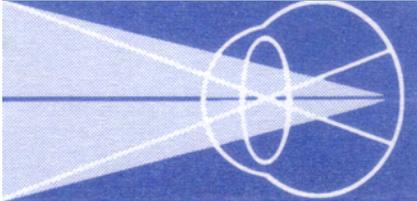


# The Valley Retina Update

Volume 2 No. 1 Spring 2008



## RETINAL CONSULTANTS

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“All Retina All the Time”

## The Return of the Newsletter

We welcome the return of our newsletter, and the opportunity to reconnect with our colleagues in medicine by keeping you up-to-date on the latest developments in our field and how our practice strives to bring the latest innovations in retinal care to our mutual patients. In this issue, we spotlight one of our partners, Joel A. Pearlman, MD, PhD, and the National Eye Institute head-to-head trial of Lucentis and Avastin for which he is our local principal investigator. Also, there are the latest updates on our mission to educate the ophthalmic community and advance clinical trials. As always, our goal remains to provide the best possible retinal care for our mutual patients and to communicate our findings and plans to you expediently. Understand that we are available for same day consultations, including during our Saturday office hours. We welcome your calls at any time at any of our office numbers. As for the newsletter, we continue to hope that you find these updates informative and useful in the care of your patients.

### Meet the Consultant

## Joel A. Pearlman

Dr. Pearlman is truly unique in that he has excelled at every stage of his career. He was raised in Brooklyn, New York and graduated Valedictorian from Cherry Hill East in New Jersey. Afterwards, he graduated magna cum laude with a degree in Biochemistry from Harvard University. He received his M.D. degree from Baylor,

receiving an award for Outstanding Performance in Clinical Sciences, and graduating Alpha Omega Alpha. At Baylor, Joel also went on to receive his Ph.D. in cell biology, and was awarded the Outstanding Performance in Basic Sciences



Award. He then earned the Intern of the Year award at Sinai Hospital in Baltimore, Maryland.

Joel completed his ophthalmology residency and retina fellowship at The Wilmer Eye Institute at Johns Hopkins Hospital. There Joel continued to earn awards and fellowships, including the Special Resident Teaching Award, a Heed Fellowship, the Knapp Fellowship, and the Ronald G. Michels Fellowship. Following his fellowship, Joel served a year as Chief Resident at the Wilmer Eye

Institute, where he taught ophthalmology residents, among them two of his future colleagues at the Retinal Consultants, Rob Equi, MD, and Tony Tsai, MD. He then joined the faculty at UC Davis for a year where he enjoyed teaching residents. In 2003, Joel joined the Retinal Consultants and has continued to play a critical role in eye research, including being an investigator for multiple clinical trials.

Joel is a member of the American Society of Retina Specialists, the American Academy of Ophthalmology, and the American Medical Association. He has coauthored several papers and book chapters on retinal blood vessel growth factors and on eye trauma. He is a past program director of the ALTA Ophthalmologic Society. Joel has tried both skiing and golf, but he has decided he will have to disappoint those patients who ask by telling them that he excels at neither activity.

Despite his long list of accomplishments, Dr. Pearlman is best known by his friends and peers as a true humanitarian with an unstoppable sense of humor, true devotion to his family, and genuine compassion for his patients.

### Controversies in Retinal Care

## National Trial Directly Compares Lucentis and Avastin

The introduction of anti-vascular endothelial growth factor (anti-VEGF) treatments has revolutionized the care of patients with wet macular degeneration. Lucentis (ranibizumab) received FDA approval on June 30, 2006, after well-designed randomized clinical trials demonstrated that it was able to prevent 3 lines of vision loss in over 90% of patients. Additionally, these clinical trials demonstrated for the first time that a significant proportion (about 35%) *gained* three lines of vision on therapy. One year

before FDA approval for Lucentis, Avastin became available as an FDA approved intravenous medicine for the treatment of colorectal cancer. Avastin (bevacizumab) is derived from the same monoclonal antibody and produced by the same company (Genentech). When news of the results of the clinical trials with Lucentis spread, interest in using Avastin off-label for wet AMD increased. Within months of the first case report of intravitreal Avastin, its use by retinal specialists across the country became widespread. Avastin continues to enjoy widespread acceptance for the treatment of wet AMD, and the experience of most practitioners is that its beneficial effects are comparable to Lucentis despite the absence of any head-to-head large-scale randomized trials.

The Comparisons of Age-Related Macular Degeneration Treatment Trials (CATT) is the first national multi-centered randomized treatment trial designed to assess the relative safety and efficacy of Avastin versus Lucentis for subfoveal neovascular AMD. We have been selected as one of less than 50 sites across the U.S. to participate in the study and we are currently seeking patients for enrollment. Eligible patients will be screened, enrolled, treated, and followed at our study center in Sacramento. For questions and more information, call our clinical research coordinator, Erin McKenna, at 916-453-5452.

### Recent Events

## Retinal Consultants Host 27th Annual Squaw Valley Retinal Symposium

The 27<sup>th</sup> Annual Retina Symposium was held February 7-10 at Squaw Valley USA, and to the delight of all attendees, conditions were perfect for all major events – continuing medical education, skiing, and fellowship. Attendees, consist-

ing of both retina specialists and ophthalmologists of various specialties, numbered sixty-five. This year's featured guest faculty included Tom Chang, MD, from the Retina Institute in Pasadena, Lee M. Jampol, MD, from the Northwestern University, Mark W. Johnson, MD, from the University of Michigan, Rick S. Kaiser, MD, from the Wills Eye Hospital, Barry D. Kupperman, MD, from UC Irvine, Daniel F. Martin, MD, from Emory University, and Franco M. Reccia, MD, from the Vanderbilt Eye Institute. Along with Dr. Maurice Landers, our own Rob Wendel served, again, as program director. Among the scientific presenters was Joel Pearlman, who presented results from our locally designed study of combined anti-VEGF pharmacotherapy and photodynamic therapy. The symposium was both an academic and social success and we invite everyone to attend next year. (For details see [www.squawvalleyretina.com](http://www.squawvalleyretina.com).)

**27TH ANNUAL  
SQUAW VALLEY  
RETINAL SYMPOSIUM**

**February 7 - 10, 2008**

THE RESORT AT SQUAW CREEK  
400 Squaw Creek Road  
Olympic Valley, California 96146

Presented by  
RETINAL CONSULTANTS MEDICAL GROUP  
and  
RETINAL INSTITUTE  
OF NORTHERN CALIFORNIA  
[www.squawvalleyretina.com](http://www.squawvalleyretina.com)

# Trials

## Eligible Patients Sought for Enrollment in Clinical Studies Designed to Assess Cutting-Edge Therapies

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### **CATT (National Eye Institute)**

The Comparisons of Age-Related Macular Degeneration Treatment Trials (CATT) is a multi-centered randomized treatment trial designed to assess the relative safety and efficacy of Avastin versus Lucentis for subfoveal neovascular AMD. We have been selected as one of less than 50 sites across the U.S. to participate in the study.

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### **Thrombogenics**

In some patients with vitreo-macular interface abnormalities (such as macular holes or vitreo-macular traction), treatment requires vitrectomy to create a posterior vitreous detachment (PVD). This multi-centered treatment trial assesses the safety and efficacy of MIVI III (microplasmin for vitreous injection III) as an intraocular pharmaceutical for the production of a therapeutic posterior vitreous detachment.

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### **COBALT (Opko Health)**

Bevasiranib is a small interfering RNA (siRNA) designed to turn off or silence the gene that produces VEGF, the growth factor believed largely responsible for wet age-related macular degeneration. To assess the efficacy and safety of bevasiranib, this multi-centered randomized treatment trial compares Lucentis monotherapy with bevasiranib sodium every 8 or 12 weeks following 3 injections of Lucentis for wet AMD.

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### **VIEW (Regeneron)**

Afilbercept, also known as VEGF-trap, is being developed as an alternative intravitreal agent to Avastin and Lucentis for the treatment of neovascular AMD. VEGF-trap functions as a soluble decoy receptor and binds to VEGF, thereby preventing VEGF from binding to cell receptors. VEGF-trap may have a favorable duration of action when compared to current therapies. This comparison trial will assess the efficacy of various VEGF-trap dosing regimens when compared with monthly Lucentis.

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### **Allergan AMD**

This single-masked multi-center, randomized, controlled study is designed to assess the safety and efficacy of Dexamethasone Posterior Segment Drug Delivery System Applicator System (Posurdex) as adjunctive therapy to Lucentis compared with Lucentis alone in the treatment of patients with wet AMD.

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### **Allergan DME**

This multi-center randomized, controlled trial assesses the safety and efficacy of a new investigational drug treatment, the Dexamethasone Posterior Segment Drug Delivery System Applicator System (Posurdex) for diabetic macular edema.

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### **RIDE (Genentech)**

Off-label intravitreal anti-VEGF agent treatment of diabetic macular edema is becoming commonplace. This multi-center randomized trial assesses the safety and efficacy of Lucentis for the treatment of diabetic macular edema.

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### **BRAVO and CRUISE (Genentech)**

Similar to diabetic macular edema, macular edema secondary to vein occlusions is increasingly treated with anti-VEGF agents. BRAVO and CRUISE are studies designed to assess in a randomized, controlled study, the effectiveness of Lucentis in the treatment of macular edema secondary to branch retinal vein occlusions and central retinal vein occlusions, respectively.

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### **RADICAL (Genentech)**

This study evaluates combination treatment for wet macular degeneration by measuring the safety and efficacy of Visudyne followed by an anti-VEGF agent with or without a steroid as compared to an anti-VEGF agent alone.

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## RETINAL CONSULTANTS

**Robert Equi, M.D.**

**Arun C. Patel, M.D.**

**Joel Pearlman, M.D., Ph.D.**

**J. Brian Reed, M.D.**

**Tony Tsai, M.D.**

**Robert T. Wendel, M.D.**

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### New Office Locations

## Carmichael Office Moves to Greenback Lane

To better serve patients in the areas north of Sacramento, the operations formerly located in Carmichael have been moved to a new, larger office at 5775 Greenback Lane. Along with providing easy access from I-80 and street-level parking, the new office is equipped to handle almost all in-office retinal procedures.

As always, we are available for same day consultations and we have Saturday office

hours. One of the consultants is always available after hours. Call 916-454-4861.

We now have offices in:

- ◆ Sacramento - 3939 J St., Ste. 106
- ◆ Greenback - 5775 Greenback Lane
- ◆ Chico - 19 Ilahee Lane
- ◆ Modesto - 1401 Spanos Court, Ste. 223
- ◆ Stockton - 1805 N. California, Ste. 406
- ◆ Vacaville - 1001 Nut Tree Rd., Ste. 110



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RETURN SERVICE REQUESTED