



Retina Consultants

of Southwest Florida®

Fort Myers

6901 International Center Blvd.
Ft. Myers, FL 33912
(239) 939-4323

Other Office Locations

Cape Coral

106 Del Prado Blvd., S.
Cape Coral, FL 33990
(239) 772-4323

Bonita Springs

Bonita Community Health Center
3501 Health Center Blvd., Suite 2420
Bonita Springs, FL 34135
(239) 939-4323

Naples

2335 Tamiami Tr., N., Suite 209
Naples, FL 34103
(239) 263-3337

Port Charlotte

2525 Harbor Blvd., Suite 302
Port Charlotte, FL 33952
(941) 627-4422

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Fall 2009

Eye Openers



Retina Consultants
of Southwest Florida®

RETINA CONSULTANTS' PHYSICIANS:

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



Dr. Joseph P. Walker

The Future of Healthcare Making Healthcare Headlines

In September, *The News Press* invited Dr. Joseph Walker to take part in their Healthcare Proposal Roundtable Discussion. His medical background afforded him the opportunity to share his perspective regarding President Obama's healthcare initiative. In addition, the *News Press* published two of Dr. Walker's guest opinion pieces. Here is an overview of Dr. Walker's position on the healthcare proposal.

There are presently major concerns about the "reform" of medical care and health insurance in the United States. Obviously, the concerns are well-founded, as proposals have raised the possibility of sweeping changes in our whole health care system. One of the difficulties of discussing the pros and cons of these proposals is that there are multiple proposals and they keep changing. It's impossible to fully analyze the "President's Plan", as there has been no written Presidential plan, only platitudes in speeches. The recent out cry of "You lie" during one speech highlights the concerns about the validity of many of the President's comments.

One "lie" is the President's insistence that "if you like your health insurance you can keep it". Anyone in Medicare Advantage Plans will lose this insurance if the President is able to push through his "plan". Part of the financing for the president's plan is the elimination of Medicare Advantage. This would involve approximately 25 percent of Medicare eligible individuals.

Concerns have also been raised by the President's statements that he will pay for the new "public option" by eliminating "waste and abuse" in Medicare. If waste and abuse is so rampant, then why aren't we attacking it now? The answer is waste and abuse to the President is probably what is considered legitimate medical care by doctors and patients. Will we have more bureaucrats stating that you really don't need that hip surgery, or that you don't need your cataract

surgery on the second eye, you have one good eye? Situations like this exist in other countries with socialized medicine, where sometimes staggering delays occur. It has been well-documented that the United States has much higher success rates and survival rates for cancer care than countries with socialized healthcare.

It's interesting that one of the statistics cited is life expectancy. The United States and most of the industrialized countries are within one or two years of each other in average life expectancies. However, it should be noted that the United States has a different population mix than most of the other countries and there is genetic, as well as racial variation in life expectancy. For example, in the U.S., the life expectancy of an adult black male, at this time, is approximately 70 years while the life expectancy of an adult white female is over 80 years, with black females and white males slightly less. Therefore, it's hard to judge apples and oranges when you simply lump everyone together and use those statistics.

Another assertion by the President is that we won't add "one dime" to our deficit with his plan. This certainly looks like an impossibility if we're adding all these new "uninsured" people to the rolls and providing the care he claims to be providing. The Congressional Budget Office found that his plan does not save any money and, in fact, it costs at least a trillion dollars. This

continued inside

Entire Practice HONORED

For the third year in a row, the entire medical practice of Retina Consultants of Southwest Florida® has been named "Best Doctors in America".

Joseph P. Walker, M.D., F.A.C.S.; Glenn L. Wing, M.D., F.A.C.S.; Paul A. Raskauskas, M.D., F.A.C.S.; Tom Ghuman, M.D., F.A.C.S.; Ashish G. Sharma, M.D.; and Donald C. Fletcher, M.D. have all received the 2009-2010 honor.

The Best Doctors in America database is compiled by 45,000 members of the medical industry. After an exhaustive peer-review survey, Best Doctors® is able to determine which doctors deserve the accolades. Once the list is compiled, it is made available to the public in order for patients to successfully connect with these honored physicians.

Best of the Gulfshore

For the fourth year in a row, two of Retina Consultants physicians are named *Gulfshore Life Magazine's* "Top Doctors".

Joseph P. Walker, MD and Paul A. Raskauskas, MD received the honor in the June 2009 edition of the Naples-based magazine.

Southwest Florida's Top Doctors are selected by *Gulfshore Life Magazine* after extensive research by their partner, Castle Connolly Medical, the nation's leading provider of information on physicians. A

national survey of physicians and hospital administrators is conducted by Castle Connolly Medical in order to obtain a list of the Top Doctors. This list is then narrowed by determining if the doctors have met the strict criteria of board certifications, number of years of unsupervised experience in practice and a clean disciplinary record.

Dr. Walker and Dr. Raskauskas were presented with their awards at a cocktail reception sponsored by Gulfshore Life Magazine.

Retina Reminders

• Have you had a change in insurance coverage?

Reminder to ALL Patients: Before your next scheduled appointment, please contact our office to verify we have your correct insurance coverage. Early notification of the insurance coverage allows us to verify our participation in the plan and to verify your benefits for services you receive from our physicians.

Reminder to MEDICARE patients: If you are part of or joining a Medicare Advantage Plan, please contact our office as soon as possible to verify our physicians are members of your plan's physician network. **If you are one of our "Snowbirds",**

please contact your Medicare Advantage plan to verify any and all plan requirements are met to ensure you have coverage during your stay in Florida.

• Reversal Drops

Retina Consultants is happy to announce that we are, once again, offering dilation reversal drops.

Just ask the receptionist at check-out for the drops. Please note: the drops do not take effect immediately. They are used to shorten the length of dilation, not to completely reverse the effect immediately. If you have your eyes dilated at our office, Retina Consultants still recommends you have a driver take you home.

• E-Scribe

E-Scribe is known formally as electronic prescription writing. Rather than receiving a prescription form when you leave our office, we will send your prescription directly to your pharmacy electronically. To sign up for e-scribe, simply bring in the name, street address and the phone number of the pharmacy you would like to use and we will take care of the rest.

• Cell Phones

We ask that when you visit our office, you either turn off or silence your cell phone by using the "vibrate" feature. This is a courtesy to the doctor, staff and other patients. Thank you for your understanding.

The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd druther not.

— Mark Twain

NORI partners with National Institutes of Health for Benchmark Studies



Dr. Tom Ghuman

The National Institutes of Health (NIH) recently released findings of a three year study in which it partnered with Retina Consultants of Southwest Florida and the National Ophthalmic Research Institute.

The National Eye Institute (NEI), the ophthalmic division of the NIH, studied the disease, retinal vein occlusion and its potential treatments. The study results set the NEI's Standard-of-Care, meaning the benchmark at which all other treatments will be compared to regarding safety and efficacy.

A retinal vein occlusion is a condition that affects people mainly over the age of 55 who have high blood pressure and people who have diabetes. However, many don't have atherosclerotic factors at all. The condition affects the retina, the light sensitive lining at the back of the eye responsible for vision. A retinal vein occlusion occurs when blood clots slow or stop circulation in retinal veins. If this condition involves the entire retina, it is known as central retinal vein occlusion (CVO). If only a portion of the retina is affected, it is branch retinal vein occlusion (BVO). The blockage of the veins can lead to swelling inside the eye, known as macular edema, and eventually vision loss.

"The NEI's study, called SCORE, determined that injections of corticosteroid into the eye can reduce vision loss from CVO as compared to no treatment," said Dr. Tom Ghuman of Retina Consultants of Southwest Florida. "Additionally, the study determined that treated patients were five times more likely to gain vision after one year rather than patients who were under observation only."

Scientists determined that corticosteroid injections are also effective in BVO patients however they recommend laser treatment as the standard of care. The data suggests that the laser treatment is safer than the injections although they are equally effective.

"By enrolling our patients in this study, we were able to help the National Eye Institute set the standards for future treatments. This is a major achievement in the field of research and I am happy that our patients can say they helped set the standard of care," said Dr. Ghuman.

FDA Approves First-Ever Drug for Macular Edema

The Food and Drug Administration (FDA) recently approved a new ophthalmic drug tested in Southwest Florida.

Allergan's Ozurdex is the first FDA approved drug-therapy for people suffering from macular edema due to retinal vein occlusion. A retinal vein occlusion is a blockage or obstruction of a vein in the retina. The retina is the light-sensitive tissue layer that lines the back wall of the eye and is responsible for vision. The center of the retina, called the macula, is the portion of the eye that is responsible for sharp, central vision. Macular edema (macular swelling), is usually a result of retinal vein occlusion. It can lead to blurriness and a drastic decrease in vision.



Dr. Glenn L. Wing

The FDA approved

Ozurdex in June. It comes after several years of clinical testing. The National Ophthalmic Research Institute™ (NORI) at Retina Consultants of Southwest Florida® has been at the forefront of Ozurdex's clinical trials. NORI is one of Allergan's largest patient enrolling sites in North America, participating in multiple studies with Ozurdex.

"We are very excited about Ozurdex," said Dr. Glenn L. Wing of NORI and Retina Consultants of Southwest Florida. "It has the potential to save the vision of countless patients who would otherwise not have treatment options and could potentially lose vision."

Administered into the eye via injection by the physician, the Ozurdex implant delivers an extended release dose of a corticosteroid to the retina. In clinical studies, patients achieved an average of a three-line improvement when reading from an eye chart compared to those

patients who received a placebo.

"This is proof of how important the years of clinical studies are to finding new treatments for diseases," said Dr. Wing. "Because we offer a clinical testing site, we can allow our patients the opportunity to participate in studies when there are no other options for treatment."

Ozurdex became available in September. There is speculation that the drug may also be used as treatment for other eye diseases.

"There may be a benefit in the future to patients who have other retinal diseases such as diabetic macular edema and macular degeneration," said Dr. Wing. "Abnormally functioning retinal vessels found in these diseases may work better when treated with steroid medications."

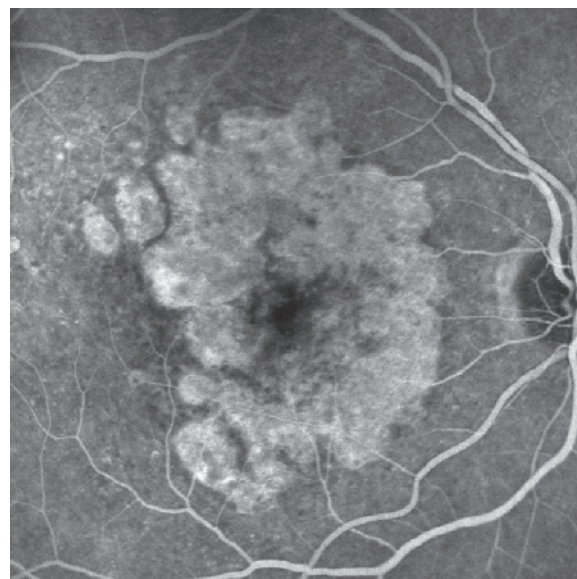
As of yet, the therapy is not approved for these diseases, nor is it covered under insurance plans or Medicare.

News From NORI® National Ophthalmic Research Institute®



There soon may be new hope on the horizon for people with dry macular degeneration.

Sirion Therapeutics has received "fast-track" status from the US Food and Drug Administration for its drug, fenretinide. This designation will allow the FDA to quickly facilitate their investigation and potentially



Geographic Atrophy

make the drug available to the public sooner.

The "fast-track" determination stems from the company's release of its interim Phase II clinical study results, of which the National Ophthalmic Research Institute (NORI) participated in and was the country's largest study enroller.

The study compares the oral medication, fenretinide, and a placebo when treating geographic atrophy (GA) associated with macular degeneration.

The early results show slower growth of GA lesions in patients treated with fenretinide. Sirion says the current study is on track to detect results of up to a 50 percent reduction in lesion growth rate by the study's completion.

"The positive study data along with the fast-track designation by the FDA means that the American public could soon have the first medication to treat one of the aspects of dry macular degeneration," said Dr. Paul Raskauskas of NORI. "Although, it is not a cure-all, fenretinide looks as if it could be a much needed treatment option for patients with GA."

Geographic atrophy is the loss of

important light-sensing cells in the macula. It is known as the degenerative part of macular degeneration. The lesions that lead to GA are associated with age and other risk factors such as family history and untreated hypertension.

Although the Sirion study is closed to enrollment, NORI is always looking for patients to participate in other groundbreaking clinical trials. Currently, enrollment is open for the following disorders:

- Wet Age Related Macular Degeneration (*without previous treatment*)
- Macular Edema from Diabetic Retinopathy
- Macular Edema from Central Retinal Vein Occlusion

If you have one of the retinal diagnoses listed above, and you are interested in participating in a research study, please contact a research coordinator by phone at (239) 938-1284 or email at nori@eye.md.

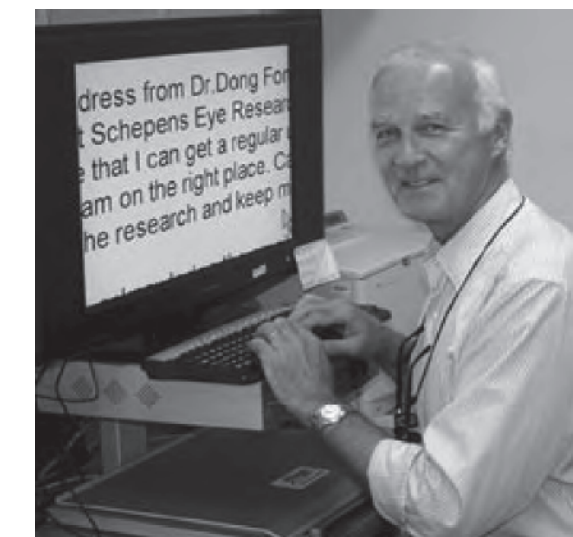
Dr. Paul A. Raskauskas



Stem Cell Research Headline 14th Annual Symposia

Stem cell research is the focus of Retina Consultants of Southwest Florida's 14th Annual Eye and Vision Research Symposia slated for January.

This free event highlights the latest news on vision-saving research being done here in Southwest Florida and in Boston at The Schepens Eye Research Institute (SERI), an affiliate of Harvard Medical School.



Rich Godfrey

Retina Consultants is proud to announce that Dr. Kameran Lashkari, one of SERI's top research scientists, is coming to Southwest Florida for a personal appearance. Dr. Lashkari will present his very latest research on stem cell regeneration in the retina and optic nerve. For stem cell research to be able to restore lost vision, the reconnection of the nerve cells in the retina and the optic nerve must be made. Dr. Lashkari's work targets that reconnection.

"Meantime, groundbreaking new research is taking place right here in Southwest Florida," said Dr. Ashish Sharma of Retina Consultants of Southwest Florida. "At our in-house research headquarters, the National Ophthalmic Research Institute (NORI), we are taking part in 22 studies covering diseases such as macular degeneration, diabetic retinopathy, and retinal vein occlusion. At the symposia, we will address some of the major ongoing studies and how they can potentially affect our patients."

Recently, NORI had the privilege of releasing news about several clinical trials they participated. One in particular resulted in the first-ever drug therapy for macular edema. Ozurdex was released in September after years of clinical studies. Without the clinical work, in part by, Retina Consul-

tants and NORI, patients would continue to go without treatment and potentially continue to lose vision. You can read more about Ozurdex on page 2 of this newsletter.

For 13 years, they have entertained audiences with their anecdotes about patients' struggles and successes dealing with low vision. This year will be no different. Dr. Donald C. Fletcher, Retina Consultants' Low Vision Rehabilitation Director, will share some the lessons he's learned along the way from his patients who are beating the odds despite having low vision.

Rich Godfrey, SERI's patient liaison will discuss how he deals with the loss of his vision and how he uses the setback to make a positive impression on the people he meets.

As in years past, Retina Consultants will provide time for attendees to visit with low vision device vendors and public service organizations before and after the program.

This symposia series is free and open to the public. Registration is required. Seats are limited and available on a first come, first serve basis.



Dr. Kameran Lashkari

**14th Annual
EYE & VISION RESEARCH
SYMPOSIA**

Sponsored by:

Retina Consultants
of Southwest Florida®

**THE SCHEPENS
EYE RESEARCH
INSTITUTE**

NORI
National Ophthalmic Research Institute®

Register Toll Free:
1.866.258.8505

**Friday
January 15, 2010**

Registration: 9 am
Program: 10 – 11:30am

**Broadway Palm Dinner Theater
1380 Colonial Blvd.
Fort Myers**

(In the Royal Palm Plaza near
the intersection of Colonial Blvd.
and Summerlin Rd.)

**Saturday
January 16, 2010**

Registration: 9 am
Program: 10 – 11:30am

**Hilton Naples
5111 Tamiami Trail North
Naples**

(Located on Tamiami Trail/US 41
just south of the
Pine Ridge Road intersection)

Complimentary valet parking available

Story continued from front page

The Future of Healthcare

will substantially add to the deficit, no matter how much "Washington" speak they try to spin.

There are simpler, less draconian measures. Tort reform would certainly reduce costs. Allowing insurance to be sold across state lines, increasing competition, would be extremely helpful. In some states, insurance is five times as expensive as other states due to insurance mandates, such as covering hair transplants. Allowing generalized use of high deductible accounts would certainly be helpful in reducing costs. Let's look for options without destroying Medicare and throwing 25 percent of Medicare recipients out of their present insurance.

Health care reform is needed. The devil is in the details.