

**FLORIDA LIONS
EYE BANK**

ANNUAL REPORT

2010



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On the cover:

Fourteen-year-old Frednel Augustine is pictured standing in front of his home in a small village outside of Dessalines, Haiti. Chronic corneal ulcers because of a Vitamin A deficiency caused complete blindness in one eye and partial vision loss in the other. His only hope for sight was a cornea transplant. See page 4.

2009-10 STATUS REPORT

July 1, 2009-
June 30, 2010

Grand
Total

Donors		1060	78,549
	Surgical	699	
	Research	361	

Eyes/Corneas Received

Total Served **6,595**

Corneas Furnished for Transplant		772	10,276
	FLEB Corneas used in USA	720	
	FLEB Corneas sent outside USA	52	
Corneas Received from Other Eye Banks & Sent to International Patients		84	
Sclera Tissue Provided (whole or parts)		266	
Glycerin-Preserved Corneas provided		716	
Eyes Provided for Research or Teaching		643	29,941
Pathology Specimen Studies		4,114	77,951
	Bascom Palmer Eye Insititute Patients	3,383	
	Patients operated outside Bascom Palmer	613	
	Florida Medical Examiner Cases	118	

LETTER FROM THE PRESIDENT

Celebrating a Year of 'Bigger and Better'

As President of the Florida Lions Eye Bank during the 2009-2010 Fiscal Year my goal was to lead this Eye Bank to become **Better and Bigger**. I believe that we made good progress toward this goal.

In partnership with Jean Marie Parel, Ph.D. of the Bascom Palmer Eye Institute, we developed a special cornea holder for the optical coherence tomography (OCT) machine. This holder allows us to examine donor corneas more closely for irregularities and increase the quality of the corneas used for various procedures. This device has now been duplicated and will be used by other eye banks throughout the country.

This year we became an Accredited Member of the Eye Bank Association of America. This was an undertaking that took one year of preparation and required the effort of the entire Eye Bank staff.

We also continued to increase the number of patients being served by the Florida Lions Eye Bank. In 2009/2010 we recovered 1235 corneas, a 13 percent increase over last year. Of those corneas, 981 were suitable for transplantation, an 11percent increase over last year and 772 of those corneas were provided for surgery, a 3 percent increase over last year.

During this year, the Lions of Florida finished the process of re-districting. We changed the bylaws of the Florida Lions Eye Bank to reflect that re-districting. I would like to thank past president Bill Sweeney and the Bylaws Committee for that.

Finally, our financial position remains sound as we continue to recover from the recent recession. Thank you to Lion Luis San Miguel and the Finance and Audit Committee for their vigilance.

I would also like to thank my wife, Lion Bain, for her wonderful support this past year. Thank you also to Florida Lions Eye Bank Board of Directors and the Eye Bank Staff, for making my role as President so enjoyable. A special thanks to our Volunteer Medical Director, Dr. Sander Dubovy and our Executive Director, Lion Elizabeth Fout-Caraza.

It has been a distinct honor and pleasure to serve as your Florida Lions Eye Bank President for the year 2009/2010. I would like to wish Past Council Chair Stacey Jones good luck as he assumes the Presidency for 2010/2011.



*James Klug
President, 2009-10*

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LETTER FROM THE MEDICAL DIRECTOR

Reaching Higher, Serving More

As the year comes to an end, we can look back on a year in which our nationwide financial struggles have begun to ease, and the Florida Lions Eye Bank has continued to expand and improve.

In the calendar year we have increased our numbers of both recovered and transplanted tissue to patients both locally and those in need of our sight saving services at a greater distance. We have provided more corneas for traditional penetrating keratoplasty as well as for a newer, less invasive procedure, DSAEK (Descemet's stripping automated endothelial keratoplasty). We have been one of the first eye banks to provide this service to our physicians and we have worked closely with the doctors both at the Bascom Palmer Eye Institute and in the community to improve our procedures so our patients have the best possible transplantation experience. We continue to provide increased numbers of corneal tissue in glycerin for patients undergoing glaucoma filtration procedures, and have had numerous discussions with the glaucoma specialists in order to make the tissues provided as convenient as possible for use during surgery.

We recently joined the Eye Bank Association of America and have found the interaction to be a positive one for both organizations. By forging relationships with other sight saving institutions throughout the country we hope to make our eye bank stronger and more efficient.

The Ocular Pathology Laboratory has continued to grow in size and scope. We recently purchased a new

10 headed microscope to replace the previous five headed microscope so that the increasing number of residents and fellows can learn in a setting more conducive to education. We have broadened our international scope as we are training fellows from Japan and Saudi Arabia, in addition to those residents and fellows from the United States. This, coupled with tissue sent out of the country, demonstrates our interest in treatment and education on a global level.

As we prepare for our 50th Anniversary in 2012, I would like to thank all of the eye bank staff, board of directors, Lions and others whose diligent work and tremendous efforts have allowed us to provide our wide array of sight saving services to an increasing number of patients in need.



*Sander Dubovy, M.D.
Medical Director*

RECIPIENT PROFILE

Teamwork Brings Miracle as Eye Bank Tissue Saves the Sight of Haitian Child

Each year, hundreds of medical missions take place world-wide. Volunteer doctors funded by non-profit organizations reach out to remote villages and under-served regions with health care expertise available only on the other side of the globe. Thousands benefit from these charitable efforts and, occasionally, a miracle takes place.

Such is the case of Frednel Augustine, a 14-year-old boy who lives in a small village outside of Dessalines, Haiti. In June of 2010, Medical Ministry International (MMI) sponsored a ophthalmic team of American and Canadian doctors to spend a week in Dessalines to provide optical care and perform basic surgeries. Of the hundreds who came seeking help, one was Frednel and his family.

Almost immediately, the doctors realized the urgent seriousness of the young boy's case. Corneal ulcers had caused complete blindness in one eye and partial vision loss in the other. The diagnosis? For years, he had suffered from xerophthalmia, a severe drying of the eye's surface. The lack of tears eventually damaged the cornea and caused the ulcers to form. The real tragedy was the cause. Frednel developed the condition because of a simple deficiency in vitamin A. Rarely seen in industrialized countries, xerophthalmia is a leading cause of childhood blindness in developing countries, affecting up to 10 million and causing blindness in as many as 500,000.

The doctors knew the only hope to save Frednel's



Receiving the precious package destined to give sight to Frednel are (L) Dr. Pierre DeCastro and Dr. Miguel Lopez.

fading eyesight was a cornea transplant. They also knew performing a specialized cornea transplant in Haiti – still ravaged by the January 2010 earthquake – would take a huge effort and extensive coordination and, maybe, a bit of a miracle.

Dr. Kevin Barber, a MMI volunteer since he was a medical student and now a central Florida ophthalmologist, was moved by Frednel's plight. He began getting the wheels turning as soon as he left Haiti. His first step was contacting Dr. Jorge Pena at the Florida Lions Eye Bank about obtaining a donor cornea. Jorge heads the eye bank's International Gratis program and within days a suitable cornea became available.

“This was a a young child facing absolute blindness for life. Considering Haiti’s few resources and logistical challenges, It would have been easy to turn away a case like this.”

-Haitian ophthalmologist Pierre DeCastro, M.D.

Racing against the clock, Jorge contacted Dr. Miguel Lopez, an ophthalmologist in the Dominican Republic who was experienced in this type of procedure. Dr. Lopez agreed to perform the operation at Hospital Communaute Haitienne, a hospital that had survived the earthquake in Port au Prince. With lingering logistical problems in Haiti, the tissue was sent directly to Dr. Lopez in the neighboring Dominican Republic. He obtained a temporary travel visa and he carried the tissue on the short flight into Port au Prince.

Meanwhile, a Haitian ophthalmologist, Dr. Pierre DeCastro, was arranging the surgical facilities and technicians. Medical Ministry International's Project Director in Haiti, Tim DeYoung, also helped coordinate with Frednel's family to make the four and a half hour trip to Port au Prince for the surgery. The original MMI "eye" team was busy back in the U.S., raising funds to cover the costs of travel and facilities. In a four-hour email campaign in U.S. and Canada, more than \$1,300 was raised.

On the afternoon of June 26, just 10 days after he was originally diagnosed, the delicate transplant surgery was performed and Frednel received his gift of sight – the donated cornea. The next day, in Dr. DeCastro's office, Dr. Lopez inspected the healthy new tissue and judged Frednel's vision to be 20/100. He and his family were sent home with post-operative instructions and a large bottle of children's multivitamins. MMI also provided the funds for Frednel's family to travel back to

Carrots-Eyesight Link No Myth

Young Frednel Augustine lost his vision because of a disorder called xerophthalmia, a severe drying of the eye's surface. It is caused by a deficiency in vitamin A and blinds as many as a half-million children a year in developing countries. It is unheard of in the U.S. because our foods are fortified with vitamin A – and we eat a lot of carrots.

That's right, just like your mom always told you. Carrots, squash, broccoli and spinach are all packed with the compound beta-carotene (named after carrots). It is an antioxidant and has many health benefits. One is that your body converts beta-carotene into retinol, a form of vitamin A.



Dr. DeCastro for follow-up visits.

By October 2010, Frednel was back at home and attending school in the eighth grade. His vision had improved to 20/80. As his eyesight diminished in recent years, he stopped working in the rice fields with his

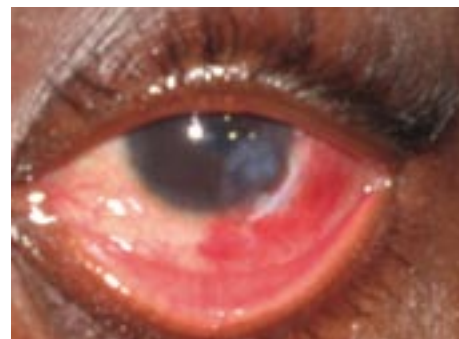
Continued on the next page →



Frednel and his family



Before the transplant, the corneal ulcer caused by xerophthalmia is seen in the lower right of Frednel's eye.



Post-operative photo with the new cornea in place.

RECIPIENT PROFILE - continued

Continued from the previous page

family like most Haitian children living in rural areas. Instead, his chore is to take care of the goats. He is the sixth of eight children and enjoys playing hide and seek with friends.

A good student, he hopes to study to become a doctor someday. "I want to help others the way the doctors have helped me," Frednel said.

Continued follow-up care, improved nutrition and good hygiene will be crucial to Frednel's future health and vision. He was examined in September 2010 by Dr. DeCastro and the transplant had healed with no inflammation or problem with the sutures.

"The biggest impact of the surgery is in Frednel's behavior," said Dr. DeCastro. "His life has changed dramatically. He is totally independent now and he can expect a much more decent, productive life."

Because his village is a great distance from Port au Prince, the earthquake did not directly impact Frednel and his family. But he knows many in his community who lost family members in the devastating event of January 2010.

Frednel's story may not seem significant in the midst of a country struggling through despair to recover and rebuild. But his story shows how, despite monumental obstacles, a network of determined, compassionate people can come together to achieve a small miracle: to save one young man from a life of blindness. As Helen Keller said, *Alone we can do so little; together we can do so much.*



Dr. Pierre DeCastro with Frednel and his little sister on the front porch of their home on the outskirts of Dessalines, Haiti.



Medical Ministry International Team in Haiti. In the purple shirt at bottom left is Tim DeYoung, Project Director.

"The biggest change in Frednel's life is he is now much more independent. That is really what the cornea transplant has given him: independence."

- Pierre DeCastro, M.D.

FINANCIAL REVIEW

Revenues and Gains	2008-2009	2009-2010
Program Service Fees	\$1,840,375	\$1,853,311
Contributions		
General Public	\$33,569	\$24,717
Bequests	\$77,538	\$103,787
Foundation Grants	\$9,621	\$9,500
Lions Clubs		
District 35-A	\$7,430	\$5,240
District 35-D	\$20,850	\$14,142
District 35-I	\$19,225	\$33,100
Donated Facilities & Services	\$112,966	\$100,344
Interest & Dividends	\$272,771	\$314,630
Net unrealized and realized gains of long term investments	\$-	\$930,995
Total Revenues and Gains	\$2,394,345	\$3,389,766
Expenses and Losses		
Program Services		
Medical Services	\$1,747,808	\$2,016,911
Research Grants	\$126,580	\$146,585
Supporting Services		
Management & General Development	\$199,305	\$200,210
	\$45,184	\$28,223
Total Expenses	\$2,118,877	\$2,391,929
Net unrealized and realized losses of long term investments	\$2,155,292	\$-
Total Expenses & Losses	\$4,274,169	\$2,391,929
CHANGE IN UNRESTRICTED NET ASSETS	\$(1,879,824)	\$997,837

RESEARCH

Remote Controlled Slit-Lamp Biomicroscope Soon to be a Reality

*Ophthalmic Biophysics Center
Bascom Palmer Eye Institute University of Miami School of Medicine*

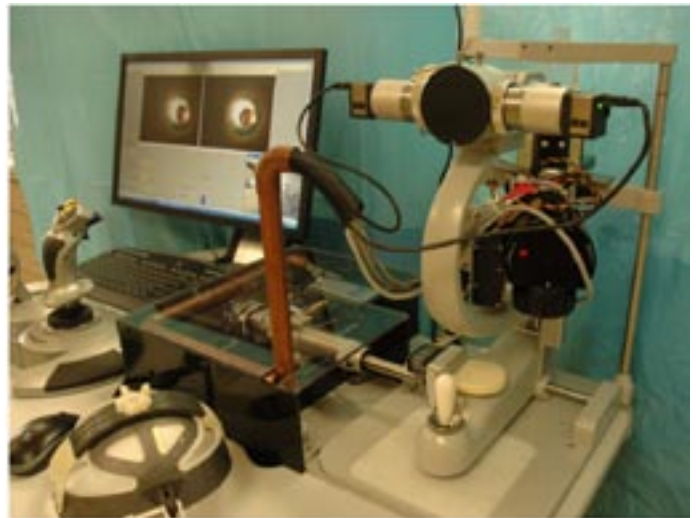
Imagine a soldier sustaining a serious eye injury on a distant battlefield – and then being examined by one of the world's best ophthalmologists at a remote field hospital. Or an eye patient in a developing country, a thousand miles from a modern hospital, receiving an eye exam from a group of ophthalmologists at an advanced teaching hospital.

These scenarios will soon become a reality with a remote-controlled slit lamp biomicroscope being developed at the Ophthalmic Biophysics Center with the assistance of the Florida Lions Eye Bank.

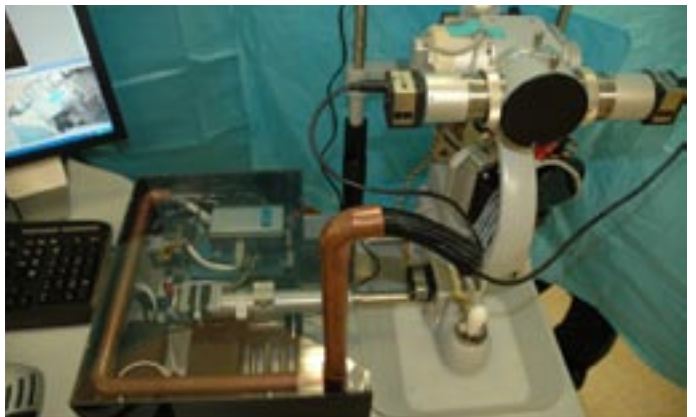
Combining Many Technologies

The ingenious device is made possible by combining a number of different technologies to achieve what seems like the impossible: a patient and doctor brought together through technology to engage in a "virtual eye exam." The device employs recent advances in computer software, increased internet data capacity, voice data, tiny ultra-sensitive electronic motors and the latest three-dimensional optics.

The result is a remote-controlled slit lamp biomicroscope that will allow an ophthalmologist to be seated at a computer screen handling the same controls he or she would have if seated across from an eye patient in an examination room. Instead, the patient is located across town or across the globe, looking into a "drone" slit lamp microscope that operates and moves at the commands of the doctor in real time. The doctor and the patient are also communicating in real time, exactly as they would in person.



At far left is the computer screen and the joy stick controls that would be used by a doctor to view and control the remote slit lamp biomicroscope, pictured at right. The patient would be sitting behind the slit lamp.



This view shows the top of the control box (at right) that houses the servo-motors controlling the complete movement of the lamp apparatus, light intensity, size of the light and magnification of the image.

A Complex Symphony

How does it all work? Once the doctor and patient are linked together via the internet, the patient looks into the remote slit lamp biomicroscope. The image of the patients' eyes appear in real time and in three dimensions on the doctor's enlarged computer screen.

The doctor can ask the patient to look to the left or right, for example, while he or she manipulates a joy stick-type control attached to the computer. These slight control movements are sent back via the internet to a computer attached to the remote slit-lamp, activating a series of tiny electronic motors that provide complete range of motion for the slit lamp: up and down and side to side. The doctor can adjust the light intensity and the size of the slit and can magnify the image.

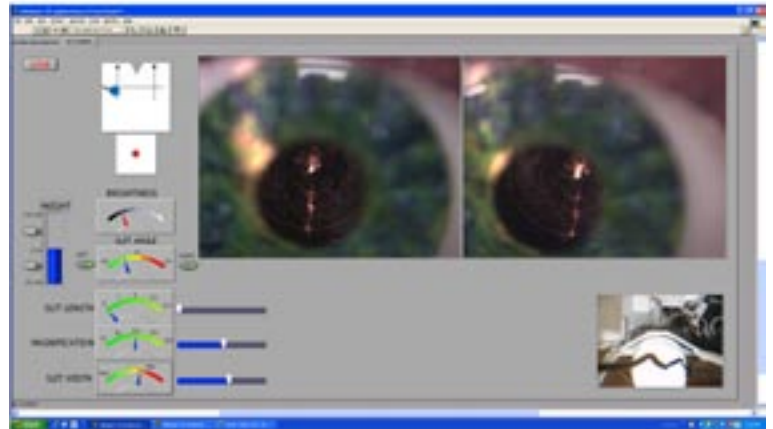
This allows the doctor to conduct a thorough exam all while in communication with the patient. The images on the doctor's screen can also be captured in still and moving digital pictures for recording and later review.

Few Ophthalmic Specialists

The many benefits of this invention are obvious and its demand would be widespread, because most parts of the world have very few experienced ophthalmologist. Clinics and hospitals without ophthalmologists would only need the device, the necessary internet band width and an ophthalmic technician who could prepare the patient to look into the slit lamp and make the connection with the physician.

The U.S. Defense Department has already expressed interest in the device for use in field hospitals where ophthalmologists are not available.

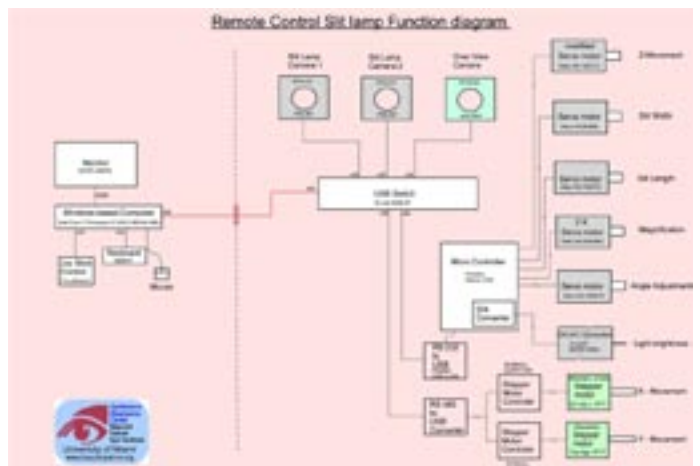
The eye bank is proud to support the Ophthalmic Biophysics Center in the development of an invention with the potential to benefit eye patients around the world.



Ophthalmologist's view. This is a sample of what a doctor would see on the computer screen during an exam. The images of the eye can be magnified. At the left, the dials report in real time the status of the remote slit lamp's operation.



The images are viewed in three-dimensions by the doctor through the use of this head-set.



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Make certain that you have indicated on your driver's license that you want to be a donor or that you have registered as a donor on www.donatelifeflorida.org. Most importantly, share your desire to be a donor with your family. By doing this, you will have joined with us in achieving our mission:

To Give the Gift of Sight.



Florida Lions Eye Bank

(800) 329-7000 Ext. 6359

www.fleb.org

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