



Winter 2011

Eye Openers



Retina Consultants
of Southwest Florida®

RETINA CONSULTANTS' PHYSICIANS:

(back row) Tom Ghuman, MD, FACS;
Joseph P. Walker, MD, FACS; Paul A. Raskauskas, MD, FACS
(middle row) Donald C. Fletcher, MD;
Ashish G. Sharma, MD, FACS
(front row) Glenn L. Wing, MD, FACS

Dates Announced for 15th Annual Eye & Vision Research Symposia



Dr. Patricia D'Amore,
The Schepens Eye
Research Institute

Mark your calendars! Retina Consultants of Southwest Florida, the National Ophthalmic Research Institute (NORI), and The Schepens Eye Research Institute (SERI) will host the 15th Annual Eye and Vision Research Symposia in January.

On the agenda: the latest clinical investigations for treatment of Age-related Macular Degeneration (AMD). Our panel of highly accredited experts will discuss treatments being investigated in laboratories in both Southwest Florida and Boston.

Dr. Patricia D'Amore, the head of the Macular Degeneration Research Center at SERI, focuses her research on vascular growth and development, with an emphasis on blood-vessel growth in the retina. She believes that in order to decipher the disease processes, we must first have a thorough understanding of normal processes. Work conducted in her laboratory, and in collaboration with investigators at Mass Eye and Ear, formed the basis for the current use of anti-angiogenic therapies for diabetic retinopathy. She is currently working on ways this process affects macular degeneration.

Locally, the physicians of Retina Consultants, who are also clinical investigators at NORI, will discuss the latest advances including new investigations with combination therapies and molecular research for macular degeneration and multiple uses of Lucentis for diseases such as diabetic macular edema and retinal vein occlusion.

Also on the agenda will be the latest information regarding the implantable telescopic lens for patients with advanced macular degeneration.

As in years past, Retina Consultants will provide time for attendees to visit with low vision device vendors and public service organizations before and after the program.

This is the seminar you've waited for all year!

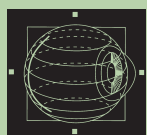
This symposia series is free and open to the public. Registration is required. Seats are limited and available on a first come, first serve basis.

15th Annual EYE & VISION RESEARCH SYMPOSIA

Sponsored by:



Retina Consultants
of Southwest Florida®



THE SCHEPENS
EYE RESEARCH
INSTITUTE



NORI
National Ophthalmic Research Institute®
ENVISION THE FUTURE®

Register Toll Free:
1.866.336.0733

Thursday January 20, 2011

Registration: 9:00am
Program: 10:00 – 11:30am

Harborside Events Center
1375 Monroe Street
Fort Myers

Downtown Fort Myers



Friday January 21, 2011

Registration: 9 am
Program: 10 – 11:30am

Hilton Naples*
5111 Tamiami Trail North
Naples

Located on Tamiami Trail/US41 just south of the Pine Ridge Road intersection



*Complimentary valet parking available

Retinal Vein Occlusion

has New Treatment Option



Dr. Paul Raskauskas of Retina Consultants examines patient, Christian Schrank

Retinal Vein Occlusion from a patient's perspective



As a New York Police Officer, Christian Schrank depended on his keen senses to fight crime and keep the peace. Now that his days on the force have ended, Schrank, 62, depends on his senses to play golf, attend to his grandchildren and enjoy his well-deserved retirement.

"My wife and I love to travel," said Schrank. "We have been to all 49 states. Alaska is next."

But it wasn't long ago that Schrank thought that enjoyment in his retirement, like his police career, was also coming to an end.

"When I found out, I wondered if I was going to be able to function," said Schrank.

Two years ago, Schrank learned that he was losing his vision. He was referred to a retina specialist where he was diagnosed with a condition called Retinal Vein Occlusion or RVO. His vision in his right eye dropped to 20/125.

"RVO is a condition where the vessels that supply blood to the eye, specifically to the retina and macula, are blocked," said Dr. Paul Raskauskas of Retina Consultants of Southwest Florida. "The macula begins to swell because the blood is not circulating properly. The swelling causes distortion and a loss of vision. And the parts of the eye that aren't receiving blood can degenerate. Not only is there vision loss, but in extreme cases, the loss of the eye can occur."

The areas of concern, the retina and specifically the macula, are responsible for central vision. This portion of the eye allows people to read, write, drive a car and recognize faces. Without vision in this area of the eye, many people

would be left with a black spot in the center of their vision.

Fortunately, Schrank was in the right place at the right time. "I did my homework about RVO and my doctor. They seemed top notch."

Retina Consultants of Southwest Florida operates an in-house research facility to test new treatments of drugs and procedures before they are put on the market. The research arm, the National Ophthalmic Research Institute (NORI), works within strict guidelines to test and document the results. These are then turned over to the U.S. Food and Drug Administration. Based on the data, the FDA determines if the drugs are safe and effective and should be released to the American public for use.

NORI has been involved with testing of Genentech's Lucentis® for RVO since 2007. Previously, it had been studied in macular degeneration patients for several years. Through NORI, 13 patients have enrolled and participated in the clinical trial for RVO locally.

"Lucentis was approved in 2006 to treat Age-related Macular Degeneration," said Dr. Raskauskas. "Because of the similarities between macular degeneration and RVO, a study was conducted to see if the drug would work on both diseases. Early data results show Lucentis works for both."

Lucentis is a drug known as a VEGF inhibitor. VEGF stands for Vascular Endothelial Growth Factor. The body makes VEGF on a regular basis. It creates new blood vessels to help repair wounds or injuries inside the body. However, in cases such as macular degeneration or retinal vein occlusion, excess VEGF is produced, causing leakage of blood vessels inside the eye which can damage the retina and macula. Lucentis is a protein inhibitor that decreases this leakage. Eventually, the blood vessels dry up allowing the eye to heal.

As part of the clinical trial, Mr. Schrank received 16 injections of Lucentis into the eye.

"Many people are unnecessarily scared about the procedure," said Dr. Raskauskas. "We try to make it as painless as possible by numbing the eye first. Most patients don't feel the injection at all."

"I look at the big picture," said Schrank. "There are a lot of people worse off than I am. I just have the opportunity to fix it. If all the study groups were the same [as mine] then people should be very happy."

The FDA approved Lucentis for treatment of RVO in June. Genentech is currently working with Medicare and other insurance companies to cover the cost of treating RVO with Lucentis.

This time last year, the FDA approved the Allergan drug, Ozurdex®, as a treatment option for RVO. NORI participated in that clinical trial as well.

Now with his vision stabilized at 20/40, Schrank is "still concerned but optimistic about what's gone on so far."

"My eye has improved and so has my quality of life," said Schrank. "I am thankful but I know there are no guarantees."

RVO

Retinal Vein Occlusion comes in two forms: Central (CRVO) and Branch (BRVO).

- **Central Retinal Vein Occlusions (CRVO)** occur when the main retinal vein is blocked, causing the blood flow to be reduced to the entire retina. This can cause a marked decrease in vision, as well as pain with an increase in eye pressure.
- **Branch Retinal Vein Occlusions (BRVO)** occur when a branch of the main retinal vein becomes obstructed. Blood flow is reduced in a portion of the retina. The amount of vision loss is usually not as severe as in CRVO.

Causes of RVO

The cause of retinal vein occlusion may be discovered through an evaluation of the retina or general medical evaluation. Sometimes, the source of the retinal vein occlusion cannot be identified, despite testing. The most common risk factors that may contribute to retinal vein occlusion include high blood pressure, diabetes, atherosclerosis, blood disorders, and glaucoma.

Detection of RVO

Your eye doctor will use drops to dilate, or enlarge, your pupils. This allows for a better view into the back of the eye. You may need testing, including a fluorescein angiography. Fluorescein angiography is a test that uses a dye that is injected into a vein in the arm or hand. The dye is carried through the blood stream to the retina where it highlights the blocked veins. Specialized photography enhances the images for evaluation.

Retina Consultants Celebrates 30 Years of Service

In October, Retina Consultants celebrated three decades of serving patients in Southwest Florida.

When Dr. Joseph Walker founded the practice in October 1980, Retina Consultants was the only practice, specializing in the treatment of retinal/vitreous conditions, located in Southwest Florida.

Dr. Walker's practice grew and it became difficult to keep up with the volume of patients. Dr. Walker was on-call 24 hours a day, seven days a week, and 52 weeks a year.

Realizing he needed help seeing the retinal patients, Dr. Walker contacted his friend and Harvard/Massachusetts Eye and Ear Fellow, Dr. Glenn L. Wing, who agreed to join Retina Consultants in 1982. Dr. Wing was followed by Dr. Paul A. Raskauskas from Bascom Palmer Eye Institute at the University of Miami in 1991. Three years later, Dr. Donald C. Fletcher signed on to run the company's Low Vision Department, a first-of-its-kind center in Southwest Florida. Dr. Tom Ghuman of West Virginia University joined on in 2000. Dr. Ashish Sharma, the newest addition to Retina Consultants, joined the practice in 2008 from the Kresge Eye Institute in Michigan.

Together, this team of doctors has built the largest retinal practice in Southwest Florida with five office locations. The doctors have more than 100 years of combined retinal experience.

They use this experience to be on the forefront of new treatments and eye care technologies. In 2005, Retina Consultants formed their clinical research arm, the National Ophthalmic Research Institute (NORI). NORI participates in numerous clinical research studies of ophthalmic drugs and treatments, many of which have received approval by the U.S. Food and Drug Administration (FDA) for use by the American public.

One staff member, in particular, has been with Retina Consultants from the beginning. Lori Gallman started as the office receptionist. Now, she manages the team of medical staff members. She recalls the early days of the practice.



The early days of Retina Consultants: Dr. Glenn Wing & Dr. Joseph Walker

"I was excited about joining a first-of-its-kind practice in Southwest Florida," said Gallman. "Because of our specialty and the high demand for our services at the time, our small waiting room was always full."

When asked what has kept her with Retina Consultants all these years, Gallman said, "The practice has been very good to me. It's been a privilege to work for a company with the caliber of people and skill that this practice has. It has been amazing to see all the new treatments that are now available and how they are benefiting patients."

"It's been 30 years, but I can still recall the doctors at the Massachusetts Eye and Ear Infirmary telling me that I was 'crazy' to go down to the 'Everglades' to practice," said Dr. Walker. "I am so glad that I followed my heart. These 30 years wouldn't have been possible without a great staff and wonderful patients. I am truly blessed to have been able to spend the last three decades doing what I love and helping people at the same time."



Lori Gallman, Medical Director

Eyes

By Lewis Dingleline,
patient of Dr. Raskauskas

Have you ever stopped to realize
The many problems with the eyes?
Near-sighted, far-sighted, no sight at all.
Even if you're short or very tall.
The eyeball is situated in a bony socket,
Fits right in as if it were a pocket.
A round ball with a coating sclerotic,
Then a choroid coat that isn't robotic.
There are muscles holding the lens in place,
Doesn't matter whatever your race.
There's a blind spot at the optic nerve,
Don't worry, you won't throw a curve.
The eyeball is filled with vitreous humor,
This is the truth and not just a rumor.
The retina is tissue that collects the light,
And it passes it on so you can see just right.
If that is detached you know you're in real trouble,
Even if you have a big gas bubble.
The cornea for protection, the iris for color,
An amazing body part that's like no other.
So protect your eyes as much as you can,
The greatest organ presented to man.

The Implantable Miniature Telescope (IMT)

approved for advanced AMD



Dr. Tom Ghuman

Implantable miniature telescopic lens



Criteria for IMT: (When FDA approved for public use)

- you are legally blind from macular degeneration
- vision improves with external telescope simulator
- your disease is irreversible, and no longer needing drug treatment
- you have not had cataract surgery in the eye receiving the implant
- you meet age, vision, eye and health requirements

In July, the U.S. Food and Drug Administration (FDA) approved VisionCare Ophthalmic Technologies' Implantable Miniature Telescope (IMT). Although it is not on the market yet, the hope is that when it becomes available for public use, this surgically implanted device will be used to help improve patients with end-stage age-related macular degeneration (AMD), dry or wet.

AMD damages the macula, the center of the retina that is the delicate area of the eye responsible for central vision. People affected by vision loss due to severe AMD can lose the ability to read, watch television, drive, and recognize faces. The damage is usually permanent and can be devastating to a person's independence.

"The IMT is a small telescope implanted in place of the eye's natural lens," said Dr. Tom Ghuman of Retina Consultants of Southwest Florida. "It is designed to transmit images, magnified up to nearly three times, to the healthy sections of the retina."

The device will be used in only one eye, usually the worse of the two. The other eye, despite the possibility of it also being affected by AMD, will be used for peripheral vision. Patients aged 75 and older with severe vision loss due to end-stage AMD will be the sole candidates for the IMT. Vision must be stable and patients can no longer receive injections of anti-VEGF medications. Additionally, patients must commit to undergo pre and post surgical training with a low vision specialist.

During the clinical trials, 219 legally blind

patients across the country received the IMT. 90 percent of those patients had at least a two-line gain in either their distance or best-corrected visual acuity. 75 percent of those improved their level of vision impairment from severe to moderate.

However, the device also comes with side effects. Because the IMT is a large device, relatively speaking, it can cause a significant loss of cells in the cornea. This can lead to corneal edema (swelling), corneal decompensation and possibly the need for a corneal transplant

Because of the risks associated with the device, the FDA has required the manufacturer to conduct two larger studies to follow post-surgical patients. These studies will last two years and five years and will determine the long-term effects of the device on the cornea.

"Although the concept behind the IMT is a step in the right direction, the data collected from the two and five years studies will be critical," said Dr. Ghuman. "Despite returning some vision in patients who are legally blind, this device could still pose a long-term safety risk. We won't know for certain until it undergoes the extensive follow-up studies."

VisionCare Technologies is working with Medicare to establish insurance reimbursements. Because the process involves the participation of several doctors and staff, all of the insurance regulations need to be met before the product can be available to the public. For more information regarding the IMT, please visit www.centrasight.com.

Obamacare Misinformation

Dr. Joseph Walker's guest opinion pieces regarding the Obama Healthcare Initiative have been featured in The News Press and the Naples Daily News. He was also a healthcare guest panelist for The News Press

Recently, the Obama administration's Secretary for Health and Human Services, Kathleen Sebelius, has been touting the benefits of the Obamacare legislation. She has been citing the fact that Blue Cross and Blue Shield of North Carolina will be returning approximately \$155.8 million to its policyholders to offset any premium increases. Sebelius claims that this is an example of the positive impact of Obamacare. However, she fails to explain that the reason for the large refund is that BCBS of North Carolina is largely exiting the market of writing individual health insurance policies due to Obamacare. This refund money was a reserve against any sudden cost changes, which is typical for insurance companies. Obamacare has forced Blue Cross and Blue Shield to re-think their ability to write individual health insurance policies, eliminating most of these policies, thus reducing the necessary level of reserve funding.

The North Carolina experience is not an isolated one. Numerous other private insurers have taken similar steps, as they realize that they cannot afford to sell insurance and comply with the Obamacare mandates. Harvard Pilgrim Health in Massachusetts recently announced

that it would stop writing Medicare Advantage for over 20,000 people. Reportedly, McDonald's has requested a waiver from Obamacare so it is not forced to drop coverage for 30,000 employees. Other companies and unions health plans are also requesting waivers, trying to avoid having to comply with the Obamacare mandates. John Goodman at the National Center of Policy Analysis has estimated that approximately 100 million Americans will eventually lose their current insurance because of Obamacare.

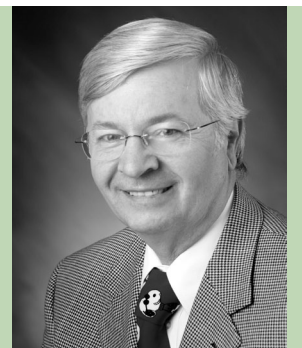
Perhaps loss of private insurance is an unintended consequence of the present law. Alternatively, one could argue that Obamacare is set up to force private insurers to stop writing health policies. This seems to be the more plausible explanation. Given the present trend, the end result will be a single payer system, government run, as the President and many in his administration have long advocated.

The misinformation is not isolated to that North Carolina talking point. The Centers for Medicare and Medicaid Services have now stated that the U.S. will spend an estimated extra \$300 billion on healthcare over the next

decade, compared to what it would have spent if this law hadn't passed. No reduction in medical spending, as the administration claimed when it was selling Obamacare.

A recent Medicare report appendix by Mr. Richard Foster, Medicare's actuary, states that the claims for Medicare money-saving are fiction, noting the supposed 30 percent cut in physicians' payments has not and will not happen, and that Medicare savings claimed by reducing hospital payments are extremely unlikely. The cost of Medicare will continue to soar and the costs of medical care in general will rise more rapidly under Obamacare than they would without it. A Price Waterhouse analysis of healthcare premiums states that they are likely to rise 111 percent over the next decade, which is far higher than the projected costs if no Obamacare had occurred.

You probably won't keep your private insurance. Insurance will cost more. Medical spending will increase. We have yet to see most of the impact of Obamacare and its enormous bureaucracy, rules and regulations. Isn't it time for honesty?



Dr. Joseph P. Walker



Macular Degeneration-New Generation Therapies

Age-related macular degeneration (AMD) is a chronic condition that causes central vision loss. It affects millions of Americans. It is a leading cause of blindness in people 60 and older. The older you are, the greater your chance of being affected. AMD affects the "macula", the part of the retina that allows you to see fine detail. It is important to learn the symptoms of AMD now, so if you ever notice any vision symptoms, you can see your eye doctor right away. AMD symptoms include **blurriness, wavy lines, or a blind spot in your vision.** There are two forms of AMD: Dry and Wet.

- **Dry AMD** accounts for about 90 percent of all cases. The light sensitive cells in the macula slowly break down and drusen (the yellow deposits under the retina which are the hallmarks of AMD) form, causing gradual loss of central vision.
- **Wet AMD** accounts for about 10 percent of all cases, but can cause severe vision loss in a short period of time. As Dry AMD worsens, new abnormal blood vessels may begin to grow, and blood and fluid may be present in the macula.

Loss of vision from AMD can seriously alter a patient's ability to perform normal everyday tasks, such as reading or driving.

Many research studies are being conducted to try to develop treatments to prevent vision loss from AMD. In the last decade, there have been several new drugs made available for the treatment of Wet AMD. Among these treatments are Photodynamic Therapy (PDT), Macugen, Lucentis, Avastin, and various anti-inflammatory drugs.

PDT uses laser combined with a light-sensitive drug to destroy abnormal blood vessels in the macula. Macugen, Lucentis, and Avastin are injected into the eye and are designed to bind with the protein molecules that cause abnormal blood vessel growth and fluid leakage. Anti-inflammatory drugs can also be injected in or around the eye to decrease inflammation or fluid leakage.

Recent studies have shown that the inflammatory response of new blood vessel growth occurs at a cellular level in the foundation of the retina. There may be a role for a new generation of drugs that target the cells or parts of the cells that cause inflammation. These new

drugs are specifically engineered to interact with inflammatory cells and may be more well-tolerated by the human body's immune system.

The National Ophthalmic Research Institute (NORI) is currently participating

in studies combining some of these drugs for the treatment of Wet AMD. Dr. Glenn L. Wing is the Medical Director of NORI.

"In AMD, there is great progress being made in the understanding and the treatment for this disease. There are many patients who have benefitted from this valuable AMD research," says Dr. Wing.

Patients who have AMD and are potentially eligible for these studies will be informed of their eligibility for the studies at their regularly scheduled Retina Consultants appointment. Please call NORI at 239-938-1284 or email us at nori@eye.md with any questions regarding retina research.



Dr. Glenn L. Wing

NEWSWORTHY NOTES

Five in a Row

Gulfshore Life Magazine recently recognized two members of Retina Consultants as "2010 Top Doctors of the Gulfshore".

Doctors Joseph P. Walker and Paul A. Raskauskas received the honor in the June 2010 edition of the Naples-based magazine. This is the fifth year in a row the two have been named Top Doctors.

Gulfshore Life Magazine selects Southwest Florida's Top Doctors after extensive research by their partner, Castle Connolly Medical, the nation's leading provider of information on physicians. A national survey of physicians and hospital administrators is conducted by Castle Connolly Medical in order to obtain a list of the Top Doctors. This list is then narrowed by determining if the doctors have met the strict criteria of board certifications, number of years of unsupervised experience in practice and a clean disciplinary record.

Lending Talent to the Lions

Dr. Raskauskas is the latest Retina Consultants physician to offer his expertise to the Bonita Springs Lions Club. Doctors Raskauskas and Sharma offer retinal examinations and treatment to those less fortunate.

The Bonita Springs Lions Club has been a leader in funding eye care in Lee County and surrounding areas. Two years ago, the club created an independent eye clinic for the medically indigent. The facility, which is housed on the campus of the Lions Club at 10346 Pennsylvania Avenue in Bonita Springs, provides comprehensive eye care examinations and therapeutic care for adults and children who meet the economic federal guidelines for care.

Sharma Earns FACS

In October, Ashish G. Sharma, MD earned four more letters following his name. Dr. Sharma joins the other retina specialists of the practice as a Fellow of the American College of Surgeons (FACS).

This prestigious honor has been years in the making.

"In order to become a Fellow, I had to be certified with the American Board of Ophthalmology; practice surgery, in the field of ophthalmology/retina for at least a year after completing my formal training; have a clean surgery record; and be a member of the area's hospital surgical staff. After I did all that, we had to furnish a list of all the surgeries I performed for the past year so they could be reviewed and approved by the American College of Surgeons," said Dr. Ashish Sharma of Retina Consultants of Southwest Florida.

"It was certainly a task worth undertaking because my patients can feel more comfortable going into surgery knowing that my skills have been put to the test and have been approved by such a credible organization such as the ACS."

Fellows are dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment.



Dr. Ashish Sharma



Retina Consultants

of Southwest Florida®

Fort Myers

6901 International Center Blvd.
Ft. Myers, FL 33912
(239) 939-4323

Other Office Locations

Cape Coral

106 Del Prado Blvd., S.
Cape Coral, FL 33990
(239) 772-4323

Bonita Springs

Bonita Community Health Center
3501 Health Center Blvd., Suite 2170
Bonita Springs, FL 34135
(239) 939-4323

Naples

2335 Tamiami Tr., N., Suite 209
Naples, FL 34103
(239) 263-3337

Port Charlotte

2525 Harbor Blvd., Suite 302
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“Always be a first-rate version of yourself instead of a second-rate version of somebody else.”

– Judy Garland, Actress

Retina Consultants Relocates Bonita Springs Office

Retina Consultants has a new Bonita Springs location. However, the move was an easy one as the new office is located on the same floor of the Bonita Community Health Center where it used to be. The office moved a few suites away to 2170.

Signs are posted around the BCHC notifying patients of the move and, of course, the receptionists at the check-in desk will be happy to guide you.

**Retina Consultants of Southwest Florida Bonita Springs Office Relocation:
3501 Health Center Blvd. • Suite 2170 • Bonita Springs, FL
(239) 939-4323**

Retina Reminders

■ Insurance Coverage

Reminder to **ALL** Patients: Before your next scheduled appointment, please contact our office to verify we have your correct insurance coverage. Early notification of the insurance coverage allows us to verify our participation in the plan and to verify your benefits for services you receive from our physicians.

Reminder to **MEDICARE** patients: If you are part of or joining a Medicare Advantage Plan, please contact our office as soon as possible to verify our physicians are members of your plan's physician network.

If you are one of our "Snowbirds", please contact your Medicare Advantage plan to verify any and all plan requirements are met to ensure you have coverage during your stay in Florida.

■ E-Scribe

E-Scribe is known formally as electronic prescription writing. Rather than receiving a prescription form when you leave our office, we will send your prescription directly to your pharmacy electronically. To sign up for e-scribe, simply bring in the name, street address and the phone number of the pharmacy you would like to use and we will take care of the rest.

■ Cell Phones

We ask that when you visit our office, you either turn off or silence your cell phone. This is a courtesy to the doctor, staff and other patients. Thank you for your understanding.

■ Pet Policy

Pets are not permitted in any of the Retina Consultants offices, unless they are certified service animals.

■ Patient Artwork Program

Retina Consultants is now taking submissions for our Patient Artwork Program. If you are a patient and like to be creative, we want to show your work in our Fort Myers office. Please contact Jamie at **(239) 938-1281**. Artwork is for display only. Submissions are taken on a first come, first serve basis.