GLEAMS

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GLAUCOMA RESEARCH FOUNDATION

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IN THIS ISSUE

UPCOMING EVENT

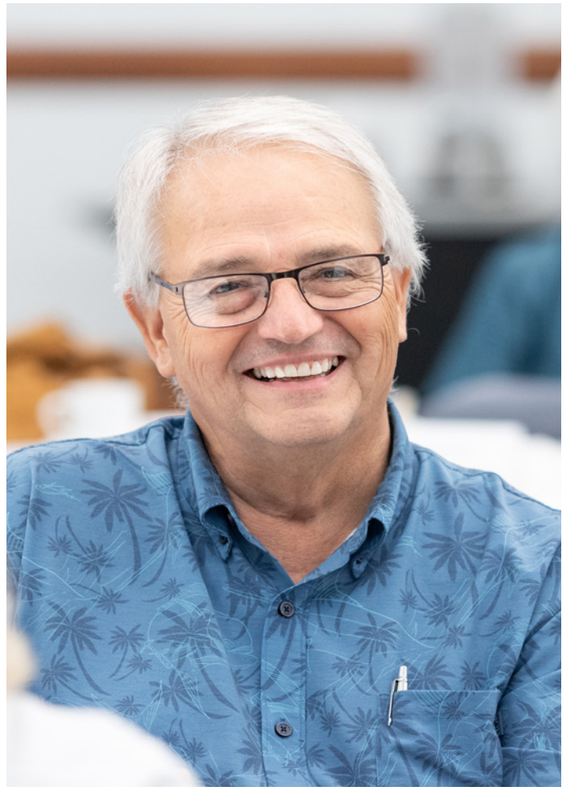
Glaucoma Patient Summit

The 8th annual Glaucoma Research Foundation Patient Summit will highlight advances in treatment options and practical information to help patients understand and live with glaucoma.

June 12 - 13, 2026

Grand Hyatt San Francisco
San Francisco, CA

Learn more and register:
www.glaucoma.org/summit



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ON THE COVER: Milica Margeta, MD, PhD, Catalyst for a Cure scientist at Massachusetts Eye and Ear, working to discover neuroprotective cures for glaucoma.

Update on SLT Laser Treatment

Selective Laser Trabeculoplasty (SLT) is a safe, effective laser treatment to lower eye pressure in patients with open-angle glaucoma or ocular hypertension. As an ophthalmologist, I often describe SLT as a way to help your eye's natural drainage system work better—without incisions and often without the need for daily drops.

Inside the eye, fluid drains through a structure called the trabecular meshwork. In glaucoma, this drainage system becomes less efficient, raising eye pressure and risking optic nerve damage. SLT uses gentle, targeted laser energy to stimulate the trabecular meshwork, improving the outflow of fluid from inside the eye, and lowering eye pressure.

A landmark clinical trial, the LiGHT Study (Laser in Glaucoma and Ocular Hypertension), significantly changed how we approach initial glaucoma treatment. This large, randomized study compared SLT as first-line therapy to starting with medicated eye drops. The results showed that SLT was at least as effective as drops in controlling eye pressure, with many patients remaining drop-free for years. It was also found to be cost-effective and associated with excellent safety outcomes. Because of this evidence, many eye doctors now offer SLT as a primary (first-line) treatment rather than reserving it for later stages.

The procedure is performed in the office and typically takes about 5–10 minutes. After numbing drops are placed, a special lens is used to focus the laser on the drainage system. Most patients feel little to no discomfort. There are no incisions, and you can usually resume normal activities the same day.

More recently, technology has advanced further with Direct Selective Laser Trabeculoplasty (DSLT). DSLT delivers laser treatment externally, without placing a contact lens on the eye, and uses automated targeting of the drainage system. Since this is a new technology, we do not know about its long-term efficacy. While DSLT is still being incorporated into clinical practice, it represents an exciting step toward faster, more comfortable, and potentially more accessible glaucoma care.

Today, it is increasingly common for eye doctors to recommend SLT early in the disease process. The procedure is performed in the office, takes only minutes, and has minimal downtime. The pressure-lowering effect may last several years and can be repeated if needed.

For patients and caregivers, it is important to remember that glaucoma requires lifelong monitoring. SLT is not a cure, but it is a powerful, evidence-based tool that helps us preserve vision safely and effectively over time.

SAHAR BEDROOD MD, PHD
Board-certified, fellowship-trained glaucoma and cataract specialist at Advanced Vision Care in Los Angeles, California.

HIGHLIGHTS FROM GLAUCOMA 360

The Fast Track to Neuroprotection

Glaucoma Research Foundation's New Horizons Forum continues to be the premier gathering for doctors, scientists, entrepreneurs, and industry leaders. Co-chaired by Adrienne Graves, PhD, and Andrew Iwach, MD, the meeting is uniquely structured to bridge the gap between patient needs and the change-making companies who can fulfill those needs.

At the heart of this year's New Horizon's Forum was a focus on neuroprotection – future treatments that could not only protect retinal cells in glaucoma, but possibly even restore vision. The program opened with a lecture from Eugene de Juan Jr., MD, who argued that because many patients continue to lose vision despite reaching target intraocular pressures (IOP), the field must look beyond pressure-lowering treatments. He highlighted new therapies showing dramatic early results in glaucoma models and predicted that AI will soon play a role in bringing those treatments to at-risk patients faster.

Leading industry representatives took the opportunity to present their potential neuroprotective therapies in sessions like "Breaking Barriers in Glaucoma", "The Perfect Dose," and "Devices Changing the Game." Other topics included forward-looking leaps in how glaucoma may be diagnosed, the need for more accessible clinical trial outcome measures, the status of GRF's Treatment Accelerator program, and a touching "Patient Perspective" from visually impaired Paralympian Amy Dixon, PLY. This impactful meeting was closed by Ruth Williams, MD, who reminded the audience that neuroprotection is not merely a clinical goal, but a shared commitment to improving patients' quality of life.

EUGENE DE JUAN JR., MD DELIVERED THE KEYNOTE LECTURE AT NEW HORIZONS FORUM

The earliest and most exciting potential new treatment options are presented annually at New Horizons Forum. This year's 15th annual meeting on January 30th in San Francisco featured more new companies and more novel therapies than ever before, highlighting GRF's unending commitment to finding a cure for glaucoma through innovative research.

CYNTHIA STEEL, PHD

Chief Scientific Officer for Glaucoma Research Foundation, and vision scientist specializing in trabecular meshwork cell biology.

How Often Should I See My Doctor if I Have Glaucoma?

Regular eye exams are essential for people diagnosed with glaucoma to monitor its progression and prevent vision loss.

What is glaucoma and why can't it be treated in just one visit or one procedure?

Glaucoma is a condition in which the optic nerve becomes damaged over time, most often because the pressure inside the eye is higher than the optic nerve can safely tolerate. This damage leads to gradual, often unnoticed, vision loss. Once optic nerve damage occurs, it cannot be reversed, which means glaucoma is a lifelong condition.

Fortunately, treatment by lowering eye pressure can prevent further damage. Your doctor may set a target eye pressure goal to help protect your optic nerve. Treatment may include eye drops, lasers, or surgeries to lower eye pressure.

Regular follow-ups are essential. Eye pressure can change over time, treatments can lose effectiveness, and sometimes the target pressure needs to be adjusted. Ongoing monitoring allows your doctor to track your condition carefully and adjust treatment as needed to protect your vision.

How often should I see my doctor if I have glaucoma?

The frequency of visits depends on several factors, including how advanced your glaucoma is and how well it is controlled. If you are considered at risk for developing glaucoma (often called a glaucoma suspect) or have mild, stable disease, you may only need yearly visits. Patients with more advanced glaucoma, higher eye pressures, or signs of worsening damage typically need more frequent follow-up.

What are the important follow-up tests and how often should I have them?

A visual field test measures how wide an area you can see, and it helps detect changes caused by glaucoma. Although the test can feel tedious and boring, it is one of the most important tools to check whether your glaucoma is stable or getting worse.

An optic nerve scan measures the thickness of the nerve layer in the back of the eye and helps in the diagnosis and monitoring of glaucoma. It is another very important tool for tracking the health of your optic nerve.

For both these tests, the frequency varies depending on factors such as the stage of glaucoma and how well it is controlled. If the test results are unclear, or very variable, or if there is a concern that the disease is rapidly getting worse, then more frequent tests are required. Once a year is the usual frequency for most patients with early and fairly stable disease, but when it is more advanced or might be worsening, the tests may need to be repeated more frequently.

Your eye doctor will determine if you need other follow-up tests to track your eye health.

BENJAMIN KATZ, MD

Board-certified glaucoma specialist at Washington University in St. Louis.

ARSHAM SHEYBANI, MD

Glaucoma specialist and associate professor of ophthalmology and visual sciences at Washington University in St. Louis.

In Appreciation

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Brittni and Jack: A Mother's Advocacy Inspiring Awareness

When Brittni and Mike Rusnak welcomed their son Jack into the world, they felt immense gratitude. After years of infertility and heartbreak, their miracle baby had finally arrived—healthy, loved, and deeply cherished.

But when Jack was just seven months old, Brittni noticed something that only a parent's intuition might catch. One of Jack's eyes appeared slightly larger than the other. Trusting her instincts, she sought medical advice. What she initially hoped was nothing soon led to a life-changing diagnosis: congenital glaucoma.

Within days, Jack was undergoing surgery to help save his sight.

For Brittni and Mike, the experience reinforced how important it is for parents to trust their instincts and advocate for their children's health. Today, Jack is a joyful and resilient 10-month-old who doesn't let glaucoma slow him down. But the diagnosis has also inspired Brittni to become an advocate—not only for Jack, but for other families who may face a similar journey.

"I might not have the millions it takes to fund research to help Jack," Brittni shared, "but I can raise awareness. If sharing our story can change one life, it's worth it."

By speaking openly about their experience, Brittni hopes to help other parents recognize early warning signs and understand the importance of early diagnosis and treatment. Her willingness to share Jack's story is helping bring greater awareness to childhood glaucoma—an often-overlooked condition that can have lifelong consequences if not detected early.

Families like the Rusnaks remind us how powerful individual voices can be. Through their advocacy, they are not only standing up for their son's future but also helping to educate and empower others in the glaucoma community.

At Glaucoma Research Foundation, stories like Jack's inspire our work every day—to advance research, improve early detection, and bring hope to families affected by glaucoma.

THE RUSNAK FAMILY ON JACK'S FIRST BIRTHDAY

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