

Shan Lin, MD

We physicians do not make patients see better with respect to their glaucoma. We have to convince them to use eye drops that redden and irritate their eyes (or sometimes cause even worse side effects) when, in fact, most patients feel that they see just fine. Even more challenging is describing to them the possible complications of glaucoma surgery.

Actually, these are precisely the reasons why I am happy to be in the field of glaucoma. Our understanding of the disease is inadequate, as are the treatments available. That motivates me to conduct research to improve diagnostic and treatment modalities. It is an itch that needs scratching.

The causes of glaucoma are multifactorial, which is why research in this field merits more funding and greater interest from young doctors and investigators. I have been fortunate in my career to receive financial support as a principal investigator from numerous agencies, including the National Eye Institute, American Glaucoma Society, The Glaucoma Foundation, and industry partners such as Allergan and Genentech. As government resources grow more limited, other sources of funding, including private and industry, assume an increasingly important role. A good deal of my own research got its start thanks to donors, who were mostly my own appreciative patients.

My clinical research focuses on anterior segment imaging for assessing angle closure and for predicting the amount of IOP reduction in patients who undergo phacoemulsification. I am lucky to work in a geographic area with a large population of Asians, who are particularly at risk for angle-closure glaucoma. My colleagues and I have found, for example, that Chinese people have smaller anterior chamber width, depth, and volume than age- and gender-matched white subjects. In addition, Chinese individuals have thicker irides than whites, and the iris thickens more in the former population when they go from a light to dark environment (physiologic dilation). Taken together, these observations likely explain our findings of narrower angles among Chinese patients, and they may explain this population's higher risk of angle closure.

In addition to a busy clinical and surgical practice, I

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must obtain grants and publish (or perish). Having a family intensifies the pressure. I want to spend a lot of time with my three young daughters, so balancing my work and home lives is an ongoing challenge. I find it necessary to reassess that balance almost daily, but I like to think that my struggles show that I care enough to try to get it right. ■

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