Glaucoma Chats

Promising Research to Defeat Glaucoma
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Transcript of teleconference with Diane Bovenkamp, PhD

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Please note: This Chat has been edited for clarity and brevity.

DR. SHARYN ROSSI: Hello everyone and welcome. My name is Dr. Sharyn Rossi. I'm the Senior Director of Neuroscience Programs at BrightFocus Foundation. I'm pleased to be your host for today's Glaucoma Chat, "Promising Research to Defeat Glaucoma." Our CEO, Stacy Pagos Haller, sends her regards. She was scheduled to moderate today but unfortunately has to attend a family funeral.

Our Glaucoma Chats are a monthly program in partnership with the American Glaucoma Society, and they're designed to provide people living with glaucoma and their family and friends who support them with information straight from the experts. All Glaucoma Chats presented by BrightFocus are also available to listen to as podcasts on YouTube, Spotify, iHeartRadio, Amazon Music, Apple Podcasts, and Pandora. BrightFocus Foundation's National Glaucoma Research Program is one of the world's leading nonprofit funders of glaucoma research and has supported nearly $51 million in scientific grants exploring the root causes, prevention

strategies, and treatments to end the sight-stealing disease.

Today, I have the pleasure of speaking with my boss and mentor, Dr. Diane Bovenkamp, who is the Vice President of Scientific Affairs at BrightFocus Foundation. And we're really excited to highlight for you the 10 newly awarded research grants to exceptional vision scientists around the world, an investment that represents $1.8 million. Diane, thank you so much for joining me today.

DR. DIANE BOVENKAMP: Thank you so much, Sharyn. It's really a pleasure to be here to discuss science and scientists with you, as you know is our favorite topic.

DR. SHARYN ROSSI: Well, and as you know, funding exceptional scientific research worldwide has always been a core part of our mission at BrightFocus Foundation. Funding research is obviously very important to us, as you'll see as we go through some of these really exciting projects today. But before we dive into these amazing projects supported by the National Glaucoma Research Program at BrightFocus, I want to briefly update you on what's happening in the research funding world in the United States. In short, we need to stand together to protect scientific progress.

The proposed 2026 federal budget released by the Trump administration would cut the budget for the National Institutes of Health (NIH) by 40 percent. This would slow essential progress in the fight against glaucoma, as well as Alzheimer's disease, macular degeneration, and other serious age-related conditions. In addition to dramatically cutting research funds, the proposal calls for a sweeping consolidation of National Institutes of Health, 27 institutes and centers into just eight, including a plan to merge the National Eye Institute, a cornerstone of vision science, into a broader National Institute on Neuroscience and Brain Research. This restructuring would drastically dilute the National Eye Institute's singular focus on vision research, risking setbacks in the fight against blinding diseases like glaucoma. As the world's largest public funder of biomedical research, NIH is the lifeblood of scientific discovery. If enacted, these federal budget cuts will have stark short- and long-term ripple effects on science and the research community.

BrightFocus is joining together with hundreds of other research institutions, patient advocacy groups, academic centers, medical societies, and industry partners to urge Congress to protect the future of science and innovation by fully funding the NIH and keeping the National Eye Institute a dedicated institute within the National Institutes of Health. This proposal, coupled with recent major cuts to federal research funding, makes private foundations like BrightFocus more essential than ever. BrightFocus Foundation's research programs are supported entirely by private donor contributions from the public and corporate and foundation grants, and BrightFocus receives no government funding.

Now, on to today's much-awaited topic of discussion that's maybe a little bit more uplifting: the promising research that we are able to fund and the path that we will pave moving forward as we discuss our amazing research portfolio today to defeat glaucoma. Diane, maybe you could start with a brief overview of BrightFocus' grant application process and the scientific vetting.

DR. DIANE BOVENKAMP: Absolutely. We have a rigorous scientific process in place for all three of our programs to ensure that the most innovative science gets funded in a timely manner to move the field forward. Kudos to the phenomenal scientific experts who make up our Scientific Review Committee—that is, for the one that Sharyn oversees for Alzheimer's Disease Research, and then there's the two vision programs, Macular Degeneration Research, and then there's the National Glaucoma Research, also called NGR. But most importantly, everything that BrightFocus does is to move the field forward to benefit affected individuals and their families. I'd like to thank all of our donors for supporting us in this goal, and that means you—our listeners—so thank you very much.

So, to go over our process, every year we put out a call for applications to our programs that get sent out to all corners in the world. We leave our applications investigator-initiated—we don't put out specific topics other than to better understand the disease or get a treatment or defeat glaucoma. In this way, we receive a broad range of ideas that ends up in a diversified portfolio of scientific topics that we call our 360-degree

approach. So, right now, we are overseeing, in all three of our programs, more than 200 grants worth nearly $55 million, taking place in 16 countries. We leave no stone unturned. For National Glaucoma Research, this past year, we received 70 to 90 applications, typically, every year.

And in consultation with the chair or chairs of the National Glaucoma Research Scientific Review Committee, the Director of Vision Science Programs assigned each proposal to a primary and secondary reviewer based on the expertise of the reviewers and matching that like a match. com of the research areas of the proposal. In some cases, a third research reader is also assigned, especially if there's more than three topics that are covered in that particular grant. All proposals are checked against the pool of available reviewers for real or potential conflicts of interest prior to assignment of the proposal to individual reviewers. They assess the overall impact score of each grant application, and they look primarily at the significance or relevance to glaucoma, innovation, approach, the environment where the science is being done, and the budget that's submitted. And this is pretty much very standard for NIH grants; they have similar categorizations like that. For us, we want it to be more innovative, focusing more on innovation and significance and relevance to glaucoma.

So, then, at the end of successive rounds of online triages and in-person deliberations, the Scientific Review Committee provides a priority score ranking, recommending applications for funding to the BrightFocus Board of Directors. And then we give full critiques to applicants so that if they don't receive funds that year, they can improve and apply next year. So, that was a little bit about ... you're figuring out how the sausage was made. And that was the process that happened this past year, which resulted in the funding of 10 promising projects. I just wanted to go over that in detail so that you know that all of the science has been fully and rigorously vetted.

DR. SHARYN ROSSI: Yeah, I think that's really important. And our Scientific Review Committees are comprised of leading experts in each of our disease areas all around the world. And it's really just a fabulous place to be to learn about the science and receive feedback from them.

DR. DIANE BOVENKAMP: Absolutely.

DR. SHARYN ROSSI: Definitely growth promoting all around. So, around 4 million U.S. adults have glaucoma, a leading cause of blindness in the U.S. And this is caused by damage to the optic nerve, which sends signals out of the eye and back into the brain. And because there are often no early symptoms, as many as half of those that are affected may not even know they have it until irreversible vision loss has occurred. Although there's no cure, early detection and treatments can help slow the disease's progression. And the National Glaucoma Research grant recipients this year are investigating a wide range of scientific approaches, including novel treatments, early detection methods, and efforts to protect and regenerate the retinal ganglion cells that could preserve or restore vision. So, let's dig a little bit deeper, Diane, into these 10 new grants that just started on July 1.

DR. DIANE BOVENKAMP: Great. So, I've split these 10 grants, binned them into four of our 360 approach research areas. And I'll highlight each of the innovative projects and scientists who proposed them. So, are you ready? This is going to be fun.

DR. SHARYN ROSSI: I'm ready.

DR. DIANE BOVENKAMP: Okay. So, the first 360 approach is what we call "Understanding What Causes Glaucoma." So, even though there are some treatments that help some people, like the eye drops and some people have surgery and shunts and MIGS, we still have so much to learn about the various forms of glaucoma. There is no one type of glaucoma, right? And so, by doing so, we will learn more ways to target the different forms of disease or potentially prevent it from starting in the first place, which would be amazing. So, there's four grants in the category of "Understanding What Causes Glaucoma." So, first one is Dr. Brad Fortune from the Legacy Devers Eye Institute in Portland, Oregon and his project is called "Assessing the of Vascular Resistance in Glaucoma." The vasculature are basically the blood vessels. So, in glaucoma, abnormal blood flow within the eyes is thought to be one factor contributing to the development and progression of glaucoma. However, questions still remain about how and when this occurs. Dr. Fortune's proposal aims to determine whether this blood vessel resistance is elevated during early

stages of glaucoma and perhaps find a way to prevent it from starting. He's essentially looking at the pre-step. And so, essentially, it's almost like there's high blood pressure in your eye. And if we can give the eye some statins or whatever to try and reduce that eye pressure, then maybe we can prevent glaucoma from starting. So, that's really cool.

The second project is by Dr. Rob Nickells at the University of Wisconsin–Madison. His project is called "Energy-Producing Organelles in the Trees of Retinal Ganglion Cells." So, just to pull that apart, retinal ganglion cells are the cells in your eye that basically their axons, or part of it—the major part of it—makes up the optic nerve that connects the eye to the brain. If you think of a retinal ganglion cell, which is a nerve cell, kind of like a tree, there's what they call a dendritic arbor, or the tree branches that connect and give signals between other nerve cells, but they are damaged with optic nerve damage that happens during glaucoma. So, this study is going to look at these little energy powerhouses of the cells called mitochondria to see what is their role and how they're involved and how they're involved with communicating within microglia participate in damaging these tree branches. So, that sounds complicated, but glaucoma is a complicated disease. So, Dr. Nickells will be looking at the powerhouses and microglia and trying to prevent damage to those tree branches. Okay.

So, two more to go. Dr. Dan Stamer and Dr. Guorong Li at the Duke University Eye Center in Raleigh, North Carolina, have a project called "Roles for ANGPTL7 in Steroid Glaucoma." So, they're looking at a type of glaucoma that is caused—as I said, there's no one type of glaucoma—and this one is caused by people taking anti-inflammatory drugs or glucocorticoids to treat one disease, but you might take that and sometimes a long-term use of these glucocorticoids can result in elevated eye pressure that can lead to glaucoma. So, what they're trying to do is to try and prevent this secondary hit to get glaucoma when you have this, when you're taking glucocorticoids for a long time. So, they're going to use the most advanced research technologies on how this ANGPTL7—which is a glaucoma risk gene—is involved in elevating eye pressure after glucocorticoid treatment. So, that'll be really great to try and prevent getting a second disease after you're getting treated for one.

And the last one in this category is by Dr. Tatjana Jakobs from Schepens Eye Institute / Massachusetts Eye and Ear Infirmary in Boston, Massachusetts, looking at the role of microglia-derived IL-10 in a mouse model of glaucoma. So, there are some immune cells called microglia in that, you can have happy forms and not-so-happy forms, and in glaucoma it can cause some disease. And so, what they're going to be doing is looking at certain proteins that are secreted by these microglia cells to see whether or not they have an effect on the retinal ganglion cells that make up the optic nerve. So, they've identified this immune protein called IL-10 that has been secreted from microglia that may actually help to boost neuroprotective effects. So, microglia are these strange things where they can cause damage or they can protect. And so, what they want to do is try and change the unhappy microglia back into happy again to maybe secrete this IL-10 and then prevent the glaucoma from happening. So, those are the four in the "Understanding What Causes Glaucoma" category.

DR. SHARYN ROSSI: Yeah. So, this is so exciting. I mean, all these hot topics—mitochondria, inflammation, microglia, and the vasculature—all common features to what we see in Alzheimer's disease. So, really interesting how these diseases are similar and different and key players that we can maybe leverage to design better treatment. So interesting. I can't wait to see the findings of these studies. And so, this is also great because we're looking at a wide range of different parts of the eye that can go wrong in glaucoma and addressing different underlying drivers of the disease. But as we know, it would be great to catch the disease before the damage is done. And so, I see the next topic on the list is "Protecting and Regenerating the Optic Nerves." So, can we talk a little bit about those grants that will embark on protecting and regenerating?

DR. DIANE BOVENKAMP: Absolutely. The one thing I did want to mention, though—I'm so glad you brought it up, that there are these common features of neurodegenerative disease. And I know you and I have talked and had sessions all about this. But I'm really passionate about maybe for glaucoma, we can try and accelerate towards a cure and treatments and prevention by learning from other diseases like Alzheimer's and vice versa, right? So, that's why it's so cool that we're doing Alzheimer's and

glaucoma research and macular degeneration research. So, we have a one-stop shop at BrightFocus where we're trying to encourage people to come in with these crosscutting ideas to try and accelerate finding a cure.

DR. SHARYN ROSSI: Yeah. And filling in the dots and drawing connections. It's great to have these three diseases to compare and contrast.

DR. DIANE BOVENKAMP: Right. So, yes, as you said that there are two grants that are in this topic about "Protecting and Regenerating the Optic Nerve." So you said in the past, right, when with glaucoma, you get this increased eye pressure that then presses back onto the head of the optic nerve. And then that will damage part of the retina. And that's why your vision slowly goes in the tunnel as more of the damage goes forward. So, in this category, the grants we're lumping together are trying to protect the ... is there a way we can either add a drug or do something—I would say "do something"—to try and prevent this damage from happening further? So, that's the neuroprotective. Or if there's too much damage that's been done, then can we regenerate the optic nerve? Which is no easy feat because if we want to try and regrow the nerve, it has to grow through a breadcrumb trail in the brain to cross over to from one eye to the other side of the brain and then go to the right spot in the back of your head, in the back of the brain, so that you can actually see what is in front of you. So, anyways, it's a big process.

But there are two grants that are taking nerve protection and regeneration a bit further along the pipeline. Protection is preventive and regeneration is trying to replace or reprogram remaining cells after the damage has been done. So, Dr. Dorota Skowronska-Krawczyk from the University of California, Irvine, is looking at the cumulative role of repeated IOP—or eye pressure—elevations in epigenetic reprogramming and aging. So, what's really cool about this process is that aging is a process that we all cannot escape, but damage accumulates in our cells over time and makes tissues more sensitive to this elevated eye pressure, right? So, this could be part of the reason why people don't necessarily—unless it's a pediatric form of glaucoma—that the age-related glaucoma you don't get until you're over the age of 40 or 60, right? But it's unknown how cells

become more vulnerable as they age. So, this project is going to explore how retinas respond to pressure-related stress and mechanisms behind this vulnerability, and they're going to try and find new ways to protect the neurons from glaucoma changes. So, this is really exciting. So, it's like, we can't avoid aging, but if there's something we can do to protect ourselves, that would be great. I'm really excited to follow that project.

And Dr. Karl Wahlin from the University of California, San Diego, is going to literally build a 3D retinal organoid model for endogenous repair of these human retinal ganglion cells. So, Dr. Skowronska-Krawczyk before was looking at the neuroprotection. Dr. Wahlin is looking at, okay, so if the optic nerve is damaged, can we build a new one? And so, he's going to create new retinal ganglion cells, but by converting cells that exist in the eye, these cells called Müller cells. So, after time, these RGC cells will die. And so, what they'll do is they're trying to take cells that are already there, called Müller cells, convert them into RGC cells, and then give them these orders to go back and grow back and basically convert into RGC, become RGC cells, and replace the function. And so, he's going to build this 3D scaffold and test out regenerative methods, because it'll better approximate the natural environment of the eye. So, this is a step that needs to be done, and we're excited about seeing the results.

DR. SHARYN ROSSI: Yeah, that is so exciting and so innovative. It almost sounds a little science fiction, but the technologies have grown so exponentially to allow us to do these things that it's just really an exciting momentum for the field. Being able to address some of these questions that we historically haven't been able to without these amazing technologies, like organoids—which are basically a three-dimensional eye in a dish, and then really then having human-specific cells, as well. So innovative and exciting. And as we're getting closer and closer every day to be able to regenerating these cells and reconnecting them with our brain—I mean, it's no easy feat, as you pointed out—but we are getting closer, especially through our efforts and our collaborative initiatives. So, this is giving me so much hope that a cure is on the horizon.

The next 360-degree category is "Controlling the Eye Pressure in New Ways." This is really important, since the majority of people who have

glaucoma have the open angle form. Those people can take the drops to reduce the pressure in the eye to reduce the damage to the optic nerve. However, some people stop responding to those drugs, or the drugs don't completely restore the pressure back to normal. So, it's really important to continually feed the clinical trial pipeline to find new types of treatments to help control eye pressure. Can you tell us more about the grants in this category?

DR. DIANE BOVENKAMP: Yes. So, there's three grants here. The first one I'll talk about is Dr. Gavin Roddy, who is from the Mayo Clinic in Rochester, Minnesota. The title of the project is "Novel Treatment for Glaucoma with Reduced Side Effects," which is actually very, very important to note because a lot of the drops that you can get really help to reduce the pressure, but compliance can be down because there can be a lot of side effects—stinging or whatever from the drops. And so, what Dr. Roddy has done is developed a pressure-lowering drug called Stanniocalcin-1 that acts for 6 months with a single injection in mice. So, no having to do drops every day, right? This is a game-changer now. Technically, moving forward, if this works in humans, this would be a phenomenal way to avoid the need to apply daily drops into your eyes. You would need an injection in your eye, but if you only had to go every 6 months then and not have to do those daily drops with high side effects, then that would be amazing. So, anyway, so they're going to now seek to test it. It works in mice, but mice are not humans. They're going to try and test this drug further in further translational studies, so that as advised by the FDA, you have to test it in more than one model. And so, hopefully, down the line, there'll be a future clinical trial.

So, the second project is by Dr. Pete Williams, who is currently at the Karolinska Institutet in Sweden, and he's developing a new small molecule drug to target a protein called nMAT2. So, I know that sounds like alphabet soup. There's all these proteins that we're talking about, but anyways, it's just a protein. Now, they'll be testing this first-in-class injectable formulation for glaucoma to prevent blindness at its root cause. So, neurodegeneration in the retina and optic nerve, not just to relieve the high pressure symptoms. Again, they'll be trying to ... and a small molecule drug is helpful because big—okay, molecule, just means something, right?

So, it's a small drug rather than a big drug, and it could easily filter through into tissues. So, it might be easily be able to get to tissues. So, that'll be interesting, and more will come down the line with that. That's really, really at the early stages.

Dr. Roddy is a little further down in translational where he's already tried it in mice, and Dr. Williams is at the early stages, but this is all about BrightFocus. Again, we have a diversified portfolio, so we want to fund all of these ideas and drugs and push them down along the pipeline so that they'll be able to generate enough data to go on and get ... and Sharyn, you know that about eight times the amount of funding that we give people can then go on. So, we really try and push forward as many treatments as possible.

So, the last grant in this section is going to Dr. Colleen McDowell from the University of Wisconsin–Madison, and her project title is "Regulation of Pressure in the Eye." So, you get high pressure in your eye. If you think of it like a bathtub, you try and drain it, but there's a plug in the drain, right? So, that's a lot of times. There's things called the trabecular meshwork and the Schlemm's canal. These are basically tubing and filters that are naturally in your eye. There's naturally a liquid that bathes through, but if there's plugs that plug it up, then the water can't get through, and the eye is a defined shape, and the pressure goes up. But what people have found is that glaucoma can cause uneven plugs in the natural fluid movement in the eye. So, there's high and low flow regions that develop, and they're regulated by various proteins. It isn't just one plug. It's various plugs, and there's some places where the fluid is blocked up completely, and other places it's trickling through. So, in particular, this protein called, again, this is alphabet soup, but CGRP. This protein, CGRP, is locally released in response to changes in this tissue stiffness, stretch, or elevated eye pressure, and causes these uneven plugs. So, then the CGRP acts on surrounding cells to initiate production and release of nitric oxide, which is a natural relaxant, can modulate the cell matrix through decreased signaling of this protein called TGF-beta, and increase a cleanup of mis-deposits of scaffolding, essentially. So, that's a long way of saying if a new treatment could be to, if you express more or increase the activity of CGRP, then you could maybe relax the eye, chill it out a

little, unplug it, and then lower the eye pressure to allow the drains to be unclogged a little. So, this is cool. That's another, a third thing—a third potential treatment that's going to go through the trial pipeline eventually, hopefully.

DR. SHARYN ROSSI: Yeah, this is so great. In one category, I feel like we're spanning almost the entire developmental pipeline from one novel pathological insight with the CGRP, and then moving forward into a more novel target to prevent the disease altogether, but then also making what we have currently existing for people to alleviate and give them some sort of benefit, but making it better, making it less invasive and fewer side effects. So, this is great. I think that this really shows our span of our portfolio, that we're always in innovation and always novel, but in multiple different areas along the pipeline. That was great.

DR. DIANE BOVENKAMP: Perfect.

DR. SHARYN ROSSI: And so, I think there's one last grant to discuss. Last but not least, we'll talk about "Predicting Outcomes and Other Treatment Innovations." So, maybe some other novel treatments coming down the pipeline.

DR. DIANE BOVENKAMP: Yeah. And this category is just a category we put in there for projects that use cutting-edge technologies or maybe computer modeling to predict outcomes or improve care. And so, drugs are important, but also so is being able to correctly diagnose, predict outcomes, and improve care. So, Dr. Benjamin Xu from the University of Southern California in Los Angeles is going to harness artificial intelligence—or AI—to enhance glaucoma care. This is really, really cool to be able to … you've probably heard about this AI—what is AI? It's just trying to use computerized access to a lot more information than one person's brain can hold and be able to do complex calculations to try and solve a problem. So, in this case, there is a public health crisis that's emerging due to the rapid rise in glaucoma prevalence, the shortage of eye care providers, and glaring access and equity issues for care. So, what Dr. Xu proposes is to integrate telehealth care by ophthalmologists. A lot of that became prominent during the COVID lockdown where we couldn't really leave our house or go to other places, but we could get

on the computer and talk with our doc online. So, that's telehealth. And then they're going to integrate this telehealth care with AI to enhance the delivery of high-quality, reproducible, equitable, and resource-efficient glaucoma care. So, I think that is another really important part of: What good is there having all of these wonderful treatments if we can't get them to the people who need them?

DR. SHARYN ROSSI: Yeah, that sounds like such a phenomenal resource for streamlining care and, like you said, providing access not only to people of low socioeconomic benefit or in some rural areas, but also people that might just not physically be able to see their doctor all the time. So, what an interesting and what a great use of AI. Awesome. I'm really excited to see the output there. And thank you, Diane, for summarizing the newly funded projects—really looking forward to seeing the progress. Maybe we could do an update next year. But one last public service statement that I'd like to make before we leave today is that it's vital that you get your regular appointments with your eye doctor to check for signs of glaucoma. Half of the people who have glaucoma don't know it. And so, years or sometimes decades of damage can be happening to your retina without you even knowing. Understand your family history. And if anyone has had glaucoma, then please go every year or two, especially after you reach the age of 40.

DR. DIANE BOVENKAMP: Absolutely, because we all know that time lost is vision lost.

DR. SHARYN ROSSI: Yes, for sure. And let's do what we can to promote our own health. So, as our time together draws to a close, Diane, do you have any further thoughts on BrightFocus funding for National Glaucoma Research?

DR. DIANE BOVENKAMP: Yes, two things. First, I'd just like to give my congratulations to the 10 awardees this past year. Really looking forward to the results of their research. And also, I mean, kudos to everyone who applied to NGR. And please, I hope that you contact us and resubmit and get a copy of those critiques if you didn't, because may just be a form of grant history and just trying to rewrite it a little to better represent the impact. Because there's so many great ideas out there that we'd love to

fund.

So, the second thing I did want to talk about, it goes back to what Sharyn was talking about at the beginning. In these uncertain times, especially for NIH funding, one may get stressed about whether the progress on finding preventions and treatments for glaucoma will slow down and fear that current scientific experts might leave the field to research other diseases that might have more NIH funding. And just let me assure you that BrightFocus is committed to funding the most innovative research in the world to keep the pipeline going. And I'm particularly excited about these 10 new projects. In addition, we can't do this alone, so please do your part and donate as much as you can to be our funding partner so we can fund as many people as possible.

DR. SHARYN ROSSI: Yeah, and we'll continue to fight the good fight over here, filling in the gaps wherever we can. And I'm honored to have this discussion with you today, Diane. We always love discussing science, and it's great to share our portfolio with the general public. I'm just so excited about this promising research all around the board in all three of our programs. And to our listeners, thank you so much for joining this Glaucoma Chat. I sincerely hope you found it helpful. I'd also like to mention that our website, www.BrightFocus.org, has a wealth of information about glaucoma. If you're already subscribed to National Glaucoma Research emails, you'll automatically receive an email that links to the transcript and resources from today's call. You can also reach us by calling our toll-free phone number, (855) 345-6647. Our next Glaucoma Chat will be on Wednesday, August 13, and thanks again so much for joining, and this concludes today's Glaucoma Chat. Thank you so much, everybody. Thank you, Diane.

DR. DIANE BOVENKAMP: You're welcome.

Useful Resources and Key Terms

BrightFocus Foundation: (800) 437-2423 or visit us at BrightFocus.org. Available resources include—

- Glaucoma Chats Archive
- Research funded by National Glaucoma Research
- Overview of Glaucoma
- Treatments for Glaucoma
- Resources for Glaucoma
- Expert Advice for Glaucoma
- Apply for a Research Grant
- Scientific Review Committees

Funded grants mentioned during the Chat include—

- Understanding What Causes Glaucoma
  - Assessment of Vascular Resistance in Glaucoma—Dr. Brad Fortune
  - Mitochondria in Retinal Ganglion Cells—Dr. Rob Nickells
  - Role of a Key Gene, ANGPTL7, in Steroid-Induced Glaucoma—Dr. Daniel Stamer
  - Interleukin-10 As a Neuroprotective Factor in Glaucoma—Dr. Tatjana Jakobs

- Protecting and Regenerating the Optic Nerves
  - From Resilience to Vulnerability: How Stress Accelerates Aging—Dr. Dorota Skowronska-Krawczyk
  - Human Retinal Regeneration to Cure Glaucoma—Dr. Karl Wahlin
- Controlling the Eye Pressure in New Ways
  - Developing a New Glaucoma Treatment That Avoids Daily Drops—Dr. Gavin Roddy
  - Small Molecule to Target nMAT2 protein—Dr. Pete Williams
  - Novel Mechanisms to Regulate Eye Pressure—Dr. Colleen McDowell
- Predicting Outcomes and Other Treatment Innovations
  - Artificial intelligence to enhance glaucoma care—Dr. Benjamin Xu