



Looking to the future

The Lions Eye Institute creates a roadmap for the future.

New treatment

First in WA to offer new wet macular degeneration treatment.

'Made in WA'

Drug to tackle the leading cause of childhood blindness.



From the Managing Director

Hello and welcome to our first Managing Director's column. Because our newsletter goes to so many of our valued patients and supporters, I thought this column would be a personal and direct way for me to communicate with you about what's happening at the Institute.

What a year 2020 has been so far! For eye specialists, the term 20/20 – a measure of visual clarity – is part of our daily vernacular. Back in 2019, we naturally thought the year 2020 would be full of opportunities to highlight our work at the Institute under the 20/20-2020 banner.

However, with a mind of its own, 2020 stumped us all and caused us to redirect our energies to working out how to survive and thrive in a world none of us could have foreseen.

Like many other organisations, the Lions Eye Institute has had to navigate the very real risks and challenges of a global pandemic without a rule book. We have dealt – and continue to deal – with uncertainty, lockdowns, safety and hygiene issues and the many health, social, emotional and financial risks inherent in the spread of the virus.

Above all, we have had to ensure we can continue to save the sight of our patients, no matter what.

To say I'm proud of the way the Institute has performed during these turbulent months is an understatement. Due to the tireless efforts of our committed employees, we have managed to safely see and treat as many patients as possible, in Perth and throughout Western Australia through Lions Outback Vision.

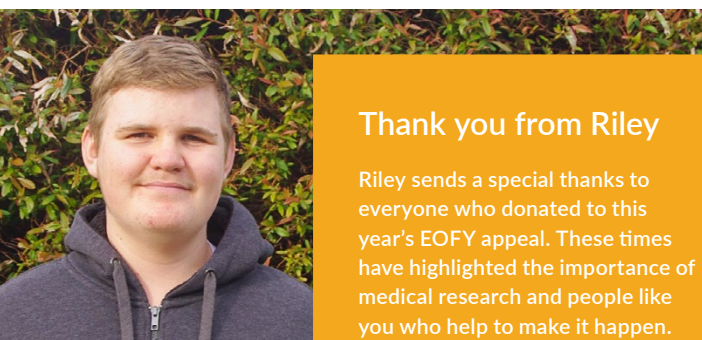
To you, our patients, thank you for your understanding and your ongoing faith in our ability to care for you. To our donors and supporters, thank you for supporting us through these tough times. To our staff, volunteers, collaborators and everyone who is part of the Lions Eye Institute's family, I offer my sincere gratitude for your dedication and hard work.

Despite the COVID-19 challenges, our Board and management team remained active and continued to plan for the Institute's future advancements in both its clinical and research activities. We finalised our new research strategy, as part of our broader strategic plan, and have refreshed our organisational values. You can read more about this later in the newsletter.

We have great plans for the future, including continuing our ground-breaking research, providing unparalleled care and treatment, and expanding our community outreach work. As always, our work is only made possible by you, and I thank you for your continued support – it is truly valued.

I hope you and your loved ones stay safe and well for the remainder of 2020 and beyond.

Bill Morgan MB BS, PhD, FRANZCO
Managing Director, Lions Eye Institute



Thank you from Riley

Riley sends a special thanks to everyone who donated to this year's EOFY appeal. These times have highlighted the importance of medical research and people like you who help to make it happen.

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North West Hub Update

It's all systems go at 62 Frederick Street Broome, as the former Kimberley Klub backpackers hostel begins its transformation into the Lions Eye Institute's first remote eye health care centre – our North West Hub.

Builders began work on the site in the first week of July, kicking off the refurbishment with an interior demolition of the building that will be the new Lions Outback Vision (LOV) clinic.

Phase two of development planning – which includes administration, training, community areas and landscaping for the new clinic – is also well underway.

The transformation of a backpackers hostel to an eye health centre is also a transformation of a dream to reality for LOV McCusker Director, Associate Professor Angus Turner.

"This new base gives us a clinic facility where patients can be seen, using the latest diagnostic equipment," he said.

"Initially it will be a base for an Aboriginal health worker, optometrist and four resident doctors, and will include an education centre. It also makes monthly visits to more remote Kimberley and Pilbara locations far more efficient and cost effective from a Broome base."

"Ultimately we hope to have a multi-disciplinary clinic, sharing facilities and fostering collaboration with visiting specialists – cardiology, ENT, dentistry, for example."

With some of the LOV team already located in Broome and the hub under development, the team has begun collaborating with community groups across the Kimberley, organising diabetic education and working with the Broome prison to offer assistance with eye health problems in diabetic inmates.

Associate Professor Turner said, "Lions Outback Vision was extremely grateful to Wen Giving Foundation and Hawaiian Group which donated the Kimberley Klub building and associated land as well as being strong advocates for the outreach work."

Refurbishment funding has come from the Australian Government, Australian Capital Equity and The Fred Hollows Foundation. Optical technology companies Carl Zeiss, Novartis and Topcon have donated surgical and diagnostic equipment.

Exciting developments! This is our first Hub update and we'll keep you posted on progress.



The Lions Outback Vision team at the front of the Broome Hub



Yearly, comprehensive eye examinations are recommended as preventative care, especially for those 65 and older.

Frederick, patient and
Lions Eye Institute nurse Vicki

First in WA to offer new wet macular degeneration treatment

EXCITING NEWS... A Lions Eye Institute patient at our Murdoch Clinic is the first person in Western Australia to receive a new TGA-approved treatment for wet age-related macular degeneration (AMD).

The new treatment, administered by Associate Professor Chandra Balaratnasingam of the Lions Eye Institute, aims to allow patients with AMD to maintain good vision with less frequent injections.

Beovu (Brolucizumab), developed by Novartis, is a TGA-approved Anti-VEGF agent for the treatment of wet AMD. Anti-VEGF treatment improves vision in a significant number of AMD patients by controlling the growth of new blood vessels under the macula.

Beovu is currently being used under a limited release program with strict guidelines as the long terms effects are being monitored in ongoing surveillance studies.

Associate Professor Chandra Balaratnasingam said, "Beovu is a useful addition to the anti-VEGF therapies that are currently available to retina specialists. We have a number of effective drugs which block VEGF in the eye. However, the size and pharmacokinetics of each drug are different. Beovu is the smallest of the anti-VEGF therapies and there is some evidence to suggest it has a longer duration of action in select patients, resulting in a need for less injections."

VEGF stands for *Vascular Endothelial Growth Factor* – a protein produced by cells in your body. VEGF produces new blood vessels when your body needs them.

Then why **Anti-VEGF**? Sometimes cells can over-produce VEGF, causing abnormal blood vessels to grow in your eyes. These abnormal cells damage your eye and can lead to low vision or blindness.

Some of our patients require intensive treatment with frequent visits to the Lions Eye Institute for anti-VEGF injections over many years, causing a significant burden for the patient, their carers and the health system, and sometimes resulting in under-treatment and sub-optimal visual outcomes.

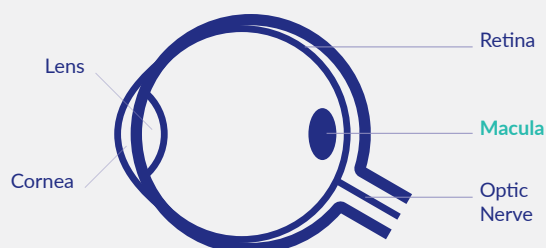
Frequent patient visits for injections has also been a consideration for the Lions Eye Institute during COVID-19 as we endeavour to lessen risk.

"Results from clinical trials indicate that Beovu may have wider application than solely for wet AMD and could be effective for treating vision loss due to other conditions such as diabetes and retinal vein occlusion," Professor Balaratnasingam said.

The approval of Beovu was based on findings from the Phase III HAWK and HARRIER clinical trials. The Lions Eye Institute participated in the HAWK clinical trials and is also currently participating in the TALON, RAVEN and KESTREL studies which are assessing the use of the same product for different eye conditions.

We are constantly undertaking a range of ongoing clinical trials here at the Lions Eye Institute. If you would like more information, email clinicalresearch@lei.org.au

More information about AMD



AMD is a progressive eye condition that occurs when a part of the retina called the macula is damaged. Activities which rely on the macula functioning well are reading, writing, looking at detailed objects, and colour vision.

There are two types of AMD - dry and wet.

Most AMD starts as the dry type and progresses to the wet type.



Wet AMD is rarer and leads to sudden and significant changes in vision, due to VEGF caused vessel damage.



Those most at risk of developing AMD are people with a family history, people over the age of 75 and smokers.



A healthy diet rich in antioxidants and regular exercise is important in reducing the risk of macular degeneration and in slowing the progression of the disease.



If you notice sudden changes in your central vision, or your ability to see colours and fine detail becomes impaired, see your optometrist, doctor or ophthalmologist to rule out AMD as the cause.

Focus on vision

Of all our senses, eye sight is the one we value the most.

For those of us who have good vision, our eyes open in the morning and the world instantly reappears to us – the light, the landscape, our homes, our families.

And while this most powerful facility comes to us effortlessly, in reality our eyes are intricate and fragile organs which need our care. While they're looking out for us, we need to look after them.

That's why every year July is a big month for eyes – it's 'JulEYE' – national eye health awareness month.

JulEYE is an initiative of the RANZCO Eye Foundation (Royal Australian & New Zealand College of Ophthalmologists) which annually aims to raise community awareness of eye health and to encourage Australians to have regular eye checks.

Perth ABC Radio's Focus program recently put the spotlight on vision and the Lions Eye Institute's Professor David Mackey AO, discussed all things eyes with the program's host Jessica Strutt. In case you didn't catch the show, here are some excerpts in Q&A format.

Jessica Strutt:

How important is eye health?

David Mackey:

Eye health is critically important. It's actually the most valued of our senses. People who have poor vision can have trouble functioning. The main things people complain about if they've lost their vision significantly, are that they can't read, they can't recognise people's faces, they have trouble getting around and they can't drive safely.

Jessica Strutt:

What is the focus of this year's RANZCO JulEYE campaign?

David Mackey:

This year's campaign is looking at the prevention of eye injuries, and although I'm a genetics researcher – we look at the way genes and environment interact – we're doing extensive research on prevention of eye injuries in children here in WA.



Professor David Mackey AO

Professor David Mackey AO is a clinician, scientist and academic. In 2019, he was awarded an Order of Australia for distinguished service to medicine, in the field of ophthalmology. A renowned international researcher on the genetics of eye disease, Professor Mackey leads the Lions Eye Institute's genetics and epidemiology research group which pursues multiple projects aimed at understanding how genes and environment interact to influence an individual's risk of eye disease.



Save the date

We invite you to join
Professor David Mackey's presentation:

Why do we wear glasses?

When: 12pm Monday 19th October

Where: McCusker Auditorium, Harry Perkins Institute
of Medical Research, 6 Verdun Street, Nedlands

RSVP: events@lei.org.au or 9381 0795

This lecture is **FREE** to attend.

This year, we've also been looking at the impact of the lockdowns associated with COVID-19 on eye injuries and other aspects of eye health. What we found over the last three months with the COVID-19 restrictions, particularly with outdoor sports, was that there's been a significant reduction in kids coming in with eye injuries due to sport.

The Lions Eye Institute was very fortunate 10 years ago to receive a gift from the estate of the late Joyce Henderson to set up a fellowship position to specifically look at the prevention of children's eye injuries and we did some major audits of injuries relating to children's sports.

Probably the most important sport for severe eye injuries was squash. A squash ball is about the size of an eyeball, and is small enough to go straight onto the eye, and cause a massive increase in pressure or rupture the eye or cause major bleeding. Eye protection is recommended for playing squash and all of the squash courts will usually mandate that.

One of the great things about organised sport is that you can give recommendations to sporting bodies about the use of head and eye protection. So with different sports we can recommend to the governing bodies, schools and other organisations that they make sure kids are wearing eye protection.

Jessica Strutt:

What about the flip side to the COVID-19 issue – we're spending more time presumably on screens these days. What is the impact on children's eyes of screen time?

David Mackey:

The issue is probably not the screens themselves - the issue is being inside and looking up close at screens and reading them that increases the risk of myopia.

People also need to be careful about keeping children away from laundry and kitchen chemicals, cleaning products and the contents of the garden shed. If anyone gets a chemical in the eye, it's very important to wash it out with running water immediately.

Jessica Strutt:

What is myopia and what age groups are most at risk of that?

David Mackey:

Myopia is when people can't see things clearly at a distance. This affects about 20% of children ending high school and starting university in WA – this information came from the Raine Study. If you compare this with children in East Asia, say, China, Singapore and Hong Kong, 90% of kids going to uni are short-sighted and this massive increase has happened in East Asia over the last

50 years – before smart phones, tablets and increased screen times. What these kids were doing was studying hard and staying inside, so we think this is the main contributory factor in why East Asia has lots of myopia. Australia has very little myopia and the flipside of the coin here is that we do spend a lot of time outdoors. You need to have your kids going outside to prevent them from developing myopia.

Jessica Strutt:

What advice would you give people about trying to lessen the chances of getting myopia?

David Mackey:

I think especially with the increased stay at home messages that we have had from COVID-19, you can be 'at home', but you don't have to be 'in' the home. If your kids want to be at home reading, you can have them sit outside or in a sunny room of the house.

Jessica Strutt:

How often should we be getting our eyes checked? What are the key signs that you need to get your eyes checked?

David Mackey:

If you're having trouble with your vision, then it's important to get your eyes checked. Most of the time it will just be getting your glasses fine-tuned. However, if you have a family history of age-related macular degeneration, glaucoma or if you have diabetes, then it's important to have regular eye checks. Then you'll get recommendations on whether you're high or low risk and how often you need to be seen.

One of the big studies we're doing in conjunction with Lions Outback Vision is a targeted family screening program where we're talking to people with glaucoma and asking them: "Who are your brothers, sisters, sons and daughters"? Then we're contacting those family members and saying "mum or dad's got glaucoma, you're at risk and we need to do a check and we can organise this for you". A pilot study on this was done in Tasmania and South Australia and showed it was very effective. So now we're running this out through all of remote and regional WA in association with Lions Outback Vision. This way we can pick up people who don't have eye services or eye checks regularly and encourage them to come along when the Vision Van's in town.

JULEYE is an initiative (and trademark) of RANZCO, through its Australian & New Zealand Eye Foundation (ANZEF).



From discovery to delivery

'Made in WA' drug to tackle the leading cause of childhood blindness.

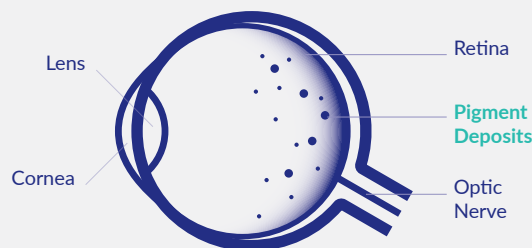
In developing what is potentially the first ever drug conceived and designed in Perth, researchers from the Lions Eye Institute and PYC Therapeutics are creating an innovative and highly promising experimental treatment for Retinitis Pigmentosa (RP), the leading cause of youth blindness in Australia.

RP begins in childhood and inevitably leads to blindness in patients between the ages of 20 and 40. There are currently no treatments available.

Head of the Lions Eye Institute's Ocular Tissue Engineering Laboratory, Dr Fred Chen, together with Professor Sue Fletcher, Chief of Research and Development at PYC and of Murdoch University, have undertaken ground-breaking research resulting in an experimental drug that can correct the deficiency responsible for one form of RP (RP11) in cells derived from patients with the disease.

Their results have been so promising that it attracted the attention of PYC and gained its Board's support to advance the program to the clinic, with subsequent testing of the drug in humans scheduled to begin late next year.

More about Retinitis Pigmentosa (RP)



RP is the collective name for a range of genetic diseases that damage the retinal rod and/or cone cells and cause vision to fade.

50%

Approximately 50% of RP patients will have a history of at least one other family member being affected.



RP is caused by a change or 'mistake' in one or more genes. Therefore, cells in the retina don't work as they are supposed to and over time you lose vision.



Around 90 genes are known to cause different types of RP. There are many more genes, but they haven't been discovered yet.



In Australia, it is estimated one in 3,000 people has RP, approximately 8,500 individuals.

Given the large potential global market for the trialled and proven final product, the Lions Eye Institute and PYC have entered into a Joint Venture, called Vision Pharma, to develop drugs for treating RP and other retinal diseases. Teams from both the Lions Eye Institute and PYC are now working hard to deliver the drug candidate to the clinic and to patients.

Dr Chen said, "the Vision Pharma-led program combines best-in-class delivery technology from PYC with new RNA therapies developed by the Lions Eye Institute and Professor Sue Fletcher, to create a competitively differentiated drug to treat RP."

"We look forward to the clinical development of therapeutics for Retinitis Pigmentosa and other degenerative retinal diseases which will save the vision of so many young people."



"This truly exciting development will enable a potential drug to be delivered from discovery right through to the clinic, all driven from Perth, WA."

Dr Fred Chen, Lions Eye Institute

Why can't you see very well when you first go into a darkened room like a movie theatre?

Firstly, you need to understand how the human retina performs its light-detection function. The retina is the back part of the eye that contains the cells that respond to light. These specialised cells are called photoreceptors. There are two types of photoreceptors in the retina: rods and cones.

When you first enter the movie theatre, the cones in your retina are working and the rods are not yet activated. Cones need a lot of light to work properly; rods need less light to work, but they need about 7-10 minutes to take over for the cones. After 7-10 minutes in the dark, the rods do work, but you cannot see colours very well because the rods do not provide any colour information.



Did you know?

The cones, which do provide colour information, need more light, but do not work well in the dark. After the movie is over and you leave the theatre, everything looks very bright and it is hard to see for a minute or two. This is because the rods become "saturated" and stop working in these bright conditions. It takes a few minutes for the cones to begin to function again, and for normal vision to be restored.



Dr Livia Carvalho and Professor David Hunt

Dual donors boost inherited blindness research by \$260,000

A research project by the Lions Eye Institute's Dr Livia Carvalho into developing a gene-independent treatment for inherited blindness has received a significant boost, with major funding coming from two donors.

The dual donors have together given a total of almost \$262,000 – a grant of \$100,000 from Perpetual Limited, and \$161,550 over two years from a fellow ophthalmologist, Dr Sjakon Tahija.

Dr Tahija has a long association with the Lions Eye Institute, having undertaken a Lions Eye Institute Vitreoretinal Fellowship under Professor Ian Constable in 1993-94. On his return to Jakarta, he practised as a Vitreoretinal Consultant before establishing his own chain of ophthalmology clinics, KMN EyeCare, in 2004.

"I attended a presentation Dr Carvalho gave at a Lions Eye Institute Visionaries Luncheon in 2019," Dr Tahija said. "I was impressed with her research approach and decided I wanted to contribute to this particular project. It's very valuable work."

Perpetual's grant to Dr Carvalho came from its philanthropic arm – IMPACT Philanthropy – and is part of its commitment to strengthening the Not-for-Profit sector. This is the second research project of Dr Carvalho's to be funded by Perpetual.

Head of the Lions Eye Institute Retinal Genomics and Therapy Research Group, Dr Carvalho said, "my team is researching the common disease features, on a cellular level, between different types of inherited retinal blindness which they can then use to develop different treatment approaches that could be beneficial to a wider group of patients."

"I am extremely grateful to both Dr Tahija and Perpetual for their generous funding. It's really exciting to see such strong support, because it recognises the human cost of Inherited Retinal Diseases (IRDs) and takes practical steps to alleviate them."



There are many types of IRDs. Some of these include:

Leber Congenital Amaurosis (LCA)
Retinitis Pigmentosa
Choroideremia
Stargardt's Disease
Achromatopsia

Inherited Retinal Disease (IRD) is a significant contributor to blindness worldwide. With an estimated incidence of one in 2000, it's rapidly becoming the most common cause of vision loss in children and young adults.

There is currently no treatment for IRD and once the light-sensing (photoreceptors) cells in the eye are gone, vision is irreversibly lost.

"While there have been great advances towards developing and testing viral-based, gene-specific therapies for several types of IRD over the last 10 years, progress is slow," Dr Carvalho said.

IRDs are caused by one of more than 250 different gene mutations. They also present differently between individuals. Some people living with IRD experience a gradual loss of vision and colour-awareness, eventually leading to complete blindness, and others may be born with or experience vision loss in infancy or early childhood.

Additionally, cone photoreceptors, which are the cells in our eyes responsible for daylight, sharp focus and colour vision, can be severely affected in IRDs independent of the gene mutation. But studying cone photoreceptors in IRDs can be very difficult as these cells comprise only around 3-5 per cent of cells in the retina.

These three factors – the sheer number of genetic mutations, the wide variability of clinical symptoms and the small percentage of retinal cone cells, have made treatment development difficult and labour intensive.

"What we're doing here at the Lions Eye Institute is quite different from the traditional gene therapy approaches – we're looking at developing a gene-independent treatment for inherited blindness rather than a gene-specific therapy. This approach involves blocking the pathways that lead to cell damage and loss of function," Dr Carvalho said.

"Our approach is unique on two fronts – an exclusive research tool that helps us identify cone cells easier and a side-by-side study of different IRDs. These tools are exclusive to my research lab and will be used to identify specific therapeutic targets common to different types of IRDs."

The results generated here will greatly assist and guide the development of future treatment strategies and improve treatment outcomes and care for IRD patients.

Looking to the future with confidence

In 2023, the Lions Eye Institute will celebrate its 40th anniversary – a milestone that will mark four decades of growth in our innovation, commitment and service.

Looking to that anniversary and beyond, we have created a roadmap to ensure our continued success and sustainability, both in our treatments and our research.

The Lions Eye Institute Strategic Plan (2020-23) charts a course for expanding our knowledge and care of vision-related problems by building on existing strengths and introducing initiatives to secure our future progress. We have also developed our research plan and refreshed our organisational values. All these projects are described below.

Our strategic plan.

Our strategic plan resets and reframes the Institute, while staying true to our core goal of **better vision for all**. It provides a road map to steer us through the next exciting stage of our journey. It will help us to both honour the legacy of WA ophthalmic pioneers and capitalise on the opportunities and challenges that lie ahead.

Above all, it will guide us to do what really matters – change people's lives for the better. We will continually monitor our progress in achieving these goals.



We have identified five key goals:

- 1 Medical Breakthroughs.**
We will invest in world-class medical research and its translation into clinical practice.
- 2 Eye Healthcare.**
We will innovate and expand our leading edge ophthalmology services, nationally and globally.
- 3 Social Impact.**
We will grow our community footprint through excellent outreach and innovative education approaches.
- 4 Digital Capability.**
We will transform and future proof our organisation through the clever use of technologies.
- 5 Operational Excellence and Governance.**
We will operate with a unified direction, leadership and culture.

"We have a clear point of difference"

Peter Forbes,
Chairman, Lions Eye Institute

20
23

Research plan

Our research plan underpins our aim to invest in world-class medical research and its translation into clinical practice. Based on the work that we know can result in life-changing outcomes for patients, we have confirmed our priority areas of translational research:

- 1 **Glaucoma**
Identify the underlying physiology of glaucoma and work towards a better understanding of the eye and the development of new treatments, using drug, laser and diagnostics with novel image analysis.
- 2 **Diabetic and Vascular Retinopathies**
Develop new techniques for the detection and monitoring of early to late changes in diabetic and other retinal vascular disorders, and treatments to prevent vision loss in patients with these conditions.
- 3 **Genetic Eye Disease, Gene Therapies and Macular Degeneration**
Reduce blindness due to genetic eye diseases, through a greater understanding of genetic causes of eye disease, leading to novel treatments and therapies.
- 4 **Indigenous and Community Eye Research**
More effectively detect and treat common non-reversible diseases such as diabetic retinopathy and glaucoma in remote, rural and Indigenous communities in Australia and developing countries, through better screening, access to care and rapid implementation of new treatments.
- 5 **Cornea, Ocular Surface and Ocular Immunology**
Improve the understanding and develop treatments for conditions affecting the normally clear surface of the eye, including viral infections and the body's immune system reactions.

On our road map we have set up a series of “check points” to measure our progress in each of these priority research areas.

The Lions Eye Institute Purpose, Vision and Values.

We exist to prevent and cure blindness and eye disease, with our overarching aspiration being better vision for all.

In developing the strategy to support this goal, we have sought to refresh our organisational values so that they better reflect the principles that guide our work.



Telehealth in the age of COVID-19

The COVID-19 pandemic upended our daily lives and forced us to think, live and act differently.

In the medical sector, technology often came to the rescue, and the uptake of telehealth surged to minimise disruption for patients and doctors alike.

As leaders in the telehealth space, we're happy to say the Lions Eye Institute was ahead of the game. Our Lions Outback Vision (LOV) team has been using telehealth technologies for many years, but the uptick in teleophthalmology use by regional and remote residents took even LOV staff by surprise.

McCusker Director, Lions Outback Vision, Associate Professor Angus Turner said outback WA teleophthalmology consultations were more than 50 per cent higher during the peak COVID-19 months than those in the same period last year.

"In April and May 2019 we saw 93 and 94 patients respectively. In April and May this year, those figures skyrocketed to 162 and 205," Associate Professor Turner said.

"Telehealth is an exciting area and the real-life restrictions put in place due to COVID-19 have placed it on the agenda."

"It's an opportunity to provide patient access to eyecare, to be as useful in urban areas as it has been in remote and rural Western Australia," he said.

Our Perth-based clinics experienced a similarly rapid upturn, with 879 telehealth consultations in April 2020, compared to 182 in March 2020.

Patients indicated they were highly satisfied with their teleophthalmology experience, commenting:

"It allowed me to speak with my Doctor and it provided me with peace of mind when it was difficult or impossible to attend the clinic in a traditional sense."

"I was a first-time patient and I appreciated not being forgotten."

"It made getting my prescription filled easy."

"There was minimal fuss with bulk billing as the Australian Government has provided some temporary MBS telehealth items to help patients like me access health services by videoconference or telephone."

Our ophthalmologists unanimously said they preferred to see their patients face-to-face, but during the pandemic, teleophthalmology was very useful. Their comments included:

"Many of our patients are in high-risk categories for COVID-19, so this technology protected them while enabling us to continue their care."

"It kept patients, ophthalmologists and staff safe, as the close physical contact of some eye examinations creates a high risk for respiratory droplet transmission."

"It provided opportunities to treat our patients, to touch base with them and see how they're going in these challenging times."

The use of telehealth allowed our ophthalmologists to consider ways video visits could benefit our patients such as checking on symptoms, refining triage, ensuring adherence to therapy, answering questions and providing reassurance.

We are now considering developing this service further at our Perth clinics for aged and disabled patients where face-to-face consultations are not essential.



Telehealth in the age of COVID-19
Associate Professor Angus Turner

Down Memory Lane



Dr Robert Linton AM, the father of modern ophthalmology in WA.

It took people with energy, foresight and the driving goal of eradicating preventable blindness in WA to establish our now vibrant, successful Institute. The Lions Eye Institute owes its existence to a number of pioneering leaders who charted the course for modern ophthalmology, including Dr Robert G. Linton AM, a man of extraordinary vision and passion.

Dr Linton, who was born in Melbourne and educated at the Universities of Melbourne, Edinburgh and London, played a fundamental role in the establishment of the Lions Eye Institute.

After serving in World War II in the Royal Australian Air Force 2/4th Field Ambulance, Dr Linton trained at the Victorian Eye and Ear Hospital before moving to Perth in 1948 and working in both private practice and at Royal Perth Hospital, where he served for 28 years.

He became the national president of the Ophthalmological Society of Australia (which later became the Royal Australian College of Ophthalmology and then the Royal Australian and New Zealand College of Ophthalmology, RANZCO) in 1963.

Innovator, educator and advocate

Dr Linton was the driving force behind the formation of the WA Division of the Australian Foundation for the Prevention of Blindness in 1965, and was its Executive Director.

He advocated widely for greater community education about eye health, workplace safety, glaucoma, the impact of genetics on eye health and the importance of regular eye checks, and firmly believed that preventable blindness in the Western Australian community could be reduced by 50 per cent.

The Lions connection

Dr Linton was also a proud charter member of the Lions Club City of Perth, and this dual association resulted in the establishment of a mobile glaucoma clinic in 1967. By 1970, 167,000 people had been tested in the travelling caravan, and the sight of many was subsequently saved.

The momentum was maintained with the formation of the Lions Save Sight Foundation (WA) Inc (LSSFWA), which was established at the Lions convention in Albany in 1970 to further develop and raise funds for ophthalmology in Western Australia.

The second Chairman of the LSSF WA, and inaugural Chair of the Lions Eye Institute, Dr Brian King AM MBE, recalls a Board meeting of the LSSF WA just after its formation where Dr Linton said: "If you want to be serious about preventing blindness, you've got to get a Professor here to WA."

This discussion led to LSSF WA sponsoring the foundation Chair in Ophthalmology at The University of Western Australia. Dr Linton had long been in correspondence with a young Australian ophthalmologist, Ian Constable, who moved to Perth and took up the Chair position. Professor Constable AO was subsequently the founding Managing Director of the Lions Eye Institute, established in 1983, and is now its Patron.

Inspirational leader

Dr King said that apart from being a great friend, Dr Linton had been an inspirational leader. "It was great to listen to his ideas, many of which have now come to fruition through the Lions Eye Institute, and in particular through Lions Outback Vision," he said.

Public recognition

Dr Linton received official recognition for his work through life membership of Lions International, the Melvin Jones Fellowship and Membership of the Order of Australia.

Lasting legacy

In 1938 Dr Linton married Betty Halbert of Perth and they subsequently had a son and a daughter, Kim and Jan. He passed away on April 24, 2005.

The Linton family generously contributed funds for the specific purpose of developing a library to meet the needs of researchers, clinicians and students of the Lions Eye Institute. The ophthalmic scientific journals, books and historical documents held in the Linton Library, located in A-block on the QEII hospital campus, reach back almost 100 years.

This gift will keep the work and dynamism of Dr Robert Linton's involvement with the Lions Eye Institute alive for future generations.

Become a sight saver today

90%

of vision loss is preventable or treatable. Together we can be the solution.

By becoming a Sight Saver, and donating to the Lions Eye Institute each month, you can help uncover research breakthroughs, transform lives and give hope to those facing blindness and eye disease.

Sight Savers members receive:

- research updates;
- event invitations throughout the year; and
- a tax deductible receipt at the end of each financial year.

Giving monthly allows the Lions Eye Institute to plan ahead for future sight saving research with the knowledge that your support is ongoing.

Setting up your regular donation is easy.

- You choose the donation amount.
- All donations over \$2 are tax-deductible and a receipt is sent automatically at the end of each financial year.
- We now offer direct debit and credit card payments – for your convenience.
- You can opt out or change your donation amount at any time.

Please fill out the form below (indicating monthly payment) and return it in the reply paid envelope provided, or call Carolyn in fundraising on (08) 9381 0777 to set up your automatic monthly donation.



Yes I want to save sight

Please accept my donation of \$..... (Donations over \$2 are tax deductible)

☐ Please make my donation monthly, I want to be a Sight Saver

Please find enclosed my ☐ cheque ☐ Money Order OR, please debit my ☐ Mastercard ☐ American Express ☐ Visa

Card No: - - - Expiry Date: /

Cardholder's Name: Signature

Tax Receipt Details:

Name:

Address:

Suburb: Post code:

Telephone: Email:

☐ I would be interested to learn more about how I can include the Lions Eye Institute in my Will.

☐ I have already provided for the Lions Eye Institute in my Will.

☐ Your donation saves sight. We recognise the generosity of our donors on our donor recognition board, on our website and in our annual report. Please tick here if you would like to be included in such recognition.

Be a
sight
saver

Your
donation
helps eradicate
blindness

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Lions Eye Institute
Reply Paid 62815
Nedlands WA 6009
(No stamp required)
Or call (08) 9381 0777