# The Retinal Consultants Update

Volume 7 No. 1 Spring 2013

**WWW.RETINALMD.COM**

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"All Retina All the Time"

## Celebrating 35 Years of Service

*Thanks to All of You for Your Continued Support*

We recently celebrated our 35th anniversary serving Northern California. Many of you have known us since those early days, but many of you are just beginning to get to know us. Over the years we have seen different faces, buildings and treatments come and go, but our mission to provide the best treatment for our patients and service to our referring providers has remained consistent and strong.

The business entity of Retinal Consultants was not official until 1977, but we were actually born just before that in 1975. It all began with one man and one office. Our founding father, Dr. Neil Kelly.

*Neil Kelly, M.D.*

After a few years of comprehensive ophthalmology in Redding, California, and then a retina fellowship at the Baylor College of Medicine in Houston, Dr. Kelly started our Retina only practice in what was the St. Luke's building at 2600 Capitol Avenue. Despite some advice that a retina only practice would not succeed, Retinal Consultants flourished and was the first of its kind in the Sacramento area.

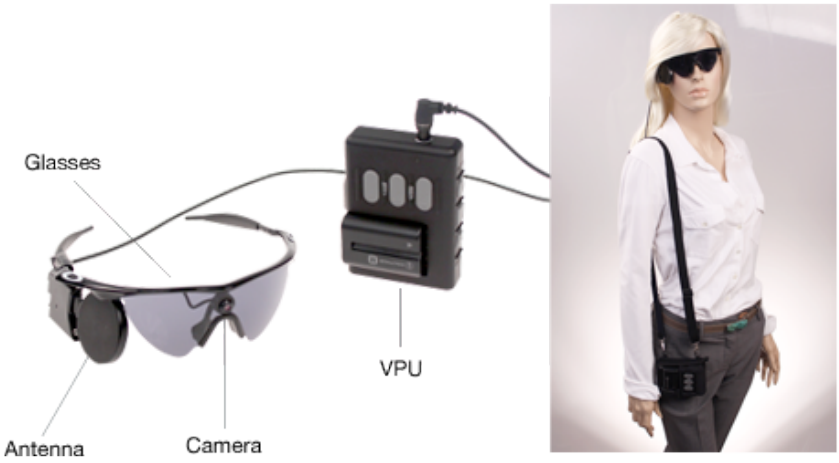
Dr. Jim Wells was the second physician to join the practice. Like Dr. Kelly, he had also completed a retina fellowship at the Baylor College of Medicine in Houston.

By 1980 we had outgrown our small office on Capitol Ave. and moved to the second floor of 3939 J Street. By 1987 we we moved to the first floor of the building, which we still occupy today.

It is impossible to include all of the highlights of the past 35 years and all the people that contributed, and who continue to contribute, to our success. Years ago we saw our AMD patients once a year to monitor disease progression, now we treat them regularly with drugs that can save their vision. We have seen the first viable therapy for AMD, Visudyne, go through clinical trials in our office to becoming the standard of care of its time. We have seen fluorescein angiograms and color fundus photography go from film to digital and our darkrooms change to computer server rooms. We began our practice with all paper all the time and now have all electronic billing and soon will have electronic medical records. We have watched our staff grow from just a few people to over 100 and our doctors from 1 to 8.

We began with one office and now see patients out of 10 offices covering Northern California. In 2009, we opened the Northern California Advanced Surgery Center next to our Greenback Lane office in Sacramento. The Clinical Research Department opened in 2005 and since that time we have helped bring to market many of the commonly used drugs in ophthalmology today.

Our practice is continually evolving to provide our patients with the latest treatments available. From the O.R. to the clinics at all 10 offices and counting, we strive to provide our patients with exceptional care and compassionate service. Here's to 35 more years!




New Technology

## ARGUS II Retinal Prosthesis Approved by the FDA

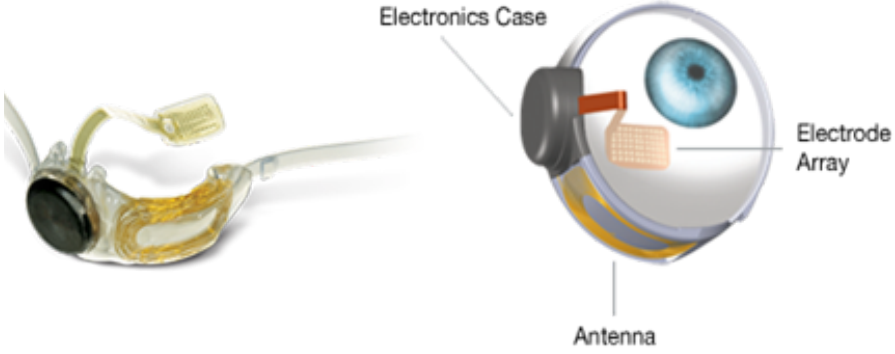
The FDA recently approved for use the Argus II Retinal Prosthesis. Developed by Second Sight Medical Products, Inc., the leading developer of retinal prostheses for the blind, this exciting technology may allow some patients who are blind or nearly blind from retinitis pigmentosa the ability to regain some functional vision.

The Argus II device is surgically implanted onto the retina of the eye and communicates with a tiny camera mounted on a pair of normal looking glasses. When wearing the glasses a person with the implanted device can scan their environment and "visualize" what is in front of them. What they perceive is not normal vision but more of a basic "black and white" representation of their environment. The vision gained from the device may allow a person to see obstacles in front of them thus allowing for more effective ambulation and may even allow for visual discrimination between objects, such as being able to distinguish a glass from a plate.

Presently, the device is not currently available in the Sacramento area. Centers around the country, including our practice, are beginning the process of applying to be an implantation site. Once selected, a new site will need considerable time to equip and become capable of implanting the device. For most centers, this process may take the better part of a year before it can be offered to patients.

There are limitations to the Argus II. First, it is only approved for use in patients with retinitis pigmentosa who are blind or nearly blind. It cannot be used in people with vision loss from macular degeneration or any other disease other than retinitis pigmentosa. Any patient who is able to see anything more than just a bright light would not be considered a candidate for the device. Second, the presence of other eye conditions or medical conditions may exclude a person from being a candidate for implantation. Third, the device cannot restore normal vision or even the kind of vision that would allow reading, watching TV, or recognizing faces. Fourth, it is currently unknown as to how much the device and surgical implantation will cost and if insurance companies will pay for it. Finally, as with any surgical procedure, there are risks to the implantation of the device that your doctor can discuss with you.

We are thrilled that medical science continues to advance. The FDA approval of the ARGUS II Retinal Prosthesis is a milestone in visual science and we celebrate its arrival. We always look forward to new treatments and advances in the care of retinal diseases.




### *In our next issue.....*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# Trials

## Eligible Patients Sought for Enrollment in Clinical Studies Designed to Assess New Therapies

***SAKURA - Santen Pharmaceuticals***

Because of the potential side effects of steroid use, the search continues for alternative uveitis therapies. In this trial, Sirolimus, with a proprietary formulation for ocular administration, is being tested for the treatment of noninfectious, posterior uveitis. This is a 2-year trial assessing the safety and efficacy of intravitreal injections of sirolimus in 3 different dose arms for active, noninfectious uveitis of the posterior segment. Eligible patients must have at least 1+ vitreous haze and best corrected vision of 20/400 or greater in the study eye. The protocol consists of a 30-day screening phase, a 150-day treatment phase and a follow-up phase through 2 years. Rescue therapy is available in the follow-up phase.

***NeuroVision Imaging Trial***

This pilot study utilizes curcumin labeling and a retinal imaging system to evaluate the ability to detect beta-amyloid plaques in patients with Alzheimer's Disease. The trial is 40 days in duration with 3 visits to the office for imaging, exam, vision testing, and blood draws. The ability to detect these beta-amyloid plaques can potentially lead to noninvasive monitoring of Alzheimer's Disease and even early diagnosis leading to earlier intervention. Open enrollment for this trial is limited to control subjects who must have dry macular degeneration and no diagnosis of Alzheimer's disease.

***ReView- Regeneron Pharmaceuticals***

RE-VIEW is Regeneron's Phase III trial evaluating the visual outcome and safety of intravitreal aflibercept injection delivered every 8 weeks over 2 years in treatment naïve neovascular AMD patients. This study will assess the best-corrected visual acuity (BCVA) in patients with neovascular AMD who are given 2mg intravitreal aflibercept injections (IAI) every 8 weeks after 3 initial monthly doses. RE-VIEW will also assess the safety of IAI on the corneal endothelium in a controlled comparison of treated study eye to untreated fellow eye. Eligible patients must have BCVA in study eye of 20/40 to 20/320, active subfoveal choroidal neovascularization and no neovascular AMD in the fellow eye.

***NEXUS- Lpath Pharmaceuticals***

This phase II study evaluates iSONEP (sonepcizumab [LT1009]) as either monotherapy or adjunctive therapy to Lucentis® or Avastin® versus Lucentis or Avastin alone for the treatment of subjects with choroidal neovascularization secondary to AMD. Subjects will be randomized among the 4 treatment groups and receive treatment for up to 9 months. Subjects must have previously received a total of 3-10 Lucentis or Avastin injections within a 12 month period and must be "sub responders" in that they must show either residual subretinal or intra-retinal fluid; show leakage on a fluorescein angiogram and have a central subfield thickness of ≥250μm. The BCVA must be between 20/40 to 20/320 to qualify.

***SEATTLE- Acucela, Inc.***

This Phase IIb/III trial for geographic atrophy secondary to AMD trial now enrolling. The treatment consists of oral study medication (vs. placebo) for two years. There are 3 initial monthly visits, followed by visits every 3 months. Subjects may have geographic atrophy in 1 or both eyes, must be at least 55 years of age, and have vision of 20/200 or better in the study eye.

***Pfizer Geographic Atrophy Trial***

This new trial will evaluate the efficacy, safety and tolerability of a novel drug to treat those with dry AMD. Patients will undergo a screening phase, treatment period and observational period in this 15-month trial. The drug is administered systemically, through a 30 minute intravenous infusion. Subjects will be evaluated by routine blood draws, exams, vision checks and periodic MRIs. Eligible patients must be between 60-90 years of age, have a well-demarcated area of geographic atrophy secondary to dry AMD, and best-corrected vision in the study of 20/80 or better.

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Upcoming Events

## Save the Date for RETINA UPDATE 2013

Retina Update 2013 will be held on Sunday, September 15, 2013, at the Crocker Art Museum from 10 a.m. to 3 p.m. Lunch will be served.

In addition to presentations by the retina faculty, we will also have a presentation by our invited guest speaker, James P. Dunn, Jr., MD, from the Wilmer Eye Institute at The Johns Hopkins School of Medicine in Baltimore, Maryland.

As always, registration for the meeting is free of charge. Meeting attendees are invited to bring a guest to enjoy complimentary admission to the exhibits at the Crocker Art Museum. Registration will open in Summer 2013. Space will be limited.

Visit www.retinaupdate.com for continued updates. We are looking forward to seeing you there!

*RU 2013 Featured Guest Speaker*

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