COMING ATTRACTIONS ...

In future issues of CAPTIONS we will address guestions that have been asked by CAPT participants, including:

- What is the difference between "dry" AMD and "wet" AMD?
- Does "dry" AMD always become the "wet" form?
- Are there any new treatments available for AMD?
- How much longer will it be until we find out the results of the CAPT study?

If you have other questions or ideas for future issues, or if you are willing to be featured in the "CAPT Patient Profile", please let us know by contacting your Clinic Coordinator. We thank you for your suggestions and always welcome your feedback.



MEET THE PEOPLE BEHIND THE SCENES The Staff at the CAPT Coordinating Center and Photographic Reading Center

Conducting a clinical trial with over 1000 patients such as the CAPT Study requires people with a wide variety of expertise. You are all familiar with the ophthalmologists, coordinators, technicians, and photographers at the clinic you visit. In this issue of CAPTions we will introduce you to the staff at the Coordinating Center and Photographic Reading Center in Philadelphia, who are responsible for collecting and analyzing all of the information from the visual exams and photographs that you so patiently consent to.

The CAPT Coordinating Center, led by the principal investigator Dr. Maureen Maguire, collects the study forms that are the completed when you go for your CAPT visits. When the forms are received, data coordinator Claressa Whearry enters the information from the forms into a computer database, which is maintained by computer





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Coordinating Center

Staff: Standing from left to right: Claressa Whearry, Gui-Shuang Ying, Andrew James, Dr. Maureen Maguire, Kathy McWilliams, Christine Holmes. Seated left to right: Ellen Peskin, Mary Brightwell-Arnold, Lori O' Brien. Not pictured: Aleksandr Khvatov and Susan Ryan.

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specialist Andrew James. (Note: Andrew recently moved to California, and our new computer specialist is Aleksandr Khvatov). Mary Brightwell-Arnold, systems analyst, and biostatistician Gui-Shuang Ying, transform the raw data into scientific reports. Project director Ellen Peskin oversees operations at the Coordinating Center, and at the clinics where the CAPT patients are enrolled. Kathy McWilliams, protocol monitor, assists the clinics in performing tasks according to documented procedures. Finally, administrative personnel Christine Holmes and Lori O'Brien perform the tremendous amount of administrative tasks involved in such a large study, as well as assisting Susan Ryan with the financial aspects.

The Photographic Reading Center, where your study photographs and angiograms are sent, is directed by Judith Alexander. When the photographs arrive at the Reading Center, data coordinator Steve Begley checks them in. Steve also enters all the data from the photographic grading forms into a computer database. Fundus photograph graders Keith Elsner, Revell Whittock, and Noreen Javornik carefully examine the photos for changes in pathology, and count the drusen present. Kathy McWilliams assists the Reading Center with administrative and financial tasks, and Dr. Bojidar Madjarov lends his computer imaging expertise. In July, Dr. Robert Stoltz joined the Reading Center as the principal investigator.

The staff at the Coordinating and Reading Centers continually work to process all of the information gathered from your study visits, and we sincerely thank you for your continued support and participation in the CAPT Study. After all, if it weren't for you, where would we be?



Photographic Reading Center Staff: Left to right: Keith Elsner, Judith Alexander, Steven Begley, Kathy McWilliams, Revell Whittock, Dr. Bojidar Madjarov. Not pictured: Noreen Javornik and Dr. Robert Stoltz.

CAPT Photographs The photographs of your eyes that are taken at each CAPT visit look similar to the photographs below. These photographs are read (looked at for disease changes) at the CAPT Photograph Reading Center.

This photograph shows an eye without any Photograph of an eye not from a CAPT patient signs of macular degeneration. The macula is in the center of the retina, the light-sensitive laver of tissue at the back of the eve. As you read, light is focused onto your macula. There, millions of cells change the light into nerve signals that tell the brain what you are seeing. This is called your central vision. With it, you are able to read, drive, and perform other activities that require fine, sharp, straight-ahead vision. The retinal pigment epithelium (bottom layer of the retina) contains pigment that gives the reddish-orange color to the photographs.

Photograph of an eye of a CAPT patient at an initial visit



This photograph is the same eye at the 12month visit. This evereceived the low intensity laser treatment at the initial visit. Compare the two photographs to see the reduced number of drusen in the same eye at the 12-month visit. If an eye still had 10 or more drusen at the 12-month visit, the eye would be eligible for additional low-intensity laser treatment. This eye did not qualify for additional treatment at 12 months because there were less than 10 large drusen in the central macula.



This photograph shows an eye in the CAPT study at the initial visit with many large drusen (yellowish deposits) in the central macula. Eyes in CAPT are required to have 10 or more of these large drusen in the macula. The presence of large drusen has been shown to be a risk factor for late age-related macular degeneration (AMD), which can lead to vision loss. The low intensity laser application in the CAPT study may cause these drusen to disappear in some eyes, which may reduce the risk of late AMD in these eyes.

Photograph of an eye at the 12-month visit of the same CAPT patient as above

