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RETINA CONSULTANTS' PHYSICIANS:

(back row) Dr. Paul A. Raskauskas, Dr. Tom Ghuman
(front row) Dr. Donald C. Fletcher, Dr. Joseph P. Walker,
Dr. Glenn L. Wing

Winter 2007
Eye Openers


Retina Consultants
of Southwest Florida®

**Register Now
for the
11th Annual
Eye & Vision
Research Symposia**

For more than a decade, the physicians of Retina Consultants of Southwest Florida along with researchers at Harvard Medical School's Schepens Eye Research Institute (SERI) have been informing patients and the public about the latest treatments and research regarding the eye and the devastating diseases that affect it.

This year, the 11th Annual Eye & Vision Research Symposia is no exception. On the agenda: the latest treatments in macular degeneration including the latest data on Lucentis, Macugen and Avastin and combination therapies; the use of stem cells in regenerative medicines and the importance of low vision training and support.

Registration for this free public service is now open. Be sure to call early to ensure your seat at this highly informative event:

Patient Artists Wanted



Dr. Paul A. Raskauskas

If you are a patient of Retina Consultants and are a talented artist or just someone who likes to dabble, Retina Consultants would like to showcase your work.

"We feel it's important to show how talented our patients are despite their visual impairments," said Dr. Paul Raskauskas of Retina Consultants of Southwest Florida. "All of the work we have displayed this past year has been very detailed and requires a lot of attention. It just proves that our patients are determined to carry on with their passions no matter what obstacles they face."

The art will be displayed for one month in our patient area of our Fort Myers office. We ask that the artwork be mounted and ready for hanging. We will include your name and phone number with your piece so that any interested parties may contact you regarding your work.

If you are a patient and are interested in showing off your art, please call our Fort Myers office and speak with Jamie at (239) 938-1281.

Be always at war with your vices, at peace with your neighbors, and let each New Year find you a better man.
— Benjamin Franklin

**News From
NORI**
National
Ophthalmic
Research
Institute®



Dr. Glenn L. Wing

Diabetic retinopathy is a potentially blinding complication of diabetes that damages the eye's retina, which is the lining at the back of the eye that is responsible for vision.

"This disease affects half of all Americans diagnosed with diabetes," said Dr. Glenn L. Wing of Retina Consultants of Southwest Florida.

According to the National Institute of Diabetes, Digestive & Kidney Diseases, diabetic eye disease in the United States is the leading cause of new blindness in people age 20 to 74.

"Patients may not notice any changes in vision initially, because early symptoms can be subtle, and tend to get worse over the years," said Dr. Wing. "With today's modern treatment, however, people with the advanced form of diabetic retinopathy have a much greater chance of saving their vision."

If you have type 1 or type 2 diabetes and have been diagnosed with swelling in the back of the eye or macular edema in at least one eye, you may be eligible to participate in a research study. This study is being conducted at the National Ophthalmic Research Institute (NORI) at the Fort Myers office of Retina Consultants of Southwest Florida. The study will test an investigational drug treatment. In order to qualify, you must:

- Be 18 years or older
- Be diagnosed with type 1 or type 2 diabetes
- Have developed macular edema associated with diabetic retinopathy

As a participant, you will receive study related-medication and care, lab tests and eye examinations at no cost to you.

Other studies ongoing at NORI include treatments for Age-Related Macular Degeneration, Branch Retinal Vein Occlusion and Central Retinal Vein Occlusion. NORI currently has eight studies enrolling patients at Retina Consultants of Southwest Florida

For more information, contact Cheryl Adt at NORI at (239) 938-1284.



A Patient's Perspective on Research



Rich Godfrey, SERI Patient Liaison

Each year at the Eye & Vision Research Symposia, participants learn all about the new treatments that are readily available and potential treatments that are in the beginning stages of research. Retina Consultants of Southwest Florida asked SERI's Patient Liaison, Rich Godfrey, to help explain what will be included in this year's lectures. Mr. Godfrey has addressed symposia audiences for 10 years and will speak again this year. Not only is he a speaker, he is also a patient. Mr. Godfrey became legally blind in both eyes from macular degeneration 18 years ago. He works with SERI in Boston and he has agreed to give his perspective on research:

I came to Schepens in 1988, the same year I became legally blind, and my education on vision, the eye, eye disease and eye research began. Over time, I started interacting with patients from all over the United States and around the world who came to see Dr. Charles L. Schepens, our founder.

As I prepared to write this article I thought about one patient in particular. Her name was Heather. She was 13 years old then with Stargardt's Disease, a form of juvenile macular degeneration. I have always stayed in touch with Heather. She is now 30, legally blind but very happy. She is

engaged to be married.

Recently, Heather told me that she always remembered that when she was in her early teens, Dr. Schepens would tell her he truly believed that retinal transplantation, and with it, some vision restoration, would be possible in 10 years. She never forgot his words, but here we are, 17 years later, and retinal transplantation still remains a primary goal at SERI. This was not a failure of a man, the legendary Dr. Schepens, or the failure of the profession of retinal surgery he epitomized. It is a statement of how incredibly complex and challenging the goal

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Facts about Adult Stem Cells

- Adult stem cell research has produced 72 cures and treatments. Embryonic stem cell research and human cloning has produced zero cures or treatments.
- Adult Stem Cells come from: **Umbilical Cords**, Placentas and Amniotic Fluid - Adult type stem cells can be derived from various pregnancy-related tissues.
- **Adult Tissues** - In adults, stem cells are present within various tissues and organ systems. These include the bone marrow, liver, epidermis, retina, skeletal muscle, intestine, brain, dental pulp, and elsewhere. Even fat obtained from liposuction has been shown to contain significant numbers of adult type stem cells.
- **Cadavers** - Neural stem cells have been removed from specific areas in post-mortem human brains as late as 20 hours following death.

Adult Stem Cell Advantages

1. Special adult-type stem cells from bone marrow and from umbilical cord have been isolated recently which appear to be as flexible as the embryonic type
2. Not immunogenic—recipients who receive the products of their own stem cells will not experience immune rejection
3. Relative ease of procurement—some adult stem cells are easy to harvest (skin, muscle, marrow, fat), while others may be more difficult to obtain (brain stem cells). Umbilical and placental stem cells are likely to be readily available
4. Non-tumorigenic—tend not to form tumors
5. No harm done to the donor

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of vision restoration truly is. The Schepens Eye Research Institute dedicated 30 years trying to develop a surgical solution for retinal transplantation, but it was not to be.

Our challenge remains, the need of patient's remains and our goal to explore and develop improved treatments and earlier interventions and to find cures has never changed. In the 1990s, a new kind of science emerged, one that involved stem cells and their great potential, creating the fresh approach of regenerative medicine. Much has been written about stem cell research, and opinions vary greatly. My feelings about stem cell research are personal, not just for myself but for the thousands of patients I have spoken to over the years that are looking to us for help. As I stated earlier, our challenge remains and so do the needs of patients to retain and restore their vision.

Now, as we learn more, we are finding that there is great potential in adult stem cells, rather than the far more controversial embryonic stem cells. One of our researchers, who is also a practicing retina specialist, has developed a unique source of adult retinal stem cells that is demonstrating great promise for the future. On a related front, Dr. Michael Young is continuing his stem cell work with animals, collaborating with scientists in Copenhagen and London. Progress continues to be made, and we will share further details with you at the symposia.

Another very promising area of regenerative research is gene manipulation/gene therapy where, for example in the lab of Dr. Dong Feng Chen we are doing optic nerve regeneration in animal models. Increased knowledge and success in this area is vitally important for countless patients with optic nerve damage and disease, but since the retina is made up of neural (nerve) tissue, it is also very important in the entire area of retinal damage and disease. We will update this progress at the symposia as well.

Our challenge continues on other fronts as well. Many of you are aware of the dramatic advances in the treatment of the wet form of AMD during the past several years—from PDT (photodynamic therapy), to Macugen, to Avastin and on to Lucentis. All of these

therapies are designed to target the formation of and limit the damage from new blood vessel growth in the retina. These topics will be discussed at length during the symposia in February by doctors Glenn Wing and Tom Ghuman of Retina Consultants of Southwest Florida. In the meantime, one of the giants in this field of research, known as angiogenesis (new blood vessel growth), is Dr. Patricia D'Amore, who is a Senior Scientist here at Schepens. Her research has greatly contributed to creating and advancing these clinical treatments. Do we need to improve upon them? Yes, and Dr. D'Amore's lab is working on the next generation of these therapies.

Another challenge we face is improving optics and technology to improve the quality of life for today's low vision and visually impaired patients. Until we can restore vision and cure blindness, we must always take this great need very seriously. Under the leadership of Dr. Eli Peli, Schepens has the largest low vision technology research center anywhere in the world. Its job is to develop the tools to help patients maximize whatever remaining vision they have, allowing them to be more functional and independent. Dr. Donald Fletcher, a world renowned leader in Low Vision Rehabilitation, will present the latest information from this field of study at the symposia. He will be joined by vendors showing extensive displays of low vision aids and technologies patients can experience first hand.

In summary, our challenges are great, and our commitment is firm. We are truly pioneering regenerative medicine research; we are dedicated to the development of the next generation of therapies; and we are committed to improving the lives of patients already dealing with vision loss. We want to share our progress with you.

I sincerely hope you will join us again this year at either the Fort Myers or Naples symposia. The president of the Schepens Eye Research Institute, Dr. Michael Gilmore, and I look forward to partnering with clinicians of Retina Consultants of Southwest Florida for an informative and interactive program. Please register today.

New Gene Associated with Wet and Dry AMD

Researchers have just uncovered a new gene they think is associated with the development of wet and dry age-related macular degeneration (AMD).

Doctors at the University of Utah in Salt Lake City compared the genotype, or the genetic make up, of a group of 580 people with pronounced AMD against the make up of a group of 300 people without AMD.

"The studies showed that the patients with AMD had a mutant copy of a specific gene called HTRA1," said Dr. Joseph Walker of Retina Consultants of Southwest Florida. "That copy contributes to a 700 percent increase in developing AMD compared to those without the mutated copy."

Doctors at the University of Utah say the study results suggest that HTRA 1 aids in the formation of drusen in patients with dry AMD and it contributes to the formation of abnormal blood cells in patients with wet AMD.

"Doctors, in the future, will be able to determine which individuals are genetically programmed to develop AMD. Armed with this knowledge, aggressive measures can be taken early to help prevent vision loss," concluded Dr. Walker.



Dr. Joseph P. Walker

The Grieving Process of Low Vision Patients

The loss of vision, no matter to what degree, can have devastating effects on a patient's perspective of their future. Retina Consultants of Southwest Florida understands how profound any slight change in vision can be for a patient and is working hard to help patients overcome fear and depression when they receive an unfortunate diagnosis.

In March, Retina Consultants Occupational Therapist, Linda Goodwin, will present her latest findings on the grieving process for adults with low vision at the annual conference of the American Occupational Therapist Association. Often, when a patient visits Linda, they have not had the opportunity to address the impact of their decrease in vision.



Linda Goodwin, OTR/L

what it is that holds them back and together we work to deal with it."

It is also helpful for the patient's family to understand what the patient is experiencing and in turn, how they are dealing with that patient. Linda suggests family members or loved ones explore how they deal with grief.

"Sometimes, loved ones don't know how to help and use denial as their way of coping. If loved ones can accept this new way of life and are open to learning new things it is beneficial for both parties. The patient has a strong support system and the family member begins to feel confident in their own abilities."

Linda uses the example of a married couple. The wife has low vision due to her macular degeneration and allows her husband to take care of all her daily duties. When asked how she dials a telephone, the wife says she doesn't have to because her husband does it for her. Linda asks: "Who would dial the phone if your husband couldn't. What if you needed to dial the phone to call 9-1-1?"

"Just because your loved one does things for you to help you out doesn't mean you should give up trying to do them yourself," says Linda. "And it doesn't mean that your loved ones should do everything for you. Grief can be paralyzing; that is why it is so important to work through it."

Some of the prominent stages of grief are:

Denial: The patient may be in denial and avoids confronting the realities of their vision loss.

Anger: The patient may feel angry at their inability to do things they have done in the past. This anger may be taken out on themselves or directed at others. Many times, patients don't know how to handle or manage their anger.

Sadness: This is a common feeling among low vision patients. A patient needs to see a professional for help if depression is a possibility.

Acceptance: This is the goal and it helps the person be able to problem solve, cope and resume activities with their remaining vision.

Linda Goodwin is available to meet with patients on a referral basis. You may request an appointment by asking your retina specialist for a referral.

New Study Tests Antioxidants and Fish Oil Against Macular Degeneration



Dr. Tom Ghuman

A new study is underway that will build upon the results of a landmark clinical trial of dietary supplements and eye health, specifically macular degeneration.

Five years ago, the National Eye Institute released its findings from the Age-Related Eye Disease Study, AREDS. That study was monumental in determining what vitamins, minerals and supplement combinations are beneficial for preserving eye health. It found that high-dose antioxidant vitamins and minerals (vitamins C & E, beta-carotene, zinc and copper) taken orally, reduced the risk of macular degeneration progressing into advanced stages by 19 percent.

In this latest study, researchers are working to improve recommendations regarding individual patient health and supplement combinations.

"AREDS 2 will test the effects of Lutein and Omega-3 Fatty Acids and determine if they have a noticeable effect on decreasing the risk of macular degeneration," said Dr. Tom Ghuman of Retina Consultants of Southwest Florida. "The study will also focus on the amount of zinc and eliminating beta-carotene, which is associated with an increased risk of lung cancer in smokers."

This study, as with the last, will test some 4,000 AMD patients between the ages of 50-85 nationwide. The study will take approximately five years and patients must receive at least one eye exam per each of the five years. Retina Consultants of Southwest Florida is not one of the test sites for the study but our physicians are already recommending these vitamin supplements. If you are interested in learning more about the AREDS 2 study, please call 1-877-273-3780 or log onto www.nei.nih.gov/areds2.

Low Vision Support Group

Retina Consultants of Southwest Florida hosts a low vision support group once a month at one of our four offices. The groups have grown overwhelmingly in the past year but there is still room for more members.

This is a good way to meet new people, learn about new techniques, and help your neighbors. Retina Consultants Occupational Therapist, Linda Goodwin moderates each session and is available to answer any questions that may arise.

If you would like to join one of our groups, please call: (239) 938-1200 ext. 683. The winter dates are listed below.

CAPE CORAL:	January 8	1:30pm
PORT CHARLOTTE:	February 7	10 am
FORT MYERS:	March 13	10 am
NAPLES:	April 9	10 am

Eye Openers Newsletter will not be published in the spring or summer so if you are interested in meetings from May to October, please call the registration number listed to the left and listen for the date for your town. The voice recording will be updated as soon as new dates are available. If you are already an established support group member, you will receive a letter in the mail of the next available date for your support group.