagnose the problem. During the evaluation process, the different phases of swallowing (oral, pharyngeal, esophageal) are carefully analyzed. If food and /or liquid enter the airway then different strategies are tried immediately to improve swallowing. Strategies may include: turning the head to the affected side, chin down posture, effortful swallow, and breath hold technique. Also, eating smaller bites of



Tamara Wasserman-Wincko working with a patient

food, taking a drink to rinse, or changing the texture of the food/liquid will often make a difference. A swallowing therapy program is the next step and is usually done over a course of 8 weeks. The therapy program is individually designed to treat specific problems. In the case of severe dysphagia, the therapy may concentrate on initiating a swallow or practicing techniques to protect the airway from aspiration. Often, the goal of therapy is to improve strength and endurance by exercising muscles of the tongue and throat. Sometimes, biofeedback is incorporated with EMG or pressure sensing devices to give objective measures of progress. Since therapy is usually offered weekly, the patient is expected to follow a home program to optimize results. In certain cases, a surgical procedure may be an adjunctive or even primary treatment for dysphagia.

A follow-up examination is usually conducted at the end of treatment to determine if progress has been made. If the goals have not been achieved, the patient may require further rehabilitation. Research in dysphagia is important to improve and identify new methods of treatment. The UPMC Swallowing Disorders Center is currently participating in a multi-center study involving a special device to activate the tongue. The device measures baseline tongue pressures so patients can improve strength with practice and aim to achieve specific target goals. 

For more information, please contact the UPMC Swallowing Disorders Center at (412) 647-6461 or visit our website at UPMC.com/ent. To find out how you can support the Swallowing Center in their research and education efforts, contact the Eye & Ear Foundation for more information.

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Exciting Progress in New Glaucoma Treatments

by Zack Butovich



Dr. Yiqin Du

In our 2011 *Sight + Sound* Annual Report, we included a story about our brand new Glaucoma Stem Cell Lab, which was funded by a generous gift from an anonymous donor. Dr. Yiqin Du heads the lab and was the first researcher to find a way to extract stem cells from the trabecular meshwork (TM) of the eye. The TM is a sponge-like tissue that helps manage the inflow and outflow of fluids in the eye in order to maintain appropriate pressure. And although no one yet has determined the cause of glaucoma, it is common knowledge that the primary symptom of the disease is increased pressure in the eye due to a damaged TM, which eventually can cause damage to the optic nerve and deteriorate vision.

Since our story in the annual report, Dr. Du has published two groundbreaking papers on the nature of trabecular meshwork stem cells and their functionality in vision restoration. To date, she is the only person in the world to have published on the utilization of TM stem cells in this way. Her first paper demonstrated the in vitro (a lab experiment) purpose of TM stem cells. Her work proved that, not only was she the first to isolate TM stem cells, but that these cells were multipotent, meaning they can be differentiated into different types of functional cells as needed. This property is extremely important and can be utilized to target specific damaged areas during cell therapies. Her second paper proved the efficacy of using TM stem cells in in vivo experiments (live animal models). In these types of experiments, Dr. Du was able to insert TM stem cells into the eye and the stem cells were able to home to the TM region and became functional TM cells. In her other preliminary studies, the TM stem cells were transplanted into pressure damaged eyes, whereupon the cells themselves would locate the damaged trabecular meshwork and develop into mature TM cells. This cellular ability differs from other types of stem cells, which can

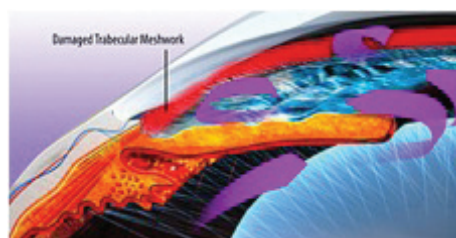
often scatter throughout the eye upon injection. More importantly, however, was the TM stem cells ability to heal the damaged trabecular meshwork upon their development into mature TM cells. This revolutionary discovery demonstrates that TM stem cells can repair the parts of the trabecular meshwork damaged by glaucoma, thereby fixing the problem that causes intraocular pressure and the degenerative effects of glaucoma.

This work is groundbreaking in terms of determining potential treatments for glaucoma. Dr. Du's TM stem cell work has demonstrated a way to heal damaged TM, thereby stopping the degenerative effects of glaucoma. This is the closest anybody has ever gotten to treating and preventing symptoms of glaucoma. Though there are no human trials yet, largely due to the prohibited use of stem cells on humans in the United States but also due to the need for further animal model testing, the signs are very promising for human trials.

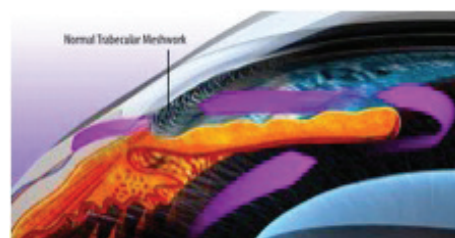
Dr. Du has recently finished an application for an RO1 grant from the NIH. This grant will provide funding for her work for the next five years, allowing further testing to be completed. Along with this grant, Dr. Du will be collaborating with a biomechanical professor from Georgia Tech to make a more efficient stem cell therapy delivery system.

Dr. Du's research is on the cutting edge of glaucoma treatment therapies. No other scientist or clinician has come as close to potentially curing glaucoma by relieving the intraocular pressure of the eye. We greatly anticipate what the next few years will bring for Dr. Du's research and sufferers of glaucoma everywhere. **S+S**

For more information on Dr. Du's research or on ways to provide support, please call the Eye & Ear Foundation at (412) 864-1300.



Damaged trabecular meshwork that increases pressure, commonly associated with glaucoma



An example of healthy trabecular meshwork

Snoring, Much More Than Just a Social Nuisance

By Ryan J. Soose, MD

Director, Division of Sleep Surgery

Assistant Professor, Department of Otolaryngology

Snoring is a common but serious problem

It is estimated that at least 1 out of every 4 people in the US snore on a regular basis—both men and women, of all ages, from very young children to older adults, can be affected. Snoring occurs when the throat is too narrow and too collapsible during sleep, resulting in vibration and flutter of the tissues, and subsequently the noise of snoring.

The cause of snoring varies from one person to another and for some, it can be related to allergies, nasal congestion, enlarged tonsils and adenoids, facial structure, or jaw position. For others, it may be related to weight gain, the size and position of the tongue, sleep position, smoking and alcohol or all of these factors.

For many, snoring is just one sign of a more serious medical condition known as sleep apnea, where actual pauses and complete stoppages of breathing occur. Sleep apnea not only disrupts sleep but also causes drops in oxygen levels and puts a big strain on the cardiovascular system. Most patients who snore and have other concerning features of sleep apnea are offered a sleep study to make this distinction. Distinguishing between snoring alone and more severe sleep apnea is important, as the available options and goals for treatment are often different.

Snoring may have major health consequences

In the past, snoring alone, in the absence of significant sleep apnea, was thought to be a benign problem — nothing to worry about. Recent research, however, suggests that the snoring itself can have a major impact on sleep, health, and quality of life.

Snoring can result in frequent mini-awakenings at night, known as arousals, as well as frequent tossing and turning,

and waking up with gasping or a dry/sore throat. This disrupted sleep pattern can leave a person feeling tired and unrefreshed during the day, both mentally and physically. Furthermore, snoring doesn't just affect the person who snores, but often disrupts the sleep of the spouse or others nearby, causing many couples to sleep in separate bedrooms and placing unnecessary strain on marriage and relationships.

In addition to the impact on sleep and others sleeping nearby, new research performed at the University of Pittsburgh and other sites around the world, has shown that snoring may have a big impact on health and longevity. Recently, a study of over forty thousand post-menopausal women showed that snoring was associated with increased incidence of heart disease and stroke — even after controlling for other traditional risk factors such as obesity, high blood pressure, and diabetes. One hypothesis to explain this apparent connection is that the physical vibration of snoring may cause thickening of the carotid arteries over time and therefore increase the risk of stroke later in life.

Minimally-invasive and effective treatment options are now available

Most treatments for snoring aim to enlarge and stabilize the narrowed and collapsible portions of the upper airway. Medical treatment options include weight loss, treatment for allergies or nasal congestion, eliminating smoking and alcohol, and the use of certain positional pillows. A number of dental appliances are also widely available, both custom-made and over-the-counter, and can provide effective relief in certain people. Over 300 other over-the-counter products or devices are registered as snoring aids, however, the vast majority have never been proven to be effective on a consistent basis.



Despite the available medical options, many people continue to suffer and require a more effective option. Minimally-invasive surgical options are now available. For patients with specific anatomical problems, such as enlarged tonsils, a deviated nasal septum, or enlarged nasal turbinates, snoring can often be effectively treated with common outpatient surgical procedures that address these areas. Some patients may qualify for more advanced palatal procedures that enlarge and stabilize the airspace behind the soft palate.

The Pillar procedure — an FDA-approved treatment in which flexible inserts are placed in the soft palate to stiffen the tissue and reduce vibration — may also be an effective treatment for some patients. The procedure is minimally-invasive, requires little-to-no downtime, and can be done either in the office setting or under anesthesia in less than 20 minutes. The Pillar procedure has been available now for well over a decade and approximately forty to fifty thousand people have already undergone the procedure in the United States. Many studies have been published over this time period showing an excellent safety profile as well as effective improvement in various outcome measures such as snoring, sleep quality, daytime sleepiness, and bedpartner satisfaction. Proper anatomy and patient selection is fundamental to success.

In summary, snoring can have detrimental effects on sleep, quality of life, and cardiovascular health, and it is now recognized as much more than just a social nuisance. At the UPMC Division of Sleep Surgery, we consider all medical and surgical options, often in combination, and based on each person's unique anatomy and presentation, we customize an effective treatment plan for each individual. **S+S**

Research and education efforts at the Division of Sleep Surgery are always in need of further support. Please contact the Eye & Ear Foundation for more information about how you can help.

Glaucoma and Optic Nerve Research, Gets a Boost with New Faculty Additions

By Zack Butovich

The Department of Ophthalmology and UPMC Eye Center are very excited to have brought on two new faculty members over the past several months. Nils Loewen, MD, PhD, comes from Yale University and will be the new Director of the Glaucoma Service; and Michael Steketee, PhD, comes from the Bascom-Palmer Eye Institute in Miami, to work with the tissue regeneration group in the Louis J. Fox Center for Vision Restoration.



Originally from a city of steel mills near Dusseldorf in North-Germany, **Dr. Loewen** completed his medical degree at the University of Freiburg in South-Germany and knew from a young age that he wanted to “figure out the mystery and challenge that glaucoma is.” During his internship at the University of Tuebingen, he realized that use of novel vectors in gene therapy may allow to treat chronic eye diseases like glaucoma long-term by genetically reprogramming the diseased tissue. Receiving support from Dr. Eberhart Zrenner, the chair of Ophthalmology at Tuebingen, Dr. Loewen soon moved on to the Molecular Medicine Department at the Mayo Clinic in Minnesota, one of the most prominent gene therapy centers in the US. While there, he worked with Dr. Eric Poeschla, eventually demonstrating that the outflow tract in the eye affected by glaucoma could be modified over the long-term, a breakthrough achievement.

After conclusion of his PhD studies at Mayo, Dr. Loewen completed his training in Ophthalmology with an internship at the Milwaukee Medical College of Wisconsin, a residency at Northwestern University, and a glaucoma fellowship with Dr. Robert Weinreb at the UC San Diego. Here, he laid the groundwork for targeted ablation and regeneration of the outflow tract in glaucoma. Following recruitment to become the Director of the Glaucoma Service at Yale University, Dr.

Loewen established a laboratory for translational medicine in glaucoma to test his outflow tract regeneration strategy. These models will help understand why increased pressure occurs in glaucoma, aim to lower eye pressure, and provide access to rare stem cells of the eye.

When Dr. Loewen came to The University of Pittsburgh, he was very excited by the high quality of academicians, a get-things-done-work ethic and the teamwork across specialties to tackle challenging problems. The integration of clinicians and scientists seemed seamless, especially in Ophthalmology where laboratories and clinics share the same building. Pittsburgh with its steel and coal mining history rekindled memories. “It has a lot of parallels to my hometown,” Dr. Loewen said, “the way this city has reinvented itself after the industrial era by embracing the future and becoming a powerhouse in technology, biomedical engineering and medicine is very exciting,” he added.

Dr. Loewen is now the Director of Glaucoma in the Department of Ophthalmology. He is the second most experienced trabectome surgeon in the US, a newer, minimally invasive glaucoma surgery that allows to safely remove the tissue that causes pressure build up and restores flow along the natural drainage routes. This surgery is fast and highly successful when compared to the more complication-prone, classical procedures (trabeculectomy and tube shunts). It improves

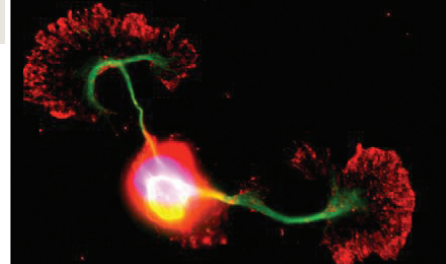
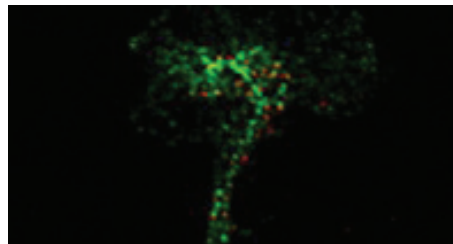


Image of a Retinal Ganglion Cell (RGC)



An RGC growth cone loaded with nanoparticles

vision because it can elegantly be combined with cataract removal and allows advanced premium lenses to be implanted.

In his role as the Director of Glaucoma, the Director of Electronic Health Records and Director of the Glaucoma Fellowship, Dr. Loewen's vision is to embrace the rapidly evolving progress in medicine and technology. He wants to make the benefits immediately available to the patients of the UPMC Eye Center by increasing transparency using outcomes analyses and by establishing high quality care pathways that integrate new technologies. The Glaucoma Service will encourage patients to be proactive and empower them to directly impact research into their own disease by soliciting frequent feedback and offering participation in clinical trials.

Dr. Loewen's current research focuses on clinical trials concerned with the ocular outflow tract and on biomedical engineering of this structure. The basic research team in his laboratory uses gene therapy and stem cell technology to generate an artificial drainage structure using a patient's own cells. Prior research conducted by Dr. Loewen indicated that the NIH funded research project could be leapfrogged by 5 years if an animal model were used instead, according to Dr. Loewen. Further support is necessary in order to pursue this urgent and unexpectedly promising development.



Dr. Steketee received his master's degree from the University of Michigan and completed his post-doctorate research at Bascom Palmer Eye Institute. His current research focuses on regeneration of the central nervous system using specific retinal ganglion cells and mitochondria signaling dynamics with nanotechnology platforms to help repair damaged axons. In other words, his first priority is to research ways to preserve vision after trauma, and to prevent degeneration of retinal ganglion cells, which help interpret light in the back of the eye before sending signals to the brain. By inserting nanoparticles into the eye more directly, Dr. Steketee hopes to more

effectively bring therapeutic treatments to the damaged areas, utilizing regenerative techniques to restore vision.

As part of the Louis J. Fox Center for Vision Restoration, Dr. Steketee has also begun collaborations with Dr. Steven Badylak at the McGowan Institute for Regenerative Medicine, to create medical transports for therapeutic treatments by utilizing different particles to deliver the necessary molecules needed to promote regeneration in damaged areas. This has breakthrough potential to effectively and accurately deliver medicine to damaged parts of the body and central nervous system. Dr. Steketee believes this technique could be used on the eye, in the retina and optic nerve, helping

to restore vision more effectively than by invasive surgery or other traditional treatments.

Much of Dr. Steketee's current work is focused on restoring retinal ganglion cell (RGC) functionality. “Everything is related to RGCs,” he says. “We are working on creating targeting particles to RGCs and injured axons,” Dr. Steketee continued, which would allow therapeutic agents to find damaged areas along the retina and optic nerve and deliver specialized treatments. The focus is to prevent degeneration of retinal ganglion cells, and come up with novel clinical ways to regenerate vision. Eventually, this technique may be utilized to not only heal damaged eyes and restore vision, but restore nerve connections and help rebuild damaged areas all over the body.

Training for the World— The Visiting Scholars Program

By Zack Butovich



Dr. Eugene N. Myers (center), with Dr. Ludmila Petrova (left) and Dr. Elena Merkulova (right).

The Visiting Scholars program is a highly successful collaborative program that welcomes physicians, surgeons, and clinicians from all over the world to come to the University of Pittsburgh to work with our Department of Otolaryngology for a period of time. This opportunity allows them to gain knowledge and experience from some of the most highly regarded Ear, Nose, and Throat specialists in the world. Since the early 1990's, the Visiting Scholars Program has welcomed approximately 700 physicians from dozens of countries.

The program started informally in 1981 with a visit from Dr. Lee of Taiwan, who spent a year in our Department observing some surgeries and clinic operations within our still small department. The program grew over time, gaining momentum until formed into a fully recognized ongoing international collaboration that attracted doctors from all over the world. Furthered by the eminent reputation of Dr. Eugene N. Myers, then Chairman of the Department of Otolaryngology, the University of Pittsburgh started to become

a place that everyone wanted to visit and observe surgery. Now a formalized program within the Department of Otolaryngology, the Visiting Scholars Program receives dozens of applications every year from doctors from all over the world, and is overseen by a committee comprised of Drs. Carl Snyderman, Cunyet Alper, and Vyvy Young, directed by Dr. Myers himself.

Many visiting physicians have come from Turkey, Albania, and many of the Balkan States in southeastern Europe, helped along by Dr. Myers' position of Honorary President of the Balkan Society of Otolaryngology—Head and Neck Surgery. But this relationship has further implications. Dr. Myers works very hard to not only help visiting physicians further their careers upon their return to their countries (many visiting scholars become full professors or even higher ranking positions within their departments and clinics), but to ensure that useful equipment and excess supplies is transported to these clinics in order to assist with gaps in their own budgets or abilities to provide services.

A recent visiting scholar was Dr. George Muhlfay, an Associate Professor of Otolaryngology in Targu Mures, a small city in Romania, who unfortunately, has only a small, under-equipped clinic to provide Ear, Nose, and Throat care. Thanks to the kind donations of supplies and equipment from The Krause family, in memory of Dr. Helen Krause, a prominent allergist and immunologist in our Department, to the Eye & Ear Foundation, Dr. Muhlfay was able to bring some necessary things back to his small clinic, while spending time in Pittsburgh to train with Dr. Carl Snyderman. A similar humanitarian effort was made last year when Dr. Myers sent a large assortment of equipment and supplies to the Department of Otolaryngology of the Mother Theresa Hospital in Tirana, Albania.

Thanks to the Fine Foundation, which contributed a generous sum to support the Visiting Scholars Program, the Department of Otolaryngology was able to host Drs. Liudmila Petrova (the President of the Belarusian Society of Otolaryngology—Head and Neck Surgery) and Elena Merkulova (the Chief of Pediatric ENT), both from the Belarusian capital city of Minsk. These two teaching physicians spent several weeks in Pittsburgh observing our clinical and research operations, and were very impressed by our temporal bone training lab. Thanks to Dr. Myers' efforts, we were able to send them two operating microscopes donated by associates of the Department, surgical drills contributed by the Karl Storz Company, and two temporal bone holders, donated by Dr. Myers.

These collaborations are crucial in advancing care for patients in countries all over the world. Our Visiting Scholars Program, the largest in the world, has assisted physicians in learn new techniques, practice state-of-the-art procedures, and create connections to help advance the state of their own clinics and hospitals, helping to provide the best patient care to their patients and communities. **S+S**



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Letter From the Executive Director

Dear Friends,

There are many different ways to give a planned gift, but making one to the Eye & Ear Foundation is as easy as ONE, TWO, THREE.

Through a few simple steps, we can help you find an agreement that fits your goals and individual situation. Making a planned gift is quick, and doesn't cost you anything today.

- **Bequest:** Remember the Eye & Ear Foundation through your will.
- **IRA:** Name the Eye & Ear Foundation as a beneficiary on a retirement account.
- **Charitable Remainder Trust:** Create an income stream for the remainder of your life while also making a generous gift to the Eye & Ear Foundation.

If you already have remembered the Eye & Ear Foundation in your will or estate plans, it's important to let us know, so we can make sure to fulfill your request properly.

If you have any questions, or would like to discuss and learn more about making a Planned Gift, don't hesitate to call us at the Foundation at (412) 864-1300.

Lawton Snyder
Executive Director
The Eye & Ear Foundation of Pittsburgh

A Different Kind of Giving

A retired architect from Butler, PA, Mr. Clarence Klaus and his Labrador retrievers are award winning champions in hunt and retrieve competitions. Pictured with Pepper, Burton, Joy, and Pearl, Clarence is passionate about training and participating in national competitions all over the country. Having won hundreds of prizes in the past 20 years, including first place in the Ducks Unlimited Continental Waterfowl Retriever Classic National Championship in 1994, Clarence also participates as a competition judge from time to time, and likes to weigh on the relationship between dog and owner. "I want to see the dogs and their owners work as a team," Clarence has said.

A long time patient of Dr. Watters, Clarence has always been a friend to the Eye and Ear Institute and Eye & Ear Foundation. After Dr. Watters' retirement a few years ago, Clarence wanted to give something back, in return for the extraordinary care he had received over the years. As per the request of Dr. Watters, Clarence supported the Guerilla Eye Service—a free care eye service unit run by Dr. Jake Waxman, that visits free care clinics throughout the underserved communities of the greater Pittsburgh area. In showing great generosity and support to the program, Clarence made a planned gift in the form of a bequest. A bequest is a promise of a gift in the future, as included in the donor's will or estate plans. The Eye & Ear Foundation is so grateful for Clarence's generosity, and for his consideration for the future of the Guerilla Eye Service at Eye & Ear.

