

COLORADO RETINA  
NEWSLETTER

# NOVEMBER

Events | News | Resources

## UPCOMING NOVEMBER EVENTS CE/CME ACCREDITED VIRTUAL COURSES

### OPHTHALMIC SURGERY GRAND GROUNDS (OSxGR)

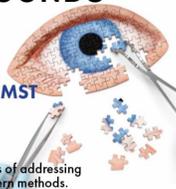
#### OSxGR OPHTHALMIC SURGERY GRAND ROUNDS

MONTHLY + FREE + VIRTUAL  
FIRST THURSDAY EACH MONTH

THURSDAY, NOVEMBER 5 | 6 - 7 PM MST  
MODERN ADVANCES IN SURGICAL RETINA

1 HOUR OF COPE CE/CME CREDIT

Case-based presentations, focused on the surgical aspects of addressing a variety of ocular issues with the most sophisticated modern methods.



## MODERN ADVANCES IN SURGICAL RETINA

THUR., NOVEMBER 5  
6-7 PM MST  
Virtual @ Zoom

*COPE ACCREDITED!*

**REGISTER**

**Accreditation:** 1 Hour of COPE  
Live CE Credit / 1 Hour AMA PRA  
Category 1 Credit™

**Presenters:** Adam Martidis, MD  
**Panelists:** Mimi Liu, MD +  
Peter G. Hovland, MD

Unlike the standard clinical-based CE, Ophthalmic Surgery Grand Rounds (OSxGR), a series of COPE accredited courses will provide case-based

presentations, focused solely on the surgical aspects of addressing a variety of ocular issues with the most sophisticated modern methods through the illustration of different surgical techniques and operating room video content.



In the November monthly edition of Ophthalmic Surgery Grand Rounds (OSxGR), vitreoretinal specialist, Dr. Adam Martidis, MD of Retina Consultants of Southern Colorado will cover pre and post-operative surgical advancements and management of a variety of common retinal procedures. Earlier tools and techniques used in vitreoretinal surgery were revolutionary in their time, but today's options have set the bar higher.

Through the presentation of surgical videos, Dr. Martidis will educate on modern surgical tools and techniques that effectively address multiple sight-threatening retinal diseases and conditions. In the hour, surgical repairs of epiretinal membranes, macular holes, vitreous hemorrhages, retinal detachments, retained lens material, and other complex surgical cases such as TRD and PVR will be presented. Dr. Martidis will deep dive into preoperative measures to reduce the risk of postoperative infection and postoperative care with subsequent examination instructions to reduce future

Hosted by: Colorado Retina  
+ Mile High Eye Institute

**OTHER UPCOMING COURSES:**

- Thursday, December 3rd
- WINTER/SPRING 2021 SCHEDULE COMING SOON!

complications.

**ABOUT THE PRESENTER:** Dr. Martidis is a pioneer in managing macular edema using an injection of corticosteroid medication into the vitreous cavity. He published the first article on the use of this technique in the management of diabetic macular edema as a complication of diabetic retinopathy. He also has broad expertise in the management of other medical retinal conditions and vitreoretinal surgery.

## VIRTUAL VISIONARIES

**VIRTUAL VISIONARIES**  
*Retina Education Series*  
MONTHLY + FREE + VIRTUAL  
**DIPLOPIA +  
LAMELLAR MACULAR HOLES**  
WEDNESDAY, NOVEMBER 18 | 6 - 7PM MST  
1 Hour of Live COPE Credit / 1 Hour AMA PRA Category 1 Credit™  
Best and most innovative diagnostic and treatment approaches related to ocular surgery and the care and management of a wide span of retinal conditions.

### DIPLOPIA AND LAMELLAR MACULAR HOLES

WED., NOVEMBER 18  
6-7 PM MST  
Virtual @ Zoom

*COPE ACCREDITED!*

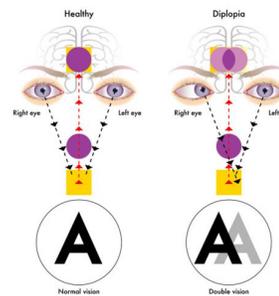
**REGISTER**

**Accreditation:** 1 Hour of COPE Live Continuing Education Credit / 1 Hour AMA PRA Category 1 Credit™

**Presenters:** Salil Shukla, MD + Prem Subramanian, MD

**\*\* NO December Course**

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



**COURSE OVERVIEW:**

**Prem Subramanian, MD - Diplopia: Recognizing Urgent Cases and Fellow Travelers.** Patients often present to an eye care provider with new onset diplopia, and the provider must determine the urgency of obtaining additional investigations including blood tests and neuroimaging. Additionally, further history and examination beyond the typical eye exam may be needed to arrive at a diagnosis. Once a cause is found, treatment may require a multidisciplinary approach both acutely and long-term. An approach to evaluating the patient with diplopia will be presented in a case-based format with emphasis upon both “red flags” that should lead to rapid workup and “green flags” that are typically reassuring signs.

**Salil Shukla, MD - Lamellar Macular Holes.** In the OCT era the lamellar macular hole has been observed as a distinct clinical entity, albeit overlapping with vitreomacular interface disorders and degenerative macular disease. The diagnosis of lamellar macular hole is nuanced, with imaging findings often out of proportion to symptoms and concurrent macular diagnoses often present on OCT. Management options are limited as surgical intervention does not reliably improve vision. We will discuss the pathophysiology, presentation, diagnosis, and management of lamellar macular holes with an emphasis on OCT.

## PRACTICE UPDATES

WHAT'S NEW AT COLORADO RETINA ASSOCIATES

# HOLIDAY BASKETS FOR SENIORS FOOD DRIVE

With COVID still sweeping the nation, much of the senior population will be spending the holidays in isolation this year, without the company of their families.

As part of our commitment and connection to Colorado's seniors we decided to partner with the Colorado Gerontological Society (CGS) for their annual Holiday Basket Project. Our team will be hosting an in-clinic donation food drive, to provide low-income seniors a holiday gift basket filled with essential groceries, a present, and hygiene products. Together we will bring food security, holiday cheer, and meaningful social connection to the in-need elderly!

From November 9th until December 18th we are accepting designated canned and boxed food items to be dropped off at any CRA office. We understand that many can not facilitate an in-person drop off, so if you would like to contribute to our efforts we're also welcoming Online donations for the purchase of perishable foods and needed basket items.

Our goal is to “adopt” 50 local seniors and raise an additional \$1,250 in cash donations. This allows us to provide FIFTY seniors with a real holiday experience and cover the additional 30% increase that the Holiday Basket Project is experiencing compared to previous years, due to COVID-19.

Join us, together we can help our Colorado senior community get through what can be a tough and lonely season, all while spreading holiday joy!



**HOLIDAY BASKETS FOR SENIORS**

**Food Drive**

DONATIONS ACCEPTED: **NOV 9 - DEC 18**

**COLORADO RETINA ASSOCIATES**

Help Colorado Retina Adopt-A-Senior for the annual Colorado Gerontological Society Holiday Basket project. Our food drive will fill holiday baskets with food and presents for low-income seniors who will be spending the holidays alone.

*Donation Items*

BOXED ITEMS	CANNED ITEMS
stuffing	vegetables
rice + quinoa	soup + stew
pasta	fruit
potatoes	gravy
(mashed/au gratin)	beans
cookies	chicken or tuna
crackers	applesauce
dried fruit	
cereal	

**DROP YOUR CANNED OR BOXED FOOD DONATIONS OFF AT ANY COLORADO RETINA LOCATION**

★ cash/check donations accepted & appreciated ★

Sponsored By Colorado Gerontological Society

COLORADO RETINA

**DONATE ONLINE**

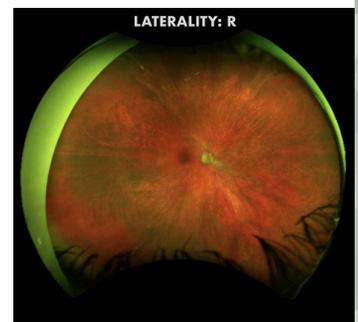
**LEARN MORE**

## CASE OF THE MONTH REAL CASES OF YOUR REFERRED PATIENTS

### 33 Y/O WITH RPE65 GENE MUTATION

*AUTHOR: ALAN KIMURA, MD*

Genetics has not only increased our understanding of the risk of having an inherited retinal disease (IRD) but has also led to a striking medical breakthrough --the first FDA-approved gene therapy for an IRD. Patients with a rare form of early-onset retinitis pigmentosa, or Leber’s congenital amaurosis (LCA), face a challenging future of progressive visual loss without treatment. Sixty to seventy different genes can cause night blindness, constricted visual fields and subsequently difficulties with mobility. Mutations in the RPE65 gene can now be repaired with one surgery, injecting the reparative DNA sequence to the affected retinal



cells.

Our Case of the Month is a 33 y/o female complaining of poor night vision for most of her life and bumping into things, especially when it is dark. Her vision is sufficient for office work, though she notes increasing difficulty. The fundus exam of night-blinding disorders can vary widely, and she showed subtle, but definite pigmentary atrophy, documented with fundus photography and autofluorescence imaging. Electroretinography confirmed weaker function of the rod photoreceptors (night vision) more than the cones (detail vision). State of the art, digital, full-field perimetry documented the constricted visual fields consistent with her tripping and bumping into things.

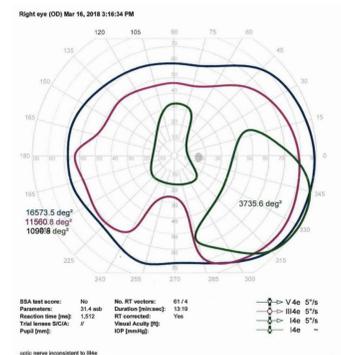
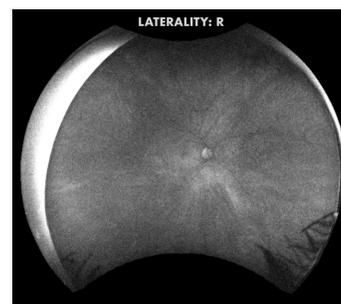
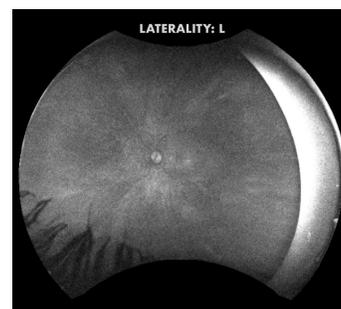
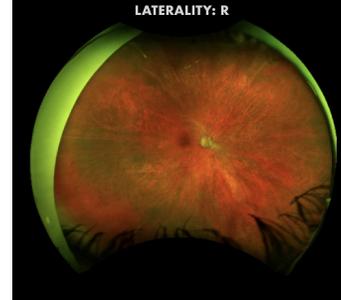
Modern, accurate, inexpensive commercial genetic testing specializing in IRDs was recommended. Her results confirmed bi-allelic, pathogenic mutations in the RPE65 gene. Only ~3000 patients with RPE65 gene mutations are estimated to exist in the US, so Colorado Retina's regional referral network serves a broad, multi-state population. We connected her to an approved center for gene therapy to treat her RPE65 gene mutation using voretigene neparvec-rzyl. This miraculous gene therapy is the product of two decades of laboratory, pre-clinical and clinical research. One month after surgery she notes better vision in the dark, allowing her to see faces and read the menu when dining outdoors for dinner. She likewise is noticing more co-workers and friend in her peripheral vision now.

CRA's robust IRD Department accepts referrals for IRDs across the nation, staffed with the best IRD subspecialty, fellowship-trained clinicians and diagnostic technicians, using state-of-the art equipment. Unique to Colorado Retina, we offer our patients a variety of non-medical support services, including low vision, genetic testing with certified genetic counselors, and mental health support services.

### IRD DEPARTMENT CONTACT INFO:

Email: [cragenetics@retinacolorado.com](mailto:cragenetics@retinacolorado.com)

Direct: (303) 261-1600 ext. 3719



## FEATURED NEWS ARTICLES

PRESS RELEASES & RESOURCES FROM OUR VITREORETINAL SPECIALISTS

### VITRECTOMY WITHOUT INTRAVENOUS ANESTHESIA

#### AT A GLANCE

- Although cataract surgery anesthesia techniques have evolved in recent decades, anesthesia for vitreoretinal surgery has remained mostly static.
- With appropriate patient and case selection, PPV without IV anesthesia has

Pars plana vitrectomy (PPV) is typically performed with the assistance of an anesthesiologist either with



monitored anesthesia care (MAC) or general anesthesia (GA), combined with a local ocular block. Numerous factors, including the patient's medical history, comorbidities, anxiety, dementia, medication or illicit drug history, along with surgical complexity, expected case time, and language barriers, can all influence the anesthesia modality selected for a particular case. For all cases supported by an anesthesiologist, patients are required to fast for at least 8 hours before surgery, and intravenous (IV) line placement is mandatory. With

the potential to reduce costs, improve patient satisfaction, decrease OR turnover time, and increase the feasibility of in-office PPV.

- The authors describe a technique for sub-Tenon block without anesthesiology support that has to date been employed successfully in a mix of vitreoretinal surgeries.

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- Financial disclosure: Consultant for Allergan/AbbVie, EyePoint Pharmaceuticals, Genentech, Novartis, Regeneron

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*Seen in:* Retina Today, Oct. 2020 Issue

local block administration and anesthesiologist support, PPV with this approach has a proven track record of patient comfort and safety.

While vitreoretinal surgeons have been performing cases with the same anesthesia approach for decades, our anterior segment colleagues have been rapidly evolving their approaches to anesthesia for cataract surgeries. Recent studies involving cataract surgery with topical anesthesia and oral sedation without an anesthesiologist have reported excellent outcomes with reduced costs, low intraoperative complication rates, and increased patient satisfaction.

Although vitreoretinal cases likely cannot achieve the efficiency and comfort of a 5-minute cataract surgery with topical anesthesia, we believe that PPV can be safely and comfortably performed without IV anesthesia for a significant proportion of patients. In this article we share our rationale and methodology for, and our initial experience with, a technique to perform PPV without IV sedation.

**READ FULL ARTICLE**

## RETINAL VEIN OCCLUSION ASSOCIATED WITH COVID-19



Figure 2. Magnified view of the macula shows disc edema, scattered dot and blot hemorrhages, and cotton-wool spots.

A 59-year-old man was referred to our clinic with blurred vision in his right eye concurrent with cough and abdominal pain. COVID-19 infection

was suspected, but polymerase chain reaction testing was not performed because he was not ill enough for hospital admission, which at the time was required for testing. Several weeks later, his systemic symptoms resolved, and he was tested for COVID-19 antibodies. He was positive for SARS-CoV-2 immunoglobulin G and negative for immunoglobulin M.

The patient's medical history was significant for a 5-year history of microscopic colitis. His only medication was aspirin 81 mg/day.

An eye examination revealed 20/20-1 VA OD, with normal IOP and slit-lamp examination. His right fundus showed a mild CRVO (Figures 1 and 2). His left eye visual acuity and examination were normal. OCT imaging did not show macular edema (Figure 3), and therefore he was not treated.

**Authors:**

### AT A GLANCE

- ▶ The hypercoagulable state induced by COVID-19 may be linked with CRVO, which itself is associated with the presence of hypercoagulation.
- ▶ The authors share what is possibly the first reported case of a patient with COVID-19 who presented with CRVO.

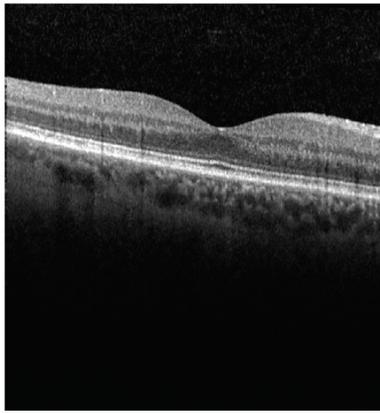


Figure 3. OCT of the right eye shows no macular edema or retinal opacities.



Figure 1. A CRVO can be seen in the patient's right eye.

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- Ophthalmic Technician, CRA
- Financial disclosure: None

*Seen in:* Retina Today, Sept 2020

[READ FULL  
ARTICLE](#)

## CLINICAL RESEARCH

UPCOMING AND ACTIVE FDA-APPROVED CLINICAL RESEARCH TRIALS

### FOUNDATION FIGHTING BLINDNESS + COLORADO RETINA Pro-EYS STUDY

The Foundation Fighting Blindness has launched a natural history study (NCT04127006) for people with retinitis pigmentosa (RP) caused by mutations in the gene EYS called the Rate of Progression in EYS Related Retinal Degeneration (Pro-EYS). The goals of the international, four-year study include estimating the rate of disease progression and evaluating the usefulness of various outcome measures for future clinical trials for emerging therapies.

Colorado Retina's Clinical Research Department was selected as 1 of 26 qualified study locations from around the US to participate in the Rate of Progression in EYS Related Retinal Degeneration (Pro-EYS) study, an honor and national acknowledgment for our research team. This new project is meant to characterize the natural history of disease progression in patients with EYS mutations in order to accelerate the development of outcome measures for clinical trials. Sensitive, reliable outcome measures of retinal degeneration will greatly facilitate development of treatments for retinitis pigmentosa due to EYS mutations. Together these approaches are expected to have an impact on understanding EYS-related retinal degeneration, developing experimental treatment protocols, and assessing their effectiveness.

The findings from this study will be published and widely disseminated so that we can share what we learn with therapy developers from around the world. As an organization, we are proud to have built the infrastructure for imaging, electrophysiologic and psychophysical testing, coupled with a dedicated space

and staff, and the genetic testing capabilities that enable our practice to contribute to the growing global research effort to find cures for these untreatable Inherited Retinal Diseases (IRD).

[LEARN  
MORE](#)

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## OPTIC PHASE 1 TRIAL OF ADVM-022 INTRAVITREAL GENE THERAPY FOR WET AMD

Colorado Retina is excited to participate in this multi-center, open-label, Phase 1, dose-ranging trial designed to assess the safety and tolerability of a single intravitreal (IVT) administration of ADVM-022 in patients with wet AMD. The primary endpoint of this Phase 1 trial is the safety and tolerability of ADVM-022 after a single IVT administration. Secondary endpoints include changes in best-corrected visual acuity (BCVA), measurement of central retinal thickness (CRT), as well as the need for anti-VEGF rescue injections. Each patient enrolled will be followed for a total of two years. Based on reported outcomes thus far, an additional AMD trial is planned to start in mid-2021.

[LEARN  
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Please [contact Colorado Retina's Research Department](#) for more information about screening, eligibility or clinical research related questions.  
[EMAIL](#) OR Phone: (720) 420-3265

[VIEW ACTIVE & UPCOMING TRIALS AT CRA](#)

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