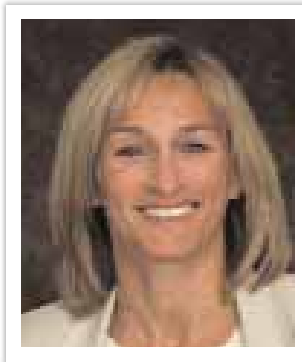


Barbara A. Smit, MD, PhD

Dr. Smit reveals why she switched professions and describes how she uses laser trabeculoplasty.

Why did you abandon your position as an associate professor in the fields of horticulture, plant physiology, and plant molecular biology to pursue a career in ophthalmology?

I am incredibly lucky to have had the privilege of essentially two careers in great professions. I left my faculty position after I became increasingly frustrated with chasing the research dollars as sources of funding declined. On the advice of a physician friend, I decided to use my background in biology to pursue a career in medicine. I miss working in the laboratory and teaching graduate students. Working in ophthalmology, however, has provided me with new rewards and challenges while still building on my love of science and the critical thinking skills gained from my research training.



Who are your role models?

As part of the generation who lived through the Great Depression and World War II, my parents taught me the value of hard work and instilled in me a desire

to contribute to society. In ophthalmology, Murray Johnstone, MD, has been my greatest role model and mentor. He is an incredible clinician and surgeon, and he has shared his vast experience and expertise with me. Dr. Johnstone demonstrates that one can combine private practice with an involvement in research, professional teaching, and leadership. Based on his example, I have tried to provide exemplary care to my patients while also taking advantage of my background in research and academics to contribute to the ophthalmic profession.

Where does laser trabeculoplasty currently fit in your treatment armamentarium?

I use laser trabeculoplasty both as a primary treatment and for patients whose glaucoma is poorly controlled by medication or who cannot tolerate medical therapy. I generally perform selective laser trabeculoplasty. I find that, if treatment is fairly aggressive (ie, 360° with a power level to cause the formation of “champagne bubbles”), selective

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FAST FACTS

- Clinical instructor at the University of Washington School of Medicine, 2005 to present
- Glaucoma and cataract specialist with the Spokane Eye Clinic in Washington, 2004 to present
- Clinical preceptor for residents and medical students at the University of Washington Medical Center in Spokane, 2004 to present
- Member of the ASCRS Glaucoma Clinical Committee, 2005 to present
- Examiner for the American Board of Ophthalmology, 2006 to present
- Recipient of the Best Doctors Award, 2008 and 2009
- Elected to Alpha Omega Alpha, 1994
- Author/presenter of more than 50 articles in ophthalmology. Author of 20 articles in refereed journals and coauthor of more than 30 presentations at national and international scientific conferences in the field of plant biology and horticulture

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laser trabeculoplasty achieves good results in my patients with very little risk of complications. I do not repeat laser trabeculoplasty unless patients achieve at least 1 year of improved IOP after their initial treatment.

As primary treatment, successful laser trabeculoplasty eliminates problems related to patients' compliance with prescribed medical therapy, and it can be a cost-effective alternative to pharmaceuticals. In cases of more advanced disease, laser trabeculoplasty can sometimes stave off the need for incisional surgery, with its many risks and possible complications. I have found laser trabeculoplasty to be especially successful for the treatment of steroid-induced glaucoma. Because this form of glaucoma is usually a self-limited disease process, avoiding incisional surgery in these patients is particularly attractive.

Where does research into anecortave acetate as a treatment for primary open-angle glaucoma and ocular hypertension currently stand?

In an early analysis of data from a phase 2 trial of a juxtасcleral injection of anecortave acetate, the mean reduction in IOP from baseline levels for the 60-mg dose was 3.8 mm Hg, which was statistically significant versus the vehicle (data on file with Alcon Laboratories, Inc. [Fort Worth, TX]). Research studies into the use of anecortave acetate for lowering IOP in primary open-angle glaucoma and ocular hypertension, however, were recently discontinued.

Alan Robin, MD, has been instrumental in the research on this experimental drug. He has been eloquent in his discussion of the need for a new delivery system for glaucoma medications due to the challenges that many of our patients face in adhering to prescribed therapy. I hope for further research into anecortave acetate or similar therapies that avoid the need for daily dosing with medication.

What would your colleagues be most surprised to learn about you?

My passion outside of work is active travel, particularly within the developing world. My husband and I have cycled, hiked, or served as volunteers in Argentina, Bhutan, Borneo, Burma, Ecuador, India, and Tanzania as well as other nations. We love to see countries up close and to interact with people from diverse cultures. I sometimes have the opportunity to share my knowledge of eye care with local doctors, which makes our travels even more worthwhile. □

Dr. Smit has been an investigator for Alcon Laboratories, Inc.