

JULY

Newsletter

UPCOMING EVENTS

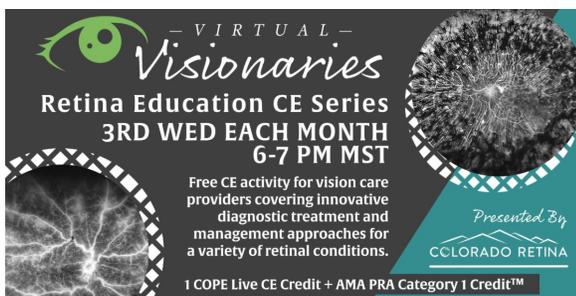
CE & EDUCATIONAL OPPORTUNITIES FOR REFERRING PROVIDERS

VIRTUAL VISIONARIES

- COPE Accredited Monthly CE -

EVOLUTION OF RETINAL SURGERY

[REGISTER](#)



WED, JULY 21, 2021
6-7 PM MST
Virtual @ Zoom

Virtual Visionaries is Colorado Retina's continuing education (CE/CME) virtual series, held on the third Wednesday each month, covering a mix of retina and uveitis topics and complex cases.

Once pre-registered on Zoom you will receive an email with your personalized webinar login link to join the June webinar. Note, you only need to pre-register once on Zoom, it is the same login link for all Virtual Visionaries courses.

Accreditation:

- 1 COPE CE Credit
- 1 AMA PRA Category 1 Credit™

Presented by:

- Kenneth Hovland, MD
- Brian Joondeph, MD, MPS

Other Upcoming Activities:

- Wed, August 18, 2021
Lean Concepts in Eye Care

The history of retinal surgery is compiled of stories of interrelated developments of a vast array of techniques and evolution of technique-driven technology. The first operation attempted for treatment of retinal detachment dates back to 1805 where the "surgeon" drained the subretinal fluid by puncturing the sclera with a knife! After some tweaks, retinal detachment surgery became one of the great success stories in medical history.

Retired retina specialist, Dr. Kenneth Hovland, father of Colorado Retina's Peter Hovland, MD - will take us back in time, reviewing the original concepts of causes of retinal detachments and provide evolutionary principles of successful repair. Dr. Hovland Sr. will cover major improvements in the technical skills and instrumentation in RD surgery, including the wide suite of ergonomic disposable microsurgical instruments and lasers that lead to the current status of RD repair.

Dr. Brian Joondeph, one of CRA's "founding fathers" will close us out with coverage of a variety of retinal surgical repair topics; comparing how we did things during his fellowship year in 1989 to now. Dr. Joondeph will focus on ever-evolving surgical logistics for AMD treatment, sub macular surgery, macular hole repair, and ERM; exploring means of improved visualization during surgery, digital 3D technology, advances in the surgical setting, anesthesia, and pre and postoperative care of patients that have resulted in better surgical control for the surgeon and rapid visual rehabilitation for the patient.

Join us as we take a trip down memory lane to explore how advances in

IN PERSON + Live Streamed!

technology and technique have improved the safety, efficiency and outcomes of retinal surgery.

FRISCO NETWORKING DINNER

Calling all mountain range docs!

FRIDAY, JULY 16, 2021 - 6:30PM @Vinny's, Frisco, CO.



YOU'RE INVITED

COLORADO RETINA

to an Educational Networking Dinner
FOR REFERRING EYE CARE PROVIDERS

PETER HOVLAND, MD, PhD
Vitreoretinal & Ocular Oncology Specialist

MIRIAH TEETER, MD
Vitreoretinal Specialist

ELEVATION AND THE RETINA

Enjoy a brief educational presentation by Drs. Hovland and Teeter digging into the common and complex retinal issues related to altitude. Ascent to high altitude is well known to induce characteristic changes in the posterior segment. We will use case-based examples to provide surgical and clinical treatment recommendations for patients displaying retinal disorders while in the Rockies.

FRIDAY, JULY 16, 2021
6:30 PM

VINNY'S RESTAURANT
20 Main St, Frisco, CO 80443

Complimentary 3-course plated dinner & adult beverages

RSVP by 7/9/21 to Kendall Johnson:
kjohnson@retinacolorado.com

HOSTED BY, COLORADO RETINA ASSOCIATES

It's been too long since we have seen our colleagues in person, and that's all about to change! On Friday, July 16th we will be heading up to Frisco, Colorado for an evening of camaraderie and education at Vinny's Restaurant on Main Street.

Enjoy a complimentary three-course plated dinner while engaging in a brief educational presentation by Colorado Retina's Drs. Peter Hovland and Miriah Teeter (our Frisco docs) digging into the common and complex retinal issues related to altitude. Ascent to high altitude is well known to induce characteristic changes in the posterior segment. We will use case-based examples to provide surgical and clinical treatment recommendations for patients displaying retinal disorders while in the Rockies.

Please email Colorado Retina's Marketing Manager, Kendall Johnson at kjohnson@retinacolorado.com if you would like to attend. All eye care professionals are welcome!

[RSVP VIA EMAIL](#)

MISSED A PRIOR CE EVENT? ALL PRE-RECORDED PAST COURSES ARE LIVE ON OUR WEBSITE FOR YOUR VIEWING!

JUNE 2021 VIRTUAL VISIONARIES Posterior Segment Considerations in Anterior Segment Treatment

The management of complicated ocular cases often demands close co-management between anterior and posterior segment treatments. Frequently, cornea and retina surgeons must work closely together to ensure the best outcome for your patients. This course will give you an overview of the newest advancements in anterior segment surgeries, including new technologies and techniques in minimally invasive glaucoma surgery (MIGS), full or partial thickness corneal transplants, and cataract surgery. The program will also detail the common marriage of anterior and posterior segment care in the management of retinal conditions such as epiretinal membranes, lamellar holes, degenerative myopia, and diabetic retinopathy before and after cataract surgery.



[VIEW ALL PAST COURSES](#)

COMINO: GENENTECH'S PHASE 3 FARICIMAB TRIAL IN PATIENTS WITH RETINAL VEIN OCCLUSION

Colorado Retina's Clinical Research Department, based in Lakewood, CO is currently enrolling for Genentech's phase 3 trial, COMINO, investigating faricimab in patients with macular edema following retinal vein occlusion. The randomized, multicenter, double-masked, active comparator-controlled, parallel-group global COMINO trial is evaluating the efficacy and safety of faricimab in patients with macular edema secondary to central retinal vein occlusion and macular edema secondary to branch retinal vein occlusion, respectively, compared with aflibercept.



The primary endpoint for COMINO is the average change in best corrected visual acuity from baseline through week 24. Secondary endpoints include safety, BCVA at specified timepoints, the percentage of patients avoiding loss of letters in BCVA from baseline over time, the percentage of patients gaining letters from baseline over time, the change in central subfield thickness from baseline over time and the plasma concentration of faricimab over time.

At Colorado Retina, we have ****need number**** actively running clinical trials that help give patients access to the latest cutting edge medical and surgical treatments for dry and wet AMD, DME, uveitis, and inherited retinal disease. Please click below to learn more about our active clinical trials. To refer a patient, submit your referral as you normally would (Online, fax or email) and note ***referral to research***. The patient must first be a patient of Colorado Retina and be pre-screened by a CRA physician in order to enroll in a clinical research study.

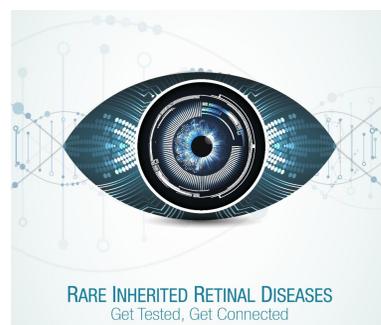
[CURRENTLY ENROLLING TRIALS](#)

PRACTICE UPDATES

WHAT'S NEW AT COLORADO RETINA ASSOCIATES

CRA IS GROWING OUR IRD CLINIC DESIGNATED CLINIC SPACE COMING SOON IN ST. ANTHONY MEDICAL PLAZA 3, LAKEWOOD, CO

Colorado Retina's Inherited Retinal Disease clinic offers specialized treatment and support to patients living with these rare and complex diseases. Advances in genetics have greatly expanded our understanding of what causes IRD's, providing new information regarding which genes could be responsible for vision loss.



Genetic testing is a new and exciting standard of care in the world of inherited retinal diseases (IRD's). However, choosing to undergo genetic testing is a profoundly personal decision. Our in-house Genetic Counselor, **Rebecca Nelson** along with department leader, **Dr. Alan Kimura**, are available to talk directly with your IRD patients to share the benefits, risks, and limitations of genetic testing. Patients are welcomed to meet to with our IRD team to best navigate the decision-making process to determine if genetic testing is the correct next step for them and their family. If your patient pursues testing, our team will help them fully understand their results and create a personalized medical plan (also shared with you, their primary provider) based on what we discover. For many, this is the first encounter with genetic testing. Alone, it can feel complicated and sometimes overwhelming. We at Colorado Retina are eager to walk or your patients through this journey.

At CRA, we embody a collaborative approach to IRD care and aim to make a patient's care in the inherited retinal disease clinic as simple as possible. This means your patient will see our IRD specialist, Dr. Kimura, meet with the genetic counselor, and get all imaging/testing during one appointment.

What is a genetic counselor? Genetic counselors have advanced training in medical genetics and counseling. They guide and support patients who may have a personal or family history of an inherited disease. A genetic counselor will offer education about the testing and possible outcomes, order the most appropriate genetic test, and, once available, interpret and explain the genetic test results for the patient and their family.

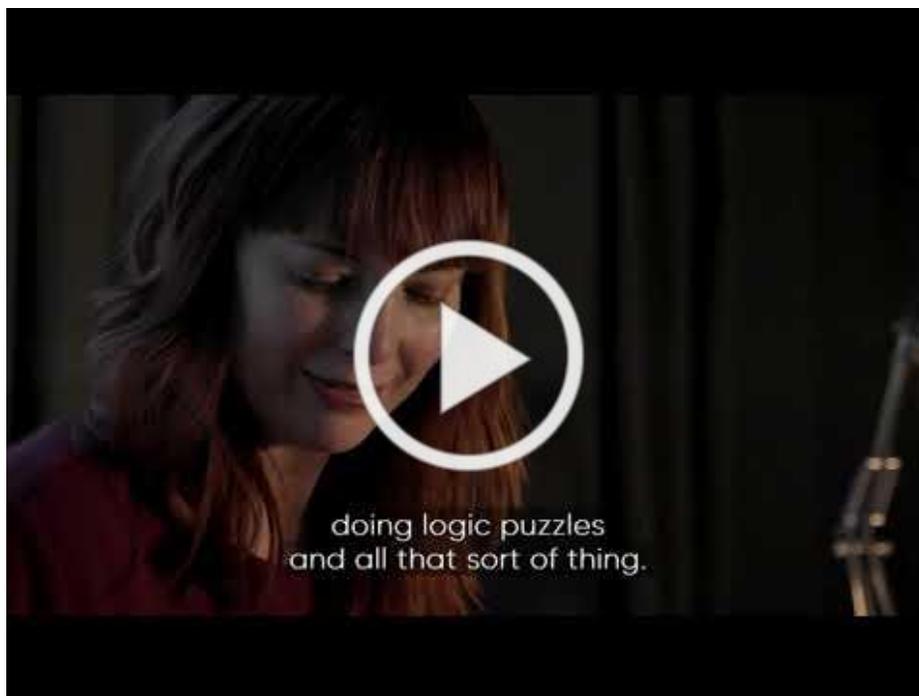
Who should consider genetic testing? Anyone with a confirmed or suspected retinal disease with a possible genetic etiology. There are over 300 genes that have been associated with inherited retinal diseases. A select few of these include retinitis pigmentosa, Stargardt disease, Best disease, and pattern dystrophy. A family history of disease is not required.

Why consider genetic testing? Genetic testing may be pursued for multiple reasons. Some patients hope to confirm or refine their diagnosis, which may provide their prognosis, identify other health risks, or give personalized treatment options. Patients may be interested in enrolling in a clinical trial, many of which require a genetic diagnosis. Some patients want to know their chance to have a child or other family member with the same disease and what options are available to those relatives.

When and where is the IRD clinic at CRA? The IRD clinic is in CRA's Lakewood office. Clinic takes place on the 1st and 3rd Thursday of every month from 7:30-11:30am.

How to refer a patient: Please fax IRD referrals to **303-261-1603** (*attn: Molly*). If you have any questions, please reach out to Rebecca Nelson, MS, CGC at **303-261-1600 ext 3719** or rjnelson@retinacolorado.com.

Check out the video by **Blueprint Genetics** to hear Michelle's personal story on living with an IRD. When Michelle's rare retinal disease developed, she worried it might also affect her son. Advances in genetic diagnostics can now unlock rare diseases, providing not only invaluable information for managing conditions, but also empowering patients and their families with knowledge and direction for treatment.



CASE OF THE MONTH

REAL CASES OF YOUR REFERRED PATIENTS

FIRST REPORTED CASE OF UVEITIS POST COVID-19 VACCINATION

MARK DACEY, M.D., *Uveitis Specialist at Colorado Retina*
Co-Author: Jon Zick, OSC

A 43-year-old female emergency department nurse received her 2nd dose of the COVID-19 Pfizer-Biontech mRNA vaccine on January 10, 2021. On January 13, she noted sudden onset of severe vision loss, pain, and redness OU. She was seen on January 18 with vision acuity of 20/500 OU, 3-4+ anterior chamber cells, and 2-3+ vitreous cells OU. Durezol 4 times daily OU and cycloplegic drops were started. The next day, she presented to Colorado Retina with trace AC and vitreous cells OU, but with significant choroidal thickening that was confirmed on ultrasonography (Figure 1). Fluorescein angiography was unremarkable.

She was started on oral Prednisone 50 mg/day and Durezol q2h OU. MRI brain/orbits was unremarkable. Over the next two weeks, her inflammation subsided, and her choroidal thickening had completely resolved (Figure 2). Her vision returned to 20/20 OU.

Vaccines have been associated with uveitis historically, including influenza, hepatitis B, HPV, and MMR. This is the first reported case of uveitis associated with COVID-19 mRNA vaccination, and this case has been submitted to JAMA Ophthalmology to make other clinicians aware of this unique clinical presentation.

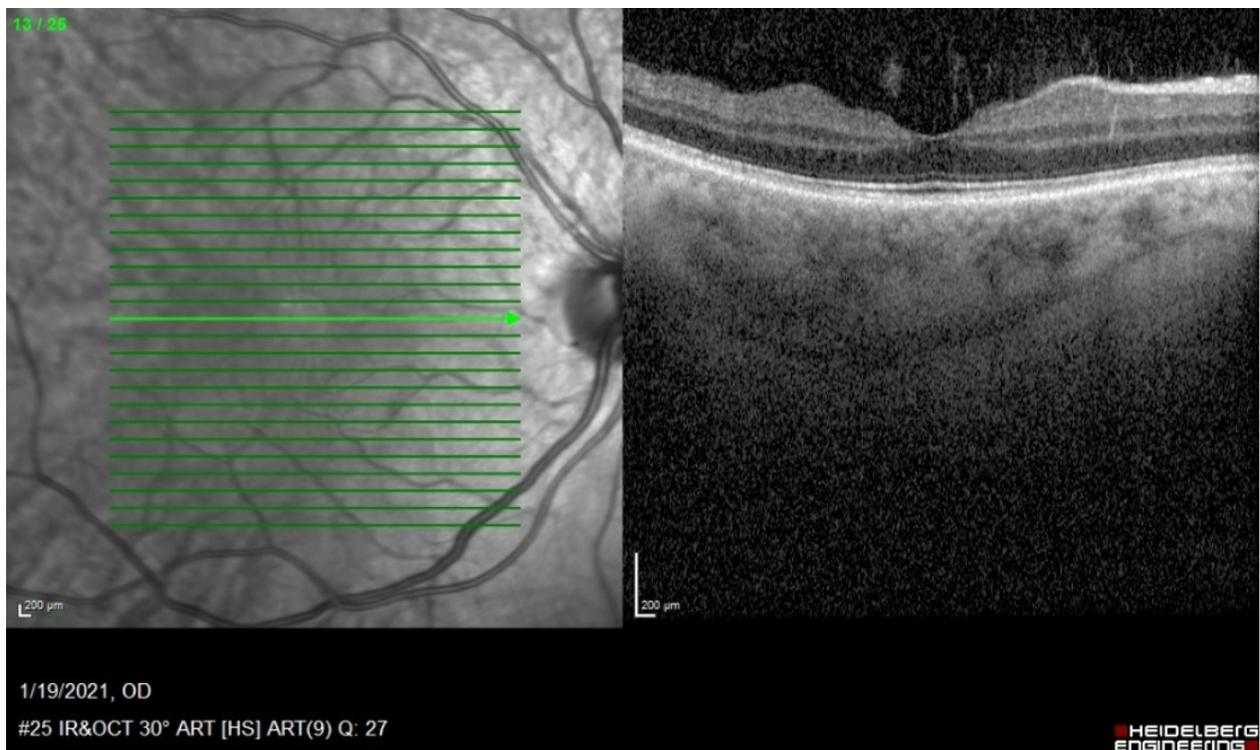


Figure 1 (above): Vitreous debris, significant choroidal thickening.

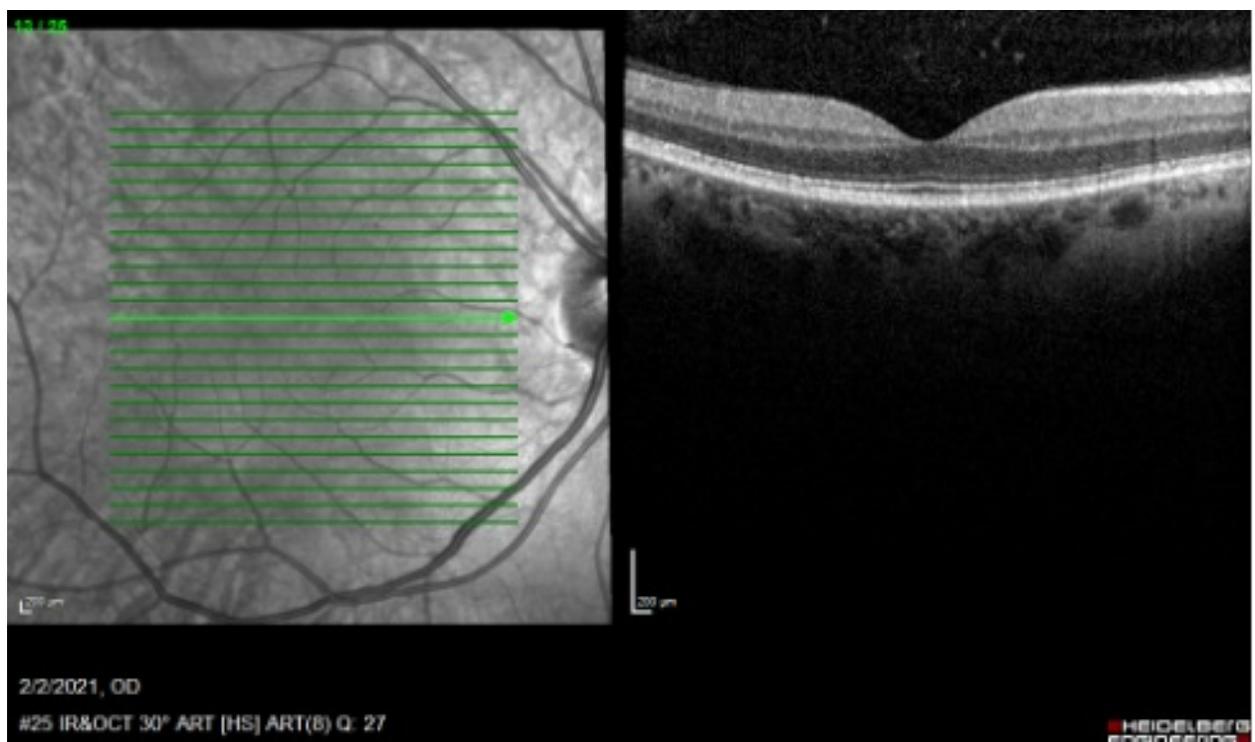


Figure 2 (above): 12 days after starting treatment. Vitreous debris and choroidal thickening resolved.

FEATURED NEWS ARTICLES

PRESS RELEASES & RESOURCES FROM OUR VITREORETINAL SPECIALISTS

LEAN PRACTICE

Lessons Learned During the Pandemic

Contributor: ALAN KIMURA, MD, MPH

The COVID-19 public health emergency forced practices to implement drastic changes in their daily workflow. This article will cover the adapted Lean concepts that helped move the needle, outline which innovations are worth keeping, and how eye care organizations can continue to reduce waste while maximizing efficiency.



The COVID-19 pandemic was a defining event "that revealed the strengths and weaknesses of ophthalmic practices", "It acted as a magnifier and an accelerant. It exposed both the opportunities and the threats that existed within every entity pre-COVID." At Colorado Retina, physicians and staff used the principles of Lean practice management to adapt to the exigencies of the emergency. Within this article several practice leaders and CRA's Lean consultant explain how the Lean approach helped their organization navigate the crisis, and describe the changes that they plan to keep in place beyond the pandemic.

Read the [full article](#) to learn more!

"Lean can work for any practice, no matter what the size."

"Lean is not a one-size-fits-all solution or a one-and-done endeavor, it is an ever-changing process."

"We were a very top down organization. We are now a horizontal organization that empowers its' employees."

*Seen in: EyeNet Magazine
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Contributing Writer: Leslie Burling*

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[REQUEST REFERRAL MATERIALS](#)



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