



THE **ACHIEVER**

Retina Australia Victoria

Registration # A0002991W

WINTER EDITION

JUNE 2010

ROSS HOUSE, 4TH FLOOR
MELBOURNE VIC 3000

247 - 251 FLINDERS LANE

PHONE (03)9650 5088

FAX (03) 9639 0979

Email: support@retinavic.org.au

Web site: www.retinavic.org.au

INSIDE

FROM THE PRESIDENT	2
LAUNCH OF BIONIC EYE PROJECT	3
INVITATION TO PARTICIPATE IN RETINAL DEGENERATION STUDY	5
CATARACTS AND RETINAL DEGENERATION	6
FEATURE: DEVICE HELPS RP TEACHER	7
RESEARCH UPDATE: LCA GENE THERAPY RESTORES SIGHT	8
POSITIVE RESULTS FROM LCA STUDY	9
SUBRETINAL IMPLANT RSTORES VISION	10
RESEARCH TARGET STEM CELL TREATMENT FOR AMD	12
VITAMIN A PLUS LUTEIN CAN SLOW VISION DECLINE IN RP	13
TOP FOOD FOR EYE HEALTH	13
QUESTION TIME	14

WONDERFUL WINTER NEWS

- Launch of Exciting Bionic Eye Project in Melbourne
- Promising results from LCA Studies
- Nutrition for Eye Health

PP: 33 1088/00015

From the President – Leighton Boyd

I would like to take this opportunity to publicly thank Charles Rogers, who recently resigned from the Board, for his valuable contribution to the association over the past seven years. Charles was President of Retina Australia Vic for three years and served as a Board member for the remaining time. We are very grateful that Charles agreed to step into the role of president from 2005-2008 when no one else was willing to take on this position. During this time a significant number of achievements were accomplished, including Charles' leadership of the Cars of the World fundraising event which enabled a significant amount of money to be raised for retinal research. This annual event also assisted with promoting the "Retina" name in the community amongst persons who have no link to anyone with a retinal disease. On behalf of all of the members, I wish Charles well for the future, whatever path that may take.

Charles' resignation has created a vacancy on the Board which we would like to fill as it is important to have a full cohort to assist with the running of the organisation and to share the workload. The Board meets monthly at Ross House on the first Tuesday of each month between 5.30 & 7.30pm. If you are interested in assisting the membership by volunteering to join the Board, please do not hesitate to phone me on 0417 566 899.

Last newsletter, I mentioned that a forum was being planned for Saturday 9 October in conjunction with our AGM. I am pleased to announce that we have already arranged for Professor Michael Kalloniatis, Dr Erica Fletcher and Dr Una Greferath to make presentations to us about their ongoing retinal investigations, as well as bring us up to date with the latest world-wide research including our own Australian Bionic Eye project. We look forward to having a "full-house" at this forum given the exciting research developments of late.

Many of you will be aware that I was closely involved with the launch of Bionic Vision Australia at the University of Melbourne on Tuesday 30 March. This event was extremely exciting because of the future possibilities the 'bionic eye' holds for persons with retinal disease, as well as the fact that some of our members will be invited to personally participate in this research project. Press coverage of the event was exceptional and extremely positive, resulting in the publicising of Retina Australia (Vic) across the country. Further details are included on the following pages in this Achiever.

Recently I represented Retina Australia at forums held independently by Vision 2020 and the Centre for Eye Research Australia. These organisations assemble representatives from low vision or blindness related groups to discuss issues of mutual interest, to report on their work and to provide the latest research information. Guest speakers include politicians who keep attendees abreast of policy changes and give us the opportunity to express our views. For more information, I recommend that you look at each organisation's website, or contact me through the office.

Finally, I remind you that June is the month for membership renewal and you should have received information relating to this. We would appreciate your prompt response so that we can budget appropriately. If you have not received your renewal notice, please let Lin in the office know so that she can forward the appropriate form to you.

Launch of Bionic Eye Project in Melbourne

Last edition we reported on the impending bionic eye project made possible by a \$42 million federal government grant - a result of the government's 2020 Summit. Well, the project was finally unveiled at Melbourne University on 30 March. Leighton Boyd attended the event on behalf of Retina Australia president, Graham Banks, and met the Prime Minister who officially launched a prototype for a bionic eye which has the potential to improve the quality of life of thousands of visually impaired Australians. Leighton became involved in the launch video and subsequently the media hype which surrounded the launch. The result was that we received significant publicity for Retina Australia on all of the major television channels and in many newspapers across Australia. Leighton was interviewed live on radio 6PR and interviewed by a journalist from the Australian Associated Press.

This publicity about the Bionic Eye which will be trialled by Retinitis Pigmentosa affected persons has resulted in a number of people phoning the office to seek information and an opportunity to increase our membership. A number of the scientists involved in this exciting invention have been previous recipients of research funding from Retina Australia. Of particular note are Nigel Lovell, Greg Suanning and Erica Fletcher. As well staff at the Royal Victorian Eye and Ear Hospital who have been linked to the Retinitis Pigmentosa clinic over the years are also involved.

Seeing is believing

What is implanted
98-electrode array is implanted between the sclera and choroid at back of eye

What it looks like

Camera
Images captured by camera are converted by an image processor and sent to implant wirelessly

What will be seen

Normal vision

Anticipated vision

Cornea
Sclera
Choroid
Electronics unit

Vision processor
Sits in pocket

Bionic vision: Leighton Boyd wears the bionic glasses.

The model, which boasts 98 electrodes and wireless data transmission, operates using a tiny video camera that is attached to the bridge of a pair of sunglasses. The camera

captures images, which are sent wirelessly to an implant attached to a patient's retina. Electrodes on the retina are then simulated, creating vision.

Bionic Vision Australia's (BVA) prototype is expected to undergo human trials in 2013 and 2014. The Melbourne consortium will be competing against other bionic eye projects already under way, including one headed by Stanford University which has tested its device on rats. BVA's partners are Melbourne University, University of NSW, the Bionic Ear Institute, the Centre for Eye Research Australia and NICTA (National Information and Communications Technology Australia).

What was said in the media about the project by:

**Kevin Murfitt - Research Director Bionic Vision Australia and
Professor of Engineering Melbourne University**

"It's very, very exciting - the innovation of a lifetime. Initially images the bionic eye would be able to transmit would be very low resolution. But that's enough information, we believe, for these patients to regain their mobility and their independence. It's very much like what's happening with a cochlear implant. The first generation is really to enable people to move around their environment, to regain their mobility and independence. The high acuity (second generation) one will enable them to be able to recognize faces and to read large print."

Leighton Boyd - President Retina Australia (Vic)

"It's amazing technology. I was actually thinking this would be a long way away. It surprises me that it's really here so soon. It's life-changing. The initial prototypes were a lot bigger but by the time the human trial comes they'll be even slimmer. By then, it will just be a little thing on your belt and the glasses. We talked about this many years ago and now it's a reality. A bionic eye has been a long time coming and it's a pretty exciting day. I'd just love to see the people that matter to me. My wife, my children and grandchildren - those are the things you really miss."

Kevin Rudd, Prime Minister

" This project is a critical health project. If it could work, it would be an outstanding contribution to our common humanity. It has the potential to improve the health and quality of life of Australians right around this country; in fact people right around the world."



CHANGE IN OFFICE HOURS

Please note the the Retina Australia (Vic) office hours have now changed to:

Tuesday and Thursday 9.00 am – 2.30 pm.

Please do not hesitate to call us on 9650 5088 during these hours with any queries.

Opportunity to Participate in Retinal Degeneration Study

Below we have reproduced a letter we have received from Dr Chi Luu, Phd, Senior Research Fellow at the Centre of Eye Research, seeking expressions of interest from those affected by retinal degenerative conditions to assist in the development of the bionic eye implant:

Dear members of Retina Australia Victoria,

As you probably have heard from the media the Centre for Eye Research Australia (CERA) is currently working with its research partners to develop a retinal implant (bionic eye) to restore some useful vision to the Blind. In the next few months, we will be conducting a clinical study to examine how the structure of the retina changes in patients with a retinal degeneration condition such as retinitis pigmentosa. This information will help us to develop a better bionic eye implant. We would like to invite you to participate in this study, which involves performing lots of tests, including photographing the back of your eyes, vision testing, and answering a set of questions. The details of the study will be sent out to you in the near future. In the meantime, if you have any queries, or would like to register your interest in participating in the study please contact me on 9929 8172 (email: cluu@unimelb.edu.au). We greatly appreciate your participation and contribution to the research.

Dr Chi Luu, PhD

Senior Research Fellow, CERA

The 2010 | 2011 Entertainment™ Books are still available!!

Jammed packed with hundreds of enticing offers, including 25% to 50% off and 2-for-1 offers from the finest restaurants, cafes, attractions, activities and accommodation.

Your book will pay for itself in no time!!

Call the office on 9650 5088 to order a book for **\$65** and start saving big time now!!

Cataracts and Retinal Degenerative Diseases

To help people with retinal degenerative diseases better understand issues related to cataracts and their removal, Foundation-funded clinicians Richard Weleber, M.D., of the Casey Eye Institute, Oregon Health & Science University, and Jacque Duncan, M.D., of the University of California, San Francisco, provide the following answers to commonly asked questions:

1. Why do people with retinal degenerative diseases get cataracts more frequently than the general population?

Researchers don't know for certain, but they believe that more frequent cataract formation occurs because degenerating photoreceptors cause chronic, low-level inflammation in the eye. The cataracts are somewhat similar to the type that patients with uveitis get. (Uveitis is swelling and irritation of the uvea, the middle layer of the eye.)

2. What are the hazards of cataract removal, especially for someone with a retinal degenerative disease?

People with retinal degenerative diseases have increased risk of complications from cataract removal, because of the fragility of their retinas. Some complications include: inflammation of different parts of the eye, macular edema (swelling of central retina), and more difficult management of an existing epiretinal membrane (scar tissue).

3. How does one reduce their risk of complications?

The surgery should be performed by someone expert at removing cataracts, using as little light as possible and practical. The patient should be treated aggressively for ocular inflammation before and after surgery. Ideally, the surgeon should be familiar with retinal degenerative diseases, and the special considerations that need to be made when performing surgery on these patients.

4. Does the type or extent of retinal disease impact the decision to have a cataract removed?

Yes. The extent and location of damage to the retina will certainly affect the decision process. The physician(s) will consider the odds that vision will be improved following the surgery, and whether the benefits of surgery outweigh the risks. All people with retinal degenerative diseases should thoroughly discuss the potential risks and benefits of cataract removal with their ophthalmologist.

Source: Retina International

FEATURE

Device Helps RP Teacher

Watching her move around the classroom, one would never know Erin Goodwin-Allen is visually impaired. She has had retinitis pigmentosa since birth. It's a challenging disease because I look completely normal," said Goodwin-Allen.

She sees her third-grade class through a narrow field of tunnel vision. She recognizes her students by where they sit. "My desks are very specific where they are also because if one desk is moved, I'll run into it," said Goodwin-Allen.

Goodwin-Allen now uses a new tool called FarView, which is developed by San Diego-based Optelec. For a spelling test, it magnifies the words dramatically and it can save up to 100 images and magnify up to 50 times. Users can snap photos with the FarView and store text. It also has an automatic scrolling feature that allows people to read documents with ease. It magnifies text, and with the push of a button it changes the background and the colour to make it easier to read. It can be used for distances as well. Users can freeze images and then zoom in to see it clearly.

Goodwin-Allen, a wife and mother of two, uses it at home when paying bills. "I'm really independent and so I don't have to rely on anybody else. I can use that to pay bills and that's been the biggest godsend. It's just been amazing. It's a valuable tool at school and home," said Goodwin-Allen.

Optelec has teamed with the Foundation Fighting Blindness, and they are partners in the San Diego VisionWalk to help raise money for research on retinal diseases. In 2009 Goodwin-Allen was the chair of this event. The Foundation Fighting Blindness is the largest non-governmental funder of research for retinal eye diseases in the world.



*←Left:
The FarView device,
produced by Optelec*

*Right:→
Erin and her husband
in the 2009 San Diego
VisionWalk.*



RESEARCH UPDATE

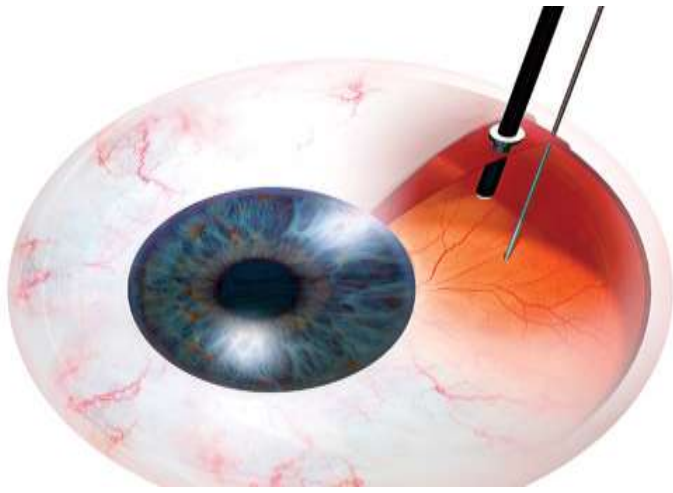
LCA GENE THERAPY RESTORES SIGHT

Tami Morehouse was afraid to open her eyes at the sound of her alarm clock every morning. Her vision had deteriorated to a brown haze over the past three years. She couldn't tell the sky from the ocean or make out people's faces. The 45-year-old mother of three knew that, eventually, she would wake up one day and her world would be black. But a couple of weeks after doctors injected one eye with new genes, she could see the refrigerator door. Four months later, she watched her 12-year-old daughter steal third base.

Morehouse has Leber's Congenital Amaurosis, a single-gene defect that prevents the retina from producing the proteins that play a vital role in maintaining the health of the eyes' light receptors. For most sufferers, vision begins failing in early childhood. Without the treatment, there is no question that she, or any other sufferer of LCA, will eventually go totally blind. But Morehouse was among 11 other LCA patients, ranging in age from eight to 33 years old—"I was the oldest, blindest pioneer," she jokes—in a recent clinical trial at the Children's Hospital of Philadelphia. They received a shot of genes near their retinal cells to repair their light receptors. Although most of the participants entered the trial with vision similar to the brown haze that Morehouse experienced, today at least six of the participants' vision has improved such that they are no longer considered legally blind.

The therapy stems from nearly 20 years of research on hereditary blindness in mice and dogs by Jean Bennett, a molecular geneticist at the University of Pennsylvania School of Medicine. With additional studies, Bennett says that she could have a drug ready in three years that any retinal surgeon could administer to cure LCA. But she's not stopping there. Only five children born in the U.S. annually have the same type of LCA as Morehouse, but focusing on a rare single-gene defect is a good way to develop a model for treating more common ailments. "Our success shows that this technique is possible," Bennett says. "We think this could be a platform for a lot of different blinding diseases." Within the decade, she says, therapies involving similar eye genes could improve sight in people with other mutations, such as retinitis pigmentosa or macular degeneration.

Morehouse, like the other patients in the first study, received an injection in only one eye (they left the other eye alone as a control). "Call me greedy," she says, "but I keep reminding my doctors, 'Please don't forget my other eye.'" This spring, Bennett and her colleagues hope to continue to test the LCA gene therapy in both eyes of younger patients. Bennett is currently applying for additional funding for a larger trial and to finish treating her first 12 patients. She hopes it comes soon—the new genes can't help once all the retinal cells have died: "It's an emotional race for all of us."



A virus carrying copies of the healthy gene is injected near the eye's retinal-pigment epithelium cells. The virus invades the cells, which convert the new genes into the proteins that supply the rods and cones with the vitamin A necessary to form the pigment that absorbs light and allows a person to see.

Source: Tech News Ninja, 2 March 2010.

Positive Results From LCA Study

The Canadian based company, QLT (Quadra Logic Technologies) Inc, has announced interim results from the first 3 subjects enrolled in a Phase 1b clinical proof-of-concept study of QLT091001 in the treatment of Leber Congenital Amaurosis (LCA), an inherited progressive retinal degenerative disease that leads to retinal dysfunction and significant visual impairment beginning at birth. QLT091001 is an orally administered synthetic retinoid replacement for 11-cis-retinal, which is a key biochemical component of visual function.

The Phase 1b trial is a short-term, open-label, single-centre study to evaluate the safety profile and effects on retinal function in 8 pediatric subjects (aged 5 to 14 years) diagnosed with LCA due to inherited deficiency of retinal pigment epithelium protein 65 (RPE65) or lecithin:retinal acyltransferase (LRAT). Based on the positive results from the first 2 pediatric patients, a protocol exception was granted to also treat an adult patient. Subjects receive daily oral doses of QLT091001 for 7 days at the Montreal Children's Hospital at the McGill University Health Centre, Montreal, Canada, under the supervision of the trial's principal investigator, Robert K. Koenekoop, M.D., Ph.D. Patients were monitored to ensure overall safety. Efficacy assessments included several visual function parameters including best-corrected visual acuity and visual field testing.

Three subjects aged 10, 12, and 38 years, all of whom have a genetic mutation in LRAT, have been enrolled and treated to date. After 7 days of treatment with QLT091001, all of the subjects experienced clinically relevant improvements in one or more visual function parameters, including best-corrected visual acuity, Goldmann visual field, and/or retinal sensitivity as measured by full-field sensitivity threshold testing. Subjects have also reported meaningful improvements in their visual performance related to tasks of daily living. The onset of visual changes was rapid and there was progressive improvement beyond the 7 days of treatment, with some effects persisting for up to 4 months after treatment was completed.

Improvements were most pronounced in the youngest subject, but clinically relevant changes were also noted in the one adult subject treated to date. The study treatment has been well-tolerated, with mild to moderate adverse events observed including transient headache and photophobia, and an increase in triglyceride levels. The study is ongoing and will enroll additional subjects, including those who have LCA due to mutations in RPE65. Because of the prolonged treatment effects, the study will also continue to gather longer-term follow-up data on these subjects. Completion of the current trial is expected before year end.

"These preliminary results are very exciting, are better than expected, and provide a measure of hope that a treatment might be developed for this devastating disease. We are intent on continuing the trial and undertaking further research into the safety and efficacy of this compound," said Dr. Koenekoop, Director of the McGill Ocular Genetics Laboratory and Chief of Pediatric Ophthalmology at Montreal Children's Hospital. "We look forward to sharing these data with the ophthalmology community". He had the opportunity to do just that at a mini-symposium entitled, "An Overview of Retinal Dystrophies: from Gene Discoveries to New Therapies" at the Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting in Florida held on May 3, 2010.

While these early results are promising, the safety and efficacy of QLT091001 remains to be fully evaluated through additional preclinical and clinical testing. QLT091001 cannot be made available to patients with LCA outside of regulated clinical trials, such as the current study.

Genetic diseases in the eye such as LCA and RP arise from gene mutations of enzymes or proteins required in the biochemistry of vision. QLT091001 is a replacement for 11-cis-retinal, which is an essential component of the retinoid-rhodopsin cycle and visual function.

The basis for using synthetic retinoids as replacement therapy for conditions where genetic defects result in deficiency of 11-cis-retinal is founded on experiments in mouse genetic models, including those developed in the laboratory of Dr. Krzysztof Palczewski. These experiments used mice that have mutations in either the Rpe65 or Lrat genes, the same as those associated with LCA in humans. Both mouse models have clinical features of the human disease. The biological activity of the synthetic retinoid was monitored by measuring the level of pigment-related compounds in the eye.

Retinal function was also assessed by detecting electroretinograms (ERGs) and electrical nerve signals from the retina. Oral administration of QLT091001 showed evidence of having corrected the biochemical defect in the retinoid cycle in light-sensing cells and appeared to restore ERG responses to light in both models of LCA.

Source: QLT Inc. Media Release

Subretinal Implant Restores Vision

A developer of subretinal implants for the visually impaired has announced scientific revelations discovered during the company's first human clinical trial. The results achieved in the 11 patients that were involved in the trial exceeded the company's expectations for their first trial. In fact, a few of the patients were able to see objects and shapes so clearly they could combine letters to form words and recognize foreign objects. Previous studies conducted by other companies also developing retinal implants have found their technology facilitated the ability to see light and outlines of objects, but did not produce a level of sight that enabled patients to read or recognize foreign objects. Retina Implant's clinical trial began in Germany in 2005 and has involved 11 patients who lost their sight due to retinitis pigmentosa (RP).

There are two main approaches to retinal implants currently being studied by scientists across the globe - subretinal and epiretinal. The subretinal approach involves implanting the chip underneath the retina, specifically in the macular region. The macular region is believed to be the ideal location because this is the most sensitive area which is responsible for producing clear images in sighted people. By placing the chip below the retina, the natural way of processing light, through the pupil of the eye to the retina to the optical nerve and finally to the brain, can be restored. While, the epiretinal approach involves placing the chip on top of the macular region of the retina and requires additional equipment, like cameras or special glasses, to properly function.

"During the course of our first trial, we learned a great deal between our first and last patient, especially from patient 10 to 11," said Dr. Walter-G. Wrobel, president and CEO of Retina Implant, AG. "Paramount in this discovery was learning that using the subretinal approach to place the chip in the macular region provided superior clinical outcomes. The eleventh/last patient in the study was the only one to have the chip placed exactly in the macular region, and he was able to see more clearly than any other patient in the trial. Additionally, every patient tolerated the surgery well; no adverse events occurred."

"As an ophthalmic vitreo-retinal specialist I have been following the artificial vision space for some time now, and I am particularly interested in the progress of Retina Implant's team," said Dr. Jay Federman of the Retina division of the Wills Eye Institute in Philadelphia. "The results of the subretinal approach, implanting a 1,500 multi-electrode, are very encouraging. It will be exciting to watch Retina Implant's subsequent clinical trials as well as scientists at both the Massachusetts Institute of Technology (MIT) and the Stanford University group who are also researching the subretinal approach and plan to commence human trials. I'm hopeful this breakthrough research will present the blind community with a viable treatment option in the coming

years. This whole field is evolving, and I believe will continue to push beyond our existing capabilities.”

“I first noticed my eyesight was impaired at 16, and over a period of 16-17 years, my condition deteriorated to complete blindness,” said the 11th patient, a 45 year-old Finland-based male. “I knew there was a chance the implant wouldn’t enable me to see anything, but I was willing to participate in the research with the hope I would regain some sight. When the microchip was turned on, I immediately was able to distinguish light from dark and see outlines of objects. As I got used to the implant, my vision improved dramatically. I was able to form letters into words, even correcting the spelling of my name. I recognized foreign objects such as a banana and could distinguish between a fork, knife and spoon. Most impressively, I could recognize the outlines of people and differentiate heights and arm movements from 20 feet away.”

Retina Implant presented the results of this clinical trial at the Association for Research in Vision and Ophthalmology’s (ARVO) annual meeting May 2-6.

Source: www.businesswire.com, Reutlingen, Germany

Researchers Target Stem Cell Treatment for AMD

An international research team has rescued vision in rats through transplantation of pluripotent stem cells or iPS-stem cells that are derived from mature cells or tissue that resides almost anywhere in the body. The team is working towards using this innovative approach to treat AMD, and potentially other retinal degenerative disorders in humans. The research collaboration which includes investigators from the University of California, Santa Barbara, and University College London, used lung cells that were converted into stem cells by treating them with special proteins known as transcription factors. The stem cells were then manipulated forward to become retinal pigment epithelial cells (RPE). When the newly derived RPE cells were transplanted into rats with damaged RPE cells the rats vision was retained. The rats that were not treated lost significant vision.

RPE cells play an essential supportive role in maintaining retinal health and vision. In the study the researchers verified that the transplanted RPE cells were in fact keeping photoreceptors healthy and functioning. The advantage of using induced pluripotent stem cells is that they have the properties of embryonic stem cells. They can be replicated and coaxed to become virtually any cell type in the body, but are not extracted from embryos.

The research team will be evaluating induced pluripotent cells and other stem cell types in additional animal models of retinal degeneration with the goal of moving cell based treatments into human trials.

Source: www.blindness.org

Vitamin A Plus Lutein Can Slow Vision Decline in RP

Vitamin A and its precursor beta-carotene, have long been known to have eye-related health benefits, hence the saying that carrots are good for the eyes. In a new study conducted at the Harvard Medical School in Boston, researchers have found that daily lutein supplements in addition to Vitamin A can help slow progressive vision loss in non-smoking patients with retinitis pigmentosa (RP). Eliot L. Berson MD and colleagues studied a group of 225 non-smoking patients with RP. The participants, divided into two groups, were given 15,000 IU per day of vitamin A palmitate plus 12 milligrams of lutein daily or the vitamin A plus placebo. The groups were evaluated to disease progression over a study period of four years.

Those given lutein had a slower loss of vision in the mid-peripheral visual field. The researchers estimated that visual sensitivity could be preserved for an additional three to ten years with lutein supplementation. Lutein is a carotenoid found in dark green leafy vegetables such as kale and spinach, and egg yolks. In addition to RP, lutein has also been studied in the eye disease macular degeneration (AMD) because the compound is highly concentrated in the macula of the eye.

The average American consumes only 1 to 2 milligrams of lutein per day, less than the 6 to 10 milligrams thought to have the most nutritional and health benefits.

Source: www.emaxhealth.com, April 13, 2010

Top Foods for Eye Health

A number of recent studies on nutrients and eye health have indicated that diet can benefit your long term eye health.

- Eat very little saturated fat and vegetable oils (including margarine). Use extra virgin olive oil for cooking and making salad dressings
- Look for foods with vitamins A, C and E, zinc, and omega-3 fatty acids. Pick and mix to suit your budget, general health profile and personal tastes
- The easiest way to start eating for eye health is to follow the 5-plus rule for fruits and vegetables
- Choose leafy green dark vegetables like silverbeet, spinach, dark salad greens
- Berries of all kinds: black, blue and red
- Orange, yellow and red vegetables: pumpkins, carrots and sweet corn
- Orange, yellow and red fruits: citrus fruits, apricots, persimmon, paw paw, plums, rockmelon, watermelon and tomato
- Cruciferous vegetables: broccoli, cabbage, bok choy and brussel sprouts
- Fish: particularly shellfish, and fatty fish like tuna, salmon and sardines
- Nuts: raw or dry roasted, walnuts, almonds, brazil and pine-nuts
- Beans
- Lean meat

Source: Retina NZ Newsletter

Question Time

with Ron Murley

In this edition, Ron Murley has kindly agreed to volunteer for Question Time. Please contact Rick through the office to volunteer your answers for future editions.



1. What's your earliest memory?

First day at school.

2. What's your idea of a good time?

Dinner with family and friends.

3. What's your ideal holiday destination?

Tasmania.

4. Who inspires you?

Nelson Mandela, after spending some time working in South Africa in the 1970's.

5. What makes you angry?

Hearing people getting ripped off.

6. What's the hardest thing you've ever done?

Speaking in public.

7. What's the best thing you've ever done?

Getting married to Denise.

8. What do you like about Retina Australia (Vic)?

Up-to-date news.

9. If you could change one thing about the world, what would it be?

Stop all wars.

10. What's the most important thing you've learnt about life?

Be honest and kind to people.

LAST WORD

Possessions, outward success, publicity, luxury - to me these have always been contemptible. I assume that a simple and unassuming manner of life is best for everyone, best for both the body and the mind.

ALBERT EINSTEIN 1879-1955

Success is a state of mind. If you want success start thinking of yourself as a success

ANONYMOUS

CHANGE OF ADDRESS OR OTHER DETAILS

To advise change of address or name, please enter your new particulars below. Then mail the whole of this page, which includes your existing particulars, to:

**Retina Australia (Vic) Inc., 247–251 Flinders Lane,
MELBOURNE VIC 3000, Fax to 03 9639 0979 or email to
support@retinavic.org.au**

NAME:

NEW POSTAL ADDRESS:

.....

..... **POSTCODE:**

TELEPHONE/S:

NEW EMAIL:

DISCLAIMER:

Views expressed in this publication are not necessarily those of Retina Australia (Vic) Inc. Retina Australia (Vic) Inc accepts no responsibility and disclaims all liability for such views as well as for any information contained in articles and summaries of research reports, including but not restricted to, the use of pharmaceuticals or other products, items of equipment or practices. Retina Australia (Vic) Inc strongly suggests that persons seek advice from their medical practitioners before adopting any changed procedures, practices or products.



If undeliverable, please return to:

Retina Australia (Vic) Inc.

4th Floor, Ross House
247 – 251 Flinders Lane,
Melbourne, VIC 3000
www.retinavic.org.au

**SURFACE
MAIL**

**POSTAGE
PAID**

“The Achiever”
Print Post Approved
PP33 1088/00107