

# Southern Ophthalmology

Newsletter | April 2010

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Welcome to Southern Ophthalmology's first newsletter. We hope that you will find the content interesting, enjoyable and useful. The aim is to keep you up to date with our practice and the services we offer as well as highlighting advances in Ophthalmology and revising important topics. Please be in touch if you have any comments-all suggestions are welcome to ensure that this will be a meaningful publication!

Dr Alan Flax, Dr Evan Soicher, Dr Robert Chong

## Retina 2010

### Update



Robert Chong

*Dr Robert Chong recently attended the Retina 2010 Meeting in Kauai, USA. Retinal course director, Dr Carmen Puliafito (involved in the development of the Stratus OCT) put together a great list of speakers from all over USA to address the latest developments in retinal imaging, dry and wet Age Related Macula Degeneration (AMD) and vascular retinal diseases (diabetes and vein occlusion).*

### Retinal Imaging

Dr Moshfeghi from Bascom Palmer Eye Institute showed us wide-field images from the Optos Scanning Laser Ophthalmoscopy (SLO) system. It can do excellent fluorescein angiography and may change the way peripheral ischaemia is graded and treated in central retinal vein occlusion and diabetic retinopathy. Dr Alexander Walsh from Doheny Eye Institute explored autofluorescence and showed its use in retinal dystrophies and monitoring dry AMD (especially geographic atrophy). No doubt this imaging modality will become more important as we trial new therapies for dry AMD.

### Wet AMD

A series of trials show that visual outcomes are in general better if more rather than less Lucentis injections are given. The main theme from this very well attended session is that combination therapy for wet AMD is being researched to reduce the number of Lucentis injections needed by our patients. Photodynamic therapy (PDT) combined with Lucentis was explored in the Mont Blanc trial. Unfortunately, PDT was shown not to reduce the number of Lucentis injections needed. One exciting trial underway is a combination of Lucentis and an anti-PDGF drug which, at 3 months is showing 60% significant visual improvement compared to 30-40% in the Lucentis monotherapy group. Another interesting avenue being revisited is Lucentis combined with radiation therapy.

### Dry AMD

Up until recently, the only significant trial on dry AMD was AREDS which showed that anti-oxidants and zinc reduced disease progression and visual loss from intermediate grade dry AMD. AREDS 2 is underway looking at lutein, zeaxanthin and omega-3 fatty acids. Dr Peter Kaiser summarized the latest therapies in early stages of investigation for dry AMD. Ciliary Neurotrophic Factor (CNTF) has shown protection from visual loss in a pilot study. Brimonidine, better known as Alphagan for glaucoma is now being trialed in a sustained release implant. Aside from neuroprotection, Capaxone and intravenous RN6G are two compounds under study which reduce photoreceptor byproduct accumulation. Fenretinide and ACU-4429 are visual cycle modulators used to reduce accumulation of lipofuscin in RPE cells. The other avenue of research involves suppression of inflammation with corticosteroids and complement inhibition. There is obvious interest in designing therapy for dry AMD which

Continued overleaf

accounts for 90% of all AMD.

## Retinal Vascular Diseases

Intravitreal triamcinolone can reduce macular oedema from diabetic retinopathy and vein occlusion. Newer steroid delivery systems are being evaluated. Posurdex is a biodegradable implant of dexamethasone which has a duration of action about 6 months. Illuvien is a non-degradable flucinolone implant that has a therapeutic effect of 24-36 months but with much higher side-effects. Trials are underway to compare steroids against or in combination with anti-VEGF (Avastin) therapy. Again, it is likely that current practice combining laser with steroids and/or anti-VEGF therapy will allow enhanced treatment for our diabetic retinopathy and vein occlusion patients.

## Summary

Combination therapy is an old concept in other areas of medicine including cancer management. We will likely see more rather than less combinations of synergistic therapies to enhance visual outcomes for our retinal patients as well as reduce unwanted side-effects.

## Welcome Dr Harry Leung

We are pleased to announce that Dr Harry Leung, a Paediatric Ophthalmologist, will be joining our practice in April 2010. He has completed two years of Paediatric and Strabismus fellowship training in the UK at Moorfields Eye Hospital and Great Ormond Street Hospital for Children. Dr Leung also has expertise in adult strabismus and adult general ophthalmology including cataract surgery, glaucoma and retinal disorders. Dr Leung is fluent in Cantonese and Mandarin.

## Dr Robert Chong: Profile

Dr Robert Chong completed Ophthalmology Specialist training at Prince of Wales Hospital, Sydney. Thereafter, he completed two years of Medical Retina training at Southwest Eye Hospital, Chongqing, China followed by Moorfields Eye Hospital, London. Both Fellowships were supported by prestigious scholarships from the Royal Australian and New Zealand College of Ophthalmology (RANZCO) and Department of Education, Science and Training.

In addition to publishing articles in peer-reviewed Ophthalmic Journals, Dr Chong is an investigator for a number of cutting-edge interventional clinical trials. His research interest is the treatment of Age-Related Macular Degeneration.

In Medical Retina, Dr Chong specialises in intravitreal injections of anti-VEGF agents (Lucentis and Avastin), photodynamic therapy (PDT) laser and other forms of retinal laser.

Second languages spoken by Dr Chong include Mandarin and Cantonese.

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Suite 2A, Level 2, 4 Belgrave Street, Kogarah 2217

Tel: (02) 9587 8585 Fax: (02) 9587 8279

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