

2021 NEWSLETTER

Events + News + Resources


JUNE

UPCOMING EVENTS

CE & EDUCATIONAL OPPORTUNITIES FOR REFERRING PROVIDERS

VIRTUAL VISIONARIES

- COPE Accredited Monthly CE -



Retina Education CE Series
3RD WED EACH MONTH
6-7 PM MST

Free CE activity for vision care providers covering innovative diagnostic treatment and management approaches for a variety of retinal conditions.

Presented By
COLORADO RETINA

1 COPE Live CE Credit + AMA PRA Category 1 Credit™



Virtual Visionaries
JUNE
SPEAKERS

MURTAZA ADAM, MD
Vitreoretinal Specialist
Colorado Retina

SALIL SHUKLA, MD
Vitreoretinal Specialist
Colorado Retina

JAMES LEE, MD
Comprehensive Ophthalmologist
Colorado Eye Institute

POSTERIOR SEGMENT CONSIDERATIONS IN ANTERIOR SEGMENT TREATMENT

REGISTER

WED, JUNE 16, 2021
6-7 PM MST
Virtual @ Zoom

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:

- Murtaza Adam, MD - Colorado Retina
- Salil Shukla, MD - Colorado Retina
- James Lee, MD - Colorado Eye Institute

Other Upcoming Activities:

- Wednesday, July 21, 2021
Evolution of Retinal Surgery
- Wednesday, August 18, 2021
Lean Concepts in Healthcare

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.

For our June edition of Virtual Visionaries we will be focused on 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.

EDUCATIONAL WEBINAR: SCLERAL FIXATION TIPS & TRICKS

WEDNESDAY, JUNE 23, 2021 @ 6:00-7:00 PM MST

Murtaza Adam, MD

Although the post-operative correction of surgical aphakia with spectacles or contact lenses are reasonable treatment options, intraocular lenses (IOLs) have many advantages over both of these techniques. IOLs permit a better elimination of perceptual problems and reduce image size disparity. The implantation of an IOL behind the iris better preserves the anatomy of the anterior segment with respect to the position of the natural crystalline lens. The surgical technique for this approach has improved considerably over the last several decades resulting in improved visual and ocular outcomes. Join us for an educational webinar exploring the scleral suture fixation techniques, treatment advancements, intraocular lens types, suturing placement recommendations, and more!



Educational Webinar

SCLERAL FIXATION TIPS & TRICKS



DATE: Wednesday June 23rd 2021

TIME: 6:00-7:00 PM MST

REGISTER: <https://tinyurl.com/retinaconnectjune23>

AGENDA

- Technique
- Gauge
- Suturing recommendations
- Improvements and enhancements

PRESENTERS

Murtaza Adam, MD, USA (moderator)
Gregg Kokame, MD, USA
Jonathan Prenner, MD, USA
Clinton Warren, MD, USA

A program of events dedicated to sharing and discussing practical surgical experience



REGISTER

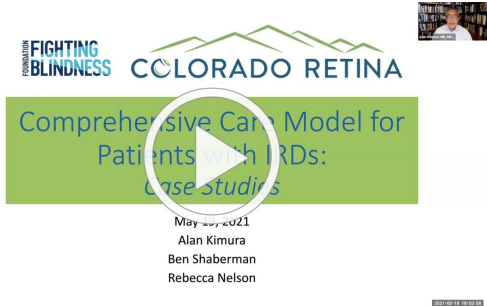
MISSED A PRIOR CE EVENT? ALL PRE-RECORDED PAST COURSES ARE LIVE ON OUR WEBSITE FOR YOUR VIEWING!

MAY VIRTUAL VISIONARIES

Comprehensive Care Model for IRD Patients

It is estimated that more than 200,000 individuals in the US have an inherited retinal disease (IRD). Historically, there has been little in terms of intervention or ongoing medical care for this population. However, recent advances in targeted gene therapies have elevated the importance of genetic testing and active engagement between providers, patients, and researchers.

This program aims to inform eye care providers on the care of patients with IRDs: identification of patients with an IRD, the process and benefits of genetic counseling and testing, recommended follow-up care, and exciting new research opportunities for IRDs. Let's simplify the complex care of this population by using tools to identify and refer patients with suspected IRDs.



VIEW ALL PAST COURSES

REFERRING PROVIDER BENEFIT: **SURGICAL SHADOWING**

With Covid restrictions loosening, we are excited welcome back in-person surgical shadowing opportunities to our referring eye care providers! If you are interested, we invite you to observe one of our participating surgeons in the operating room performing surgery on such diseases as retinal detachments, macular holes, macular puckers, sutured intraocular lenses, and diabetic retinopathy. This is an interactive, educational program meant to expand your knowledge and understanding of modern techniques used in common retinal surgeries.



Please note, you will need to clear about 2 hours in your business day to participate, not including drive time. We are not offering CE credit at this time, this is purely an educational opportunity. To reserve time in our OR, reach out to our Marketing Manager, Kendall Johnson at kjohnson@retinacolorado.com and provide your top two preferred surgery center locations (see list below), AM or PM, and days of the week that work best for you. We will propose a few potential dates and time slots based on our surgeons availability.

Colorado Retina's Operating Room Locations:

- **CHERRY HILLS SURGERY CENTER**
 - 3535 S. Lafayette St., Ste. 200, Englewood, CO 80113
- **HARVARD PARK SURGERY CENTER**
 - 1000 E Harvard Ave., Denver CO 80210
- **INSIGHT SURGERY CENTER:**
 - 9777 S Yosemite St Suite #210, Lone Tree, CO 80124
- **LINCOLN SURGERY CENTER**
 - 11960 Lioness Wy., Ste.120, Parker, CO 80134
- **PREMIER SURGERY CENTER**
 - 1050 W. South Boulder Rd., Ste. 100, Lafayette, CO 80026
- **PORTER HOSPITAL**
 - 2525 S Downing St., Denver CO 80210
- **RED ROCKS SURGERY CENTER**
 - 400 Indiana St., Ste100, Golden, CO 80401
- **ROCKY MOUNTAIN SURGERY CENTER**
 - 401 W. Hampden Pl., Ste. 100, Englewood, CO 80110

INQUIRE

NEW LAKEWOOD OFFICE - NOW OPEN

OUR GOLDEN-RED ROCKS CLINIC & RESEARCH DEPARTMENT HAS RELOCATED.

Our Golden-Red Rocks clinic and Clinical Research Department have moved to one consolidated new space in Lakewood, CO.

The new Colorado Retina Lakewood office is conveniently located just 3 miles south east of our, permanently closed Golden clinic, off 6th Ave Freeway and Union Blvd., inside Anthony Medical Plaza 3.

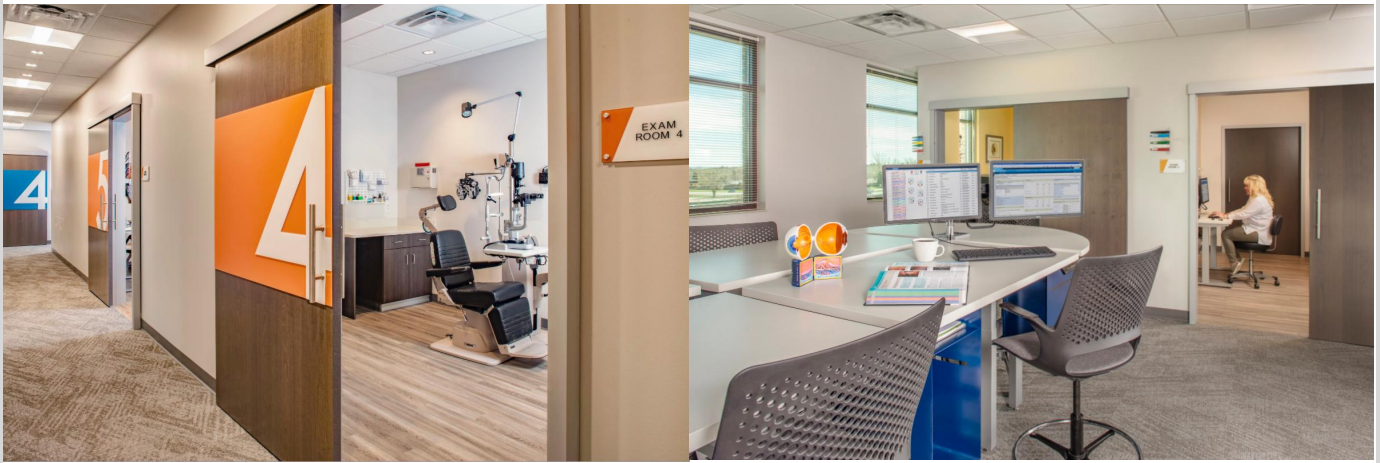
All 13 of our CRA physicians will see patients at the new Lakewood clinic. The layout and workflow was designed solely by the staff and physicians of Colorado Retina around LEAN principles. The new office's layout allows us improve patient satisfaction through the offering of additional available appointment slots, shorter wait times, and an overall shorter appointment duration for the patient.

If you and your team would like to come tour the new space, please schedule a time with our Marketing Manager, **Kendall Johnson**, we would love to show you around!



NEW LAKEWOOD ADDRESS

St. Anthony Medical Plaza 3: 255 S. Routt Street, Suite 200, Lakewood, CO 80228



REQUEST NEW REFERRAL
MATERIALS

SCHEDULE A TOUR OF THE
OFFICE

CASE OF THE MONTH

REAL CASES OF YOUR REFERRED PATIENTS

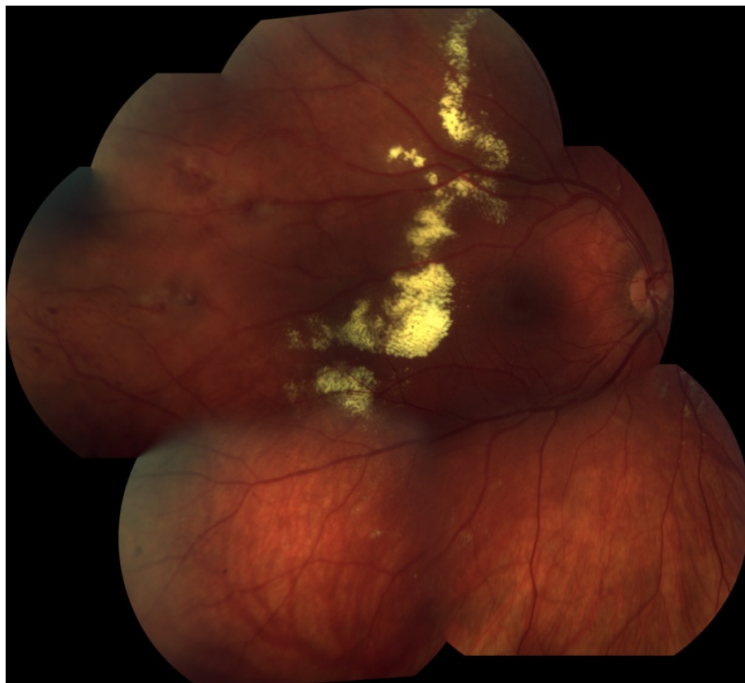


12 Y/O WITH COATS' DISEASE

DAVID JOHNSON, MD

VITREORETINAL SPECIALIST AT COLORADO RETINA

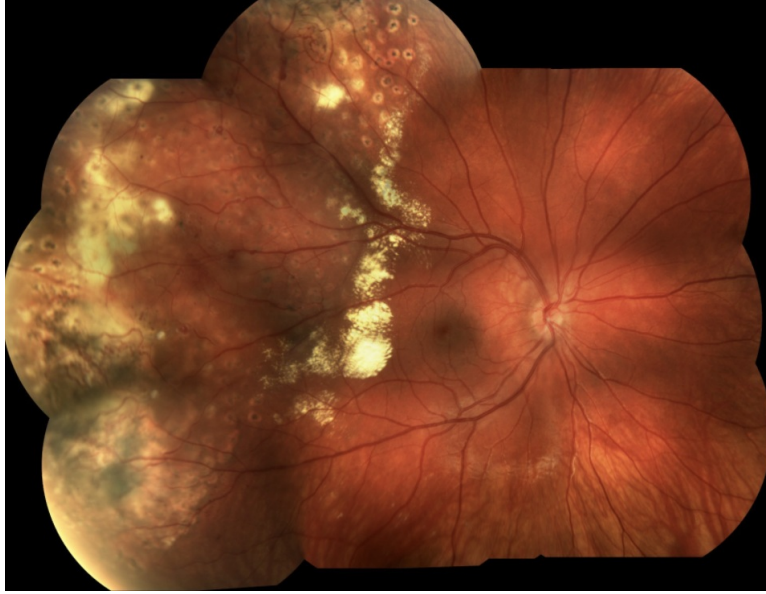
C. W. presented at age 12 with abnormal fundus findings in the right eye only, noted on routine exam for glasses. The patient had no symptoms and the visual acuity in both eyes was 20/20.



The fundus examination was totally normal in the left eye. The right eye showed yellow intraretinal exudates in the temporal macular zone and in the superotemporal mid-periphery. Beyond the exudates there were numerous prominent aneurysms and telangiectatic vessels in the temporal quadrants.

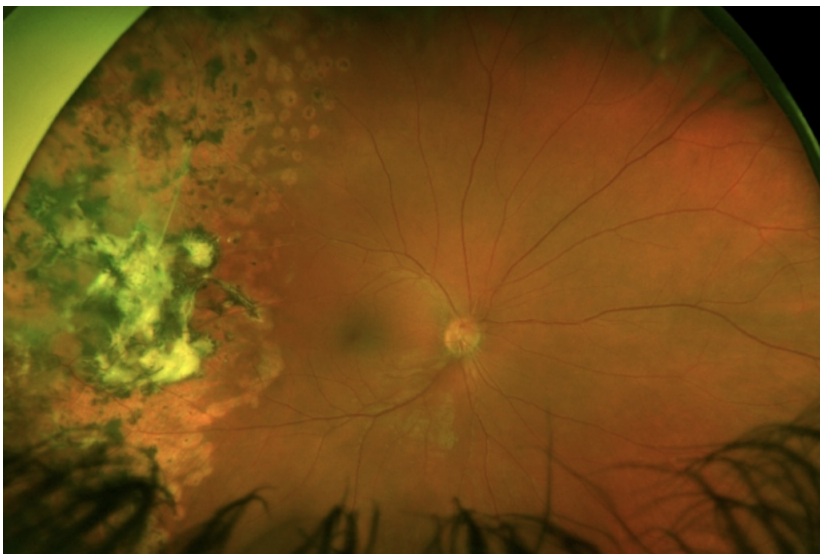
Due to the patient's young age, a fluorescein angiogram was not performed. Based on the clinical findings, a diagnosis of Coats' disease was made and treatment with laser photocoagulation was completed in the operating room under general anesthesia. Direct treatment over individual aneurysms and scatter panretinal photocoagulation were both performed.

After two months of healing, there was notable shrinkage of the aneurysms and cessation of exudation.



The patient remained asymptomatic but on follow up examination showed recurrence of exudation, requiring a second session of laser treatment in the operating room.

The patient has continued to do well and was most recently seen eleven years after treatment with best corrected vision of 20/25 in the right eye. The effects of intensive laser therapy are evident, with pigment mottling, consolidation of exudative material and fibrosis.



Coats' disease, named after Scottish ophthalmologist George Coats, was first described in 1908. It is characterized by unilateral findings of telangiectatic retinal vessels with aneurysms and exudation, usually in males (3:1), which in severe cases may lead to massive exudative retinal detachment. To date no definite genetic cause has been found, but the NDP (Norrie disease protein) gene has been proposed. The end stage of the disease can produce leukocoria and may present a diagnostic challenge to rule out retinoblastoma.

- The Shields classification scheme is generally excepted:
- Stage 1 Telangiectasia and aneurysms only
 - Stage 2 Above plus intraretinal exudation (a. extrafoveal, b. foveal)
 - Stage 3 Exudative retinal detachment (a. Subtotal, b. Total)
 - Stage 4 Total retinal detachment and glaucoma
 - Stage 5 End-stage disease

Treatment options include focal and panretinal photocoagulation, cryotherapy, vitrectomy with drainage of exudative fluid to allow ablative treatment, and enucleation for end-stage disease. Anti-VEGF therapy and intravitreal steroid treatments have also been used.

This case shows that, if recognized at an early stage, Coats' disease can be managed with a successful outcome.

FEATURED NEWS ARTICLES

PRESS RELEASES & RESOURCES FROM OUR VITREORETINAL SPECIALISTS

STRESS AND SCARCITY
How the last 12 months will impact

the year(s) ahead

BRIAN JOONDEPH, MD, MPS, FACS



For most physicians, the two common themes in 2020 were stress and scarcity - and they have continued into 2021. COVID-19 led to general stress - from both a personal and professional perspective, and scarcity - from PPE in the early days of the pandemic to fees and reimbursement going forward. But stress has always been a part of medicine - life and death in many specialties, eyesight and blindness for ophthalmology. COVID-19 compounded the stress by making ophthalmologists fearful of becoming sick or, worse, becoming another statistic in the death count.

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

“**Physicians on the front lines, in the thick of the pandemic, were burning out at a record pace.**”

“**Medicare is predicted to run out of money to pay hospitals and physicians within the next couple of years.**”

[READ FULL ARTICLE](#)

*Seen in: The Ophthalmologist .
All rights reserved. | 04/21/2021 | Opinion*

CLINICAL RESEARCH UPDATES

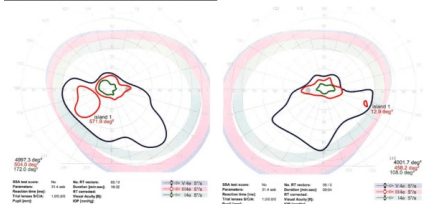
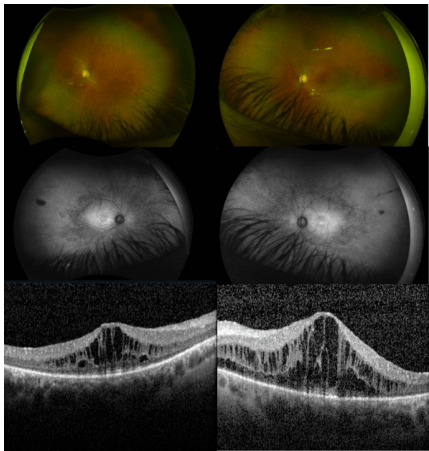
COLORADO RETINA'S FDA-APPROVED, IN-HOUSE CLINICAL RESEARCH DEPARTMENT

EYS-RELATED RETINITIS PIGMENTOSA RESEARCH STUDY, PRO-EYS

Colorado Retina is currently the top US recruiter for the Pro-EYS gene study!

Colorado Retina is proud to partner with the Foundation Fighting Blindness (FFB), a leading driver of inherited retinal disease research. We are currently conducting an international FFB study for people with retinitis pigmentosa (RP) caused by EYS gene mutations

RP is a group of rare genetic disorders that causes a breakdown of cells in the retina, leading to a loss of peripheral and night vision and eventual loss of central vision. EYS-related RP is a rare disease, so we currently do not know how this disease changes one's eyesight over time. Natural history studies, like Pro-EYS, provide a baseline for future research and help us understand the impact any therapy may have on the natural progression of the disease. This four-year study has two goals; determining how quickly vision is lost and identifying the usefulness of various tests for future clinical trials.



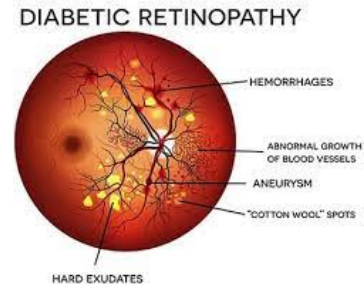
Colorado Retina is currently the highest enrolled site in the US on this globally recruited project - helping further propel the development of treatments for RP!

NOW ENROLLING FOR THE PAVILION TRIAL

A Multicenter, Randomized Study in Participants

With Diabetic Retinopathy Without Center-involved Diabetic Macular Edema.

Help us increase enrollment for the Pavilion trial to ultimately improve the health and quality of life of diabetic patients!



Pavillion is a 2 year, randomized clinical study evaluating the safety and efficacy of a Ranibizumab Port Delivery System vs Lucentis (PRN), for the treatment of diabetic retinopathy in people without diabetic macular edema. The intent is to effectively treat DR while reducing the treatment burden of frequent eye injections for patients, who are typically working-age adults.

Participants randomized to the PDS arm will receive two intravitreal ranibizumab injections and will then have the PDS implant (pre-filled with ranibizumab) surgically inserted. PDS implant refill-exchange procedures will be performed on a fixed interval every 36-weeks thereafter.

Inclusion Criteria:

- Moderately severe or Severe NPDR
- HbA1C of $\leq 12\%$
- BCVA of 69 letter (20/40) or better
- Documented diagnosis of diabetes mellitus (type 1 or type 2)

Exclusion Criteria:

- Any anti-VEGF treatment prior to randomization
- Hx of vitrectomy, submuscular surgery or other surgical intervention
- Any PRP at any time prior to randomization
- Retinal tears or peripheral retinal breaks

HOW TO REFER TO RESEARCH: To participate in a trial, the patient must be an established patient of Colorado Retina. Refer the patient using our general referral form and note to screen for "X" research trial.

QUESTIONS: CRAResearchDept@retinacolorado.com

CURRENTLY ENROLLING TRIALS

REFER A
PATIENT

REQUEST REFERRAL
MATERIALS



COLORADO RETINA ASSOCIATES, P.C.

www.retinacolorado.com

MAIN PHONE: (303) 261-1600

FAX: (303) 261-1601

CE EVENTS/REFERRALS: kjohnson@retinacolorado.com

GENERAL: info@retinacolorado.com

