



# MACULAR DEGENERATION NEW ZEALAND

see our vision



**ANNUAL REPORT** 2009-2010



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# ANNUAL REPORT *2009-2010*

## OUR VISION

To reduce the incidence of macular degeneration in NZ.

## OUR OBJECTIVES

Increase **Awareness** of MD

Promote **Education** about MD

Enhance the quality of life and **Support** for people with MD

Pursue **Research** into the causes, prevention and treatment of MD

Offer **Representation** to advocate for the best interests of the entire MD community

# HIGHLIGHTS 2009-2010

## MACULAR DEGENERATION NZ GETS UNDERWAY

An inaugural meeting of 25 people representing several interested parties was held in January 2009. This included ophthalmologists, optometrists, low vision specialists, representatives from RNZFB, Retina NZ and the business community. The CEO of Macular Degeneration Foundation Australia, Julie Heraghty, spoke to the meeting, offering her experience and expertise to guide the future direction of the group as it established its plans and objectives. The group confirmed the need to establish a New Zealand-based organisation with a vision to reduce the incidence and impact of macular degeneration in New Zealand. An inaugural committee was elected: Ophthalmologists, Dr Dianne Sharp and Assoc. Prof Philip Polkinghorne, Optometrist and low vision specialist Naomi Meltzer, CEO of RNZFB Sandra Budd, Allan Jones and his wife Viv, who has macular degeneration and two business supporters, Murray Dunn and Di Goldsworthy.



Julie Heraghty with Naomi Meltzer.

The first meeting of the MDNZ Medical Advisory Group took place in Auckland in December 2009.



## MDNZ LAUNCH APRIL 2010

Mayor John Banks officially launched MDNZ at a special event at the TMG showrooms, supported by the Newmarket Business Association.

This was the culmination of months of hard work for a group of individuals who had the passion and vision to make the charitable trust a reality.

Over 200 guests along with MDNZ Chairman Dr Dianne Sharp, Trustees and Ambassadors were there to celebrate the launch of a charitable trust that will ensure the profile of macular degeneration and MDNZ is raised in our communities.



Associate Professor Philip Polkinghorne presents Mayor John Banks with a commemorative plaque which appropriately has the Amsler grid etched into the glass.



Mayor John Banks with Dr Dianne Sharp and the Vision Van sponsored by TMG.

From left Drs John Beaumont, Mike O'Rourke, David Worsley, Assoc Prof Philip Polkinghorne, Allyson Burgoyne (MDNZ administrator), Drs Dianne Sharp, Helen Long and Jim Borthwick

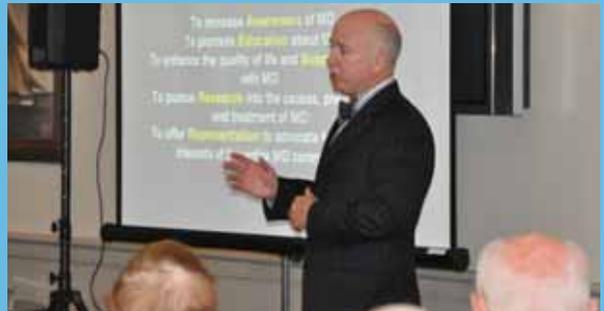


## VISION VAN TOUR: APRIL-MAY 2010

The vision van supplied by TMG was driven the length of the country by Ben Elliott displaying the MDNZ signage. 21 highly successful vision education seminars, sponsored by the Perry Foundation were held throughout New Zealand from Whangarei to Invercargill. Each seminar involved a local ophthalmologist who explained Macular Degeneration, an optometrist who discussed the management of low vision and a staff member from the Foundation of the Blind, who advised on options to maintain independence.

The purpose of the seminars, hosted by Ryman Healthcare at their retirement villages, was to raise awareness and promote early detection of MD and facilitate access to support services. Again the need for the formation of MDNZ was confirmed by the large number of people who attended the public seminars.

Equipment for daily living and a range of optical aids and high tech low vision aids were also on display.



## RANZCO NZ BRANCH MEETING MAY 2010

(Royal Australian and New Zealand College of Ophthalmologists )

The MDNZ booth at the RANZCO Conference, donated by Novartis and manned by volunteers Ben Elliott and Don Hopkirk, was a great success and well patronised.

Dr Sharp gave a presentation to the RANZCO NZ Branch Executive who offered warm congratulations on MDNZ's achievements to date and their endorsement where appropriate in the future

Information packs were sent out post conference to various ophthalmic and optometric practices.



RANZCO NZ Branch Meeting, from left: RANZCO CEO, Susie Tegan, Drs Stephen Best, Andrew Logan, Minister of Health, Tony Ryall and RANZCO President Dr Richard Stawell.

# THE 'MAD BUTCHER' RAISES FUNDS FOR MDNZ JUNE 2010

Macular Degeneration NZ was the recipient of \$28,000 thanks to the fundraising efforts of the 'Mad Butcher' Sir Peter Leitch, one of our ambassadors. This generous donation was raised at a fundraising gala dinner held at the Ellerslie Convention Centre attended by 550 guests.

MDNZ Chairperson Dr Dianne Sharp was ecstatic when the announcement was made as to how much had been raised.

Allan Jones, former NZ football coach and MDNZ Trustee, in thanking Sir Peter Leitch, noted that his enthusiasm, drive and generosity were a legend in New Zealand. He has been a fundraising champion, supporting many causes – particularly in the health field and was awarded the Queen's Service Medal in



Sir Peter Leitch helps raise funds for MDNZ.

1991 for his work in the community. Two days after the fundraising gala function, he was knighted for services to business and philanthropy. News of Sir Peter's induction into the NZ Hall of Business Hall of Fame came as no surprise to MDNZ Trustees.

MDNZ is proud and honoured to have Sir Peter Leitch as an ambassador.



# MDNZ ABOUT THE TRUST

Macular Degeneration New Zealand (MDNZ) is a registered Charitable Trust (#CC42203)

The Board of Trustees represents:

- The Royal Australian and NZ College of Ophthalmologists (RANZCO)
- The NZ Association of Optometrists (NZAO)
- The Royal New Zealand Foundation of the Blind (RNZFB)
- The Macular Degeneration community
- Business and corporate experience

The majority of Trustees have a substantial personal connection with MD.



MDNZ Trustees from left: Naomi Meltzer, Dr Dianne Sharp, Viv Jones, Assoc Prof Philip Polkinghorne, Allan Jones and Sandra Budd with MDNZ steering committee members Di Goldsworthy and Murray Dunn.

## AMBASSADORS

- Dame Kate Harcourt DNZM
- Sir Wilson Whineray KNZM OBE
- Sir Colin Meads KHZM MBE
- Sir Peter Leitch KHZM QSM
- Mrs Rosie Horton QSO, QSM
- Mr John Adshead
- Mr Philip Sherry

## OUR VALUES

MDNZ Trustees, committee members, staff and volunteers have common shared values and commitment towards those with MD:

- **Respect** for the dignity of the person.
- **Compassion**, concern, support and understanding.
- **Integrity**, trustworthiness, honesty, loyalty, reliability and the highest standard of ethical behaviour in an environment of total quality care.
- **Competency**: Focus on effective, appropriate, high quality care in the advocacy for and the administration of services for people with Macular Degeneration, their family and carers.

# OUR GUIDING PRINCIPLES

## ACCESS AND EQUITY

MDNZ is committed to equity of access to treatments, care and rehabilitation.

## KNOWLEDGE

MDNZ values its knowledge and continues to develop expertise, drawing on its own and others experience.

## CULTURAL RECOGNITION

MDNZ is committed to attaining and implementing the dual heritage for the partners of the Te Tiriti o Waitangi (the Treaty of Waitangi) and respecting the cultural diversity of people, encouraging people of all nationalities to utilize MDNZ's facilities and services.

## SOCIAL JUSTICE

MDNZ pursues social justice and works to empower the MD community and strives to oppose any disadvantage they may be experiencing.

## INVESTMENT

MDNZ invests in the future by using resources and knowledge to improve the future of the MD community.

## CHANGE

MDNZ is persistent in pursuing change and works creatively to make a real difference for the MD community.

MDNZ's work as a charity aims to meet the real needs of the people it represents and as such operates in the best interest of its client; the MD community. It engages and depends upon the active support of volunteers, individuals and organizations and is guided by the following principles:

## CONSIDERATION

MDNZ respects the client and all those with whom it relates in the meeting of its objectives.

## PARTICIPATION

MDNZ encourages active participation of families, friends and communities.

## STANDARDS

MDNZ will uphold the highest ethical standards in its daily work and its relations with all parties.

## APPRECIATION

MDNZ appreciates the contributions made by Government, advocates, volunteers and other non-government organisations, staff and all who work for the common good of the MD community.

## PARTNERSHIPS

MDNZ will value, support and work with all partners including the medical profession, corporate and allied health care professionals, and national and international agencies to improve the life of people with MD.



## **CHAIRMAN'S REPORT**

It is with pride that I present my first annual report for Macular Degeneration New Zealand.

A career as a Retinal Specialist gave me insight into macular degeneration, the leading cause of blindness in the over 50s and the growing number of people with MD in NZ. I was also acutely aware that new treatments for MD were available and that success was dependent on early recognition and diagnosis. It was timely then to develop an

organisation in NZ which would address issues of awareness and education, as well as providing representation to advocate for access to treatment and appropriate support for those who had already lost vision from MD.

An inaugural meeting in January 2009 led to a committee and the establishment of an elected Board of Trustees representing RANZCO, NZAO, RNZFB, the Macular Degeneration community and supporters with business and corporate experience.

Seven high profile New Zealanders took on the mantle of Ambassador and agreed to commit to our vision.

The 2010-2012 Strategic Plan set out five clear objectives and a direction for the first three years. The plan was ambitious but very successful in establishing MDNZ.

I would never have imagined we would have achieved so much in our first year as we have surpassed all expectations. This is in no small part thanks to my fellow Trustees and staff who have provided much of the enthusiasm and vision. It is their commitment and energy that has seen us launch the Trust, implement the Vision Van Tour and present education seminars to 21 Ryman Healthcare Villages. A presentation to the RANZCO NZ branch executive in May 2010 secured their on-going support for our cause. Numerous media articles in local and national publications certainly helped raise awareness of macular degeneration and the Trust. A range of informative information about MD, nutrition, diet and support services has been appreciated by patients and health professionals alike. Of great encouragement has been the level of awareness we have achieved in such a short time.

MDNZ was accepted as a member of AMD Alliance International which now consists of 70 members in 25 countries. It is the only international organization in the world dedicated exclusively to macular degeneration.

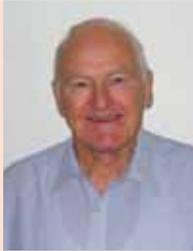
MDNZ's accomplishments would not have been possible without the generosity of our sponsors, donors and supporters. Sir Peter Leitch's gala occasion which raised \$28,000 for MDNZ certainly helped us get started on education about and awareness of MD in the wider community. We are dependent on fundraising and as MDNZ grows it will require a greater level of financial support so attracting corporate and private funders will become a priority. A major public relations and marketing campaign is planned to support our future fundraising efforts.

Several of our ambassadors have given considerable amounts of their time in support of MDNZ, attending a seminar, helping with fundraising and sharing their experience and advice for the management of a charitable trust.

It has been a wonderful first year and I look forward to greater outcomes in the years ahead.

Dr Dianne Sharp FRACS, FRANZCO

# OUR AMBASSADORS



## **Sir Wilson Whineray KHZM OBE**

Sir Wilson Whineray led the nation on rugby grounds and in business. He has inspired many to lead and is regarded as this country's greatest all-round All-Black captain. He was New Zealand Sportsman of the Year in 1965.



## **Sir Peter Leitch KNZM QSM**

Also known as The Mad Butcher, Sir Peter Leitch is a businessman who was inducted into the NZ Business Hall of Fame in 2010

Although well known in New Zealand for his chain of butcheries, he is also well known for his charity, fund-raising work and his promotion of rugby league.



## **Sir Colin Meads KHZM MBE**

Sir Colin is a former New Zealand All Black and is widely considered one of the greatest players in history.

Nicknamed 'Pinetree', he is an icon within New Zealand rugby, and was named the country's Player of the Century at the NZRFU Awards in 1999.

He is a member of both the International Rugby Hall of Fame and the New Zealand Sports Hall of Fame.



## **Dame Kate Harcourt DNZM**

Dame Kate has worked extensively on radio, television, film and in the theatre. She is patron of several arts organisations and in 1996 was made Dame Companion of the New Zealand Order of Merit for her contribution to theatre. In 1997 she was chosen as the Evening Post's Wellingtonian of the Year.



## **Mrs Rosie Horton QSO, QSM**

Rosie Horton is a highly regarded philanthropist and mentor for the charitable sector.

She was honoured with a Mayor's Living Legend Award and awarded the Catherine Sheridan Award from Variety-The Children's Charity in recognition of her decades of tireless fundraising.



## **Mr John Adshead**

Mr John Adshead, England-born former Head Coach of New Zealand's national football team, is arguably one of the most influential people in the history of New Zealand football.

In 1982 he coached the All Whites to the FIFA World Cup and, in a coaching career spanning 40 years, he has become synonymous with the continuing rising popularity of football in this country.



## **Mr Philip Sherry**

Philip Sherry remains one of NZ's longest serving newsreaders - including flagship bulletins for the NZBC, TV One, South Pacific Television, TV3 and Radio NZ. Mr Sherry began television news reading in 1963. After a stint reading the news for the 1989 launch of TV3, Mr Sherry moved into local body politics.

# OUR TRUSTEES



**Dr Dianne Sharp** MBChB,FRACS,FRANZCO

Dr Sharp is a Medical Retinal Specialist, a member of Retina International Scientific and Medical Advisory Board, Oceania Retina Association and the NZ representative on an Australasian Medical Advisory Board. She is a guest editor and reviewer for the Journal of Clinical and Experimental Ophthalmology, the journal of RANZCO.

Dianne's areas of special expertise include:

- Age related macular degeneration assessment and treatment
- Diabetic eye disease screening and management
- Inherited retinal diseases assessment and counselling
- Retinal photography, fluorescein and indocyanine green angiography, high resolution retinal imaging and ophthalmic electrodiagnostic testing
- Ophthalmic Electrodiagnostic testing.



**Prof. Philip Polkinghorne** MD, FRANZCO, FRCOphth

Dr. Polkinghorne is a Vitreoretinal Surgeon, Cataract Surgeon and Medical Retinal Subspecialist at Auckland Eye and Greenlane Clinical Centre.

Philip specialises in retinal, vitreo-retinal and cataract surgery. He has subspecialty training in both medical and surgical retina and is active in clinical and basic science research. Outside of Auckland Eye, Philip has plenty on his plate. He is an Associate Professor in the Department of Ophthalmology at the University of Auckland and has teaching responsibilities for both undergraduate and post graduate students.

He has published over 50 papers, edits ophthalmology journals and contributes as a reviewer to a number of international journals.



**Naomi Meltzer** Bachelor of Science, Diploma of Optometry, Post-Graduate Diploma in Rehabilitation (Visual)

Naomi has been in private practice in the large optometry practice of Barry + Beale Optometrists for nearly thirty years.

She specializes in Low Vision; she is currently involved in projects to provide education and improve the provision of Low Vision services in the community, particularly in the older adult population.

Naomi is a member of NZ Association of Optometrists; Cornea and Contact Lens Society of NZ; Glaucoma NZ; Retina NZ and Macular Degeneration NZ.



**Sandra Budd** RGON, CEO Royal New Zealand Foundation of the Blind

Sandra has 37 years of health service experience, including a leadership role in the New Zealand and Australian health sectors.

Sandra spent 4 years as Executive Director of Clinical Services of the South Australian Children, Youth and Women's Health Service and completed her 7 year Australian experience as Executive Director, Workforce Development for the Greater Southern Area Health Service in New South Wales, responsible for strategic workforce planning for over 5,000 staff.

She was appointed as CEO of the RNZFB in 2007.



**Viv Jones** had a very successful professional career as Personal Assistant to respective Managing Directors in both the UK and New Zealand.

In 2003 she was appointed Personal Assistant to Professor Alistair Woodward, Head of the School of Population Health, University of Auckland. She held this position until enforced retirement as a result of wet macular degeneration.

Viv was treated with a course of the drug Lucentis, and regained her sight and thus her independence. She is passionate in wanting to educate the community at large and in particular the aged, thus making them aware of the importance of having the macula tested.



**Allan Jones** is a professional Football Coach who held the position of National Director of Coaching to the New Zealand Football Association in 1979. He completed several contracts for the New Zealand Football Association as National Director of Coaching and National Coach to various national teams, and as the Technical Director for the FIFA Confederation of Oceania. Allan gained further international recognition through extensive coaching throughout the Middle East. He coached the victorious Auckland City FC taking them to several National League titles and qualifying them for the 2006 World Club Championships.

Allan is a consultant to various factions in football throughout New Zealand and the world. His involvement with MDNZ is a result of his wife having wet macular degeneration.

# OUR ACHIEVEMENTS

## YEAR 1 LAUNCH AND PROMOTE

### AWARENESS

- Launch MDNZ to increase awareness of MD throughout New Zealand

*MDNZ was officially launched by Mayor John Banks at a special function in Newmarket on 8 April 2010 attended by MDNZ Chairperson, Trustees, Ambassadors and special guests.*

*MDNZ Vision Van supplied by TMG toured NZ in April and May 2010.*

*Numerous articles published in a variety of publications in Australia and New Zealand.*

*Numerous radio and television interviews given at National level.*

### EDUCATION

- Vision Van Education Seminars

*21 vision education seminars presented to audiences at Ryman Healthcare Retirement Villages throughout New Zealand.*

- Campaigns to encourage early detection of MD and appropriate referral

*Ophthalmologists at the vision education seminars promoted early detection and referral for treatment. Amsler grids were handed out to members of the audience and staff.*

- Promote factors to reduce the risk of MD including diet and stopping smoking

*Information packs including dietary advice have been sent throughout NZ to Ophthalmology and Optometry practices as well as to individuals with an interest in MD.*

### SUPPORT

- Establish a communication system to be used by the public with an MDNZ website and an 0800 Helpline

*Website: [www.mdnz.co.nz](http://www.mdnz.co.nz), email: [info@mdnz.co.nz](mailto:info@mdnz.co.nz) and 0800 MACULA (622852) helpline established.*

*Website includes information, advice, news, MDNZ contact details and MD patient stories.*

### RESEARCH

- Promote the establishment of baseline data on the incidence of MD in New Zealand

*Baseline data captured at each vision education seminar. Evaluation report prepared and published in this report and on the website.*

### REPRESENTATION

- Create a database of interested personnel

*Database established and populated with all current stakeholder information.*

- Form partnerships for collaboration

*Collaborative working relationships formed nationally with RANZCO, NZAO, RNZFB, Retina NZ, Sight Loss Services and internationally with MDF Australia and AMD Alliance International.*

*MDNZ was accepted as a member of AMD Alliance International.*

### BEST PRACTICE

- Initiate a framework for a strong financial base

*Comprehensive strategic plan developed.*

- Employ part-time administrator

*Project Manager and 2 part-time administrators employed.*

### HIGH PROFILE REPRESENTATION

- Engage Ambassadors to front promotional work of MDNZ and carry the MDNZ messages to the nation

*7 high profile NZ Ambassadors have agreed to support MDNZ ; several attended the launch and the vision education seminars.*

### FUNDRAISING

- Establish sponsorship partners

*Sponsorship partnerships established with Blackmores, Novartis and Humanware, Alcon, NZ Optics and The Mad Butcher Community Trust. Sponsors and donors have provided considerable financial and non-financial support crucial to MDNZ achievements to date.*

*Sir Peter Leitch, the 'Mad Butcher', adopted MDNZ as one of his 4 preferred charities and raised \$28,000 at a gala evening in June.*

- Develop a comprehensive fundraising plan

*Generic fundraising plan developed.*

*Key elements of the plan, including applications to Trusts and Foundations, are in process with the assistance of Iroquois (Fundraising Consultants).*

# MDNZ EDUCATION SEMINARS

Macular Degeneration NZ conducted 21 education seminars in 20 Ryman ‘Healthcare’ Retirement Villages in locations throughout NZ from Whangarei to Invercargill and Ocean Shores Retirement Village in Tauranga. Each seminar had a presentation by an ophthalmologist, an optometrist with expertise in low vision and a representative from RNZFB. Some of the seminars were attended by a MDNZ ambassador.

An estimated 1522 people attended the sessions and 961 (67%) completed the evaluation forms. The majority of attendees were over 50 years of age and were residents or friends of the retirement villages

## EVALUATION RESULTS:

The results highlight that the Education Seminars significantly increased awareness and understanding of MD.

### Knowledge of MD before the seminar:

71% of respondents reported that they knew very little or nothing about MD prior to the seminar. 28% had MD, 13% had a family member affected while 34% reported that they had a general interest in MD.

Of those responders who had MD, 43% reported that they had dry MD, 31% had wet MD while 24% did not know what type of MD they had.

Overall 71% of responders said that they knew very little or nothing about MD prior to the seminar.

Specifically, ( figure 1)

- 63% were not aware that smoking increased the risk of MD.
- 72% were not aware that MD can be hereditary.
- 64% were not aware of “eye health” foods.
- Only 22% knew that MD does not cause black blindness.

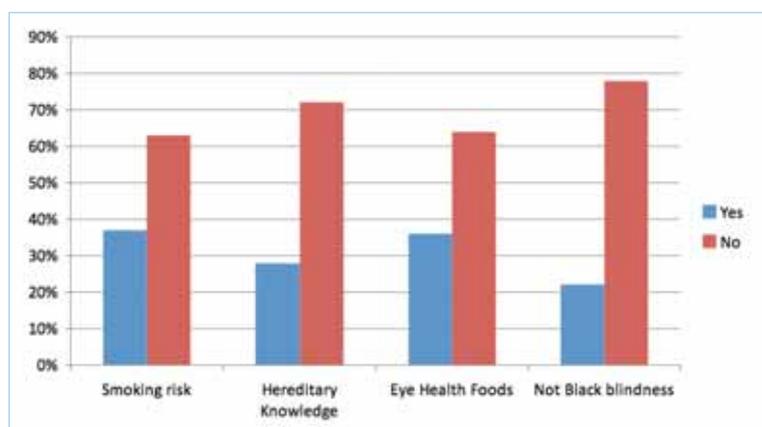


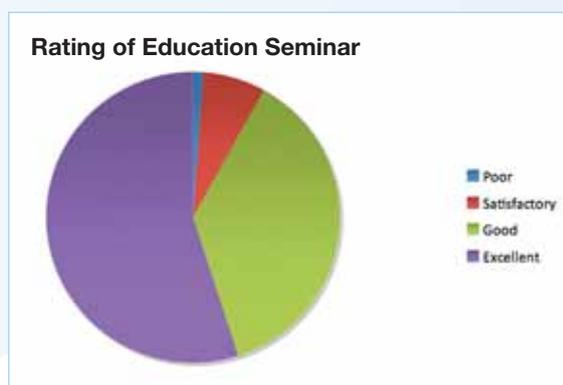
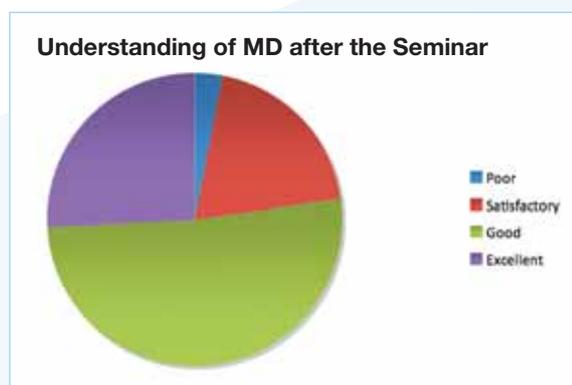
Figure 1: Knowledge before the Education Seminar

### Responders assessment of the seminar

78% rated their knowledge of MD after the seminar as good (52%) or excellent (26%). 31% were unsure if they had ever had their macula checked and 80% said that they would definitely have a regular eye and macula examination as a result of what they had learned at the seminar.

92% of the responders rated the education seminars as either good (37%) or excellent (55%).

The results highlight that the education seminars increased awareness and understanding of MD, including the risk factors. They also increased the likelihood of attendees having their eyes regularly checked, including the macula.



# MD PATIENTS TELL THEIR STORIES



## VIV'S STORY

As a sufferer of wet Macular Degeneration I would like to share my story trusting that it will bring hope to others who have only recently been diagnosed with this life chang-

ing disease of the macula. I am one of the very lucky sufferers who - in my opinion - miraculously regained my sight through treatment with the unfunded drug Lucentis, to the level that I have total independence once again.

Within a few short months from being diagnosed with wet Macular Degeneration, and having unsuccessfully been treated with injections of the drug Avastin, I heard the devastating words that so many sufferers will be familiar with "your sight is irretrievable". What had been my very organized and busy world fell apart as I struggled to come to terms with this prognosis. I had suddenly lost my independence and could no longer drive, read a newspaper, identify faces or safely manipulate my way around. My husband moved into the role of chauffeur, chief cook and bottle washer and close colleagues at work aware of my condition closed ranks to assist and support me where possible in my busy role as a Personal Assistant in the School of Population Health at Auckland University.

We put our Half Moon Bay Auckland house on the market as it was suggested I take early retirement and move away from the city environment to our beach house in the less populated area of Mt Maunganui where I could familiarize myself with the surroundings before I became completely blind.

It was then I was given the very sound advice to

seek a second opinion and if I was not happy with the second opinion, then to seek a third. In December 2007 I reluctantly made an appointment with a highly recommended Retina Specialist - I say reluctantly, for after all I had been told that my sight was irretrievable - and this decision was to change my life and future completely.

The Specialist recommended I undertake a course of 4 injections of Lucentis, a drug not funded in New Zealand but specifically designed for the treatment of wet macular degeneration (it is funded in UK, Australia and Canada). The 4 injections of Lucentis cost approximately \$10,000 and luckily we were able to draw on our retirement fund to pay for this. Following the 4th injection in March 2008 I had completely regained the sight in my right eye and thus regained total independence, once more able to drive, read and live life normally. To me this was indeed a miracle.

I have an essential eye check monthly with my Specialist and the need for this was apparent as in August 2009 the scan showed a small leakage in the right eye which was immediately treated with an injection of Lucentis, and my level of sight has been maintained.

Following my own experience of the lack of awareness of this life changing disease Macular Degeneration, the treatment available, and the enormous impact it can have on your life, my husband and I are conscious of the need to educate, in the broadest sense, the general public of New Zealand and bring this to the attention of the medical profession in general and more specifically to the Ministry of Health. The Ministry must be aware that Macular Degeneration is the major cause of blindness in the over 50s in New Zealand and therefore if it is conscious of saving money in the long run it must fund Lucentis and similar eye specific drugs in its short term policies.



### **LEIGH'S STORY**

I silently give thanks for the beauty I see at 6am as I look across Lake Rotorua to Mokoia Island, yet I take nothing for granted. I was diagnosed with an extremely rare, incurable disease called Pseudoxanthoma

Elasticum (PXE) with Angoid Streaks which, without treatment, would mean that I too may wake one morning to find the lake no longer visible nor the beauty that surrounds it.

The deterioration in my right eye required treatment with photodynamic therapy, the only available treatment at the time. An initial treatment was followed by a further 12 over a period of 2 years but unfortunately the central vision in my right eye deteriorated to a point where my ophthalmologist felt I needed to be treated with a drug other than the Visudyne.

It was quite some time before I required any further treatment, however, despite a total of 14 treatments received I had now lost the central vision in my right eye altogether and found daily tasks, one takes for granted, very distressing as I could not play golf or enjoy gardening and I was unable to drive.

When my left eye developed problems with the growth of abnormal blood vessels, I was extremely delighted when Dr Sharp presented a very new drug called Lucentis which had seen marvelous results in the UK and America. So it was decided that this would be the next path to take.

Dave (my dearest husband) and I set off once again to visit my ophthalmologist where, prior to the Lucentis being administered, I had the procedure explained in detail. I must admit to being petrified at the thought of having needles inserted directly into

my eye, whereby I promptly burst into tears. Given that I had been visiting Dianne at the clinic for several years by now, she and I along with the rest of the staff had become almost like family so she had not hesitation in telling me (in the nicest possible way) to compose myself before making judgment on the treatment. The rest I guess is history.

We all of us have a fear of the unknown and I guess my doctor was right... I never felt a thing!!!!

A total of 3 treatments were required with Lucentis which have proved very successful and through careful monitoring and a well balanced diet I have not required any further treatment to date.

You may wonder how or what all of this has to do with Macular Degeneration?

The disease I have works on the same principle as MD therefore requires the same treatment and monitoring. I remember as a small girl my friends and I used to say that sight was not one of the senses we would want to live without. Now after I was all "grown up" and there was a chance I might very well lose mine I was devastated. It's for this very reason I have become involved with the Macular Degeneration team, and what a team I might add, to promote awareness of this not so "age-related" disease as some might think, after all, I had just turned 45 when I was first told of my PXE. Ignorance in any circumstance is not bliss as some would believe, so we must all be vigilant and have our eyes checked on a regular basis.

Along the way I have met some amazing people with wonderful stories of their own to tell. MDNZ has done an amazing amount of work to raise awareness of macular degeneration which has so far destroyed the vision of 25,000 New Zealanders preventing them from driving, reading, working or fully enjoying their lives.

# FINANCIAL REPORT

FOR THE YEAR ENDED 31 MARCH 2010

## Macular Degeneration New Zealand Trust

### Statement of Financial Performance

	2010 \$
<b>REVENUE</b>	
Operating Income	55,937
Depreciation	(807)
Other Operating Costs	(7,579)
<b>Surplus Before Beneficiary Distributions</b>	<u>47,551</u>
<b>NET SURPLUS/(DEFICIT)</b>	<u>\$47,551</u>

### Statement of Financial Position

<b>CURRENT ASSETS</b>	
Bank - Cheque Account	31,900
Accounts Receivable	10,000
<b>Total Current Assets</b>	<u>41,900</u>
<b>NON-CURRENT ASSETS</b>	
Fixed Assets as per Schedule	5,650
<b>TOTAL ASSETS</b>	<u>47,551</u>
<b>TOTAL LIABILITIES</b>	<u>-</u>
<b>NET ASSETS</b>	<u>\$47,551</u>

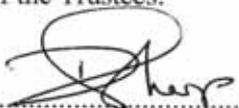
Represented by;

#### TRUSTEES FUNDS

Retained Earnings	47,551
<b>TOTAL TRUSTEES FUNDS</b>	<u>\$47,551</u>

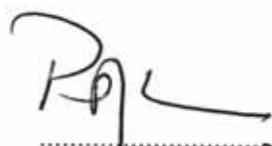
The Financial Statements have not been audited. The accompanying notes form part of these Financial Statements and should be read in conjunction with the reports contained herein.

For and on behalf of the Trustees:



Dr. Dianne Sharp  
Trustee

29/9/10



Prof. Philip Polkinghorne  
Trustee

30/9/10

## Notes to the Financial Statements

### 1. STATEMENT OF ACCOUNTING POLICIES

These financial statements are for Macular Degeneration New Zealand Trust. Macular Degeneration New Zealand Trust is engaged in the business of Promoting early detection of Macular Degeneration.

These financial statements are of special purpose and have been prepared for taxation purposes on the principles contained in the Income Tax Act 2007 and internal management purposes.

The accounting policies adopted are not in conformity with generally accepted accounting practice. Accordingly, the financial statements should only be relied on for the expressly stated purpose.

The accounting principles recognised as appropriate for the measurement and reporting of earnings and financial position on an historical cost basis have been used, with the exception of certain items for which specific accounting policies have been identified.

#### Changes in Accounting Policies

As these are the first financial statements prepared for this client, there are no comparatives for the previous year and no accounting policies previously employed which could have changed.

#### Specific Accounting Policies

In the preparation of these financial statements, the specific accounting policies are as follows:

##### (a) Property, Plant & Equipment

The entity has the following classes of Property, Plant & Equipment;  
Office Equipment

All property, plant & equipment except for land is stated at cost less depreciation.

Depreciation has been calculated in accordance with rates permitted under the Income Tax Act 2007.

##### (b) Taxation

No provision for Income Tax has been made as there is no current or deferred tax payable.

##### (c) Revenue

Interest income is recognised using the effective interest method.

##### (d) Government Grants

Government grants are reported at their fair value where there is reasonable certainty that the grant will be received and all attaching conditions will be met.

##### (e) Receivables

Receivables are stated at their estimated realisable value. Bad debts are written off in the year in which they are identified.

### 2. AUDIT

These financial statements have not been audited.

### 3. CONTINGENT LIABILITIES

At balance date there are no known contingent liabilities (2009:\$0). Macular Degeneration New Zealand Trust has not granted any securities in respect of liabilities payable by any other party whatsoever.

#### 4. OPERATING REVENUE

	2010
	\$
Donations Received	53,012
Grants Received	2,691
Interest Received	49
Sundry Income	185
Total Other Income	<u>55,937</u>
Total Operating Revenue	<u><u>55,937</u></u>

#### 5. RELATED PARTIES

There were no related party transactions during the year under review.

#### 6. SECURITIES AND GUARANTEES

There was no overdraft as at balance date nor was any facility arranged.

#### 7. TAXATION

	2010
	\$
Operating surplus before taxation	47,551

#### 8. PROPERTY, PLANT & EQUIPMENT

	2010
	\$
<b>Office Equipment</b>	
At cost	6,458
Less accumulated depreciation	<u>(807)</u>
	<u>5,650</u>
<b>Total Property, Plant &amp; Equipment</b>	<u><u>\$5,650</u></u>

### Statement of Disclaimer

We have compiled the financial statements of Macular Degeneration New Zealand Trust in accordance with Service Engagement Standard No. 2: "Compilation of Financial Information", for the year ended 31 March 2010.

A compilation is limited primarily to the collection, classification and summarisation of financial information supplied by Macular Degeneration New Zealand Trust and does not involve the verification of that information. We have not performed an audit or review on the financial statements and therefore neither we nor any of our employees accept any responsibility for the accuracy of the material from which the financial statements have been prepared.

Further, the statements have been prepared at the request of and for the purpose of Macular Degeneration New Zealand Trust and neither we nor any of our employees accept any responsibility on any ground whatsoever, including liability in negligence, to any other person.

*Moreton & Associates Ltd.*

**Moreton & Associates Limited**  
Chartered Accountants  
Auckland

30 / 8 / 2010



**MACULAR  
DEGENERATION  
NEW ZEALAND**  
see our vision



**ANNUAL REPORT** 2009-2010

# MAJOR FUNDERS AND SUPPORTERS

MDNZ wishes to thank our major donors and supporters without whose support we would not have been able to achieve the objectives set out in the first year of our strategic plan.

**A SINCERE THANK YOU TO ALL OF YOU.**



# OUR CONTACTS

## **POSTAL ADDRESS**

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Auckland 1151

## **HELPLINE**

0800 MACULA (0800 622852)

## **WEBSITE**

[www.mdnz.co.nz](http://www.mdnz.co.nz)

## **LEGAL ENTITY**

MDNZ is a Charitable Trust registered under  
the Charitable Trusts Act 1957

Charity Commission Registration Number: CC42203



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