Labor Health and Human Services, Education, and Related Agencies
Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Hendrik P.N. Scholl, MD, MA  
The Dr. Frieda Derdeyn Bambas Professor of Ophthalmology  
The Johns Hopkins University

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

National Alliance for Eye and Vision Research (NAEV R)

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

Yes          No

3. If your response to question #2 is “Yes”, please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

N/A

Signature:  

Date: March 23, 2012
The National Alliance for Eye and Vision Research (NAEVr) requests Fiscal Year (FY) 2013 National Institutes of Health (NIH) funding at $32 billion and National Eye Institute (NEI) funding at $730 million. This funding recommendation represents the minimum investment necessary to avoid further loss of promising research and at the same time allows the NIH's budget to keep pace with biomedical inflation.
Good morning, and thank you for the opportunity to appear today in support of appropriations for the National Institutes of Health (NIH) and the National Eye Institute (NEI). I am Hendrik Scholl, M.D. and I serve as The Dr. Frieda Bambas Professor of Ophthalmology at the Wilmer Eye Institute of the Johns Hopkins School of Medicine in Baltimore, Maryland.

I am representing the National Alliance for Eye and Vision Research (NAEVR), an Alliance of 55 member organizations representing professional societies in ophthalmology and optometry, patient and consumer groups, and industry. NAEVR serves as the “Friends of the National Eye Institute” and advocates for adequate funding for NEI's mission of saving and restoring vision.

I am here today to urge your support for a Fiscal Year (FY) 2013 NIH funding increase to a level of at least $32 billion, as well as an increase in NEI funding to a level of $730 million. This funding recommendation represents the minimum investment necessary to avoid further loss of promising research and at the same time allows the NIH's budget to keep pace with biomedical inflation.

I received my medical degree in Germany and did a fellowship in London, so I bring an international perspective to the need for adequately funding medical research, especially into blindness and vision impairment. The NIH has long held a unique role in the world as the driver of biomedical research, so it must be adequately funded. The President's FY2013 proposal to level-fund the NIH and cut NEI funding will jeopardize the ability of researchers to build upon breakthroughs resulting from past investment.

For example, the proposed FY2013 budget would cut the NEI's funding by $8.9 million to a level of $693 million, which is just slightly above the FY2009 level. That also results in a net $14 million loss in NEI funding since its highest funding level in FY2010, which translates into about 40 research grants—any one of which could hold the promise of curing a blinding eye disease. The proposed FY2013 NEI funding level of $693 million also represents just a little over one percent of the $68 billion that blindness and vision impairment costs the United States each year.

In 2009, both the House and Senate spoke volumes in passing resolutions that designated 2010-2020 as *The Decade of Vision*, in which the majority of the 78 million “Baby Boomers” will turn 65 years of age and face the greatest risk of aging eye disease. A cut, level funding, or even an inflationary increase is not sufficient for the NEI to meet the extraordinary vision challenges presented by this “Silver Tsunami.”
I am a clinician-scientist who focuses on diseases of the retina, which is the light-sensitive back of the eye necessary for vision. My specialty is retinal degenerations, especially age-related macular degeneration, or AMD, which is the leading cause of vision loss in individuals over 60 years old, and has become the leading cause of vision loss overall in the industrialized world due to the aging of the population. Each year, 200,000 Americans develop advanced AMD, resulting in a loss of central vision and an inability to read, drive, and conduct activities of daily living.

Fifteen years ago, there was not a lot new in AMD research, but now it is one of the hottest areas. In June 2010, NIH Director Dr. Francis Collins testified before the House Energy and Commerce Committee, stating that:

“Twenty years ago, we could do little to prevent or treat AMD. Today, because of new treatments and procedures based in part on NIH research, 1.3 million Americans at risk for severe vision loss over the next five years can receive potentially sight-saving therapies.”

The NEI has been a leader in determining the genetic basis of eye disease. In fact, one-quarter of all genes discovered to-date have been associated with both common and rare eye diseases. The NEI has especially been a leader in the genetic basis of AMD. Let me provide two examples:

- NEI’s AMD Gene Consortium, which consolidates 15 international Genome Wide Association Studies (GWAS) representing more than 16,900 patients, has identified 19 genomic loci associated with AMD, including 7 new loci. The Consortium could identify 5 distinct biological pathways of disease mechanism. By understanding the genetic basis of the disease and the underlying disease mechanism, NEI can develop appropriate diagnostic and therapeutic applications.

- NEI’s successful human gene therapy clinical trial for the neurodegenerative disease Leber Congenital Amaurosis (LCA), as well as subsequent refinement of gene therapy techniques, has enabled it to launch similar clinical trials for AMD and other retinal degenerations.

More than 38 million Americans age 40 and older experience blindness, low vision, or an age-related eye disease such as AMD, glaucoma, diabetic retinopathy, or cataracts. This number is expected to grow to more than 50 million Americans by the year 2020.

In public opinion polls over the past 40 years, Americans have consistently identified fear of vision loss as second only to fear of cancer. Patients with moderate to severe vision loss would trade years of remaining life for perfect vision. For example, patients who are legally blind due to diabetes would be willing to trade up to 36 percent of their remaining life to regain perfect vision.
In summary, NAEVR requests NEI funding at $730 million, reflecting biomedical inflation plus modest growth commensurate with that of NIH overall, since our nation’s investment in vision health is an investment in overall health. NEI’s breakthrough research is a cost-effective investment, since it is leading to treatments and therapies that can ultimately delay, save, and prevent health expenditures, especially those associated with the Medicare and Medicaid programs. It can also increase productivity, help individuals to maintain their independence, and generally improve the quality of life, especially since vision loss is associated with increased depression and accelerated mortality.

ABOUT NAEVR

The National Alliance for Eye and Vision Research (NAEVR), which serves as the “Friends of the NEI,” is a 501(c)4 non-profit advocacy coalition comprised of 55 professional (ophthalmology and optometry), patient and consumer, and industry organizations involved in eye and vision research. Visit NAEVR’s Web site at www.eyeresearch.org.
BIOGRAPHICAL SKETCH

NAME
Hendrik P.N. Scholl, MD, MA

POSITION TITLE
Dr. Frieda Derdeyn Bambas Professor of Ophthalmology

eRA COMMONS USER NAME (credential, e.g., agency login)
hscholl1

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

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<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
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<td>University of Tübingen Medical School</td>
<td>M.D.</td>
<td>1989</td>
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<td>University of Tübingen</td>
<td>M.A.</td>
<td>1989</td>
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<td>Brown University Medical School, Providence, RI</td>
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<tr>
<td>University Eye Hospital Tübingen</td>
<td>Residency</td>
<td>1997</td>
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<td>Moorfields Eye Hospital, Institute of Ophthalmology, UCL, London</td>
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<td>2001</td>
<td>Retina</td>
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<td>mibeg Institute, Cologne</td>
<td>Health Manager</td>
<td>2009</td>
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B. Positions

12/1/2011 – present: The Dr. Frieda Derdeyn Bambas Professor of Ophthalmology, Wilmer Eye Institute, Johns Hopkins University

3/1/2004 – present: Professor of Ophthalmology, Wilmer Eye Institute, Johns Hopkins University
Head of the Visual Neurophysiology Service

10/1/2004 – 2/14/2010: Privatdozent (Associate Professor), Medical Faculty, University of Bonn
Consultant Ophthalmologist, Vitreoretinal Surgeon and Research Coordinator, Dept. of Ophthalmology, University of Bonn
Head of the Clinical Electrophysiology Unit
Head of the Low-Vision-Center

Coordinator and Supervising Ophthalmologist of the Specialized Clinic Inherited Retinal and Macular Diseases (7/31/2006 - 2/14/2010)
Head of the Clinical Trial Center „European Vision Institute – Clinical Trials – Sites of Excellence“ (3/1/2008 – 2/14/2010)

Selected Recent Honors:

2002: Elfriede-Aulhorn Award of the German Neuro-Ophthalmological Society
2003: Macula Degeneration Award 2003 of Pro Retina Germany
2004: Heisenberg Fellowship, German Research Foundation (DFG)
2008: KROENER Research Award of the German Ophthalmological Society
2008: European Vision Award 2008
2010: Enhanced Career Development Award, National Neurovision Research Institute (NNRI) / Foundation Fighting Blindness (FFB)
2010: Macular Degeneration Research Award of the American Health Assistance Foundation (AHAF)
C. Selected peer-reviewed publications from 93 as of January 4, 2012:


C. Selected Research Support

**FUNDS FROM EUROPEAN COMMISSION (EU), FEDERAL MINISTRY FOR EDUCATION AND RESEARCH (BMBF) or GERMAN RESEARCH FOUNDATION (DFG):**


Federal Ministry for Education and Research, Germany (BMBF): Molecular Diagnostics of AMD (MODIAMD; BMBF MBT_011), 7/1/2009 - 6/30/2011; Role: **Co-Investigator**.

**FUNDS FROM INDUSTRY/FOUNDBATIONS:**

National Neurovision Research Institute (NNRI) / Foundation Fighting Blindness (FFB)  
Project Period: 03/01/2010 – 03/01/2013 **Enhanced Career Development Award**. Purpose: Structure-Function Correlation in Inherited Retinal Degenerations: Development of Surrogate Endpoints for Clinical Trials. Role: **PI**.

American Health Assistance Foundation (AHAF)  
Project Period: 04/01/2010 – 04/01/2012 **Macular Degeneration Research Award**. Purpose: Structure-Function Correlation in Macular Degeneration. Role: **PI**.

Lowy Medical Research Institute, Sydney  
Project Period: 01/01/07 – 12/31/07 **Investigator-Initiated Trial (IIT)**. Purpose: Microperimetric assessment of patients with Macular Telangiectasia Type 2. Role: **PI**.

Lowy Medical Research Institute, Sydney  
Project Period: 01/01/07 – 12/31/07 **Investigator-Initiated Trial (IIT)**. Purpose: Fundus autofluorescence imaging and macular pigment distribution in Macular Telangiectasia Type 2. Role: **PI**.

NOVARTIS, Basel  
Project Period: 01/01/08 – 12/31/08 **Investigator-Initiated Trial (IIT)**. Purpose: Ranibizumab to Treat Type 2 Idiopathic Macular Telangiectasia (RAMA-Trial; ClinicalTrials.gov number, NCT00504400; Paul-Ehrlich-Institute, CRFB002ADE04; EudraCT number 2006-006233-40). Role: **Co-PI**.

NOVARTIS, Basel  
Project Period: 01/01/08 – 12/31/08 **Investigator-Initiated Trial (IIT)**. Purpose: Ranibizumab to Treat Choroidal Neovascularizations in Patients With Pseudoxanthoma Elasticum (ClinicalTrials.gov number, NCT00510965; Paul-Ehrlich-Institute, CRFB002ADE03; EudraCT number 2006-006233-49). Role: **Co-PI**.