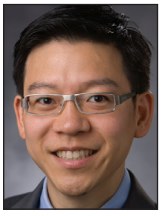
5Q With Paul Hahn, MD, PhD

Paul Hahn, MD, PhD, is an Assistant Professor of Ophthalmology at the Duke University School of Medicine.



1. Who were some of your early influences in retina?

It is funny how you never think you will end up like your parents, but one day, you realize that you did. My father recently retired, but he was a vitreoretinal specialist in New York City. While I always looked up to him, I never thought I would follow in his footsteps. But I ended up pursuing my PhD in age-related macular degeneration research with Josh Dunaief, MD, PhD, at the University of Pennsylvania. And because of strong clinical mentors at the Scheie Eye Institute and at the Duke Eye Center, I now find myself with the same joy that my father had for 40 years. Interestingly, he also followed in his father's footsteps—my grandfather was an ophthalmologist in Korea, who developed the visual acuity chart used in Korea, the Hahn Eye Chart, among other achievements.

2. What is the biggest challenge you face as a researcher?

Working on intraoperative optical coherence tomography (OCT) with Cindy Toth, MD, and her team has been a true privilege. It is so exciting to be at the forefront of a developing technology. The biggest challenge has been (and continues to be) choosing which direction to pursue. As with any new technology, the future of intraoperative OCT imaging is wide open, and, especially with such fertile and brilliant minds on our Duke team, it is a challenge to prioritize one great idea over another. But this challenge is also the joy and privilege of pioneering these new technologies.

3. Describe the experience of "turning on the light" for your first patient implanted with a retinal prosthesis.

I counted down from three. In retrospect, the countdown built suspense on film for this magical moment that gained widespread international attention. At the time, though, I was not trying to be dramatic; I was just trying to catch my breath over last-minute "what ifs." There was a short delay (which did not seem short at the time), but when his head reeled back as he saw flashes for the first time in many years, the entire room was flooded with excitement, awe, and emotion. As retina specialists, we have the unique opportunity to save patients from vision loss, but that moment of "turning on the light" for a patient who had accepted that there were no more lights for him will undoubtedly be the most special experience in my medical career.

4. What upcoming innovations in retina most excite you?

This is an exciting period of time to be a retina specialist. There are truly game-changing innovations coming to life in all areas of our field. We now have the ability to treat retinal diseases that until recently were untreatable. These treatment options include pharmacotherapy, with promises of refinements to our anti-VEGF and corticosteroid armamentarium, and artificial and regenerative vision, with retinal prostheses, stem cells, and gene therapy approaches that surely represent the future of medical care. OCT imaging has revolutionized diagnostic capabilities in the clinic, and intraoperative OCT will certainly revolutionize surgical approaches. I think, across the board, we are at a threshold of a new era of medicine heralded by these innovations. They are all exciting!

5. In what field would you have landed if you had not pursued a career in medicine?

My parents tell me I wanted to be a truck driver when I was a kid. As an adult, I have grown to enjoy cars and, of course, love working with my hands. I always thought that if I won the lottery, I would collect cars and be my own mechanic. Realistically, my wife, who works in finance, tells me I should have gone into finance. I like working with numbers, make quick decisions, and I always think I am right! But every day, I truly appreciate the privilege of being a physician and never wish I landed elsewhere (although I still wouldn't mind winning the lottery). ■