

InsideRetina Directory

Santa Barbara Offices

525 E. Micheltorena St.
Santa Barbara, CA 93103
(805) 963-1648

Paso Robles Office

220 Oak Hill Rd.
Paso Robles, CA 93446
(805) 237-1610

4151 Foothill Rd.,
Santa Barbara, CA 93110
(805) 681-8950

San Luis Obispo Office

3855 Broad Street,
Suite B,
San Luis Obispo, CA 93401
(805) 781-0292

Research Foundation

525 E. Micheltorena St.
Santa Barbara, CA 93103
(805) 884-5185

Santa Maria Office

1510 E. Main St.,
Ste. 103
Santa Maria, CA 93454
(805) 922-2068

Bakersfield Office

5329 Office Center Ct.,
Ste. 110
Bakersfield, CA 93309
(661) 325-4393

Valencia Office

27420 Tourney Rd.,
Ste. 170
Valencia, CA 91355
(661) 253-2939

Lompoc Office

611 E. Ocean Ave.
Lompoc, CA 93436
(805) 740-3080

Oxnard Office

1801 N. Solar Dr.,
Ste. 145
Oxnard, CA 93030
(805) 983-8808

Visalia Office

5405 W. Cypress Ave.,
Ste. 101
Visalia, CA 93277
(559) 627-5200

Palmdale Office

38660 Medical Center
Dr., Suite A-350
Palmdale, CA 93551
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Find more information, visit us online
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Chief Operating Officer



TUESDAY FEB. 22, 2016 3RD EDUCATION & SUPPORT MEETING

Discussing the impact of vision loss on personal relationships
w/Guest Speaker: PAM BECKMAN-LYON
[A Certified Diabetes Counselor & Marriage and Family Therapist
who lives with Diabetes & Visual Impairment]

Join us as we discuss ways in which you can positively incorporate friends
and family members in the management of your vision loss. Get support,
questions answered, & connect with others who share similar concerns &
experiences with visual complications.

Join us on the
3rd floor
Conference
Room @ 525
E. Micheltorena
Santa Barbara

Time:
10AM-11AM

Refreshments
will be
provided

Bring family
and friends!



HAVE QUESTIONS?
ASK FOR ERICA, GINA,
SARAH, OR GABE:
(805) 963-1648

CALIFORNIA RETINA RESEARCH FOUNDATION

525 E. Micheltorena Street
Santa Barbara, CA 93101-4427

DISCUSSION GROUPS PROVIDE ONGOING PATIENT SUPPORT

Vision loss is a frightening and challenging condition that can have significant affects on patients' overall quality of life. It is with this intention that California Retina Research Foundation continues to offer two ongoing discussion groups to help facilitate successful coping of complicated life events as a result of visual impairment.

The Bakersfield office discussion group meets the 3rd Thursday of every other month. The next meeting will take place on March 17th, 2016 from 4:30-5:30pm in the Bakersfield office. Mrs. Etta Robin, a licensed marriage and family therapist, runs the Bakersfield support group. When asked about the progress of the group, she remarked "I am proud of the participants in our Bakersfield AMD Support Group who at-

tend regularly and are warmly supportive of one another as we march down the irregular path of being individuals with AMD. It fills my heart with great joy to participate in the sharing of ideas and recommendations as we deal with our ongoing challenges." Patients offer support, feedback, and tips on how to manage the anxiety, depression, and frustrating implications of vision loss.

The Santa Barbara discussion group is held every other month and is led by the research department as well as licensed marriage and family therapist Pam Beckman-Lyon. The next meeting takes place on February 22nd from 10:00-11:00am in the 3rd floor conference room. At this meeting we'll discuss the impact of vision loss on personal relationships and ways to proactively

and positively involve close friends and family, as well as ways to communicate patient needs to doctors.

Future support group topics will include: connecting to local resources, diabetic management, driving, research and lifestyle adjustments, and how to prepare for doctor appointments.

If you have questions regarding the Bakersfield support group, please contact Etta Robin at (661) 319-6604 or earob62@pacbell.net. For questions regarding the Santa Barbara support group, please contact Erica Morasse at (805) 963-1648 or erica@californiaretina.com. Vision loss is a difficult and sometimes isolating condition. California Retina Consultants cares about patients' well-being and is pleased to offer support during this challenging time.



InsideRetina



New Chief Operating Officer, Paul Degrow, surrounded by staff members of California Retina Consultants.

CRC HIRES NEW COO

Paul A. Degrow joined California Retina Consultants as Chief Operating Officer in early February. Degrow brings nearly 30 years of experience managing ophthalmology practices in Michigan, California and Washington State, as well as an advanced degree in Health Care Administration. As COO, Degrow will be responsible for directing the operations in all ten offices.

"I look forward to continuing to expand on the successes that CRC has had over the past 20 years. With the economics of healthcare changing, I intend to lead the practice in continuing to provide world class care to patients on the Central Coast," says Degrow.

"We realized that we would have big shoes to fill when Alison Ratliff, our former COO, stepped down after 10 years of service, but are confident that Paul Degrow, with his direct ophthalmology

management experience, will help lead CRC into our next phase of development," said Dr. Dante Pieramici.

Degrow was most recently working as an ophthalmic consultant at the Clarity Eye Group in Huntington Beach. Seeking a new challenge, he says he was impressed by the quality of the CRC staff, the genuine camaraderie of the partners, the innovative research department and the wide geographic area served by the practice. "I look forward to bringing new energy and fresh ideas to the practice."

Paul is also looking forward to the impending birth of his second grandchild. A father of four, Paul was born and raised in Michigan. When not in one of CRC's offices, look for Paul on Santa Barbara's hiking trails, bike paths or various dance floors.

VOLUME I, 2016



Technician Austin Fullenkamp performs an OCT-A assessment of Gabriel Gordon's retina.

NEW OCT IMAGING SYSTEM TRANSFORMS MEDICAL EVALUATION AND TREATMENT

California Retina Research Foundation has received a groundbreaking new OCT Angiography (OCT-A) imaging system that is revolutionizing the way we treat patients. OCT angiography is on the cutting edge of retinal imaging devices as it allows the acquisition of retinal angiographic images without intravenous dye. Traditionally, fluorescein angiography is used to monitor blood flow throughout the retina. With OCT-A the acquisition process takes a matter of seconds compared to the fluorescein angiogram which can take 10 minutes. It's likely that OCT-A will be an effective addition or alternative to fluorescein angiography in some cases and will likely reveal new insights to numerous retinal diseases. However, it's unlikely that OCT-A will completely replace fluorescein angiogram for our patients. The physicians at the California Retina Research Foundation are actively evaluating this new technology in a number of disease entities and plan to present their findings soon. The practice currently has two OCT-A machines available in both the Santa Barbara and Santa Maria offices. CRRF is grateful to Topcon Medical Systems and Zeiss for the use of these machines.

CALIFORNIA RETINA DOCTORS AMONG FEATURED SPEAKERS AT AMERICAN ACADEMY OF OPHTHALMOLOGY

The California Retina Consultants were well represented, with six physicians attending the 2015 American Academy of Ophthalmology meeting held in Las Vegas this past November. With more than 90% of practicing ophthalmologists belonging to this medical association, the American Academy of Ophthalmology (AAO) is the largest organization serving the ophthalmology community. The AAO's four-day annual meeting represents a gathering of the brightest minds sharing the latest research and techniques to ultimately benefit those suffering from eye-related diseases.

CRC doctors presented research related to the trials they conduct in our Central Coast offices. Dr. Steinle presented data comparing three nonsurgical treatments for Vitreomacular Traction (VMT). After comparing an injection of ocriplasmin (Jetrea™) to two gas bubble options, Dr. Steinle found that the gas bubble options worked as well, or better than, the Jetrea injections at a fraction of the cost. Dr. Avery presented research on a potential safety signal for chronic, long-term treatment of diabetics and he also participated in a debate group discussing the merits of this safety signal. This was chosen as a "hot topic" as it's the first time this correlation has been found, and it used a meta-analysis to assess the combined risk from four separate trials. Dr. Avery also participated in a retinal debate group where he argued that Lucentis is the best treatment option (as compared to Eylea or Avastin) for treating diabetic macular edema (DME). Dr. Pieramici debated the cons of using internal limiting membrane (ILM) peeling for treatment of all macular holes and also served as a panelist discussing original retina and vitreous papers. Drs. Couvillion, Dhoot and See attended the meeting in support of their colleagues.



Drs. Nathan Steinle and Dante Pieramici meet with past California Retina fellow Dr. Carlos Quezada Ruiz (pictured center) at the American Academy of Ophthalmology annual meeting.



DR. NATHAN STEINLE HELPS BILATERALLY BLIND MAN SEE

This past holiday season, Dr. Nathan Steinle was able to treat a local San Luis Obispo patient to a wonderful present: the gift of sight. The unique opportunity presented itself thanks to the assistance of Dr. Rupert Chowins and the Noor Clinic in SLO, which offers free care to those in need. Steinle says Dr. Chowins contacted him and explained the dire situation. "This wonderful, uninsured local resident had bilateral cataracts along with advanced bilateral retinal detachments due to diabetes and would soon be completely blind without surgical intervention in both eyes," recalls Dr. Steinle. The Noor Clinic was able to provide preoperative assessments due to a grant from Talley Farms. French Hospital in SLO generously donated four hours of operating room time and Coastal Anesthesiology Medical Associates provided free anesthesia care. "This was a true team effort and Dr. Chowins should be commended for his steadfastness and networking ability," notes Dr. Steinle.

Once all the pieces of the healthcare team were in place, Dr. Steinle was able to perform a complex retinal surgery combined with cataract surgery in both eyes. "I knew we would only have one opportunity and we wanted to maximize his long term potential, so I borrowed a technique from my European colleagues and I performed same-day bilateral cataract and vitreoretinal surgery," explains Dr. Steinle. The surgery successfully removed his cataracts and reattached both retinas and gave the patient the ability to function independently again. Dr. Steinle notes, "To witness this kind, hardworking man improve from total dependence on family caregivers to complete independence was magical, and I am grateful to play a role in allowing this man to live a more meaningful life. It was truly a special day for everyone involved."

DRCR PROTOCOL S SUMMARY

For 40 years, the standard therapy for Proliferative Diabetic Retinopathy (PDR) has been PRP laser therapy. While effective, this treatment can come with undesirable side effects such as loss of peripheral and night vision. In an attempt to seek alternative therapy for PDR, CRRF is participating in an NIH-sponsored clinical trial, DRCR Protocol S, which compares the visual outcome in patients treated with Lucentis injections versus laser.

The Journal of the American Medical Association recently published the two-year primary results of this study, favoring Lucentis. The results showed that Lucentis injections were effective in treating PDR, and at two years, the vision of patients treated with Lucentis improved. For the first two years of treatment, the results suggest that Lucentis injections were as effective as laser and perhaps a better option for some patients with PDR. Those treated with Lucentis had lower rates of peripheral vision loss, retinal edema development, and the need for retina surgeries. However, the long-term visual outcome with Lucentis is still unknown. Lucentis injections are also more costly and require more frequent follow-up and retreatment than laser. This study will follow these patients for a total of five years in order to better determine the long-term benefits of Lucentis.

UPCOMING SUMMER ISSUE HIGHLIGHT
Discussion of stem cell and gene therapy in the management of retinal diseases. CRRF undertakes new clinical trials in these areas.

CURRENT AND ONGOING CLINICAL TRIAL UPDATE

The California Retina Research Foundation (CRRF) supports ongoing research for patients with blinding retinal diseases and also provides financial support for young scientists who are working in the field of vision research. Please contact your physician or our study staff to determine if you are a candidate for any of the following, ongoing clinical trials.

WET AMD: The medications Avastin, Lucentis and Eylea have been extremely successful over the past decade in treating wet (neovascular) age-related macular degeneration (AMD), however they can require monthly patient visits and frequent injections. CRRF is involved in several clinical trials aimed at reducing the treatment burden on patients. Some involve new medications that will increase the effectiveness of current medications (dual therapy), while others are intended to work alone, but with a longer durability than existing treatments. Another trial involves an implant that can be loaded with medication which slowly releases Lucentis into the eye. The goal of these trials is to increase the time interval required between treatments and perhaps also improve the efficacy of treatment.

DRY AMD: CRRF is involved in the only current phase III trial aimed at slowing the progression of geographic atrophy in cases of dry AMD. The doctors of CRRF have been involved with the development of this drug since it went into clinical evaluation over eight years ago. The current trial is being conducted globally, with a goal of enrolling 2,000 patients worldwide. If the drug proves safe and effective in this trial then FDA approval is possible. CRRF has over 20 patients participating at this time. In addition, CRRF is accepting patients into a phase II trial, using the same medication to slow the progression of geographic atrophy, within a more narrowly targeted patient population, and with treatments being given more often than in the phase III trial.

DIABETIC MACULAR EDEMA (DME): CRRF is sponsoring several in-house trials, analyzing different aspects of retinal swelling in patients with diabetic retinopathy. One trial is aimed at finding the optimal dosing interval using Eylea, and another is examining how Lucentis affects patients' abilities to perform daily tasks. In addition to our investigator-initiated trials, CRRF is participating with the DRCR Network on several NIH-sponsored trials for DME patients with good vision, as well as early intervention for patients with diabetic retinopathy.

UVEITIS: CRRF is involved in a new clinical trial for patients with uveitis (inflammation of the tissue in the eye wall) testing the use of a well-known steroid deposited behind the retina. Current methods of administration of steroids (injection into the vitreous or topical drops) are associated with progression of glaucoma and cataracts. With this new procedure, the medication can more directly target the affected part of the eye, reducing the amount of drug dosed. This will hopefully lead to fewer cases of glaucoma and cataract development, as well as less systemic exposure to the medication.

California Retina Research Foundation
Our Mission is Improving Your Vision

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