5 QUESTIONS

Gregory L. Skuta, MD

Dr. Skuta reflects on his tenure as AGS President and on the careful balancing of commitments to ophthalmology and family.

1. You became involved in a major clinical trial while a fellow. What were the most important things you learned?

The Fluorouracil Filtering Surgery Study (FFSS)—headed by Richard Parrish, MD, very early in his illustrious career—was underway during my fellowship at the Bascom Palmer Eye Institute in Miami. The FFSS provided me with a unique opportunity to participate in and contribute to an important, large-scale scientific endeavor. It also demonstrated the significance of taking a concept—that one could pharmacologically modulate the wound-healing response potentially to enhance the success of glaucoma filtering surgery—and methodically carrying it through basic scientific studies (eg, tissue-culture evaluations) and animal models of glaucoma surgery to the clinical/surgical setting, first in pilot studies and finally in a randomized clinical trial. The FFSS also reinforced the importance of personal and scientific discipline and perseverance, characteristics common in glaucoma subspecialists, probably in part because of the nature of the conditions we treat.

I encourage young investigators to seize chances to become involved in major clinical trials. I would urge them even more strongly, however, to create their own opportunities for investigation by identifying an area or areas of scientific interest in which they can establish expertise, asking fundamental questions, and charting a course to answering them. For example, although the use of antifibrotic agents to modulate the wound-healing response has added an important element in our approach to incisional glaucoma surgery, the risks of such therapy are substantial. It is therefore my sincere hope that young surgical innovators will discover better and safer approaches.

2. What motivated you to continue participating in NEI-sponsored clinical trials?

All of us are deeply motivated to pursue activities that can make a difference in the lives of our patients. I believe that knowledge derived from the NEI-sponsored Advanced Glaucoma Intervention Study and the Collaborative Initial Glaucoma Treatment Study as well as the non-NEI funded Collaborative Normal-Tension Glaucoma Study provided support for the fundamental concept that appropriately aggressive IOP lowering can help preserve visual function in individuals affected by glaucoma. Although it may seem intuitively obvious, this concept was vigorously challenged by David Eddy, MD, PhD,[1] and others beginning in the late 1980s. Particularly in this era of evidence-based medicine, the information acquired in large trials has been vital to effectively managing patients with glaucoma.

I have had the enlightening opportunity to serve on the Data and Safety Monitoring Committee for the Ocular Hypertension Treatment Study since 1993. It was very satisfying to watch this well-designed and administered study and its findings unfold over a period of several years. Not only did the study confirm the value of lowering IOP in patients with ocular hypertension, it has also contributed enormously to our understanding of risk

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FAST FACTS

- James P. Luton Clinical Professor, Dean A. McGee Eye Institute, Department of Ophthalmology, University of Oklahoma College of Medicine, Oklahoma City (1998 to present)
- Principal Investigator, Advanced Glaucoma Intervention Study (1987 to 1992), Collaborative Initial Glaucoma Treatment Study (1995 to 2005), and Tube versus Trabeculectomy Study (2002 to present)
- Immediate Past President, American Glaucoma Society (2005 to 2006) and member of AGS Executive Committee (1997 to 2000 and 2003 to 2010)
- Senior Secretary for Clinical Education for the AAO (2007 to present) and member of the AAO's Board of Trustees (2007 to present), Executive Committee (2007 to present), Nominating Committee (2007), and Awards Committee (2002 to 2004 and 2006 to present)
- Board Director for the American Board of Ophthalmology (2001 to 2008) and Chair of its Written Examinations Committee (2005 to 2008)
- Member of the Board of Governors for the Association of International Glaucoma Societies (2004 to 2007)
- Honored in *The Best Doctors in America* (1994 to present)
- Recipient of the AAO's Honor Award (1993) and Senior Achievement Award (2002)

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factors, including central corneal thickness, for the development of glaucoma.

3. What were the greatest achievements of your tenure as the president of the American Glaucoma Society?

It was an extraordinary honor, privilege, and joy to serve the American Glaucoma Society (AGS), our wonderful profession, and the friends and colleagues for whom I have such great professional respect and personal affection. Furthermore, it is important to recognize that any achievements were produced as a result of our outstanding past leadership, an extremely talented and hard-working AGS Executive Committee, a devoted and caring membership, and a highly committed staff in San Francisco.

During my tenure as president, it was gratifying to witness growth in AGS-administered research support for young investigators to $290,000 per year. The society also adopted modified membership guidelines and categories that ensured the maintenance of high standards but increased inclusiveness. In addition, I am proud of the development of a much more robust AGS Web site (http://www.americanglaucomasociety.net), which has become a valuable resource for news, information, announcements, the online submission of abstracts and registration for the annual meeting, the payment of dues, etc. The structure of the AGS' committees became more vigorous and productive, and modifications were introduced in the governance of the society, including the establishment of an AGS Leadership Council. The AGS contributed generously to the AAO's Surgery by Surgeons initiative and supported its Advocacy Ambassador Program, in which the AGS now has sponsored four glaucoma fellows to attend the AAO's Advocacy Day on Capitol Hill and the Mid-Year Forum in Washington, DC. The society also cooperated with the Association of University Professors of Ophthalmology's Fellowship Compliance Committee in establishing the latter's fellowship guidelines, which were introduced in April 2006. Finally, I was involved with many others in the successful administration of the Patient Care Improvement Project, conceived by Richard Wilson, MD, to identify and overcome barriers to compliance with medical therapy and ongoing glaucoma care. He obtained financial support for this effort late in his term as AGS president.

As the AGS celebrated its 20th anniversary in 2005, we honored its rich heritage by providing historical information in the annual meeting's programs and on the society's Web site, remembering our glaucoma colleagues who passed away, and approving funding for a commemorative book to honor the AGS' 25th anniversary by 2010.

4. As someone involved in organized and academic ophthalmology, what pearls can you share about effective leadership and communication?

It is extremely important to establish a sense of purpose, be prepared, understand the issues, know in advance what you wish to achieve and communicate, and share that message in a focused, evenhanded manner. Especially in an organizational setting, building consensus, when possible, through careful listening and an open but nonconfrontational discussion can be highly productive. You should not necessarily avoid potentially controversial or complex issues, however, when pursuing appropriate solutions to the challenges that a group or organization may face. Perseverance (in my view, one of the greatest virtues) is crucial to bringing issues to closure. Above all, doing what is right rather than expedient should be your goal.

5. How do you maintain a strong commitment to ophthalmology while still honoring your obligations to family?

In a brief address to the AGS at its annual meeting in March 2007, I said, "What future opportunities may lie ahead, I do not know. However, of one fact, I am absolutely certain. Nothing will ever surpass the singular experience of being a husband to Anne, my bride of almost 23 years, and a father to Jon, Cate, and Matt." My wife and children have been remarkably supportive of my professional activities. In turn, I have devoted many hours to attending my children's tennis and soccer matches, helping them write school essays, and nurturing their appreciation of proper values, history, and the performing arts. At the same time and whenever possible, I have attempted to include at least one of my sons or my daughter in my professional travels. Doing so not only introduced them to domestic and international venues they otherwise might not have enjoyed, it also provided them with a sense of what I do and with whom I associate when I am away. One of my most prized possessions is a beautiful "Thanks, Dad" letter written by our then 19-year-old son Jon on the occasion of my 50th birthday in June 2006. Among the memories shared in that letter were my introducing him to tennis at ARVO meetings in Sarasota, Florida, and father-son trips to the California coast, London, and South Africa. No professional achievement can ever be more meaningful than such experiences with family. ❑

This article describes the off-label use of antifibrotic agents, including 5-fluorouracil.

1. Eddy DM, Billings J. The quality of medical evidence: implications for quality of care. *Health Aff (Millwood).* 1988;7:19-32.