Macular Chats

TRANSCRIPT

2026 Grants in Focus: Driving Breakthroughs in Macular Degeneration

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Featuring: Jimmy Liu, PhD & Diane Bovenkamp, PhD

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

DR. DIANE BOVENKAMP: Hello and welcome. My name is Dr. Diane Bovenkamp, and I'm the Vice President of Scientific Affairs at BrightFocus Foundation. I'm very pleased to be your host for today's Macular Chat, "2026 Grants in Focus: Driving Breakthroughs in Macular Degeneration."

Macular Chats are a monthly program—supported in part by sponsorships from Kyowa Kirin, Genentech, and Regeneron—designed to provide people living with macular degeneration and the family and friends who support them with information straight from the experts. The information provided in this program is for educational purposes only and should not be considered medical advice. Always consult a qualified health care professional regarding any medical concerns or conditions. Please note that BrightFocus does not endorse or promote any specific brand or product.

BrightFocus Foundation's Macular Degeneration Research program has supported more than $61 million in scientific grants exploring the root causes and potential preventions, treatments, and looking towards a cure for macular degeneration. And it's currently investing in 42 active projects in eight countries across the globe.

Today, I'm extremely excited because I'll be talking with Dr. Jimmy Liu, Director of Vision Science Programs at BrightFocus Foundation, as we highlight 14 newly awarded research grants to exceptional age-related macular degeneration scientists around the world—an investment of $4.7 million. Jimmy, thanks for joining us today.

DR. JIMMY LIU: Thanks, Diane. Really excited to talk to you today. It's a pleasure to speak with you to talk about all the exciting and innovative research that we are funding to end age-related macular degeneration, or AMD. But before we start talking about the grants, Diane, would you like to update our audience on the state of research

funding in America?

DR. DIANE BOVENKAMP: Absolutely. You may have heard in the news lately that there have been new policies introduced at the National Institutes of Health, or NIH, and other federal funding agencies to make it harder for scientists to receive and keep enough funding to support their research. This will affect the scientists in all of our programs, including those in our Macular Degeneration Research program. The good news is that BrightFocus is still here. We are not changing how we support the scientific community to accelerate their innovations to better help the communities affected by AMD, which is you. So, we need your help even more to fund the best science recommended by the extremely talented experts on our Scientific Review Committee for Macular Degeneration Research.

DR. JIMMY LIU: One hundred percent, Diane. Thanks so much for providing that information for our audience. BrightFocus Foundation is 100 percent committed to funding research that will end macular degeneration, Alzheimer's, and glaucoma.

DR. DIANE BOVENKAMP: Exactly. Okay, start off: Could you provide our listeners with an overview of BrightFocus' grant application process and scientific vetting?

DR. JIMMY LIU: We have a rigorous scientific process in place to ensure that the most innovative science gets funded in a timely manner to move the field forward. Our Scientific Review Committee—or, as we call it, our SRC—determines which grants get funded each year and is composed of world-class scientists and clinicians in the AMD field from across the world. These scientists volunteer a lot of their time to ensure that every dollar that is donated by everyone on this call goes to AMD research that will enhance our understanding of the disease, as well as create new preventions and innovative treatments for AMD. On behalf of BrightFocus and our Scientific Review Committee, we are immensely grateful for everyone on this call and across the world who donate to our organization to help fight age-related macular degeneration.

Every year, starting in the summer, we put out an open call for applications. And one of the great things about our call for proposals is that it is driven by ideas from across the scientific community. And we define this as our 360-degree approach to fighting AMD. And so, really, this allows us to receive a broad range of scientific ideas that allow us to create a diverse portfolio of proposals, as well as researchers from across the world. Since 1999, our MDR program has funded more than 375 grants totaling more than $61 million.

And so, overall, we really leave no stone unturned when it comes to finding a cure for AMD. For this past fiscal year, we received 188 applications to our MDR programs.

With consultation from our Chair of the committee, Dr. Mike Gorin, who's from UCLA, I assigned each application two to three reviewers based on their expertise for that particular application. 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.

From there, each assigned reviewer carefully assesses the science based on its impact on macular degeneration, how innovative the proposal is, how rigorous the experimental design is, and if the budget and scientific environment are appropriate. After multiple rounds of determining which proposals are the best and the brightest, our SRC deliberates in person and makes a final ranking and recommendation of applications for funding to the BrightFocus Board of Directors. Full critiques are given to the applicants so that if they do not receive funds that year, they can improve and apply next year. This process in total has yielded 14 promising projects that we will highlight that will drive treatments and cures for AMD.

DR. DIANE BOVENKAMP: Great, so everyone now knows how the sausage is made, so to speak, of how we scientifically vet these projects so that you know that whatever you donate is going toward accelerating the science to help cure this disease. So, let's get down to learning more about these innovative AMD awards.

DR. JIMMY LIU: Yeah, let's get to it. So, I have separated the 14 awarded grants into seven 360-degree categories that are related to research topics. The first 360-degree approach research area I will go over is called "Regenerating Damaged Cells." And so, unlike other cells in our body, like skin cells, cells in our eye do not typically regrow or regenerate after damage has occurred. In age-related macular degeneration, cells in our eye become damaged and ultimately cause loss of vision. Researchers that we have funded in this category are studying unique animals that regenerate eye cells and are looking at how our eye's immune system can be enhanced to promote regeneration of cells that are lost in AMD.

This year, we have one really exciting project joining this category. So, this researcher is Dr. Ryoji Amamoto, and he is a professor at Harvard University, and he is looking at how to "Preserve Cone Photoreceptors in Dry Age-related Macular Degeneration." Dry AMD, as a lot of people know on this call, is the leading cause of irreversible blindness in adults over 50 years old. Yet, there is no effective treatment to preserve or restore vision. The root cause of dry AMD is the degeneration of cone photoreceptors, which are the cells that are essential for daylight color vision. And so, Dr. Amamoto's group has recently discovered a pathway that, when activated, can promote cone survival. And so, using a therapy called gene therapy, Dr. Amamoto looks to activate this

pathway to help promote cone photoreceptor survival and regenerate those lost cells.

DR. DIANE BOVENKAMP: Wow. That's fantastic. Funding a researcher who is working on a future treatment for those who have lost vision already and need to have it reactivated with this cone survival pathway, so looking forward to seeing the progress on this project.

DR. JIMMY LIU: Yeah, absolutely. So, the next 360-degree category is called "Innovative Approaches to Treatments." In this category, we have four research groups that are developing new cutting-edge treatments and technologies to treat and diagnose AMD more accurately.

Our first award in this category comes from Dr. Marco Bassetto from the University of California, Irvine. And he is working on the "Development of an Oral Treatment for Dry AMD Using Everyday Anti-Inflammatory Drugs." Normally, our body has ways to protect and prevent certain molecules from reaching the eye. Since the eye is a really delicate tissue, our body makes it so that we don't have harmful things that come into it to make it worse. And so, one of the underlying causes of AMD is inflammation that occurs from damaged cells inside the eye. In Dr. Bassetto's proposal, he aims to leverage the natural transportation system of vitamin A into your eye, in which—and many people may not know—vitamin A is an important vitamin needed to support proper vision. And so, what he's going to do is to attach anti-inflammatory drugs, such as aspirin and ibuprofen, to get into the eye selectively using this transport system of vitamin A into the eye. This is really cool because this will potentially help suppress the inflammation associated with dry AMD and geographic atrophy. This novel therapy will help change the current treatment paradigm for dry AMD and geographic atrophy from the current standard—from frequent intraocular injections—to potentially oral pills that might treat the disease.

DR. DIANE BOVENKAMP: That's amazing. It's so cool that this group will be taking advantage of a natural delivery system to essentially cloak in this anti-inflammatory drug to go through a door that exists already. And it's an oral pill instead of an injection, so that'll be really cool. One thing you did mention was geographic atrophy. Could you just briefly explain how that is different from dry AMD?

DR. JIMMY LIU: Yeah, of course. Geographic atrophy is an advanced, more severe stage of dry AMD or dry age-related macular degeneration. In earlier stages of dry AMD, most people notice small changes in their vision. But with geographic atrophy, patients develop blind spots or blurry patches, often right in the center of their vision, that make it hard to read, recognize faces, or drive. These spots tend to grow larger and

can emerge over time leading to permanent vision loss. And so, that is what geographic atrophy is; it's a more advanced form of dry AMD.

DR. DIANE BOVENKAMP: Got it.

DR. JIMMY LIU: Perfect. Switching gears, our second award in this category goes to Dr. Celia Bisbach from the University of Wisconsin–Madison, who is working on a proposal titled, "Targeting Removal of a Disease-Causing Protein in Wet Age-Related Macular Degeneration." A little bit different from the previous award, neovascular age-related macular degeneration, or wet AMD, is caused in part by accumulation of a protein called VEGF, or vascular endothelial growth factor—so, VEGF is the acronym for that—in the retina.

Wet AMD happens when abnormal, leaky blood vessels grow underneath the retina and cause sudden bleeding or fluid buildup, which can lead to rapid and often more severe vision loss than the dry form. Current treatments for wet AMD include frequent eye injections that inhibit VEGF. What that does is it helps promote blood vessel growth. And so, essentially, treatments for wet AMD help suppress this molecule and subsequently suppress blood vessel growth.

In this study, Dr. Bisbach is using a new strategy called targeted protein degradation to specifically target VEGF using the body's own natural waste disposal system. This cutting-edge therapy aims to be a more effective, localized, and longer-lasting therapy for wet AMD that could improve patient outcomes and quality of life by decreasing the number of eye injections needed for patients with wet AMD. So, that's a really cool project that we have funded this past year.

Next, we have Dr. Suman Chaudhary, who is a researcher from Harvard University and is working on a proposal titled, "A Novel Antioxidant to Prevent Vision Loss in Dry Age-Related Macular Degeneration." Like I said before, in late-stage dry AMD or geographic atrophy, patients experience a drastic loss of central vision, and this can really be difficult to do everyday tasks. In geographic atrophy, it has been shown that accumulation of lipids promotes oxidative stress that accelerates cellular damage in the retinal pigment epithelium or RPE. These cells, the RPE, provide essential nutrients for your eye to function properly and are one of the cells that degenerate in AMD. And so, Dr. Chaudhry's study looks to study the application of a novel drug called PMC, which has potent antioxidant properties and the ability to reduce lipid accumulation, which could prevent the RPE from degenerating and slowing the progress of geographic atrophy.

Lastly, we have Dr. Mark Draelos, who is a professor at the University of Michigan and is

working on a proposal titled, "Studying Eye Blood Flow During Exercise to Understand the Origins of AMD." The previous three awards were treatments. Dr. Mark Draelos' award is really looking at prevention for AMD. An important thing to know is that, in general, blood is an important way for your eye to receive nutrients and function properly. Malfunctioning blood flow could be a marker, an early marker for age-related macular degeneration. In Dr. Draelos' study, he's proposing to map blood vessels in the eye during exercise to understand how blood flow in the eye is involved in the development of AMD. Much like how an exercise stress test reveals diseases in vessels in the heart, Dr. Draelos' study is developing an ocular stress test to allow researchers and clinicians to detect disease affecting the eye before vision loss develops.

DR. DIANE BOVENKAMP: Wow, so we have four new projects. Three of them are looking at three new ways to try and prevent or slow down the disease, and then this last one is really cool, because a lot of preventions that are out there are just things that you can be empowered to do, like exercise and whatnot. If it's good for your heart, it's good for your eyes. So, like you said, if there's a cardiac stress test, it makes sense that there could be an eye stress test. Really looking forward to the progress on these four grants. And wow, okay, so that was just the beginning of our list. What's next on your list?

DR. JIMMY LIU: Yeah, it keeps getting better, Diane. So, the next 360-degree category is called "Genes and Age-Related Macular Degeneration." Most forms of macular degeneration, especially the age-related form, are not linked to any specific single genetic mutation. Instead, susceptibility to AMD is scattered over a number of small irregularities of genes in your genome or DNA. And these are called single-nucleotide polymorphisms. These single-nucleotide polymorphisms can arrive spontaneously, or they can be inherited. And their impact is modulated by factors such as age; overall health and nutrition; exposure to cigarette smoke, sunlight, and other toxins; and other factors that are related to increased risk for AMD. And so, targeted research understanding how genes can increase or decrease our risk of AMD is really vital to understanding how and why people get age-related macular degeneration.

We have one awardee who is working on a project in this category, and her name is Dr. Petra Larsen from the German Center for Neurodegenerative Diseases or, for short, DZNE. She is a clinician–scientist working on "Linking Retinal Imaging and Molecular Changes in Age-related Macular Degeneration." As many of us know, AMD is a leading cause of vision loss, yet it may affect each person quite differently. Dr. Larsen's project combines detailed eye scans with genetic and blood-based molecular analyses to uncover the biological processes behind these differences in people with AMD. So, by linking genetic and molecular signals to changes in the retina, she aims to identify

people who are at high risk of getting AMD and to understand the disease progression, and then, ultimately, to guide the development of personalized strategies to protect vision in patients with AMD.

DR. DIANE BOVENKAMP: Yeah, this is really, really important, because if we can have earlier detection … you know, time lost is vision lost. So, we'll really be looking at this because it could help health care providers and affected individuals to work together to preserve and improve vision. And the other thing is so cool is that this researcher is in Germany, right? Research is international, and the next best idea for a cure could be held by someone outside of the U.S. that then could come back and help us all. This is great, and I'm really looking forward to following this project.

DR. JIMMY LIU: Absolutely, Diane. Like we said before, BrightFocus Foundation's ultimate goal is to end AMD, glaucoma, and Alzheimer's, and we leave no stone unturned—whether that researcher is in the U.S. or internationally around the world—to ending those diseases. So, we are super excited to fund from all over the world to help prevent these three diseases.

Our next 360-degree category is called "Diet and Nutrition's Impact on Age-Related Macular Degeneration Risk." As I talked about in the previous 360-degree category about "Genes and Age-Related Macular Degeneration," there are many factors that are associated with increased or decreased risk of AMD. One of these major factors includes diet, nutrition, and other lifestyle habits. For example, eating diets such as a Mediterranean-style diet, which includes foods like fish, whole grains, fruits, and leafy vegetables, can help decrease your risk of AMD by providing essential nutrients for your eyes to function properly. Lifestyle interventions, such as prolonged sun exposure and exposure to smoke, are also associated risk factors of AMD.

And so, in this category, we have one researcher who is studying another potential associated risk factor of AMD, and that is sleep deprivation. Dr. Anaïs Françon is a researcher in Montreal, Canada, and she is studying the "Role of Lack of Sleep in the Development of Age-related Macular Degeneration." As mentioned before, AMD is the leading cause of blindness and is highly driven by genetic and environmental factors. One of these understudied factors that may predispose someone to neuroinflammatory conditions such as AMD is sleep deficiency, which affects nearly 30 percent of American adults. Here, researchers investigate the role of sleep deficiency in abnormal blood vessel growth and how it affects the eye's immune system in AMD. What's really cool is this work could potentially identify therapeutic avenues to influence the genetics of the eye's immune system and improve biomarkers associated with AMD.

DR. DIANE BOVENKAMP: This is a really, really vital point. Sleep is truly important for one's health for many diseases—Alzheimer's, glaucoma, and, of course, AMD is one of those. And when you think about it, this is one of those things that could be beneficial for your health and of which you have complete control or mostly complete control. So, I guess my public service announcement is: Why don't you try to improve your sleep hygiene tonight? I know I'm going to try to.

DR. JIMMY LIU: Yeah, you bet, Diane. After hearing about Dr. Françon's study, I'm going to make sure from now on that my wife and I sleep on time so we don't increase our risk for AMD.

So, our next 360-degree category is titled, "Cell Metabolism." The eye is one of the most metabolically active organs in our body, and disruptions in its metabolism have been shown to be a key cause of AMD. In particular, the retinal pigment epithelium, or RPE, is a single layer of cells in the back of the eye next to the retina that, in AMD, start to generate due to decreased energy production in those cells. And so, researchers in this category are exploring how an imbalance between energy needs and production of those cells can contribute to AMD, and are also finding ways to restore health to the aging eye by improving cellular metabolism in those affected cells.

Our first awardee in this category is Dr. Lily Wu, who is a researcher at the University of Oklahoma Health Sciences Center. She is working on "Restoring Crucial Retinal Lipids to Prevent Vision Loss in Age-related Macular Degeneration." In the eye, lipids called very long chain polyunsaturated fatty acids—or for short, they're called VLC PUFAs—have been shown to be an essential fuel for the RPE. In AMD, these lipids are depleted, causing the RPE to malfunction. Dr. Wu's research looks to understand why these lipids are important in the function of the RPE, and using therapies like gene therapy, she will try and rescue the disease by introducing more of these important lipids into the RPE. So, that's a really cool project related to cell metabolism.

Another awardee in this category is Dr. Jason Miller, and he is a clinician–scientist at the University of Michigan. He is working on a project looking at RPE lipid degradation and secretion and age-related macular degeneration. Every single day, the RPE consumes a massive amount of fat as part of its normal routine. In a healthy eye, the cell's power plant, which is called the mitochondria, burns this fat for fuel. But in dry AMD, these powerhouses start to break down. And so, because the RPE can no longer burn the fat, it kind of starts to panic and spits out this excess fat. And this spitting out of excess fat creates toxic fatty garbage piles called drusen outside of the cells of the RPE. To make matters worse, because the RPE cannot burn fat for energy anymore, it starts eating sugar or glucose meant for another important cell that we

talked about earlier called the photoreceptors. And so, Dr. Miller's proposal is looking to modulate how the RPE degrades the fat it consumes, causing those cells to secrete less fat and will be less tempted to eat sugar for energy, allowing those sugars to go to the photoreceptors to serve their energetic needs. This will ultimately lead to less toxic fatty deposits or these small deposits called drusen to accumulate, which is a hallmark of AMD. And so, his study will really further enhance our understanding of RPE degeneration and future therapies for dry AMD.

DR. DIANE BOVENKAMP: Wow, these two projects are truly looking at a vital part of the disease process for a different type of future treatment target. And from what you've described, it seems to be what I'll call a "Goldilocks problem," reminiscent of the fairy tale with Goldilocks and the three bears, where we need a careful balance of sugars and fats in our eyes—not too much, not too little—to keep the system going, so the RPE need to have just the right amount of fat and the photoreceptors need just the right amount of sugar to be healthy. We can't get rid of all the fat or all the sugar; it just needs to be dialed in to the right amount that's needed for function. So, we're looking forward to following the progress by these scientists.

DR. JIMMY LIU: Yeah, absolutely, Diane. Again, this is such exciting work and will really help inform the community about how to find effective treatments for AMD. Our next 360-degree category is titled, "Drusen Formation and Immune Response." As I talked about in the previous section, drusen are toxic fatty garbage piles that accumulate in your eye.

Since these garbage piles are toxic, our eye's immune system triggers an immune response to get rid of these toxic garbage piles. Unfortunately, this immune system response can get out of control and cause damage to the cells important for your vision, especially in that area that's really important, called the macula, which is the central part of your eye and provides sharp central vision. Researchers in this category are focused on understanding how drusen formation occurs and the role of our eye's immune response in AMD.

Our first researcher in this category is Dr. David Veysset from Harvard University. He is working on a proposal titled, "Advancing AMD Diagnoses with Novel Spectroscopic Tools." Dr. Veysset aims to combine two cutting-edge imaging techniques: one called optical coherence tomography, or OCT, which many of you on this call may have had an exam with this machine before, and another cutting-edge imaging technique called Raman spectroscopy. And what he's doing is analyzing both the structure and chemistry of each individual drusen deposit in your eye. Using these cutting-edge tools, Dr. Veysset and his team will identify if an individual drusen is either at a low risk

or high risk for progression of AMD. This innovative approach could really transform and provide a new way to diagnose and manage AMD in the clinic where, typically, what clinicians do is they look at the number of drusen in your eye, and that correlates with the severity of the of the disease. And in this case, Dr. Veysset is looking at not the quantity but the quality of these drusen and whether or not they can predispose someone for a higher risk for progression of AMD.

The next person in this category is Dr. Estelle Park, and she is a professor at Purdue University looking at "Uncovering the Hidden Link Between Liver Health and Macular Degeneration." This project will develop a novel human liver–retina chip to uncover how AMD metabolic dysfunction in the liver trigger the immune responses in our eye that damage the retinal pigment epithelium, or RPE, which, again, are those cells that help provide nutrients to the photoreceptors in our eyes. Developing this liver retina on a chip will allow for more accurate understanding of how changes to our body's metabolic system can drive immune response in our eyes, which can ultimately enable new therapeutic strategies to prevent vision loss and improve health outcomes for patients living with AMD.

And then lastly, we have Dr. Sarah Palko from Trinity College Dublin in the Republic of Ireland, and she is studying "How Retinal Cells Drive Inflammation in AMD." As I mentioned in the description of this category, our immune response or inflammation play a major role in AMD, and immune cells from the blood can enter the retina and worsen the damage. This project will test whether support cells in the retina called Müller glia send signals that attract these immune cells. And by blocking a major signaling pathway in Müller glia, she aims to reduce harmful immune cells from entering the eye and reduce the disease progression in AMD.

DR. DIANE BOVENKAMP: It's so insightful that the drusen waste disposal issue causing buildup could have its origins in cells outside of the eye and outside of the RPE. So, drusen and liver cells and Müller glia, oh my, I mean, this truly emphasizes the importance of looking beyond the eyes for causes and potential treatments for AMD, and even looking into the brain, because the eyes are an extension of the brain, maybe even looking beyond the brain. So, the liver is outside of the brain, and yet it's connected to the eyes somehow. That just seems really strange, but when you look at it molecularly, it's not, so we'll have to keep a close eye on looking for the common features of disease for clues to a cure in the future.

DR. JIMMY LIU: Yes, absolutely, Diane. Let's definitely keep an eye on that in the future. It will definitely be a very important research topic to look at in the future. Our last 360-degree category is called "Understanding Early-Stage Age-Related Macular

Degeneration." And so, although there are several risk factors associated with AMD, currently the exact cause of AMD is unknown. And so, researchers in this category are developing new technologies and diving deep into the causes of AMD to help slow the progression of the disease and to develop more personalized treatments that intervene before the disease progresses and vision loss becomes more severe.

Our first award in this category is Dr. Eric Ma from the Oklahoma Medical Research Foundation. He is studying how to protect eye blood vessels to slow vision loss and macular degeneration. In the eye, the choroid is a layer of blood vessels beneath the eye's light-sensing neurons, like the photoreceptors. It delivers oxygen and the nutrients needed for clear vision and for their cells to function properly. And so, in age-related macular degeneration, these vessels slowly start to wear out under disease stress, much like tires that lose their tread over time. This process, called choroidal atrophy, deprives our light-sensing cells of the critical support they need and eventually leads to vision loss. Dr. Ma's project aims to uncover the molecular pathways that protect these vessels from disease damage to help identify new treatments for early-stage AMD.

And then lastly, the last awardee in this category is Dr. Amir Vahabikashi from Northeastern University in Boston, Massachusetts. And his proposal is looking to recreate the human retina in the lab to unlock new treatments for macular degeneration. Currently, many macular degeneration research studies use animal models or cells in a dish that are two-dimensional to mimic the disease. And so, to more closely mimic the cellular environment in the native eye, Dr. Vahabikashi and his team are creating a retina on a chip to better understand the disease.

So, kind of similar to Dr. Park's project that I talked about earlier about creating a liver–retina on a chip, both of these projects will use stem cell–derived tissues and a very small device called a microfluidic device that will model early events that lead to age-related macular degeneration, including the buildup of harmful deposits and loss of retinal function. By allowing real-time observation and the testing of potential drug treatments, this technology aims to accelerate safer and more effective therapies for age-related macular degeneration.

DR. DIANE BOVENKAMP: Wow, this is such a cool up-and-coming technology, retina on a chip, liver–retina on a chip. It almost sounds straight from a science fiction novel, doesn't it? But it's real life.

DR. JIMMY LIU: Oh yeah, certainly. It just goes to show how technology has advanced, even in the past 5 years, Diane, to develop these new technologies to help study and

find treatments for AMD.

DR. DIANE BOVENKAMP: Great, incredible. Thanks, Jimmy, for summarizing 14 newly funded projects. I'm so proud that we're funding these innovative scientists and science. We look forward to following the progress of this research, and I have to, again, thank our donors for your generous support of these game changers that I'm sure will make a difference.

One last public service statement that we'd like to make before we leave you today is that it is vital that you get regular appointments with your eye doctor to check for signs of age-related macular degeneration. Your eye doctor will ask questions about your vision by taking a medical history, conducting a comprehensive eye evaluation, probably it'll be dilated. And during your eye exam, your ophthalmologist could ask questions such as: Do you have any trouble seeing in the distance or close up? If you close one eye at a time, is any part of your field of view missing, wavy, or distorted? Do you have a family history of eye disease, especially macular degeneration? Most importantly, do you smoke? That's a really high risk factor. What other diseases do you have, like diabetes, that could have some kind of influence? And what medications do you take? Are you allergic to any medications? So, remember to bring your medicines or a list of them with doses to your appointment, and also bring the eyeglasses you use the most often and like the best. We normally recommend for people over 40 to go on an annual basis or as recommended by your doctor. And then, this means that time lost is vision lost, so that any changes can be detected as soon as they happen and neither start treatment nor make treatment adjustments.

DR. JIMMY LIU: Absolutely, Diane. It's incredibly important and a great PSA announcement to get regular checkups to your ophthalmologist to make sure that your vision is okay.

DR. DIANE BOVENKAMP: Great. Sadly, as our time together draws to a close, Jimmy, do you have any further thoughts on BrightFocus' funding in our Macular Degeneration Research program for our listeners?

DR. JIMMY LIU: Yeah, of course, Diane. As you mentioned in the beginning, there have been a lot of changes at the National Institutes of Health, or NIH, and other science-funding agencies that may cause a decrease in support for research into diseases like macular degeneration, glaucoma, and Alzheimer's. However, I would like to reassure everyone on this call that BrightFocus is 100 percent committed to funding the most innovative research in the world to find cures for glaucoma, macular degeneration, and Alzheimer's.

Lastly, I just want to share how excited we are, along with our Macular Degeneration Research Scientific Review Committee, about the 14 grants that I talked about today. Every one of these awards exists because of your support and generosity and everyone on this call. And we truly believe they'll make a real difference in the push for better treatments, interventions, and ultimately a cure for AMD. We are so grateful for that support, and it's really our privilege to put that support to work funding the best and brightest researchers in the field.

DR. DIANE BOVENKAMP: Well, thanks, Jimmy. Drop the mic on that. Thank you so much for taking the time to explain everything today. To our listeners, thank you so much for joining our Macular Chat. I sincerely hope you found it helpful. I would like to mention that our website, https://www.brightfocus.org, has a wealth of information about macular degeneration. Our next Macular Chat will be on Wednesday, August 26, 2026. Thanks again for joining us. This concludes today's Macular Chat.

Useful Resources and Key Terms

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

- Macular Chats Archive
- Research funded by Macular Degeneration Research
- Overview of Macular Degeneration
- Treatments for Macular Degeneration
- Resources for Macular Degeneration

Helpful low vision tools or resources mentioned during the Chat include—

- 2026 Macular Degeneration Research grant recipients