

David M. Brown, MD

David M. Brown, MD, is the director of the Greater Houston Retina Research Center and practices at Retina Consultants of Houston and The Methodist Hospital in Houston, TX.

How has your involvement with the Houston Ophthalmology Society, the Greater Houston Area American Diabetes Association (ADA), and the Gulf Coast Juvenile Diabetes Research Foundation (JDRF) influenced your approach to practicing medicine?

It is important to support and collaborate with our colleagues in medicine who are seeing patients before they seek tertiary care. It is equally important to support the organizations and foundations that facilitate ongoing research to find new treatments for the diseases that affect our patients.

Working with local and national ophthalmic societies allows me to serve as an educator and a resource for the field of retina. Devoting time to such foundations as JDRF and the ADA provides me the opportunity to assist in the fight to eradicate the horrible disease of diabetes, which affects more than half of my patient base. By working with these groups, I am acting in the best interest of my patients.

With several large, multicenter trials on the cusp of completion, how do you envision the treatment of retinal diseases changing over the next 5 years?

Age-related macular degeneration has evolved from a blinding disease to one that is now manageable with anti-vascular endothelial growth factor (anti-VEGF) agents. The downside of these treatments is the necessity for continuous and frequent injections.

Patients with retinal vein occlusion and diabetic eye disease, however, have much higher VEGF production. In cases that are not self-limiting, such as some vein occlusions, it is likely that even monthly injections of the currently available doses of anti-VEGF will not be sufficient to fully control these diseases. I believe that in the future, we will use more of the "art of medicine" approach and rely less frequently on pure clinical trial data to manage these patients.

What do you enjoy most about being a retina specialist?

It changes every day. I really enjoy vitreoretinal surgery, where I can use microsurgical techniques to repair anatomic defects. What's not to like about helping patients while sitting in a comfortable chair listening to country-and-western music and having a great staff that waits on me hand and foot? Beyond surgery, I am thank-

ful for the ability to make a difference in patients' lives through treatments that keep them independent; this is what keeps me coming back to the clinic every day.

What do you find to be the most challenging aspect of being a peer reviewer of ophthalmic journals?

Mark Twain said in his autobiography, "There are three kinds of lies: lies, damned lies and statistics." It is crucial that a peer reviewer discern any underlying bias in the presentation of data to ensure that the presentation is fair and balanced.

I spend more time reviewing large randomized trials, because I know that these will have a significant effect on practice patterns. The individual case series and reports, however, are also important tools in our continuing medical education.

5. What is the most exciting experience you have had traveling?

I spent Christmas vacation with my wife and my four kids hiking the Shira Plateau region in Kilimanjaro, Tanzania. We spent 8 days hiking there, sleeping in tents. The trip culminated when we reached the summit on Christmas Eve. Although the first 8 days were solid rain, sleet, and snow, we had 30 minutes of brilliant sunlight when we reached the top of Africa. Afterward, we hiked



down to Kibo Crater, where we spent the night of Christmas Eve at 18,300 feet. The next morning, we woke up to 3 feet of snow on our tent. Santa Claus had still found us, however, and my 10- and 11-year old daughters were surprised when they woke up with new stuffed animals. ■

