

Events + News +
Resources

SEPTEMBER

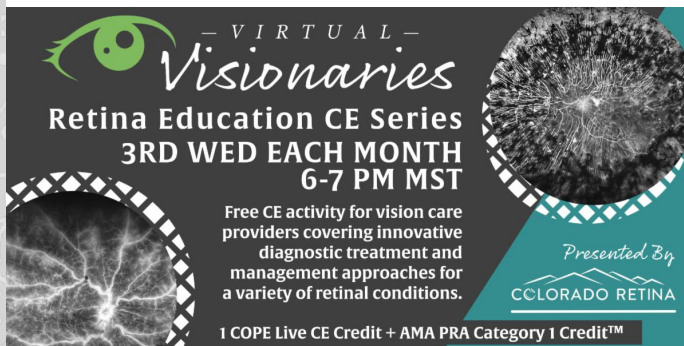
Newsletter

UPCOMING EVENTS

EDUCATIONAL & NETWORKING OPPORTUNITIES FOR EYE CARE PROVIDERS

VIRTUAL VISIONARIES

- COPE Accredited CE Series -



- VIRTUAL -
Visionaries
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™

Colorado Retina's Virtual Visionaries takes place via Zoom on the third Wednesday of each month from 6-7PM MST. This educational lecture series covers a mix of retina and uveitis topics and complex cases, and features guest sub-specialty experts to highlight a variety of other vision threatening diseases and disorders including: diabetes, cataracts, glaucoma, tumors, nerve-related vision problems, pediatric eye issues, and more.

GRAND ROUNDS: RETINA ROUND-UP

WEDNESDAY,
SEPTEMBER 15, 2021
6-7 PM MST

[Pre-Register](#)

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

Accreditation:

Join CRA's Drs. Betty Zhang and Miriah Teeter for a grand rounds style "retina-round-up", covering a variety of unique and thought-provoking surgical and clinical vitreoretinal cases presented to us by our referring community. This course is a traditional lecture followed by interactive Q&A, providing a comprehensive review of posterior segment disease management, clinical guidelines for referral timing and diagnosis, along with modern patient care techniques for pre and post-surgery. Don't miss this interactive, high-energy, posterior segment grand rounds case review.

This course is complimentary and open to all vision care providers and support staff, however due to accreditation restrictions only licensed optometrists and physicians will receive CE/CME credit. Attending

1 COPE CE Credit
1 AMA PRA Category 1 Credit™

Presented by:

- Miriah Teeter, MD
- Betty Zhang, OD

physicians will be awarded one hour of AMA PRA Category 1 Credit™ through Centura Health in partnership with the Colorado Medical Society. One hour of COPE Live CE credit will be awarded to OD's, CE accreditation provided by ARBO.

MISSED A PRIOR CE EVENT? Previously Recorded Past CE Activities are Available on our Website for your Viewing.

AUGUST 2021 VIRTUAL VISIONARIES

Lean Concepts in Eye Care

Colorado Retina has spent the last 3+ years making a practice-wide transformation to embrace a model that's Lean. Lean Healthcare is the application of "Lean" ideas implemented within a practice to minimize waste with ongoing process improvement. At CRA, we apply Lean principles curated by all members within our organization, from technicians to administration staff, to continually strive to identify areas of waste in our workflow and eliminate anything that does not add value for our patients. Watch this course to learn simple, cost effective techniques to create and deploy fundamental Lean principles, integrate a Lean culture in staff, utilize your practice data to identify the areas within your organization that require improvement to ultimately improve patient satisfaction and care outcomes, while reducing overhead costs.

[View Past CE'S](#)



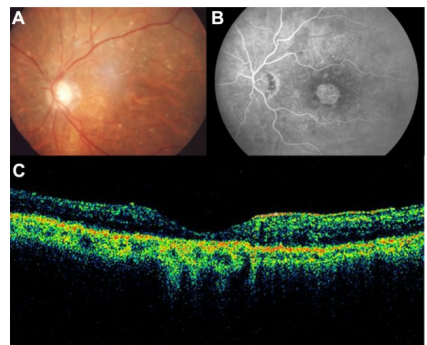
CLINICAL RESEARCH UPDATES

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

CLINICAL TRIAL: Geographic Atrophy Secondary to Age Related Macular Degeneration

75% of patients with non-central geographic atrophy will progress to central involvement and vision loss over five years. Do you wish there was more you could do for your geographic atrophy patients? Refer them for a clinical trial at Colorado Retina and help shape the future of dry AMD treatment!

Our newest geographic atrophy clinical trial, Roche G-RED GR42163, is a Phase I trial currently enrolling both center and non-center involving patients with geographic atrophy spanning larger than 0.5 disc area. This multicenter study will investigate the safety,



tolerability, pharmacokinetics, and immunogenicity of a novel intravitreal compound. If your patient qualifies, they will receive a stipend per completed visit and free transportation provided to our clinical research department located in our Lakewood office.

Study Inclusion Criteria:

- GA secondary to AMD in the absence of choroidal neovascularization (CNV)
- GA area ≥ 0.5 disc area (1.25 mm²)
- Any gender; ≥ 50 years of age

CRA continues to be a part of this essential research to advance treatment for blinding diseases. We value being part of the cutting edge and offering patients access to these novel and exciting therapies. Click below to learn more about our actively enrolling 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.

For more information or questions regarding clinical trials, email the Colorado Retina research department at CRAResearchDept@retinacolorado.com or 720-420-3265.

[Learn More](#)

[Currently Enrolling Trials](#)

PRACTICE UPDATES

WHAT'S NEW AT COLORADO RETINA ASSOCIATES

Foundation Fighting Blindness 16th Annual Colorado VisionWalk

Colorado Retina is proud to be a champion supporter of the Colorado VisionWalk since its inception in 2006. Since that date, VisionWalk has raised over \$58 million to fund sight-saving research. As promising treatments move into critical human studies, the need for research funding is greater than ever.

Register below to join our CRA team and take the important steps toward a cure by participating and fundraising for the 5K VisionWalk. Must be vaccinated to attend. We hope to see you there!

Date: Saturday, October 9, 2021
Location: City Park Bandshell & Pavilion, Denver, CO
Schedule:

- 9am Registration
- 10am Stage Presentation
- 10:15am Walk Begins



JOIN THE CRA TEAM AND TAKE THE STEPS TO FIGHT BLINDNESS

SATURDAY, OCTOBER 9

9:00 AM Registration • 10:15 AM Walk Begins

CITY PARK BANDSHELL & PAVILION

DONATIONS APPRECIATED

In-Person: check or cash drop-off at any CRA office
Online: give.fightingblindness.org/CRA
Mail: Foundation Fighting Blindness, Colorado VisionWalk
P.O. Box 45399 • Baltimore, MD 21297-5933

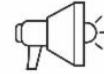
UTILIZE OUR COMPLIMENTARY SAME-DAY CURBSIDE CONSULT SERVICE with CRA's Dr. Betty Zhang



COLORADO RETINA'S
**REFERRAL
LIAISON &
OPTOMETRIST**

BETTY ZHANG, OD

NEW! BENEFIT FOR REFERRING PROVIDERS
CURBSIDE CONSULTS



CURBSIDE CONSULTS

Colorado Retina Associates, your local vitreoretinal practice is now offering SAME-DAY curbside consult services as a benefit to referring optometry providers.

If you have a question regarding a patient with a potential non-urgent retinal concern or need assistance determining diagnosis or scheduling urgency, contact Dr. Zhang.

Once your request is received, Dr. Zhang will consult with Colorado Retina's on-call physician to provide you an answer within the same business day.



SUBMIT A CONSULT

bzhang@retinacolorado.com
Cell (ok to text): (785) 312-4682

HOW THE CURBSIDE CONSULT SERVICE WORKS:

Dr. Betty Zhang assists our triage team as a liaison between you (the provider) and the designated CRA on-call physician. Dr. Zhang is available as a resource to assist in the review of patient clinical situations, diagnostic dilemmas, imaging and/or test results, or general questions pertaining to vitreoretinal disease to help you provide your patient the best service.

Avenues to Submit a Curbside Consult:

1. **TEXT or CALL.** For the quickest response text Dr. Zhang cell at **(785) 312-4682**
2. **EMAIL.** bzhang@retinacolorado.com
3. **WEBSITE.** Submit a request on our HIPAA-secure Online form [HERE](#).
4. **PHREESIA.** CRA's free shared referral dashboard [LEARN MORE HERE](#).

* Whatever avenue you choose, please provide a brief summary of your request, including patient symptoms and potential diagnosis if applicable, and attach any pertinent patient images or notes for Dr. Zhang to review. Once your request is submitted Dr. Zhang will get back to you within the same business day. Please note, **this service is not to be used for emergency services**, for an urgent referral that needs to be seen within 48 hours, please call our triage line ASAP at **(303) 261-1600 x1** to schedule.

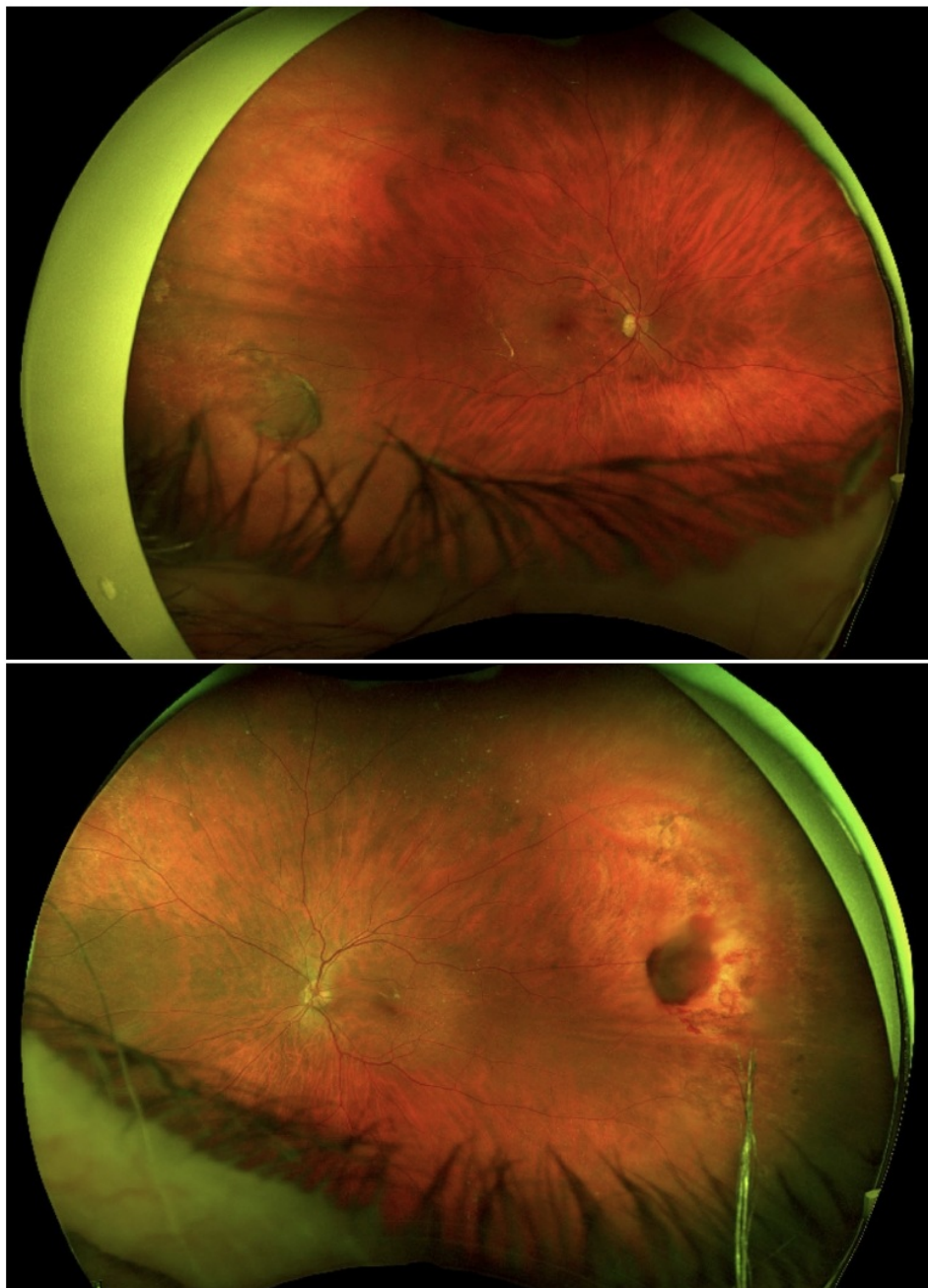
Peripheral Exudative Hemorrhagic Chorioretinopathy

CURTIS HAGEDORN, M.D., *Retina Specialist at Colorado Retina*

BETTY ZHANG, O.D., *Physician Liaison & Optometrist at Colorado Retina*

The 69-year-old female presented to the referring O.D. with 20/25 vision OD and OS. The patient has a history of breast cancer and recent fall with subsequent traumatic brain hemorrhage. The patient was given the diagnosis of suspected peripheral exudative hemorrhagic chorioretinopathy through CRA's Curbside Consult service and recommended for full retinal evaluation. Posterior segment exam revealed macular drusen in both eyes. Peripheral retinal exam in both eyes showed large, dome-shaped hemorrhagic PED, subretinal hemorrhage, and associated exudation in the temporal far periphery. Macular OCT showed RPE irregularities consistent with drusen. Fluorescein angiography showed peripheral blocking defect associated with subretinal hemorrhages and minimal leakage OU. The decision to observe was made based on the absence of symptoms and minimal activity on angiography. The patient was recommended to follow-up in 4 months with the possibility of anti-VEGF treatment if lesions increase in size.

Peripheral exudative hemorrhagic chorioretinopathy (PEHCR) is often clinically mistaken for choroidal melanoma due to similarities in appearance. Both disease entities can present as dome-shaped lesions with dark pigmentation and possible associated serous retinal detachment. PEHCR is the second most common disease entity misdiagnosed as choroidal melanoma after choroidal nevus. PEHCR is suspected to be a peripheral variant of macular degeneration or polypoidal choroidal vasculopathy. Most PEHCR lesions self-involute requiring no intervention. In macula-threatening cases, anti-VEGF therapy in combination with laser photocoagulation can be considered. Secondary vitreous hemorrhage may present as an indication for anti-VEGF therapy and even vitrectomy in severe cases.



FEATURED NEWS ARTICLES

PRESS RELEASES & RESOURCES FROM OUR COLORADO RETINA TEAM

What are the Major Barriers to Wet AMD Treatment Adherence?

Murtaza Adam, M.D., Vitreoretinal Specialist at Colorado Retina

“The first thing people think about when they go for their first appointment for wet AMD is, ‘how am I going to survive an injection in the eye?’ So it’s really difficult to explain to patients that the treatment we administer in the office, that they’re going to likely need for the rest of their lives—perhaps on a monthly or every-other-month basis—is really not painful, has minimal side effects, and is safe. Intravitreal injection is the most common medical procedure performed in the United States.

So those are the first things I say to patients. I also tell them that we do an average of anywhere from 20 to 40 injections in a single day. And our waiting room is busy because patients understand they need treatment to continue to see, and it’s not so bad that they

don't come back. They do.

We do an excellent job in our practice to minimize discomfort during and after treatment. So fear is the first barrier for patients with wet AMD. They're fearful of treatment initially, but once they get an injection in the eye, they usually say something like the flu shot or the COVID vaccine was worse. It's hard to believe, but it's true most of the time.

The second barrier to treatment adherence is the burden of treatment. Wet AMD is a lifelong disease, and there is no curative treatment yet. Our patients with wet AMD usually don't drive. They may live alone or in assisted living, and they need someone to transport them back and forth to their appointments. And they have to see their retina specialist more than they see their grandkids sometimes. So these patients have a really high burden of treatment.

I think the theme for our upcoming wet AMD drugs in the pipeline is to reduce treatment burden with sustained delivery. The more that we have access to and develop safe versions of these medicines in the future, the more compliance we'll have. Because when it comes to treatment for wet AMD, it's really difficult for patients and families to maintain.

One of the other barriers is these patients are old and sick and have many other medical problems. So there are other appointments they need to go to. Sometimes they're hospitalized and are out of our office for months because of a hospitalization or a rehabilitation stay. And we'll see them when they come back, and their vision will have dropped, their exudation is worse, and we'll have to re-treat them to get them back on track.

So, in summary, the major treatment barriers for wet AMD are fear, treatment burden, and the other challenges that come with getting older. Those are the main barriers to treatment adherence that we deal with daily."

Seen in: MD Newsline, July 12, 2021. All rights reserved.



Dr. Murtaza Adam



**REFER A
PATIENT**

**REQUEST REFERRAL
MATERIALS**



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