SupportSight NEWS

100% OF EVERY DOLLAR DONATED GOES DIRECTLY TO RESEARCH AND EDUCATION.

ALL ADMINISTRATIVE AND FUNDRAISING COSTS ARE PAID BY THE KAREN AND HERB LOTMAN FOUNDATION.

IN THIS ISSUE

A MESSAGE FROM OUR FOUNDERS

Dear Friends,

There are defining times for all organizations, and we believe this year is one for Macula Vision Research Foundation. We've dedicated many years and millions of dollars to the study of retinal diseases, and after much work, it brings us great pleasure to share with you one of our greatest victories.

An MVRF-funded study, in collaboration with a team of researchers, has found the cure for a genetic form of childhood blindness known as Leber's Congenital Amaurosis (RPE 65), a disease that begins in early childhood and can cause a lifetime of blindness. Discovery of this cure has the potential to revolutionize treatment methods and has caused incredible excitement in the retinal disease field. Most importantly, however, is that this breakthrough has brought us a step closer to a world where blindness doesn't exist. Thank you to all of our supporters. Without your donations, this wouldn't have been possible.

In addition to this industry wide breakthrough, we've also had a lot of success within MVRF this spring. We hosted our 10th International Scientific Conference in March, where 24 of the foremost scientists and clinicians met for three days to share their ideas and latest projects with one another. The Chairman of our Scientific Advisory Board, Dr. Robert S. Molday, has written a comprehensive article about the conference and the exciting information that was shared (Page 4).

Our new Executive Director, Keith A. Lampman, is proving to be a great fit at Macula Vision Research Foundation

continued on page 2

A MESSAGE FROM OUR FOUNDERS continued from page 1

and we look forward to significant progress under his leadership.

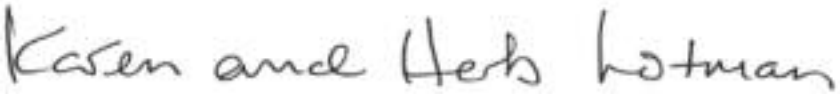
We look forward to providing even more funding to scientists, in the hopes of finding treatments and cures for retinal diseases, like macular degeneration and childhood blindness. Just this year, with your help, we've increased our grants by nearly 25%!

Since our family foundation pays all administrative and fundraising expenses of Macula Vision Research Foundation, 100% of your donations go toward research. This proven strategy allows you to give confidently, and generously.

We encourage you to visit our new website, www.mvrf.org to keep up-to-date with MVRF happenings, read about news regarding research and treatment options, and to watch videos and listen to stories about macular degeneration from doctors, patients, and low vision specialists.

Thank you for your support. We wish you a happy and safe summer!

Sincerely,



Karen and Herb Lotman

FREE TALKING BOOKS & MAGAZINE PROGRAMS

Deborah M. Kogler, L.D.O. Magnifiers & More

The Free Talking Book Program, administered by the **National Library Services (NLS) for the Blind and Physically Handicapped**, will enable you to enjoy your favorite books and magazines by utilizing a talking book machine, provided free of charge, to individuals with temporary or permanent visual impairment and/or physically handicapped.

Patrons are provided a digital talking book machine and are automatically set up on a mailing schedule to receive talking books and/or magazines. Books are selected by a computer, based on reading preferences you indicate on your application form. There are numerous options available in selecting the number of books or magazines you wish to receive at one time. A Reader's Hand Book is provided when you join the Talking Book Program which provides all the information you will need to fully utilize the Program. Tapes are returned to the Library in postage-free containers.

Digital talking book machines, utilizing the latest technology, have recently been introduced. There are two different models of the digital talking book machine available: the standard player and the advanced player. Each player is equipped with eight controls, including play/stop, rewind, fast forward, volume up and down and a sleep timer. The sleep timer will turn the machine off automatically after 30

minutes. The only difference between the two players is the advanced player contains an additional row of controls for setting and retrieving bookmarks and navigating through the structured levels of a book on a “thumb” (flash) drive plugged into the USB port. The digital books arrive in a special mailing container that is then used to return the book postage-free. Books and magazines can also be downloaded from the Internet through the NLS Braille and Audio Reading Download Site free of charge. Basic computer knowledge and high speed internet access are required for downloading books from this site to your own “thumb” drive (also known as a flash or USB drive) which can then be played on your digital talking book machine.

For more information on how to qualify for this free NLS book service, contact your local or state library or call **1-888-657-7323.** More information can be found on the NLS website: **http://www.loc.gov/nls/index.html**

BIBLES:

Audio Bibles for the Blind, a division of Aurora Ministries, provides audio Christian bibles free for all those who are visually impaired or print impaired. The worldwide service is provided to qualified individuals by simply completing an application form. The complete bible in English is available in MP3 format. It will play on most computers, DVD and MP3 players and on most MP3 compatible CD players. The New Testament is available on audio cassette in 70 languages. The Old Testament is available in several languages. In addition, the International Children's Bible is also available for children. For more information call **941-748-3031** or their website: **www.audiobiblesfortheblind.org**

The JBI Library, a division of the Jewish Braille Institute of America, is an independent and free library for the visually impaired, blind, physically disabled and reading disabled that produces books of Jewish and general interest in audio, large print and in Braille. The Library serves eligible individuals of all ages and backgrounds all over the world. This unique service is provided free of charge. JBI records in English, Russian, Spanish, Yiddish, Hebrew, Hungarian, Romanian and Polish. JBI regularly records the following magazines: Commentary, The Jerusalem Report, Moment, Hadassah and Tikkun. The JBI Voice is a monthly anthology of articles of broad Jewish interest taken from other publications. The JBI Cultural Series offers a lecture, concert or dramatic reading to JBI subscribers each month. For more information call **1-800-433-1531** or their website **www.jbilibrary.org**

MAGAZINES:

Choice Magazine Listening (CML) is a free audio anthology for the blind, visually impaired, dyslexic or physically impaired subscriber. CML selects and records over 100 leading magazines. Every other month, subscribers receive eight hours of articles, fiction and poetry read by professional voices and recorded on special four-track cassette tapes. Magazines such as The New Yorker, National Geographic, Newsweek, The American Scholar, and Smithsonian are just a few of the more popular periodicals that are recorded. For more information call 1-888-724-6423 or their website www.choicemagazinelistening.org

MVRF 2011 INTERNATIONAL SCIENTIFIC CONFERENCE

Robert S. Molday, Ph.D., Chairman,
MVRF Scientific Board of Advisors
Professor, Department of Biochemistry and Molecular Biology,
Department of Ophthalmology and Visual Sciences, University of British Columbia

Progress in research depends on the transfer of knowledge and information between scientists. Whereas publications are an important medium for knowledge transfer, scientific conferences play a crucial role in bringing together research scientists to present and discuss the most recent advancements in research and fostering interactions and collaborations between investigators with different scientific backgrounds, technological expertise and biomedical training.

Since 1997, the MVRF has hosted ten research conferences in various cities throughout the United States. The 2011 MVRF conference was held in New York City on March 24-27. Distinguished basic and clinical scientists from North America and Europe presented their most recent cutting edge research on age-related macular degeneration (AMD), early onset retinal degenerative diseases, and technology which are greatly improving the diagnosis and treatment of retinal degenerative diseases.

The scientific program was broadly organized into four sessions. The first session focused on the epidemiology of age-related macular degeneration. An update on the Age-Related Eye Disease Study 2 (AREDS2) was presented. This large-scale trial focuses on the effect of diet and nutrient supplements on age-related eye diseases including AMD. Current AREDS2 results indicate a 25% beneficial effect of AREDS nutritional supplements containing vitamins, beta-carotene, zinc and copper in reducing the risk of progression of AMD from an intermediate to advance stage as measured over a 5 year period. However, there is insufficient evidence to show that nutritional supplements have beneficial effects in preventing AMD in healthy individuals. Although further long term studies are needed, there is general agreement that increased dietary intake of carotenoids and omega-3 fatty acid is beneficial in lowering the risk of AMD.

In the second session, current and emerging genetic and imaging techniques were discussed. Identification of new genes associated with inherited retinal diseases and genetic variants that contribute to AMD is an essential step in understanding molecular basis for these disorders and developing rationale treatments for these diseases. Previous DNA sequencing methods used to identify and analyze genes in patient populations were slow and tedious. It typically took a team of investigators many years to identify novel disease-causing genes. New techniques have now been developed that rapidly sequence and analyze vast amounts of DNA in a fraction of the time. This next gener-

ation DNA sequencing is now accelerating the identification of novel genetic variants responsible for a wide range of retinal degenerative diseases including AMD. Continued progress in the development and application of high resolution retinal imaging techniques was also discussed. Optical coherence tomography (OCT) is a noninvasive technique for imaging the retina and other tissues of the eye. The recent increase in resolution of OCT has enabled scientists to assess in more detail the progression of retinal diseases and evaluate the effect of various treatments on retinal structure. Adaptive optics (AO) is another powerful imaging technique that allows vision scientists to visualize the health and spatial distribution of light sensing photoreceptors within normal and diseased retina. These and other imaging techniques are greatly improving the diagnosis and treatments of many eye diseases.

The third session dealt with disease mechanisms and biological factors which contribute to photoreceptor cell death and survival. A number of years ago it was reported that genetic variants in complement genes increased one's risk of developing AMD. These and earlier findings implicated the immune response and inflammation in the pathology of AMD. Several studies reported at the MVRF 2011 conference have now shown that dysregulation of the complement system also occurs in animal models for early onset inherited macular disorders suggesting that dysfunction of the immune response and inflammation may play a secondary role in the pathology of some inherited retinal degenerative diseases.

Finally, there were a number of presentations focusing on the current and emerging treatments for AMD and other retinal diseases. Lucentis and Avastin, two related protein drugs, have been widely used to treat individuals with wet or neovascular AMD. Avastin was originally developed by Genentech to block blood vessel growth in cancerous tumors. Subsequently, a modified form known as Lucentis was developed by Genentech to prevent blood growth in the eye. Lucentis has been approved by the FDA for use in neovascular AMD. Although Lucentis and Avastin have been used by ophthalmologists to treat AMD, no systematic study had been carried out to compare these treatments. In 2008 the National Eye Institute initiated such clinical trials known as CATT (Comparison of AMD Treatment Trials). The results of the first year of the two-year trial have recently been completed. Both drugs appear to show similar improvement in visual acuity in individuals with AMD and both had little if any adverse effects. This trial is continuing to further compare the long term therapeutic effects of these drugs.

To date there is no effective treatment for the dry form of AMD. However, a number of clinical trials have been initiated to evaluate new drugs, some of which directly target proteins of the complement system. Finally, a number of presentations dealt with recent progress in unraveling the complexities of other blinding diseases including retinitis pigmentosa, Leber's

continued on page 6

MVRF 2011 INTERNATIONAL SCIENTIFIC CONFERENCE

continued from page 5

Congenital Amaurosis and central serous retinopathy. Treatment strategies including drug interventions, gene therapy and stem cell replacement were presented and discussed. Gene therapy trials for Leber congenital amaurosis associated with mutations in RPE65 have continued to show great success in restoring significant vision in treated patients as carried out by several research groups including Drs. Samuel Jacobson and William Hauswirth. Importantly, these pioneering studies have laid the foundation for applying similar treatments to other retinal degenerative diseases.

All participants agreed that the MVRF 2011 conference was a huge success owing to the high quality of the presentations, extensive round-table discussions, interactive environment, and exceptional social events and activities. The remarkable progress that has been made in understanding age-related macular degeneration and early onset retinal degenerative diseases was clearly evident at the meeting. All scientists were extremely optimistic that the ongoing and future research and clinical trials based on the emerging knowledge and technological advances will lead to new and improved interventions which will greatly benefit individuals with AMD and inherited retinal diseases. MVRF will continue to play a central role in these advancements through its substantial support for basic and clinical research and sponsorship of the MVRF conferences.

MY MOTHER "THE PICK-UP"

Anonymous

My mother liked a particular butcher shop and wanted to pick up some stuffed cabbages. So I dropped her off in front of the store. I told her that I'd watch for her and pick her up right in front of the store.

I parked the car and watched for her. In the meantime, another car stopped right in front of the door to the store, also waiting for someone. I parked as close as I could and waited.

Of course, to my mother, all black cars look alike... so when a car was stopped in front of the store, she proceeded to get in. Much to my horror...there was my mother getting in a car with a strange man at the wheel. The next thing I knew, both she and he were getting out of his car laughing. We had quite a laugh all the way home!

100% OF YOUR DONATION GOES TO RESEARCH AND EDUCATION.

OPTICAL COHERENCE TOMOGRAPHY

Optical Coherence Tomography (OCT), is one of the newest types of testing done for the examination of the retina. This test uses a laser that is non-contact and non-invasive to the eye. OCT testing is done to obtain high resolution cross-sectional images of the retina and its components.

OCT is equivalent to an ultrasound image; however it is light waves rather than sounds waves that are used. The OCT instrument uses light waves to measure the thickness of the retina, the light-sensitive inner lining of the back of the eye. This results in a much higher resolution image of the retina. OCT reveals to the retina specialist straight, instantaneous, cross-sectional images of retinal tissue layers. This provides a valuable addition to the diagnostic capabilities of a variety of eye diseases particularly those associated with the retina.

OCT has been shown to be clinically useful for imaging and directly visualizing selected macular diseases including macular holes, macular edema, and age-related macular degeneration.

Typically, OCT testing is performed when the retina specialist determines that treatment is indicated with intravitreal injectables such as steroid or anti-VEGF's for macular degeneration. In these cases, the OCT demonstrates retinal thickening from leakage of abnormal blood vessels in age-related macular degeneration patients or a generalized thickening from occlusive or inflammatory conditions.

OCT testing is usually performed by a

certified ophthalmic photographer before the treatment begins, and again when the patient returns for the follow-up exam. This gives the doctor a quantitative comparison which helps to determine if further treatment is needed. OCT testing usually continues at each follow-up eye examination until the eye has stabilized for a time.

Once the patient is comfortably positioned at the machine, a series of scans can be acquired in just a minute or two. The scans are analyzed and printed while the patient is still present. The analysis of a scan or scan group will determine if there is a need to repeat it. If a another scan is needed, the process is repeated until an acceptable level of accuracy is obtained. Rarely would the entire session take longer than five minutes. The results are printed and attached to the patient's chart for review by a the retina specialist.

Debbie Kogler, L.D.O.
Magnifiers & More

John DuBois, C.R.A.
Retina Associates of Cleveland

LETTER FROM EXECUTIVE DIRECTOR

I joined Macula Vision Research Foundation in March of this year because I saw an organization unique in many ways – multi-million dollar research grants, world-renowned scientific advisory board, small staff with large expectations, and the fact that 100% of donations go directly towards its mission.

Within my first month at MVRF, I had the privilege to attend the MVRF Scientific Conference with top scientists and clinicians from around the world collaborating on research and therapies. This collaboration is profoundly important, as it's not often you see scientists and clinicians from various research institutions in the same room, no less sharing meaningful findings – all in an effort to move research of retinal diseases, including macular degeneration and childhood blindness quickly forward.

My goal is to raise awareness of Macula Vision Research Foundation so that people will know who we are and remember us when it's time to make annual contributions to charity and when it's time to update Wills and Estate Plans.

MVRF has granted $14.3 million to research. Instituting a giving campaign will allow us to exponentially increase this amount over the next ten years. Many people ask me how it's possible that there are neither administrative, nor fundraising, expenses at Macula Vision Research Foundation. It's quite simple, The Karen and Herb Lotman Foundation pays these costs, allowing donors to give confidently, and generously, knowing that every penny of their donation goes toward research.

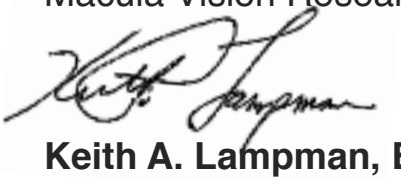
Our normal granting structure allows grantees to receive $100,000/year for three years, for a total of $300,000. For a $300,000 donation, we will name a grant in your honor. Wouldn't it be great if your family's name was forever associated with finding the cure to a retinal disease, such as macular degeneration or childhood blindness?

The new Macula Vision Research Foundation website (www.mvrf.org) is a comprehensive website, including audio and video files on the latest research and treatments from the world's premier scientists and clinicians, as well as helpful hints and coping mechanisms, always encouraging you to live well with macular degeneration.

I've already heard from many of you wishing me good luck as I start my tenure with MVRF. Please keep the comments coming, as they help shape the role MVRF plays in supporting those affected with retinal diseases, including macular degeneration and childhood blindness.

Please make a gift today to help support our mission. Donations of any amount are impactful and greatly appreciated.

Macula Vision Research Foundation – Funding Visionary Research.



Keith A. Lampman, Executive Director

SUDOKU SOLUTION ON PAGE 13

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9. If you use logic you can solve the puzzle without guesswork.

	6				5	7		2
		4		9	6		1	
8	7	1	3		2			
5				7	1	3		
	3			5			7	
		7	8	2				5
			5		9	6	8	7
	8		2	6		1		
7		6	4				2	

Send a check today in the enclosed envelope.

LUCENTIS VS. AVASTIN

Philip J. Rosenfeld, M.D., Ph.D.
Member, MVRF Board of Scientific Advisors
Professor of Ophthalmology, Bascom Palmer Eye Institute,
University of Miami Miller School of Medicine

Six years ago, I injected the first eye with Avastin. At that time, I was just trying to prevent my patient from going blind. We had tried all the other approved treatments, but her vision just got continuously worse. This patient was a nurse, and she understood the risks. Little did I suspect that this injection was the start of a global revolution in the management of wet age-related macular degeneration (AMD). This one patient led to many more patients. News of our breakthrough spread like wildfire all over the country and all over the world fueled by the success of Avastin in preventing blindness. There was a huge global demand for an effective treatment that appeared safe and affordable. When injected into the eye, a dose of Avastin cost less than $50 to prepare. This innovative use of Avastin in the eye wasn't an accident, but rather a thoughtful example of logical decision-making that was in the patient's best interest.

Avastin is the creation of a company named Genentech, and Genentech developed Avastin for the treatment of cancer. Avastin was designed to block the growth of new blood vessels, which support the growth of cancers. Approved by the FDA in 2004 for the treatment of colon cancer, Avastin is now used for a wide range of cancers. When given to treat cancer, Avastin is infused through a vein in the arm and the entire body is exposed to the drug. Based on the science behind wet AMD, we knew Avastin would also block the growth of the new blood vessels causing blindness in the eye. We also knew that Genentech was developing a drug known as Lucentis, which was derived from the same molecule as Avastin. Lucentis was to be injected into the eye for the treatment of wet AMD, and we were lead investigators in the ongoing clinical trials using Lucentis. It was obvious that Lucentis was working based on the results that we observed in our patients. However, Lucentis was injected into the eye while Avastin could be infused in a vein. Wouldn't a patient prefer a vein infusion rather than an eye injection?

We thought the answer was yes. So, when the FDA approved Avastin in 2004, we performed a clinical study using Avastin through the arm veins in patients with wet AMD and it worked! This success was observed two years before Lucentis was even approved by the FDA. However, it became clear that using a high dose of Avastin through an arm vein was expensive (costing over $2000 a dose) and there were risks when the entire body was exposed to the drug. In May 2005, we realized that the injection of a 500-fold smaller dose of Avastin into the eye should work just like Lucentis, and the results appeared identical to the results we saw with Lucentis.

The FDA approved Lucentis in June

2006, so from May 2005 to June 2006, Avastin was the only successful treatment available worldwide for the treatment of wet AMD and all the other diseases of the eye caused by the abnormal growth and leakage of blood vessels. Once Lucentis was approved, clinicians and patients wrestled with the choice between these two drugs. The choice was between Lucentis, the expensive FDA-approved drug for the eye costing $2000 a dose, and Avastin, the off-label drug costing $50 a dose. Could a $50 drug be just as good as a $2000 drug? Both drugs blocked the same protein known as vascular endothelial growth factor (VEGF), both drugs prevented the growth of blood vessels, and both drugs were injected repeatedly into the eye to prevent blindness. Small studies suggested that both drugs gave the same excellent results, but could Avastin be just as good as Lucentis at a fraction of the price?

It has taken 6 years since our first injection, but now we know that both drugs are virtually the same based on the results from a large study by the National Eye Institute of the National Institutes of Health known as the Comparison of AMD Treatment Trials (CATT) published on May 19th in the New England Journal of Medicine, the most prestigious of all medical journals. After one year, the CATT results showed that monthly injections of Avastin and Lucentis were equally effective in preventing blindness. In addition, when Lucentis and Avastin were injected less frequently, only as-needed, both drugs were also shown to be equally effective in improving vision. In addition, the safety of both drugs appeared to be the same. This study will go on for another year, but we anticipate that the results will be the same.

So what's the next step? Even before these results were announced, most doctors and patients were choosing Avastin over Lucentis based on the low cost of Avastin and the perception that both drugs were equally effective and safe. Based on surveys and a review of Medicare patients in the U.S., 60% of patients with wet AMD are treated now with Avastin at a cost of about $25 million annually to Medicare. The remaining 40% of patients are treated with Lucentis at a cost of $650 million annually to Medicare. Over the past 5 years, the use of Avastin has saved Medicare about $6 billion dollars. Hopefully, more patients and clinicians will choose Avastin and billions more can be saved in the coming years. However, the scenario will get more complicated later this year when a third drug is introduced named Eylea (VEGF Trap Eye). This drug improves vision just like Lucentis and Avastin, but lasts twice as long. So, if a patient requires an injection every month with Lucentis or Avastin, then we expect them to need an injection every 2 months with Eylea. That's great news for patients, but will the decreased need for injections also mean a decrease in cost? We don't think so; however, we anxiously await the announcement on the cost per injection for Eylea.

In summary, the CATT results, plus all of our clinical experience from all over the world, support the use of Avastin as a low cost alternative to Lucentis. With health care budgets worldwide struggling to keep pace with the rising costs of healthcare, the use of Avastin provides a welcome reprieve from these ever escalating expenses.

I LEARNED ABOUT BLINDNESS THROUGH MY FATHER'S EYES

By Barb Crompton

I used to think that blind was black
And that seeing was plain as day,
And then one day my dad was blind,
His sight simply went away.

His blindness didn't take years to go,
And for others it often does,
But, by the time he'd noticed it
His vision was nearly gone.

Blindness is gray, it is blurry,
It is brown and it is black, too.
His vision was distorted and wavy
Sometimes it was a liquid view.

He had lost most of his sight,
And then he lost his way,
Drowning in wordless heartache,
Silent with things he wouldn't say.

We all learned about pity
It was ever all around him.
It was coming from his loved ones
Despondent his sight was gone.

It was not what he wanted,
Sightlessness nor the pity,
He just wanted his life back
The way it used to be.

This all hit harder to home,
More than some could ever know,
Because this trait toward blindness
Was coursing through my blood.

Through him I learned more than a little
About fears, about wants and struggles,
While I watched him try to live,
It was a depressing uphill battle.

But out there waiting for him
There was a new life dawning,
Albeit in shapes he didn't recognize,
Yet, still, his life was changing.

His other senses rose up within him
Replacing sight; Taking over:
Tasting, touching, hearing and
awareness.
Armed with these he now "saw" more.

Through my father's loss
Sightlessness, maybe it won't scare me,
But, it is why I wake each morning
And live to see things more clearly.

Being able to see is not sight,
Being blind is not loss of one's life.
Blindness, I have learned,
Is just to "see" things in a different light.

SUPPORTSIGHT SEMINARS

MVRF hosts SupportSight Seminars in cities across the nation so that we can share the latest research findings and low vision techniques with you! At our Seminars, you can expect to hear from both retinal and low vision experts, see demonstrations of low vision techniques and enjoy complimentary refreshments. For more information, please contact our SupportSight Coordinator, Julie Sokoloff at 1-866-4MACULA (1-866-462-2852).

2011-2012 Seminars

Cleveland, OH
July 23rd, 2011

Austin, TX
November 2011

Ft. Lauderdale, FL
Winter 2012

Los Angeles, CA
Spring 2012

Phoenix, AZ
February 25th, 2012

Philadelphia, PA
October 2012

MVRF BY THE NUMBERS

100 percent of every dollar donated goes to research and education

$14.3 million to outstanding vision scientists performing cutting-edge research

27 research studies in progress

105 grants awarded

10 International Research Conferences

27,000 people have attended MVRF seminars and meetings

86 world-renowned research scientists have participated in MVRF international conferences

100 percent of administrative and fundraising costs are paid by the Karen and Herb Lotman Foundation

BAKED SALMON & SPINACH WITH STRAWBERRY SALSA

This meal provides a great serving of omega-3 fatty acids from the salmon and lutein and zeaxanthin from the spinach, all of which are critical for healthy eyes!
Serves 4

Ingredients
4 (3-ounce) salmon fillets, skin removed
1 teaspoon lemon zest
1 pound strawberries, diced
2 kiwifruits, peeled and diced
1 cucumber, diced
1 jalapeño, seeded and minced
2 tablespoons chopped fresh mint leaves
2 tablespoons fresh lemon juice, divided
1 pound baby spinach leaves, rinsed but not dried

Method
Preheat oven to 350°F. Place salmon on a baking sheet and sprinkle with lemon zest. Bake 15 to 18 minutes or until cooked through.

Meanwhile, place strawberries, kiwi, cucumber, jalapeño, mint and 1 tablespoon lemon juice in a medium bowl and toss until combined. Set aside. Heat a large, high-sided skillet over medium heat. Add spinach, with water still clinging to leaves, cover and cook 5 minutes or until wilted, stirring occasionally. Stir in remaining lemon juice. Divide spinach among plates. Top with salmon and salsa and serve.

Nutrition Per Serving: 240 calories (50 from fat), 6g total fat, 1g saturated fat, 45mg cholesterol, 220mg sodium, 29g total carbohydrate (9g dietary fiber, 10g sugar), 21g protein

Recipe and photo courtesy of www.wholefoodsmarket.com

JULY IS NATIONAL UV SAFETY MONTH!

One of the easiest and most effective things you can do for your eyes can also be quite fashionable. Wearing sunglasses year-round, not just at the beach, is a great way to make sure you're protecting your eyes. UV rays are thought to be a potential cause of macular degeneration as well as cataracts, so blocking UV-A and UV-B rays with sunglasses and a wide-brimmed hat is a simple way to help reduce your risk.

Be sure to check the label of sunglasses before you buy them. The label should state that the sunglasses block 99% – 100% of UV-A and UV-B rays. And, while you're out picking up a pair for yourself, consider picking up a few pairs for the younger ones in your life. Children's eyes aren't as strong as adult's eyes so it's critical that they wear sunglasses to protect their vision for years to come.

We're fearless funders of innovative research.
One MVRF-funded study found the only known treatment for a type of genetic childhood blindness called Leber's Congenital Amaurosis (LCA) (RPE 65).

Answers for Sudoku puzzle from page 9.

3	6	9	1	8	5	7	4	2
2	5	4	7	9	6	8	1	3
8	7	1	3	4	2	9	5	6
5	4	2	6	7	1	3	9	8
6	3	8	9	5	4	2	7	1
1	9	7	8	2	3	4	6	5
4	2	3	5	1	9	6	8	7
9	8	5	2	6	7	1	3	4
7	1	6	4	3	8	5	2	9

SUMMER 2011

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