

Anat Loewenstein, MD

Dr. Loewenstein is Director of the Department of Ophthalmology, Tel-Aviv Medical Center, and a Professor and Vice Dean of the Sackler School of Medicine, Tel-Aviv University.

1. You have been involved with many surgical and medical developments. What do you consider most exciting?

The most exciting development I have been a part of is the use of anti-vascular endothelial growth factor (VEGF) intravitreal injections for macular degeneration and retinal vascular disease. This treatment modality has no doubt changed the face of modern ophthalmology and the prospects for useful vision in millions of people. For the first time, patients with macular degeneration have the potential to not lose vision. In fact, anti-VEGF injections have been shown to improve vision in these patients. I was personally involved in this area of research by being a part of the team that proved that bevacizumab (Avastin, Genentech) penetrates the retina and is not toxic to it.

2. How do you envision the treatment of retinal diseases changing over the next 5 years?

When I look 5 years into the future, the most important developments I see are devices that release drugs over a long period of time. I believe the development and proof of safety and efficacy of these devices will be established by that time. Sustained-release devices will enable patients to be treated in an efficacious way. These devices will relieve patients, retina physicians, and the retina community of the burden of monthly and bi-monthly injections.

3. What forms of surgical instruction do you find to be most effective for ophthalmologists in training?

In my opinion and experience, the most effective surgical instruction is hands-on training. This means students being coached by an experienced surgeon during actual surgery.

Initially, students observe and assist in a large number of surgeries until eventually they take on greater roles during surgery. Observation is still a significant part of learning at this point. The use of wet labs on animal eyes and dry labs with various simulators may be beneficial to start with and use even during training. However, wet and dry labs must not replace hands-on training in surgery on patients.

4. How do you balance your time between your professional duties, research, and personal life?

There are two principal methods that I use so that I am able to function well in all these tasks. The first is through organization. I try to stay as organized as possible by designating days of the week to each of my major tasks. I assign a day for administrative duties, a day for research tasks, a day for tackling university issues, a day in the operating theater, and a day in the clinic. Performing these activities on their designated days as much as possible helps me tremendously in

achieving goals rather than merely solving immediate problems as they arise. The other way I balance my time is by sharing and dividing responsibilities among people I trust, even if it means that I have to lose some control over projects. In my personal life, I am fortunate to receive a lot of help from my husband, three grown children, and my 85-year-old mother.

5. What has been the biggest surprise of your career?

The biggest surprise was that I was chosen to become director of the department at a relatively young age (40 years) by Israeli standards, and that I was able to bring the department to excellent achievements and functioning within a relatively short period of time. ■



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