Growth, Progress and Looking Ahead

Boston Foundation for Sight

Annual Report 2012
A Year of Growth, Progress and Looking Ahead

At Boston Foundation for Sight, we have the unique privilege of changing people’s lives by restoring their vision. Our foundation has a mission statement, executed every day by our talented staff, to deliver compassionate care and superior patient outcomes. We are able to provide this care due to support from our generous donors. This invigorates our team and gives deep purpose to our work, which is featured in this 2012 Annual Report.

During the past two years, our results have been extraordinary. We have delivered BostonSight™ PROSE treatment to more than 2,000 patients. Revenue has increased by more than 35 percent since 2010, and our network providers now fit more patients than we do in Needham. This is impressive progress.

But we are not satisfied. We still treat only a small percentage of the patients in need, both domestically and internationally. In other words, we have barely scratched the surface.

For that reason, we have leveraged our recent successes by pausing to consider the future. Specifically, we have looked at how we should grow, how we will support that growth and how we will maintain our high quality standards as we expand geographically. Finally, we are exploring how to reduce costs by harnessing new technologies.

Many of you have provided input on how Boston Foundation for Sight should evolve; we have incorporated your observations into our plans. As a result of this ongoing dialogue, we have expanded the ways you can support our work. For example, we recently established funds that direct support to patients and families in need, enhance our patient networking and outreach efforts, and fund our research and educational initiatives.

We are proud of our talented, committed staff and are optimistic that we will continue to accomplish much together by growing responsibly, one patient at a time. As always, thank you for your support of Boston Foundation for Sight. It is truly gratifying.

Sincerely,

Eugene A. Bonte
President and CEO

Gary A. Knaak
Chairman, Board of Directors
During 2012, Boston Foundation for Sight (BFS):

- **Launched a strategic planning initiative** to align resources that will support BFS’s mission as it continues to grow.
- **Maintained its care model**, which combines quality and compassion, while:
  - increasing the number of patients treated with PROSE by 14 percent
  - providing financial assistance for more than 100 patients
- **Added two PROSE providers** to the network:
  - Bascom Palmer Eye Institute in Plantation, Florida
  - F.I. Proctor Foundation in San Francisco, California
- **Increased the number of clinical staff** to serve existing patients and ensure access for new PROSE patients.
- **Invested in space and equipment** to expand treatment and manufacturing capacity to serve BFS’s growing global patient population.
- **Held the third Stevens Johnson Syndrome Kids Week**, which welcomed participants from around the globe, and served as the Massachusetts liaison to the Governor’s office in the declaration of August as SJS Awareness Month.
- **Grew community support** by increasing BFS’s visibility through a website upgrade, increased use of social media and expanded patient outreach.
The vision-restoring and life-changing treatment offered by Boston Foundation for Sight (BFS) has benefited thousands since the first patient was fitted with PROSE devices in 1992. Of that patient population, approximately 35 percent received treatment during the past two years, thanks to a rapidly expanding national network of provider clinics.

Despite that impressive growth, there is a large unmet need for BostonSight™ PROSE treatment—i.e., individuals who suffer, sometimes for years, because they lack access. According to Gene Bonte, BFS president and CEO, the need is well-defined. “We estimate that one in 5,500 people in the U.S., or approximately 57,000 people, are potential PROSE patients,” says Mr. Bonte. “We assume this same ratio holds true internationally. It is why we have expanded our provider network and will continue to do so.”

BFS currently has ten U.S. provider sites. “Ideally, we would like potential patients to be located within 250 miles of a BostonSight™ PROSE Provider Clinic so that travel is not a burden,” he adds. “For that reason, we hope to add at least five more provider sites in the next few years. We look for places that are committed to providing care for the patient’s underlying medical condition, which is chronic. We’ll expand while continuing to support our existing providers.”

Similarly, BFS is considering international growth. Currently, there are three BFS provider sites in India and one in Japan. BFS has engaged Community Action Partners (CAP), a group of Harvard Business School alumni who conduct pro bono consulting for non-profits. The CAP group is helping to define the criteria for successful international expansion.

Building awareness: the need never ends
Building awareness has been an ongoing imperative from the beginning and especially when PROSE treatment was approved by the FDA in 1994. “We still work hard to eradicate preconceived notions about treating complex corneal disease,” says Deborah S. Jacobs, MD, who joined BFS seven years ago and serves as its medical director. “Many doctors continue to think that what we have is a contact lens that sits on the cornea.”

Even clinicians who understand that PROSE devices elegantly vault the cornea may hesitate in referring patients. “They often assume their patient is not a candidate—perhaps because their disease is too severe, they’re on steroid drops, or they are considered to be too old to manage a device,” notes Dr. Jacobs. “In addition to treating patients, my role is to increase the awareness, acceptance and availability of PROSE treatment within the medical community.”

Publishing outcomes data in the medical literature is one way to raise awareness and influence behavior. For example, a paper published in American Journal of Ophthalmology in 2010 presented the effectiveness of PROSE treatment based on visual acuity and visual function.

“Visual acuity measures what the eye sees on an eye chart,” Dr. Jacobs explains, “whereas visual function considers the whole person—that is, the impact on their life. We survey our patients about their visual function by asking a number of questions, such as does your vision cause you to stay home more than before? Are you limited in how long you can work or do other activities?”

“This is patient-centered care: talking with the patient about their problem and helping to solve it. We truly listen, and that is what allows us to reach the successful endpoints we do, patient by patient.”

Support for providers in a range of ways
Providers who join the network understand that patient-centered care is the starting point for PROSE treatment. Clinicians see it for themselves when they come to Needham, MA, for their nine-week PROSE Clinical Fellowship training.

“BFS has always done a great job training clinicians from provider sites,” says Ilene Knopping, director of the BostonSight PROSE Clinic Network. “But the entire program also needs to be supported administratively.”
That is why my role exists—to ensure BFS providers receive the comprehensive support they need to be successful.

“For example, we provide them with a business model to use as a guideline for obtaining institutional support for a PROSE program,” says Ms. Knopping. “And network providers face challenges in gaining insurance coverage for PROSE treatment within the states where they are located.”

BFS arms providers with data, such as in a 2009 study conducted with researchers from Brandeis University’s Heller School, which established the cost-effectiveness of PROSE treatment. BFS is also working with insurance and health care experts to make the case for coverage and reimbursement and has compiled an impressive list of peer-reviewed articles that describe successful outcomes in 783 patients who received PROSE treatment.

There are several components required for a new PROSE clinic to be successful, beginning with a supportive ophthalmology chair and an ophthalmologist who is a cornea specialist and understands the need for PROSE treatment. The most critical component is a caring, compassionate optometrist who has completed a cornea and contact lens residency, is committed to treating patients with diseased, rather than healthy eyes, and is motivated to develop new skills. Finally, there must be administrative staff to support the actual care of patients and address the challenge of obtaining insurance coverage.

“We connect new doctors with doctors at established provider sites,” says Ms. Knopping, “and new administrators with provider administrators. Also, we encourage administrative and support staff to visit BFS, visit our providers, and schedule regular virtual rounds for the clinicians, as well as monthly administrative meetings.” She is especially proud of the provider portal on the BFS website, which provides secure access to a range of tools and informational materials needed to operate a successful clinic.

Finally, providers are supported by the BFS lab, where all PROSE devices are manufactured (see “A Day in the Lab” on pages 6 and 7).

Behind the numbers: lives transformed

In 2011, the foundation reached a milestone: more patients received PROSE treatment at provider sites than at BFS in Needham, Massachusetts. This growth will continue, resulting in increasing numbers of individuals who return to productive lives, pain-free and with improved vision, because PROSE treatment was available to them.

“We will continue to expand by adding new PROSE provider sites,” says Mr. Bonte. “But we’ll expand in a responsible manner that controls quality and outcomes. That is how we will establish our position as the world leader in restoring vision and reclaiming lives that are compromised by complex corneal disease.”
At The Wilmer Eye Institute, Pent-up Demand for PROSE Treatment

The staff at The Wilmer Eye Institute knew it was time to offer PROSE treatment. “We’re located in a tertiary care center, so we see lots of severe cases of Sjogren’s syndrome, Stevens Johnson syndrome and graft vs. host disease,” explains Michelle Hessen, OD, who leads the Dry Eye Clinic. It is one of several specialty clinics at The Wilmer Eye Institute, which is part of Johns Hopkins Hospital.

“Many of these patients have uncontrolled ocular surface disease, which has a profound impact on their quality of life,” notes Dr. Hessen. “And many are unable to travel to Boston for care.” She and the rest of the staff learned of PROSE treatment through Esen Akpek, MD, who directs Wilmer’s Ocular Surface Disease and Dry Eye Clinic.

Dr. Hessen began Boston Foundation for Sight’s (BFS) nine-week PROSE Clinical Fellowship training in October 2011. “I was very impressed with the entire operation—what happens during a consultation, how they set clear expectations with patients and the way the BFS team works together,” she says. “It’s a great environment for the patients because of the camaraderie. They get to talk with other patients, who share similar experiences.”

Kim Pratzer, cornea service manager, and other administrative staff spent three days at BFS learning to support a PROSE program, including making the case for insurance coverage. “At Boston Foundation for Sight, we saw the types of conditions they treat, and we knew we could make a difference for our patients,” she says. “Several had failed other treatments, so it made us push hard to get the program established.”

“By the time I returned to Wilmer, the program was set up,” Dr. Hessen recalls. “We had a list of patients waiting.” She saw the first PROSE patients in January 2012.

Obtaining insurance coverage for patients is a predictable hurdle. Ilene Knopping, director of the BostonSight PROSE Clinic Network, and Sara Yost, director of finance and administration, went to Wilmer to help the staff develop a strategy prior to an important presentation. When Dr. Hessen went before medical and administrative staff at a key health plan, she was ready to make the case.

“I made it clear that PROSE devices are not contact lenses,” she says. “They represent medical treatment—often life-changing treatment—for a special group of patients that affords many of them the ability to return to work and other activities from which their ocular condition previously limited them. The staff at the health plan were thankful to know about this treatment and decided to cover it.”

Seventy patients at Wilmer’s Dry Eye Clinic received PROSE during year one, which is about what the staff expected. “We’ve had a few successes with health insurance, but we continue to send out medical necessity letters on behalf of patients who need treatment,” says Ms. Pratzer. Because Medicare currently only covers part of PROSE treatment, many older patients must pay for some of the treatment themselves.

Overall, things are going well, says Dr. Hessen, who was invited to speak about PROSE treatment at the Wilmer “Current Concepts in Ophthalmology” conference in December. “I received a good reception,” she says. “Some of the ophthalmologists who had referred patients for PROSE treatment attended and wanted to hear more. Now they have a better understanding of PROSE, indications for treatment and its capabilities.”
A Day in the Lab:
PROSE Devices Require a Rigorous Process and a Commitment to Quality

The hardware is impressive, the software is sophisticated, and the staff who use both are committed to creating highly customized BostonSight™ PROSE devices for the individuals who need them. On a typical day, Boston Foundation for Sight’s (BFS) skilled lab technicians manufacture about 45 devices. About one-third are for patients seen at BFS in Needham, MA. The balance are shipped for use by patients seen at provider sites in the U.S. and abroad.

The devices used in PROSE are custom-designed prosthetic devices that replace or support impaired ocular surface functions that protect and enable vision. The devices create a smooth, transparent surface over the irregular, damaged or diseased cornea and form an artificial tear reservoir that lubricates the eye while allowing oxygen in.

“We are constantly perfecting the way we manufacture PROSE devices,” explains Steve Corlett, director of lab operations, who has been with BFS for 17 years. “We have three lathes, which are the machines that cut the devices. Because lathe technology has improved, we are able to produce finer, more precise devices for our patients.”

Communication, Coordination and Teamwork

The lab staff works together closely. Each morning, Mr. Corlett or Manoel Carvalho, lab manager, checks the system to review the day’s orders and adjust priorities based on the workload.

All seven lab staff have been cross-trained so that each can perform the entire, exacting manufacturing process. According to Mr. Carvalho, every step is important, but checking the quality of the optics is paramount. “Our goals are to reduce the symptoms of pain and discomfort and to improve the patient’s vision,” he explains, “so we want to make sure they receive the best possible device. We don’t compromise on quality.”

That is true on the busiest days, when orders for PROSE devices are arriving from provider sites and the doctors at BFS. “Our rush hour is 3:00 pm,” says Mr. Carvalho, who serves as liaison to BFS providers. By 8:30 pm, many of the day’s devices are on their way to patients as far away as India.

Despite their busy schedules, the BFS lab staff find the time to stop and say hello to patients in the family/kitchen area. “Sometimes they recognize us from the website,” says Mr. Corlett. “We all enjoy interacting with the patients.”

Design
BFS’s sophisticated Design to Fit™ system generates instructions on how to cut each PROSE device. The lab tech inspects the drawing and might make a suggestion—for example, a design change that will make the device more stable.

Diamond tip cutting
A round block of plastic is placed in the lathe, where a diamond tip begins cutting the diameter of the device and the base curve—the curve adjacent to the eye.

Radioscope
Steve Corlett uses the radioscope, a vertical microscope, to measure the device’s base curve to be sure it reflects the doctor’s prescription. The device is then moved to a blocker, where wax is applied to protect the base curve.

Back to the lathe
The device is returned to the lathe, where the convex (outer) surface is cut. It is then moved to a small ultrasound unit, which removes the wax and cleans the device.
The device order, now completed, is checked out and scanned. Devices remaining at BFS are taken to the drop-off area. Those being shipped to provider sites are packaged and ready for delivery the following morning.

The device is placed in a lensometer, which checks the prescription, and specifically the power, for accuracy. The device is then moved to a thickness gauge.

This hand-held unit has a silk wheel that is used to taper the edge of the device, which must be round and smooth for patient comfort. After polishing, Daniel Gosselin will move the device to a microscope to check that it has been tapered correctly. He also will check the overall surface quality.

Each device is laser-engraved with the order number, device number and last four letters of the patient’s name. It is then moved to an ultrasound bath for two different soaks, and then to the plasma unit for a final, 11-minute cleaning. The device surface is treated with ionized oxygen under pressure, which assures a comfortable surface for the patient.

The device order, now completed, is checked out and scanned. Devices remaining at BFS are taken to the drop-off area. Those being shipped to provider sites are packaged and ready for delivery the following morning.

**Boston Foundation for Sight lab staff include:**

*Steve Corlett, Director of Lab Operations*
*Manoel Carvalho, Lab Manager*
*Olga Tomashevskaya, Director of Engineering*
*Pedro Araujo*
*Artur Barbosa*
*Yuriy Fershter*
*Daniel Gosselin*
BFS Software Drives the Lab’s Work

At the heart of the PROSE device manufacturing process is powerful software that allows doctors to design devices and also generates instructions for a lathe to cut with great precision. Olga Tomashevskaya, director of engineering, joined BFS as a lab tech in 1992, soon after she moved to the U.S. from her native Ukraine. She inherited the software years ago and has designed a countless number of new tools that interface with it.

“I have a degree in mechanical engineering, so before long, I started working on the software, mostly after work at night,” she recalls. “I began with a drawing, because I wanted to put the doctor in control of the design as much as possible.”

The ongoing changes to the software are typically in response to requests from doctors. “They want greater flexibility in their ability to design the devices, as well as a more efficient process,” she explains. “Also, I try to make the software increasingly automated in order to save time and decrease the potential for errors.”

Her role extends beyond regularly perfecting the software that is used to produce PROSE devices. Ms. Tomashevskaya also performs system engineering; she is responsible for the administrative and reporting tools that manage the entire Design to Fit™ process.

She is admired by her colleagues and deeply committed to BFS. “I’ve met so many of our patients over the years,” she says, “and I feel lucky that I’ve been able to help them through my work. PROSE treatment shouldn’t be a last resort for people; it needs to be the first resort.”
Research Is Driven by Patients and the Motivation to Innovate

The motivation to innovate has shaped Boston Foundation for Sight (BFS) from the beginning. Indeed, the need to develop an effective treatment for complex corneal disease came about through careful study, trial and error, success and, finally, FDA approval in 1994. Since then, the staff at BFS have continually perfected BostonSight® PROSE treatment while finding ways to make it available, even to patients with challenging diseases and personal situations.

According to Deborah S. Jacobs, MD, medical director, BFS has pursued a collaborative model of research. “For example, we have collaborated with colleagues at the University of Rochester to study highly customized optics for patients with keratoconus,” she says. “With colleagues formerly at Doheny Eye Institute—one of our providers—we established the feasibility of using imaging data for the design of PROSE devices.”

A landmark study conducted by BFS staff with investigators at Brandeis University’s Heller School represented the first economic analysis of PROSE treatment. “It appraised treatment from an economic perspective and found it to be cost-effective while offering a significant improvement in quality of life,” says Gene Bonte, president and CEO of BFS, of the study, which appeared in the American Journal of Ophthalmology in 2009. “Still, we would like to decrease the cost of treatment to help make it accessible to more people.”

The next frontier: image-guided design and fitting

One way to control the cost is through developing a more efficient way to customize the devices used in PROSE treatment. The current iterative process, though effective, is time-consuming. “You could compare it to going into a shoe store and not knowing your size,” says Ryan Ridges, MD. “The sales staff might say ‘let’s try a size six’, and if the shoes are tight or loose, you’d move on to try a different size.”

“Similarly, we examine the eye and begin with a trial device, which the patient must wear for several hours before we move on to a different one,” explains Dr. Ridges. “We often need to manufacture five or more different devices before finding the right fit.”

Thanks to the Small Business Innovation Research (SBIR) program, BFS is collaborating with two Massachusetts companies that have received funding to develop technology for image-guided fitting of PROSE devices. The funding resulted from the Department of Defense’s (DOD) interest in PROSE treatment. “They published a paper on their favorable experience with PROSE treatment for wounded soldiers, but also noted the labor-intensive nature of fitting the devices,” explains Dr. Jacobs.

Dr. Ridges serves as lead investigator for the collaboration, in which the two companies are developing instruments that employ different technologies: optical coherence tomography (OCT), which obtains cross-sectional, x-ray-like images, and lasers. “OCT obtains better pictures deeper in the eye,” Dr. Ridges notes, “but laser technology is potentially less expensive.

“The goal is to perform the required measurements using one of these technologies and move directly to making the perfect PROSE device,” says Dr. Ridges. BFS will serve as the clinical arm for the study. Both technologies may potentially be viable. Regardless of which one is selected, BFS patients will win.

Research also meets individual needs

BFS has a track record of performing research that is driven by a commitment to individual patients. BFS staff solved the challenge of treating individuals whose glaucoma requires the insertion of a tube shunt—a tiny plastic drain that redirects fluid in order to decrease pressure within the eye.

“The tube runs in the very place where the PROSE device lands on the eye, so everyone assumed these patients were not candidates,” Dr. Jacobs explains. “We tried strategies such as channels and notches to accommodate the tube and, about five years ago, we finally succeeded. Now, we have an approach to patients with tube shunts that achieves success in about half of all cases.”

“We figure out a way to make treatment work,” she adds. “Patient care, innovation and collaboration all move forward, hand in hand.”
Finally, Treatment that Works
Sandra DeFrancisco Received More than She Dreamed Possible

Sandra DeFrancisco thought she had a mild case of shingles when she was first diagnosed in 1993. But as the skin rash cleared, the pain in her left eye began. “It was piercing,” recalls the Plymouth, MA, resident. “I knew I needed to see my eye doctor.”

A course of steroid eye drops helped, but after a sudden death in the family one year later, the shingles erupted again, and the inflammation in her eye worsened. Stress plays a role in shingles, which affects the nerves and, in a small percentage of cases, results in neurotrophic keratitis, a degenerative corneal disease.

Ms. DeFrancisco, who is 68, soon realized how vulnerable her eye was. “The steroid drops caused a cataract to form and, in 1999, I had surgery to remove it,” she explains. The outcome of her cataract surgery proved disappointing; it was followed by a precipitous decline in the condition of her left eye.

“My vision became very distorted, and I was told repeatedly through the years, from numerous doctors, that there was no cure,” she says. “I went about my life, grateful that my right eye was healthy.”

As 2011 began, a change in medication caused progressive ulceration of her left eye’s corneal surface. Ms. DeFrancisco wore an eye patch and soon had the eye stitched shut with an opening just large enough to administer medication. “I had previously learned I was not a candidate for a cornea transplant. Now my concern was the possibility of losing my eye.”

Overnight, treatment started to work

When Ms. DeFrancisco was referred to Boston Foundation for Sight in May 2011, her hope was for a treatment that might begin to heal her damaged left cornea. “I never dreamed my vision would improve and the pain would go away,” she says.

Alan Kwok, OD, and Ryan Ridges, MD, wasted no time. “They were very concerned about the condition of my cornea and suggested I try a trial PROSE device, which I wore that first night,” says Ms. DeFrancisco. “The pain stopped as soon as the device was inserted.”

That was just the beginning. The next morning, she returned to BFS, where Dr. Kwok removed the device and took photos of her left eye. “In that short amount of time, my cornea showed signs of healing,” she says. “Dr. Kwok and the BFS staff were so happy to see even a little bit of progress, and so was I! They fitted me for my own PROSE device.”

Once her custom-designed BostonSight™ PROSE device was in place, Ms. DeFrancisco’s cornea slowly healed, and her vision improved from 20/200 to 20/40. “I had prayed that the pain would go away, but I could not believe the impact on my vision,” she says. It had been 18 years since she was diagnosed with the shingles virus and, for ten years, she had lived with extremely limited vision.

The care and attention she received at BFS matched the staff’s professional expertise. “As soon as I was referred, I was seen immediately, and Dr. Kwok even came to the office on a Sunday to monitor my progress,” she recalls. “I feel so blessed to have found these wonderful people.”

Ms. DeFrancisco knows she will never have a healthy left eye, but she found treatment that allows her to live with greater comfort. People continue to ask about her eye condition, and she’s eager to tell them the good news.

“My goal now is to spread the word so that people everywhere know that PROSE treatment exists,” she says. “I want to help advance the work of Boston Foundation for Sight.”
“I had prayed that the pain would go away, but I could not believe the impact on my vision.”

—Sandra DeFrancisco
BFS staff purchased a pair of boots for Ms. Katabazi, who had never seen snow before.

Siima Katabazi, shown with Anna Cressey, OD, traveled from Uganda to Boston Foundation for Sight, where she received treatment last winter.

“Dr. Cressey said to me ‘I believe you will be okay.’ I was so happy to hear that from a professional person.”
—Siima Katabazi
“Yes, we can help.” Siima Katabazi was waiting for those four words, which appeared in an email from Boston Foundation for Sight (BFS) that she received in September 2012. After suffering from Stevens Johnson syndrome (SJS) for more than a year, she was determined to find treatment for the painful condition, which was robbing her of vision.

As is often true with SJS, her immune system had reacted strongly to medication—in her case, for malaria, which is endemic in Uganda. “In February 2011, I went to see an ophthalmologist, and he prescribed eye drops that made my eyes worse,” she recalls. “I had almost reached the point of surrendering when I started going to the Internet. I searched until I came up with Boston Foundation for Sight and saw that they had helped other people with Stevens Johnson syndrome.”

Ms. Katabazi, who is 38, lives in Kampala with her husband and two daughters and works as a certified public accountant, began making plans to come to BFS. After ensuring that she had the funds for travel, lodging and treatment, she arranged for the long trip, which she made alone—legally blind and wearing a patch on her left eye. She found her way to the Sheraton Hotel in Needham and, the next morning, was seen by Anna Cressey, OD.

“Dr. Cressey examined my eyes and told me that they were not as bad as they could have been,” Ms. Katabazi recalls. “She said to me: ‘I believe you will be okay.’ I was so happy to hear that from a professional person.”

The next step was to insert trial PROSE devices. “It was a struggle to get the devices in place because Siima’s left eye was almost closed, and she was in a lot of pain,” says Dr. Cressey. “Once they were in, her eyes opened up.”

Vision kept improving

For Ms. Katabazi, that first session made all her efforts to come to BFS worthwhile. “I could see things around the room and, in ten minutes, I had no more pain,” she says. “My soul was so happy.”

She was soon wearing PROSE devices with her own prescription. “My vision kept improving so that I didn’t need to wear glasses,” she says. “I called my family, and my children were so happy. They couldn’t wait to see me.” She is grateful to her father, who funded the cost of her treatment and travel, and her entire family for their support from the beginning.

The initial offer of help from BFS went well beyond the specialized treatment that returned Ms. Katabazi to her productive life, including her full-time accounting position. BFS staff provided paperwork that paved the way for her to obtain a travel visa. “They wrote to the consulate in Kampala,” she notes. “When I got there, the visa was waiting for me.”

After she arrived in Boston, a blizzard hit. “It was the first time I saw snow in my life,” says Ms. Katabazi, who was wearing open-toed shoes before BFS staff bought her a pair of boots. Before she flew home, Sheila Kelly, BFS clinical case manager, drove her to area pharmacies to stock up on the correct lens solutions, which are not easily accessible in Uganda. Because at home she cooks outdoors over an open fire, BFS staff helped her buy protective glasses that fully cover her eyes.

“The beauty of BFS is that we can really give patients back a big part of their lives,” says Dr. Cressey. “That’s why we’re here. It’s all about the patient.”

Ms. Katabazi experienced just that. “At BFS, they helped me, they coached me, and I am so grateful to them,” she says. “It was the best care that one would love to receive.”
“Life would be miserable without my PROSE devices. PROSE treatment has been a miracle.”

—Henry Bisgaier
Immense Gratitude for a Decade of Improved Vision
Henry Bisgaier Is a Consistently Generous Donor to BFS

Henry Bisgaier says his eye problems began early. “By the time I was seven, my parents became aware that I was near-sighted and had misshapen corneas,” says Mr. Bisgaier, who is 75. “This was before contact lenses were available. For me, glasses were of almost no value.”

Just before starting law school, he was fitted for contact lenses that improved his vision. “But they were never comfortable,” he notes. “I couldn’t tolerate them for more than six or seven hours a day.”

Despite this, Mr. Bisgaier, a Brooklyn native, succeeded in practicing corporate law in New York and became a partner at his firm. However, his eyes never stopped being a worry and a concern. “I reached the point where I could only wear each contact lens for three hours a day—tops,” he recalls. “Moreover, my ophthalmologist told me the lenses were damaging my corneas. Around this time, I heard the word ‘keratoconus’ for the first time.”

Mr. Bisgaier actually had keratoglobus, a much rarer, and more serious, condition characterized by progressive thinning of the corneas. In addition to his worry about the ongoing damage, Mr. Bisgaier became concerned that he might miss or misread something that could cause harm to a client.

Because of these factors, Mr. Bisgaier retired early, at age 52, and relocated his family to Charlottesville, Virginia, where he kept searching for treatment. “I had always been told I wasn’t a candidate for cornea transplantation because my corneas were too thin,” he says. “Then I found someone who took my contact lenses and tried to adapt them, which provided some help, but eventually the same irritation problems resurfaced.”

Life improves thanks to PROSE devices

Things began looking up in 2003, when an ophthalmologist told him about Boston Foundation for Sight (BFS). Mr. Bisgaier was soon being fitted for PROSE devices. “It was incredible,” says Mr. Bisgaier. “The improvement in my vision was dramatic, and the devices are so comfortable, I can wear them the entire day.”

Mr. Bisgaier has returned regularly to BFS for follow up care. “I’ve seen some really inspiring things when I’m there,” he says. “I recall a woman who, thanks to receiving PROSE treatment, was able to see her children for the first time. You don’t forget things like that.”

In November 2012, Mr. Bisgaier was examined by Karen Carrasquillo, OD, PhD, who diagnosed residual astigmatism. “If you don’t search for this, it could easily be missed, and that would be a disservice to the patient,” Dr. Carrasquillo explains. “As a result, I changed the optics in one of Mr. Bisgaier’s devices, which gave his vision a boost.” He arrived with distance vision of 20/50 and 20/70 and left with improvements in both eyes, to 20/40.

“She was terrific,” says Mr. Bisgaier. “Dr. Carrasquillo answered every question and put in all the time I needed. As a result, she made changes that improved my vision. Every little bit helps.”

He is philosophical about the impact that poor vision has had on his life. “My mother pushed me and wouldn’t let me use it as an excuse,” he says. “Once I was practicing law, I think I focused more than most people do.”

Mr. Bisgaier has few regrets about the way things evolved. “I’m fortunate I could retire early, but life would be miserable without my PROSE devices,” he says. “PROSE treatment has been a miracle.”

Mr. Bisgaier has been a regular, and generous, donor since his initial contact with BFS. “I do this not only because of what was done for me,” he says, “but also because of the compassionate care and incredible services that BFS provides to so many.

“From the beginning, BFS made a tremendous impact on me, especially their commitment to helping those patients who could not afford PROSE treatment.”
### ASSETS

#### CURRENT ASSETS:
- Cash and cash equivalents: $1,963,665 (2012), $851,734 (2011)
- Accounts receivable — patients, net of reserve for doubtful accounts of $250,000 and $230,000 in 2012 and 2011, respectively: 1,031,196 (2012), 938,499 (2011)
- Prepaid expenses: 47,891 (2012), 41,853 (2011)

#### Total current assets
- **$3,707,643 (2012)**
- **$2,517,981 (2011)**

- Property and equipment, net: 737,095 (2012), 824,534 (2011)

#### OTHER ASSETS:
- Deposits: 32,918 (2012), 32,918 (2011)

#### Total assets
- **$4,477,656 (2012)**
- **$3,375,433 (2011)**

### LIABILITIES AND NET ASSETS

#### CURRENT LIABILITIES:
- Note payable, current portion: 58,144 (2012), – (2011)

#### Total current liabilities
- **$574,185 (2012)**
- **$457,231 (2011)**

#### OTHER LIABILITIES:

#### Total liabilities
- **$697,786 (2012)**
- **$457,231 (2011)**

#### NET ASSETS:
- Unrestricted net assets: 3,579,379 (2012), 2,706,102 (2011)
- Temporarily restricted net assets: 15,491 (2012), 27,100 (2011)
- Permanently restricted net assets: 185,000 (2012), 185,000 (2011)

#### Total net assets
- **$3,779,870 (2012)**
- **$2,918,202 (2011)**

#### Total liabilities and net assets
- **$4,477,656 (2012)**
- **$3,375,433 (2011)**

The information above has been extracted from the financial statements of Boston Foundation for Sight for the years ended December 31, 2012 and 2011 that were audited by the independent certified public accounting firm, Mayer Hoffman McCann, PC, Boston, Massachusetts. A complete set of audited financial statements is available upon request.
INCOME AND EXPENSES

INCOME:
- Needham clinic revenue, net $3,662,508
- Network provider clinic revenue, net $1,952,350
- Contributions $868,105
- Rental $300,000
- Other $40,866
- Total income $6,823,829

EXPENSES:
- Program services $4,071,457
- Management and general $1,273,851
- Rental $305,093
- Fundraising $311,760
- Total expenses $5,962,161

Net income $861,668

The information above has been extracted from the IRS form 990 of Boston Foundation for Sight for the years ended December 31, 2012 and 2011.
Philanthropy has always been critical to the success of Boston Foundation for Sight. BFS is grateful for your support, which has made a significant impact in changing the lives and restoring the sight of our patients. The following lists recognize donors whose gifts were received from January 1 through December 31, 2012.

### MANY THANKS

Philanthropy has always been critical to the success of Boston Foundation for Sight. BFS is grateful for your support, which has made a significant impact in changing the lives and restoring the sight of our patients. The following lists recognize donors whose gifts were received from January 1 through December 31, 2012.

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**VISIONARY CIRCLE OF HOPE**

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