Vision research has been a leader in many of the advances that have revolutionized science’s understanding of basic mechanisms of function and disease, resulting in new diagnostic and therapeutic approaches. These advances are based on the transformative work that our research community does every day. Our successes are driven by constant change, built on the strong foundations of those who have come before us. A critical element has been the funding and work of the National Eye Institute (NEI) and the National Institutes of Health (NIH) and other federal agencies to support vision research. It is in this spirit of an appreciation of the contributions of what has been achieved and the promise of an even better tomorrow that we hope you will enjoy this Report—and become more engaged in the work of the NAEVR/AEVR Alliances.

Inherent in its mission, NAEVR’s advocacy is focusing on Fiscal Year (FY) 2020 NIH and NEI appropriations—predicated on a bipartisan budget deal to raise Budget Control Act caps—as well as funding for military eye trauma through the Vision Research Program in Department of Defense (DOD) appropriations. NAEVR is also collaborating with its member professional societies, patient groups, and private funding foundations in urging the Department of Health and Human Services (DHHS) to implement the federally focused recommendations from the September 2016 National Academies of Sciences, Engineering, and Medicine (NASEM) report entitled Making Eye Health a Population Health Imperative: Vision for Tomorrow, for which NAEVR served as a study sponsor. Throughout the report-development process, NAEVR has emphasized that vision public health and prevention research funded by the Centers for Disease Control and Prevention (CDC) is critical to informing vision biomedical research funded by the NEI.

You will also see two stories about AEVR’s Capitol Hill education, demonstrating our commitment to featuring for Congress the latest NIH/NEI funded research across the breadth of vision, ranging from back-of-the-eye retinal issues to front-of-the-eye ocular surface disease.

Change has also come to the leadership of our most important vision research partner. Our community has been fortunate to be well-served by NEI Director Paul Sieving, MD, PhD. By the time you read this, Santa Tumminia, PhD, who has served as the Deputy NEI Director, will be Acting NEI Director with Dr. Sieving’s departure to create a new Center for Ocular Regenerative Therapy at the University of California at Davis. As noted herein, NAEVR issued a statement commending Dr. Sieving for his 18 years of leadership and will present him a plaque at a September 5 event on the NIH campus. NAEVR Executive Director Jim Jorkasky, along with ARVO Executive Director Iris Rush (who also serves on the Alliances’ Boards), have already met with Dr. Tumminia to investigate how the vision community can unite in year 2020 to recognize the importance of vision—and vision research. Please join us in thanking Dr. Sieving for his unflagging efforts on behalf of vision research and its integration into our larger scientific community.

For the Alliances, we also elected new leadership at our April 28 meeting at ARVO, including Vice President Karla Zadnik OD, PhD (Ohio State University College of Optometry), Treasurer Gregory Skuta, MD (Dean McGee Eye Institute at the University of Oklahoma), and Secretary Linda Hazlett, PhD (Wayne State University School of Medicine). Together with the strength of our Boards and particularly our uniting thread James Jorkasky, who will shortly celebrate his 16th anniversary as the Alliances Executive Director, we are well poised to build on past successes.

What we hope to do together would not be possible without the efforts of you, our community, and our outgoing Directors. I would like to recognize and thank Peter McDonnell, MD (Wilmer Eye Institute/Johns Hopkins University School of Medicine) for his dynamic and effective leadership as President after succeeding Stephen J. Ryan, MD. We have benefited as well from the important contributions of outgoing Vice President Bartly Mondino, MD (Stein Eye Institute/UCLA) and Treasurer Thomas Yorio. PhD (University of North Texas Health Science Center), who has received ARVO’s 2019 Joanne G. Angle award. We are fortunate that Dr. McDonnell, Dr. Mondino, and Dr. Yorio will continue to serve our community on the Alliances’ Boards.

Within the already strong foundation of NAEVR/AEVR deliverables noted in this and prior Reports, we want to expand member representation and to grow the Alliances. The Boards and I want to encourage all member organizations and their respective members from all disciplines within vision to become involved in Alliances activities—whether it be as simple as emailing a Contact Congress letter to your elected officials or committing time to serve on a Committee or interest group or as part of leadership. With respect to growth, in informing all members about the upcoming 2020 renewal, Jim has detailed the Boards’ plans to grow the Alliances and to develop a dues/contribution framework that will broaden active involvement as well as to enhance the message about the value of vision and vision research.

As with Peter, I have an “open door” policy with respect to hearing from you, so please feel free to email me with your comments and suggestions about representation in Alliances activities, as well as potential candidate organizations for membership. My email address appears below.

If you are going to be in Washington, DC, on September 18, please join us as we host the Fifth Annual Emerging Vision Scientists Day on Capitol Hill. I look forward to meeting those of you who plan to attend.

Fall 2019 Events:

September 18
AEVR Congressional Briefing:
International AMD Awareness Week 2019
12 Noon-1:15 pm, House Rayburn 243

AEVR Congressional Reception:
Fifth Annual Emerging Vision Scientists Day on Capitol Hill
5:30 – 7:30 pm, House Rayburn Foyer
(Hosted by AEVR President Dr. Paul Lee, supported by a grant from Research to Prevent Blindness)

September 19
NAEVR Advocacy:
Emerging Vision Scientists Advocacy Day
(also Rally for Medical Research Advocacy Day with NAEVR as sponsor)
NAEVR Meets with the Surgeon General to Advance Vision and Eye Health

On June 13, vision community organization and federal agency representatives (see box left), including NAEVR’s James Jorkasky, met under the auspices of VISION 2020 USA with Surgeon General Jerome Adams, MD, MPH and Deputy Surgeon General Erica Schwartz, MD, JD, to discuss a Call to Action for vision and eye health in the United States, per recommendations that resulted from the September 2016 National Academies of Sciences, Engineering, and Medicine (NASEM) report entitled Making Eye Health a Population Health Imperative: Vision for Tomorrow. NAEVR served as a NASEM report sponsor.

The meeting was held in response to a January 14, 2019, letter sent by VISION 2020 USA on behalf of 26 signatory organizations requesting that the Surgeon General initiate a national Call to Action for vision and eye health to mark the year 2020. The NASEM report was developed over two years and authored by a 15-member expert panel. It provides a detailed assessment of the importance of vision and the need to evaluate, monitor, and protect eye health to reduce vision impairment and achieve better health quality of life and equity for all Americans. It made nine specific recommendations for a national strategy to eliminate correctable and avoidable vision impairments in the U.S. by the year 2030, including four of which are federally related (see box below).

Highlights of the conversation included:

- Dr. Adams encouraged the vision community to ensure that vision was not “silenced”—that it should integrate within other HHS programs and its relationship to major chronic disease, such as cardiovascular disease and Alzheimer’s.

- Options for Surgeon General action include a Call to Action, a Surgeon General’s Report, or an Advisory, none of which are mutually exclusive. In offering advice on these routes, he cautioned that each should convey tangible activities and not just be commemorative gestures.

At the end of the meeting, the vision community organization representatives discussed potential next steps and timing.

Federal Government-related NASEM Report recommendations:

- The Secretary of the U.S. Department of Health and Human Services (DHHS) should issue a Call to Action to motivate nationwide action toward achieving a reduction in the burden of vision impairment across the lifespan of people in the United States.

- The DHHS Secretary should launch a coordinated Public Awareness Campaign in collaboration with other federal agencies and departments, nonprofit and for-profit organizations, professional organizations, employers, state and local health agencies, and the media.

- The Centers for Disease Control and Prevention (CDC) should develop a Coordinated Surveillance System for Eye and Vision Health in the U.S.

- The DHHS Secretary should create an Interagency Workgroup, including a wide range of public, private, and community stakeholders, to develop a common research agenda and coordinated eye and vision health research and demonstration grant programs that target the leading causes, consequences, and unmet need of vision impairment.

NAEVR Commends Dr. Sieving’s Service to All Americans

On June 27, James Jorkasky issued the following statement after NIH Director Francis Collins, MD, PhD announced that NEI Director Paul Sieving, MD, PhD was leaving to create a new Center for Ocular Regenerative Therapy at the University of California at Davis:

“Since the NAEVR and AEVR Alliances serve as the privately funded “Friends of the NEI,” on behalf of the Boards I commend Paul Sieving, MD, PhD for his 18 years of service as NEI’s Director. Leading our nation’s primary institute for research to prevent blindness and restore vision, he managed the NEI during a period of unprecedented opportunity and advancement in both vision research breakthroughs and in commercialized treatments and therapies for blinding eye diseases. As an exemplary scientist and visionary, he initiated key programs aimed at restoring vision, including the Audacious Goals Initiative in Regenerative Medicine. NAEVR wishes Dr. Sieving much continued success in his new initiative in the private sector—which will undoubtedly lead to advancements that will ultimately benefit all Americans.”

The Alliances will present a plaque to Dr. Sieving at a September 5 ceremony on the NIH campus.

On July 11, Mr. Jorkasky joined with ARVO Executive Director Iris Rush in meeting with then-NEI Deputy Director Santa Tumminia, PhD, who is now serving as Acting NEI Director.
**Whither FY2020 Appropriations?**

At press time in late July, Congressional leadership and the Trump Administration announced that they had arrived at a final deal to raise the Budget Control Act (BCA) caps for each FY2020 and FY2021, as well as to suspend the debt limit until July 31, 2021. The Bipartisan Budget Act of 2019 (BBA) fully replaces the $1.9 trillion in cuts scheduled to take effect in FY2020 and increases funding for nondefense discretionary (NDD) programs by $56.5 billion over the next two fiscal years above the current level. In its Capitol Hill advocacy, NAEVR had urged a two-year bipartisan budget deal that raises NDD caps to facilitate continued robust NIH and NEI funding increases.

The House, which has already passed ten of its twelve FY2020 spending bills (see story right) after setting spending caps higher than those in the BCA, is expected to act on the BBA prior to its July 26 recess, and the Senate is expected to act prior to its August 2 recess. Although the Senate has not yet marked up any of its spending bills while awaiting a budget deal, Senate Appropriations Committee Chairman Richard Shelby (R-AL) has announced that he will set the top-line allocations during the August recess, enabling staff to finalize spending bills and prepare them for Subcommittee markups once lawmakers return on September 9.

If the BBA is not passed—or if it passes and the Senate does not finalize its bills by the end of FY2019 or the House and Senate cannot conference their respective bills prior to September 30—the government could shut down, unless Congress passes a short-term Continuing Resolution (CR) that funds the government in FY2020 while it finalizes spending bills. As NAEVR has noted in the past, delayed appropriations have a detrimental effect on the NEI, since the Institute cannot spend in any one month during the CR more than what it spent in the prior fiscal year, as well as a negative impact on researchers, who may need private bridge funding to keep labs open while awaiting federal funding.

**House Passes FY2020 Minibus Spending Bill with NIH/NEI Increases**

On June 19, the House passed H.R. 2740, a $985 billion, four-bill [Defense, Energy and Water, State-Foreign Operations, and Labor, Health and Human Services, and Education (LHHS)] FY2020 spending package by a vote of 226-203. No Republicans voted for the measure, and seven Democrats voted against it. The spending package moved to the Senate, which had not yet begun its work on individual FY2020 spending bills.

The LHHS bill within H.R. 2740, which was reported out of the House Appropriations Committee on May 8, includes a $2 billion, or a 5.1 percent increase over FY2019, in NIH funding to a level of $41.08 billion, including the full $492 million in 21st Century Cures Act funding for special initiatives (BRAIN, Cancer Moonshot, Precision Medicine, and Regenerative Medicine). It also includes a $39 million, or a 5 percent increase over FY2019, in NEI funding to a level of $835.5 million. The bill also maintains the Extramural Salary Cap at Executive Level II ($192,300 in FY2019).

The week prior to passage and during consideration of amendments to the LHHS bill, the House approved an amendment led by Cong. Mark Pocan (D-WI) that prohibits any funds made available by the bill to convene an Ethics Advisory Board to review research grant applications or current research projects in the NIH’s competitive renewal process (Extramural Research) that propose to use human fetal tissue. The amendment was developed in reaction to the Trump Administration’s June 5 announcement of policy in which it bans the use of fetal tissue in NIH Intramural Research and subjects Extramural Research using related vision research opportunities.

**NAEVR Commends House for FY2020 Funding Minibus**

On June 20, NAEVR’s James Jorkasky issued a statement that read, in part:

“This bill recognizes the importance of funding the important work of the Institutes and Centers (I/Cs), such as the NEI, in addition to the special initiatives mandated by the 21st Century Cures Act. The five percent inflation-plus-growth NEI increase would continue to rebuild its budget and restore its purchasing power, which had been eroded by flat budgets and lack of inflationary increases prior to the increases in fiscal years 2016 through 2019.”

Sandra Blackwood of member organization International Retinal Research Foundation contacts Congress. In the past, NAEVR has hosted Dr. Blackwood in visits with the Alabama Congressional delegation.

### HOUSE APPROPRIATIONS COMMITTEE

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**NEI appropriated amount is net of $56.5 M in sequester cut and $3.0 M Secretary transfer.**

**Operational Net reflects $74.4 M transferred back to NIH Central of SOCA funding.**

**Operational Net reflects $74.2 M transferred back to NIH Central of SOCA funding.**

**Operational Net reflects $73.9 M transferred back to NIH Central of SOCA funding.**

### Vision Does Well for Fifth Year in BRAIN Initiative

Since the NIH announced on November 2, 2018, the fifth round of new funding awards made with FY2018 funding for the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, the NEI—one of the ten NIH Institutes whose mission and current research complements the goals of the BRAIN Initiative—has been engaged in analyzing the number and dollar value of awards made to vision within the more than 200 new awards. Since the retina is part of the brain, vision—defined as either NEI funded vision researchers or those studying brain circuitry through the visual route—has done well in all four previous funding cycles, with a total of more than $150 million in new awards. For FY2018, NEI estimates that “vision” has received $5 grants totaling $68.2 million or 38% of new award funding, bringing the five-year total of new funding for vision to more than $220 million.

**Researchers Urge Congress to Raise Budget Caps, Robustly Fund NIH/NEI**

At the late April/early May ARVO 2019 Annual Meeting in Vancouver, the NAEVR Central Booth served as the “Town Hall” for vision research funding advocacy and education. NAEVR wishes to thank the hundreds of ARVO members who visited and contacted Congress, with the template email letter acknowledging that ARVO had joined with more than 20 other leading scientific societies in urging Congress to pass a bipartisan bill to raise the spending caps. On April 30 and during the ARVO meeting, the House LHHS Appropriations Subcommittee marked up its FY2020 spending bill, which was finalized in the H.R. 2740 minibus (see story above).

NAEVR also answered questions from researchers about the Department of Defense’s (DOD) Vision Research Program (VRP) funding, which was addressed at NAEVR’s April 29 Defense-Related Vision Research Opportunities session that is detailed on the back page of this report.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details
Diabetic eye disease is the primary cause of vision loss and blindness in the industrialized world among individuals age 25-74, the “working age” population. The CDC estimated that, as of 2014, 29.1 million Americans had diabetes (9.3 percent of the population), with 8.1 million of these individuals unaware they have it. Another 86 million Americans are pre-diabetic. Diabetes-related blindness costs the United States $500 million annually.

Diabetes causes damage to the blood vessels in the light-sensitive tissue in the back of the eye known as the retina. Damage to these vessels can lead to leakage of fluid into the center of the retina, known as the macula, and loss of healthy blood flow to the retina overall. Leakage or swelling in the macula is known as diabetic macular edema and is a common cause of central vision loss in people with diabetes. When capillary damage becomes more severe, blood flow is severely compromised leading to growth of abnormal blood vessels that can lead to severe bleeding inside the eye (vitreous hemorrhage), retinal detachment, and complete loss of vision if left untreated. These retinal changes, collectively known as diabetic retinopathy (DR), occurred in 7.7 million Americans in 2010 and this number is projected to grow to 14.6 million cases by 2050.

In 2017, the DRCR Network was renamed the DRCR Retina Network and expanded to include study of all retinal diseases that result in vision loss.

On May 15, AEVR’s Congressional Briefing entitled NEI’s Diabetic Retinopathy Clinical Research (DRCR) Retina Network: Optimizing Treatment for Diabetic Eye Disease focused on research and clinical practice to treat diabetic eye disease. JDRF and Lions Clubs International, which provided comments about their programs for patients with diabetic eye disease (see box right), were joined by RPB and ARVO in serving as co-hosts. NAEVR hosted the researchers in Congressional delegation visits.

The Briefing featured Daniel F. Martin, MD (Cole Eye Institute/Cleveland Clinic) and Jennifer Sun, MD, MPH (Joslin Diabetes Center/Harvard Medical School), who serve as the co-Chairs of the DRCR Retina Network and spoke about its past accomplishments and future plans. Founded in 2002 as the DRCR Network, it has been funded through the NEI and the Special Diabetes Program funding managed by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), leveraged with private funding from JDRF and industry. It has built on prior NEI-funded studies dating back to the 1970s, including:

- the Diabetic Retinopathy Study (DRS), which was the NIH’s first-ever successful multicenter randomized clinical trial. This landmark study showed that laser photocoagulation is highly effective for reducing the risk of vitreous hemorrhage, retinal detachment, and loss of vision from diabetes.

- the Early Treatment Diabetic Retinopathy Study (ETDRS) followed the DRS and demonstrated that focal laser treatment is effective for preventing vision loss from diabetic macular edema and also refined criteria for laser treatment of more severe forms of DR.

Among its many achievements, the DRCR Network was the first to report definitive studies showing that anti-VEGF (Vascular Endothelial Growth Factor) therapy is more effective than laser treatment for diabetic macular edema, that all three of the current anti-VEGF drugs are equally effective for treatment of mild macular edema but that one drug is more effective than the others for more severe disease, and that the most severe forms of DR can be effectively treated with anti-VEGF agents that results in reversal of DR in many cases. The Network has generated more than 100 published papers on diabetic eye disease management and has been recognized in Congressional Report Language.

In 2017, the DRCR Network was renamed the DRCR Retina Network and expanded to include study of all retinal diseases, such as age-related macular degeneration (AMD) and other common retinal conditions that result in vision loss. Embarking on its 30th multicenter study, the Network has 1,800 members, including investigators and support staff, and engages more than 500 retina specialists at over 160 participating sites across the US, including university and community health centers.

Because of their engagement with patients with diabetic eye disease, representatives from co-host organizations and AEVR members JDRF and Lion Clubs International spoke briefly about their programs.

From left: Shefa Gordon, PhD, NEI’s Director of the Office of Program Planning and Analysis, Dr. Sun, Dr. Martin, and Mary Hanlon-Tilghman, PhD, Health Science Policy Analyst in the Office of Scientific Program and Policy Analysis at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Speakers Urge More Research as Vision Community Recognizes 
Dry Eye Awareness Month 2019 with Capitol Hill Briefing and Screening

On July 10, AEVR and the Tear Film & Ocular Surface Society (TFOS) joined with the vision community and coalition partners in recognizing July 2019 as Dry Eye Awareness Month. This was the third year of this event, which included a Congressional Briefing and “Test Your Tears” Dry Eye Screening, along with NAEVR-hosted Congressional delegation visits. The Briefing focused on the TFOS Dry Eye Workshop II™ Report (TFOS DEWS II™), published in The Ocular Surface journal in July 2017, and how it has impacted clinical practice and research. TFOS DEWS II™ was the first re-examination of the topic since the initial TFOS DEWS™ report issued in 2007, updating the definition, classification, and diagnosis of dry eye; critically evaluating the epidemiology, pathophysiology, mechanism, and impact of the disease; addressing its management and therapy; and developing recommendations for the design of clinical trials to assess pharmaceutical interventions.

About Dry Eye and Areas of TFOS DEWSII™ Focus

Dry Eye Disease (DED) is the most frequent cause of patient visits to eye care providers and has a significant impact on healthcare policy as it affects more than 30 million Americans and costs the United States healthcare system $3.8 billion annually, with a $55.4 billion annual cost to society from diminished productivity. Dry eye occurs when the eye does not produce tears properly or when the tears are not of the correct consistency and evaporate too quickly. For some people, dry eye feels like a speck of sand in the eye, or a stinging or burning that does not go away. For others, it can become a painful, chronic, and progressive condition that leads to blurred vision or even vision loss if it goes untreated.

TFOS Executive Director Amy Gallant Sullivan moderated a panel of four speakers, which included eye care professionals who were among the 150 experts from 23 countries who participated in the TFOS DEWS II™ initiative.

Iatrogenic Dry Eye:
Clinician-scientist Victor Perez Quinones, MD (Duke University), who announced to the audience that he owes his career to NIH funding, addressed “iatrogenic” dry eye, disease which is induced unintentionally by the medical treatment by a physician. He noted that contact lens wear, topical and systemic drugs, and certain ophthalmic procedures (refractive surgery, keratoplasty, cataract removal, and lid surgery) can all result in dry eye. While emphasizing the importance of patients speaking with their eyecare professionals about the potential impact of any of these interventions, he also stated that eyecare professionals need to increasingly look at ways to reduce potential iatrogenic events.

Ocular Pain:
Clinician-scientist Deborah S. Jacobs, MD (Mass Eye and Ear/Harvard Medical School) spoke about the basis of ocular pain, stating that nerves—besides the ones that transmit light signals—are an important part of the eye and that they participate in the homeostasis or stability of the ocular surface. Noting that diseases of the back-of-the-eye (glaucoma, macular degeneration, diabetic eye disease) generally do not result in pain, diseases of the front-of-the eye often result in pain or discomfort. Ocular pain can result from dry eye, as well as corneal injury, headache, and Traumatic Brain Injury. Nerves are the basis for dry eye symptoms, often manifested as foreign body sensation, grittiness, “ice pick” (sharp) pain, and photophobia or light sensitivity. She reported that, although the NIH/NEI are supporting several grants related to the causes of and treatments for pain, further research is needed.

Dry Eye in Children:
Clinician Bridgitte Shen Lee, OD (Vision Optique) spoke about the growing public ocular health problem of dry eye in children and teens, since earlier or younger onset can lead to more severe presentations of the disease. It can result from a variety of sources, including meibomian gland dysfunction (MGD)—or changes to or degradation of the meibomian glands, which produce the lipid necessary for healthy tear film—due to poor lids and lashes hygiene, cosmetic ingredients and application, and digital screen usage and habits that can result in insufficient blinking and lead to unstable tear film. Citing limited research data, she urged more research into dry eye in the pediatric population, as there has been just one US-based study on prevalence of in children and teens.

Innovation in Research:
David A. Sullivan, MS, PhD (Schepps Eye Research Institute/Harvard Medical School and TFOS Founder) spoke about the impact of innovation coupled with NEI funding. He stated that NEI support permitted him and colleagues to begin testing their innovative hypothesis that topical lubricin would serve as a safe and effective treatment for the therapy of dry eye disease. Lubricin is the body’s unique anti-friction, anti-adhesive, anti-fibrotic, and anti-inflammatory glycoprotein. Their findings supported their hypothesis and prompted a multi-year effort to make recombinant human lubricin and to translate their basic research discovery into a clinical treatment for dry eye. Their efforts have led to a recent and successful clinical trial in Europe, as well as to discoveries by multiple researchers that this recombinant human lubricin may be a possible therapy for many other conditions, including dry mouth, osteoarthritis, gout and post-surgical adhesions.

AEVR and TFOS thank the vision community organizations that supported the educational activities, including Takeda for support for event management.

On June 27, Alliances member The Vision Council hosted a Capitol Hill briefing recognizing National Sunglasses Day 2019. The briefing highlighted the importance of wearing sunglasses to protect the eyes from the sun’s harsh ultraviolet (UV) rays. Dr. Shen Lee spoke about how UV radiation impacts the eyes, the risk factors of not wearing UV-protective eyewear, and what solutions are available for protection.

Prior to and after the Briefing, Benjamin D. Sullivan, PhD, Founder and Chief Scientific Officer of TearLab, conducted the “Test Your Tears” screening using the TearLab Osmolarity System, which measures osmolality of human tears to aid in the diagnosis of dry eye disease, in conjunction with other methods of clinical evaluation. Osmolarity is an important biomarker of ocular surface health.

Among the many attendees tested was Phyllis Greenberger of Healthy Women.

TearLab Conducts “Test Your Tears” Dry Eye Screening

From left: Tracy Hammond (Polsinelli), The Vision Council Executive Director Ashley Mills, Dr. Shen Lee, and AEVR’s James Jorkasky.
CDMRP Vision Manager Speaks at NAEVR Session at ARVO

At NAEVR’s April 29 Defense-Related Vision Research Opportunities session at the ARVO Annual Meeting in Vancouver, DOD Vision Research Program (VRP) Manager Q. Tian Wang, PhD, spoke about the VRP’s history and priorities, the VRP Program Committee’s recently selected FY2018 awards, and the then-impending FY2019 Program Announcements. Dr. Wang emphasized that, unlike the NIH grant review process, the CDMRP uses a two-tier review process—Peer Review first for scientific merit, and then Programmatic Review for military relevance, especially that which responds to DOD-identified research gaps listed in the Program Announcements.

Subsequent to the session, Dr. Wang let NAEVR know that a new DOD-NEI Vision Research Collaborative (VRC) agreement will enable additional FY2018 VRP projects to be funded which were originally on the alternates list—although the exact number is not finalized. The VRC will also be in effect for the FY2019 funding cycle, meaning that the NEI will again have the option to fund high-scoring grants that cannot be funded due to limitations on VRP funding.

In addition to her appearance at NAEVR’s session, Dr. Wang, along with VRP Science Officer Marc Mitchell, attended the ARVO Annual Meeting sessions and met one-on-one with researchers from Sunday through Wednesday at a dedicated CDMRP booth. These meetings allowed researchers to discuss their ideas for projects and gauge the potential interest of the VRP.

A link to the three Program Announcements as well as a synopsis of all three funding mechanisms is available on the CDMRP Web site.

FY2020: House Proposes $20 Million

H.R. 2740, the House minibus spending package that also included the LHHS bill in addition to the Defense bill, funds the VRP at $20 million, the amount requested by NAEVR and the same level as in FY2019. The spending package now moves to the Senate, which has yet to begin its work on individual FY2020 spending bills. Generally, the Senate Appropriations Committee does not include funding for most DOD medical research programs, but instead accepts the funding levels in the House appropriations bills when the two chambers’ bills are conferenced.

FY2019: VRP Issues Program Announcements

On May 24, the VRP released its FY2019 Program Announcements, with $20 million available for research in three funding mechanisms with pre-proposals due by August 6:

- Focused Translational Team Science Award (FTTSA), with a maximum funding of $5 million over four years
- Investigator-Initiated Research Award (IIRA), with two separate funding levels: Level 1, with a maximum funding of $260,000 over two years; and Level 2, with a maximum funding level of $500,000 over three years
- Translational Research Award (TRA), with a maximum funding of $750,000 over three years

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