Personal Statement: Du Cheng, MD, PhD

I grew up in China and came to the United States alone at the age of 20. My path to medicine was shaped by both legacy and lived experience—my grandfather, a battlefield surgeon who trained in the muddy trenches as an infantryman, and my own travels to remote regions of China, where I witnessed patients struggling to survive without access to even basic medical care. These early experiences instilled in me a deep sense of purpose: to serve those for whom care is not easily accessible.

Arriving in the U.S. with limited resources, I worked my way through college, research fellowships, and medical school while supporting both myself and the family I have built here. Along the way, I earned a PhD in neuroscience through the MSTP program and founded a company that develops and distributes devices now used in thousands of institutions worldwide. These experiences have strengthened my resilience, sharpened my problem-solving skills, and reinforced my commitment to meaningful, patient-centered innovation.

I am currently in my PGY-3 training of ophthalmology residency and am drawn to glaucoma. Glaucoma is a devastating disease—it silently steals vision, erodes independence, and dims the joy of life. Having spent much of my own life overcoming hardship and uncertainty, I empathize deeply with patients whose medical journeys mirror that struggle. Just as I once walked on thin ice to reach stability, I strive to guide my patients through their challenges with compassion and steadiness, no matter the outcome. Many ophthalmologists find glaucoma care daunting—the relentless nerve decline, narrowing visual fields, and persistent complications. I, however, find it profoundly rewarding to care for patients who have struggled with or been failed by previous treatments, offering them patience, clarity, and hope regardless of prognosis. Cataract surgery in glaucoma patients is often very challenging. In addition to a small anterior chamber and shorter axial length, poor visualization from corneal edema and the risk of vision loss make these cases particularly complex.

To prepare myself, I have actively sought rigorous clinical and surgical training. By March of my PGY-3 year, I had performed 79 SLT procedures and 18 LPIs, including 8 in the setting of acute angle closure. Recognizing the complexity of cataract surgery in glaucoma patients, I dedicated extensive time to the operating room, often on my day off. I have completed 22 cataract surgeries as primary surgeon, 14 without physical assistance from an attending, and am on track to exceed 30 cases this year, with the goal of approaching 300 by graduation. In parallel, I have developed efficiency in high-volume clinical settings, routinely managing 20–25 patients per day with comprehensive evaluation and documentation.

These experiences have shaped three guiding principles in my practice: to understand each patient within the context of their life circumstances, to communicate in ways that are both clear and meaningful, and to maintain organization and transparency in care delivery. Together, these principles allow me to build trust and deliver care that is both effective and compassionate.

Beyond clinical medicine, I remain deeply committed to research and innovation. I have authored 20 peer-reviewed publications, with additional work under review, and have developed multiple medical devices. The LabCam microscope adapter is now widely used for pathology and slit-lamp imaging, while the CranialSim surgical simulator supports neurosurgical training in cranial remodeling. I also founded the Eye-to-Eye Community Ophthalmology Screening

Program in New York, where the EyeDu fundus camera I developed continues to expand access to care in underserved populations.

My commitment to access extends locally. While volunteering at rural eye clinics in Virginia, I was struck by the persistent gaps in ophthalmologic care within the United States. These experiences have strengthened my resolve to combine clinical excellence with outreach and innovation to better serve underserved communities.

I seek to further refine my skills in the medical and surgical management of glaucoma and cataract while continuing to advance patient-centered innovation. Through the Heed Society, I hope to grow as both a clinician and researcher, and to contribute meaningfully to a field that demands not only technical precision, but also resilience, empathy, and vision.