QUARTERLY NEWSLETTER

MAY 2022
Vol 1 Issue 1

Elman Retina Group
The Most Compassionate Care In Sight

Greetings!

Welcome to the **first edition** of the first-ever Elman Retina Group (ERG) newsletter!

Since ERG opened its doors in 1993, we have continuously provided the best possible retina care for all our patients. This is no easy feat and could only be accomplished by our top-notch vital ERG staff members. We hope you enjoy these ERG newsletters which consists of important information updates, practice highlights, and informative stories from our very own cherished patients.

Sincerely,
Dr. Michael Elman, Dr. Sid Schechet
and the entire ERG Team.

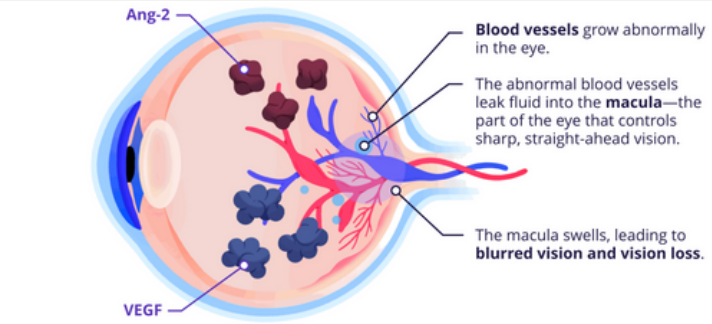
Sidney, "Sid", A. Schechet, M.D.

Michael J. Elman, M.D.

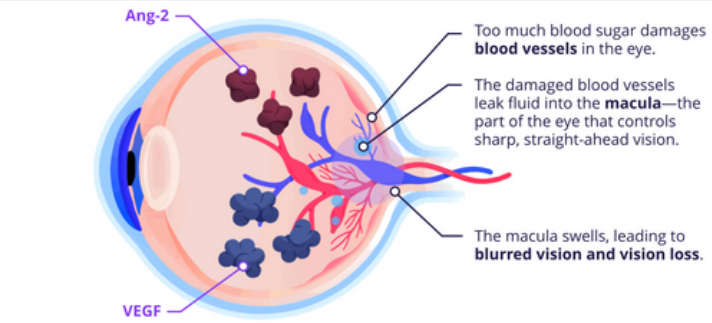
Retina News

NEW AND EXCITING UPDATED TREATMENTS FOR SEVERAL DISEASES OF THE RETINA NOW FDA-APPROVED AND OFFERED AT THE ELMAN RETINA GROUP!

MACULAR DEGENERATION



DIABETIC MACULAR EDEMA



Vabysmo:

Recently, Genentech (makers of Lucentis) announced FDA approval for their new and novel exciting treatment for AMD and DME called Vabysmo (Generic: 'Faricimab"). Vabysmo is a first-of-its-kind combined bi-specific intravitreal injection consisting of the standard Anti-VEGF but with the addition of anti-angiopoietin-2. In the impressive clinical trials, after several monthly loading injections (same experience and feel as current injections), patients were successfully extended out to 2, 3, and even 4 months between injections.

Susvimo:

Genentech (makers of Lucentis and Vabysmo) recently announced FDA-approval for it's new and exciting surgical treatment option for Wet AMD, with more indications expected in near future (DME, Diabetic Retinopathy, and Retinal Vein Occlusion). Susvimo is a first-of-its-kind therapeutic approach for wet AMD and may help people with the disease maintain their vision with as few as two in-clinic injection treatments per year. Susvimo delivers Lucentis continuously, offering patients living with wet AMD an alternative to anti-VEGF eye injections needed as often as once a month. The Susvimo implant is surgically inserted into the eye during a one-time, outpatient procedure and then refilled every 6-12 months thereafter.

GENENTECH. (2022). GENENTECH: VABYSMO™ (FARICIMAB-SVOA) - INFORMATION FOR PATIENTS. GENENTECH: VABYSMO™ (FARICIMAB-SVOA) - INFORMATION FOR PATIENTS. RETRIEVED MARCH 15, 2022, FROM HTTPS://WWW.GENE.COM/PATIENTS/MEDICINES/VABYSMO

Patient Reviews:

★★★★★ Reply Flag

Warm, has gotten to know me over the years. I trust him as a doctor and a person

More Details

Helpful Jman A. – May

★★★★★ Reply

Excellent bedside manner Very

More Details

Helpful Shari H. A. – May

★★★★★ Reply

Everyone was very efficient. The staff did exactly what they had to do to make sure I was diagnosed accurately.

More Details

Helpful Anonymous – Apr 30, 2022

★★★★★ Reply Flag

Very professional caring and thorough

More Details

Helpful Gary C. – Jan 14, 2022

★★★★★ Reply Flag

Because of reading the reviews, I went to Dr. Elman and so glad I did. I was told I had a macular hole and he repaired it no problem.He is such a joy. Now I will say I have had to wait up to 2 hours in his office, but he is worth the wait. Would not go anywhere else

More Details

Helpful Ginny – Dec 03, 2021

Recent Publications:

DJO Digital Journal of Ophthalmology
www.djo.harvard.edu

Original Article

Survey of musculoskeletal disorders among US ophthalmologists

Sidney A. Schechet, MD,[a] Eva DeVience, MD,[b] Stephen DeVience, PhD, Shweta Shukla, MD,[c] and Mona Kaleem, MD

[a]Elman Retina Group, Baltimore, Maryland; Maryland; [c]University of Maryland School o

Abstract

Purpose—To characterize the pre and risk factors among ophthalmolo

Methods—An online survey was Physicians and Surgeons. The surve acteristics, pain, and effects of MSI ophthalmologists or if they had M graphics and practice patterns were test and the Fisher exact test.

Results—The survey was completed by 127 of 250 active members (response rate, 51%). Of the 127, 85 (66%) reported experiencing work-related pain, with an average pain level of 4/10. With regard to mean age, height, weight, years in practice, number of patients seen weekly, and hours worked weekly, there was no difference between respondents reporting pain and those without. Those reporting MSD symptoms spent significantly more time in surgery than those who did not (mean of 7.9 vs 5.3 hours/week [$P < 0.01$]). Four-teen percent of respondents reported

Conclusions—A majority of resp ated with time spent in surgery. Mo ticularly in the operating room, may

Journal of *Clinical Medicine*

MDPI

Article

Real-World Performance of a Self-Operated Home Monitoring System for Early Detection of Neovascular Age-Related Macular Degeneration

Allen C. Ho [1], Jeffrey S. Heier [2], Nancy M. Holekamp [3], Richard A. Garfinkel [4], Byron Ladd [5], Carl C. Awh [6], Rishi P. Singh [7], George E. Sanborn [8], Jennifer H. Jacobs [8], Michael J. Elman [9], Anat Loewenstein [10,11,*] and David A. Eichenbaum [12]

AMERICAN ACADEMY OF OPHTHALMOLOGY®

Retinal Specialist versus Artificial Intelligence Detection of Retinal Fluid from OCT

ELSEVIER

Op

Volume

Age-Related Eye Disease Study 2: 10-Year Follow-On Study

Tiarnan D.L. Keenan, BM BCh, PhD,[1] Traci E. Clemons, PhD,[2] Amitha Domalpally, MD, PhD,[3] Michael J. Elman, MD,[4] Moshe Havilio, PhD,[5] Elvira Agrón, MA,[1] Gidi Benyamini, MBA,[5] Emily Y. Chew, MD[1]

Reports

Macular Hole Closure with Medical Treatment

Presented at: Association for Research in Vision and Ophthalmology Annual Meeting, April 28 to May 2, 2019, Vancouver, Canada.

Jared T. Sokol MD, MBA [1, 4], Sidney A. Schechet MD [1, 2], Rahul Komati MD [1, 3], Dean Eliott MD [4], Demetrios G. Vavvas MD, PhD [4], Richard I. Kaplan MD [5, 6], Shaun T. Ittiara MD [7], Asim V. Farooq MD [1], Veeral S. Sheth MD, MBA [8, 9], Mathew W. MacCumber MD, PhD [10], Rhona Ke BS [10], Ronald C. Gentile MD [5, 11], Dimitra Skondra MD, PhD [1, 12]

Clinical Trials:

DIABETIC RETINOPATHY

Alimera
This is a randomized, masked, active-controlled, parallel-group, multicenter study that will assess the efficacy of ILUVIEN as a baseline therapy in the treatment of Center Involving DME (CI-DME).

Boehringer Ingelheim
This study investigates if the study drug, called BI 765128, given by an injection in the white part of the eye, may help people who have diabetic macular ischemia (DMI) as a complication from diabetic retinopathy.

Diabetic Retinopathy Clinical Research (DRCR) Network

- **1:** The study's primary objective is to determine if fenofibrate is effective at preventing DR worsening in eyes with mild to moderately severe non-proliferative DR and no CI-DME at baseline.

Kodiak Sciences
This study was designed to demonstrate that KSI-301 5 mg is superior to sham treatment, with respect to proportion of eyes improving ≥2 steps on Diabetic Retinopathy Severity Scale (DRSS) from baseline at Week 48.

Notal
This research study will evaluate whether the OCT images captured by study subjects self-imaging at home with the NVHO and the images taken by your study doctor with the commercially available Zeiss Cirrus OCT device give similar results on the presence or absence of retinal fluid.

Novartis
This research is being done to test the ability of people NAMD or DME to use the FocalView Study App, developed by Novartis, to measure vision by themselves. The purpose of this study is to compare the vision that is measured at your eye doctor's office with the vision that is measured at home using the Study App on a mobile device lent to you.

MACULAR DEGENERATION

Alexion
This study evaluates the efficacy, safety, and PK of Danicopan in the treatment of patients with GA secondary to AMD.

Apellis
This study assesses the safety and efficacy of long-term intravitreal (IVT) injections of Pegcetacoplan in subjects with GA secondary to AMD.

ARIS AMD Ryan Initiative
This study assesses the rate of change in drusen volume and progression rates to large drusen, and associate these morphologic changes with psychophysical changes, including visual acuity and dark adaptation.

Clover Therapeutics
This study identifies genetic variants that slow/prevent clinical progression from intermediate AMD through to advanced disease. In addition, this study will establish a well phenotyped patient registry that is suitable for future clinical research proposals.

NGM621
This study evaluates the efficacy and safety of NGM621 intravitreal (IVT) injections administered every 4 or 8 weeks compared to Sham, and to evaluate the incidence and severity of ocular and systematic adverse events from treatment with NGM621 administered every 4 or 8 weeks compared to sham.

Notal
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AMD (CONT'D) & OTHER RETINAL DISEASES

Opthea (ShORe)
The main purpose of this study is to look at how safe the study drug is and whether it works when given along with ranibizumab in subjects with wet AMD. The study will also look at how the study drug is processed by the body (called 'pharmacokinetics' or 'PK' testing).

Diabetic Retinopathy Clinical Research (DRCR) Network

- **2:** This study's objectives are to verify and characterize abnormally expressed vitreous proteins in adults with macular 101 holes 102 2 and to identify biological pathways involved in the pathogenesis of macular hole formation and 103 potential targets for therapeutic intervention.
- **3:** This study's main objective is to compare visual acuity outcomes at 36 months between eyes randomized to immediate versus deferred surgery.

MacTel NHOR
Study objectives are to develop a Registry of participants with MacTel Type 2 (as confirmed by the Reading Center) who may agree to be contacted for inclusion in future clinical trials, and to continue identifying whether there is a genetic link associated with MacTel Type II.

Notal
This research study will evaluate whether the OCT images captured by study subjects self-imaging at home with the NVHO and the images taken by your study doctor with the commercially available Zeiss Cirrus OCT device give similar results on the presence or absence of retinal fluid.

As featured in a recent American Society of Retina Specialists "Patient Stories" section.

ASRS American Society of Retina Specialists

PATIENT SPOTLIGHT

As a truck driver, **Thomas Long** relies on good eyesight to stay on the road and stay safe. So, when he woke up one morning in August of 2020 and noticed a floater in the bottom of his vision in his left eye, he didn't think much of it and went about his day. Soon, the dark spot grew larger until Thomas could only see a sliver of light from the top of his left eye.

After a visit to a nearby emergency room, Thomas learned he was likely suffering from a retinal detachment (RD), and feared he may lose vision in his left eye permanently, changing his life, and taking away his livelihood. *"It was a very emotional experience losing the vision in my eye,"* Thomas said. *"I was devastated, thinking that I would be blind in one eye for the rest of my life, and that I wouldn't be able to work or take care of my family."*

Luckily for Thomas, his wife called a nearby retina specialist, and he was quickly seen by Dr. Sid Schechet, MD, who was able to reassure Thomas from the moment he walked into the exam room saying that he would fix his retinal detachment and restore his vision. For the first time since being diagnosed in the ER, Thomas felt hope.

On exam the right eye was 20/20 and normal, but the left eye was "hand motions" vision at best (i.e. worse than reading the "big E" on the chart!). Dr. Schechet confirmed that Thomas had a large, bullous, macula-off RD, in which the retina separates from the back wall of the eye, like wallpaper peeling off of a wall, resulting in severe vision loss. He was phakic (1+ NS), with a posterior vitreous detachment (PVD) with the RD extending from 9 to 5 o'clock with a causative retinal tear at 1 o'clock (Figure 1).

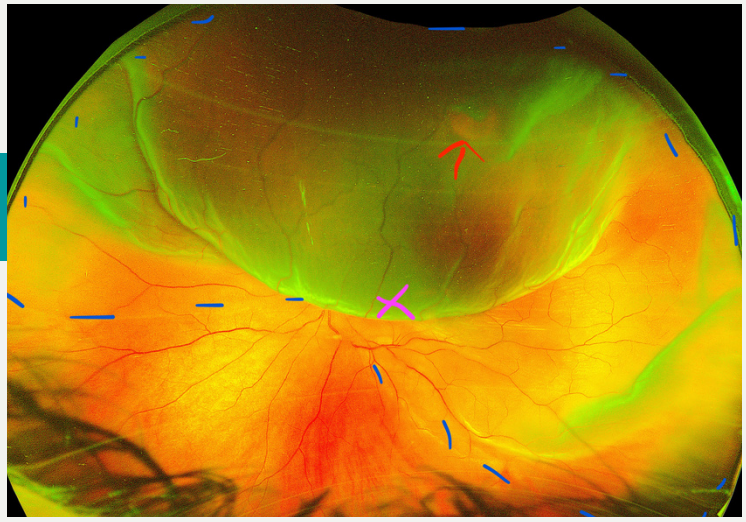


Figure 1 Legend: Optos ® widefield color fundus photo of the left eye with a large, bullous macula-off (purple "X") from 9 to 5 o'clock (outlined by blue lines). The causative retinal tear is at 1 o'clock (red arrow).

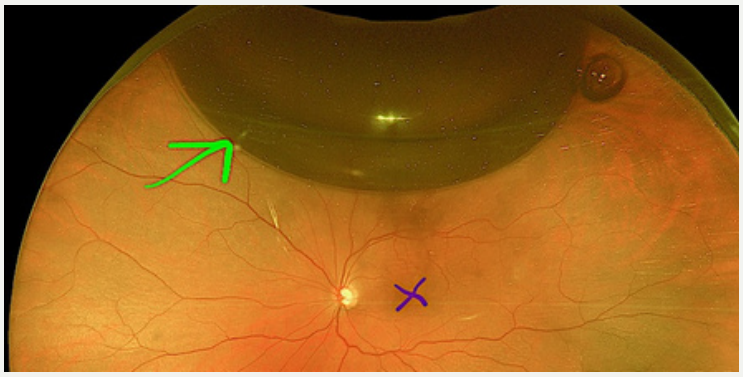


Figure 2 Legend: Optos® widefield color fundus photo of the left eye two days after the pneumatic procedure. Note the bubble (green arrow) and the now flattened retina, including the macula (purple "X"). Note the small area of resorbing displaced thick & chronic fluid inferotemporally (blue lines).

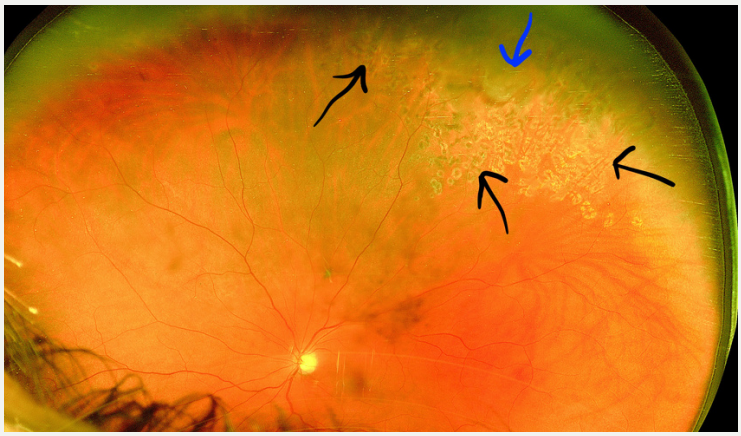


Figure 3 Legend: Optos widefield color fundus photo of the left eye around 6 months after the procedure showing a completely flattened retina with a nicely lasered tear (Laser = black arrows; tear = blue arrow).

PATIENT SPOTLIGHT (CONT'D)

Dr. Schechet reviewed the treatment options with Mr. Long, and together as a team they decided to repair the RD right then and there with an in-office procedure called a "Pneumatic Retinopexy." This complex and delicate procedure entails injecting a small sterile gas bubble into the eye where it expands to cover the retinal tear and pushes the detached retina back into place onto the inner wall of the eye. In addition to the pneumatic retinopexy, Dr. Schechet explained that once the retina completely flattens in a few days, he will need to do an in-office laser procedure to seal the tear onto the retina to help prevent future detachments once the bubble dissolves.

Mr. Long consented to the procedure, and everything went smoothly. An anterior chamber paracentesis was performed, removing 0.25 ml of aqueous fluid from the front of the eye to make room for the bubble. Then, 0.35 ml of C3F8 sterile gas was carefully injected into the eye ensuring one large bubble as opposed to many small "fish eggs" bubbles. The eye pressure was deemed normal, and Mr. Long was sent home being instructed to position his head face down for a few hours (to flatten the macula) followed by strictly tilting his head slightly to the right so the bubble would occlude the tear—and he has to do this 24/7! Mr. Long was a stellar and compliant patient, and he followed all the instructions perfectly.

Since the procedure, Thomas is back to work and doing the things he loves including spending time with family and completing crossword puzzles. He is now following regularly for glaucoma care. He's told his siblings and friends to have regular dilated retina exams and wants everyone to know more about retinal detachments and retina specialists, so they can get the care they need immediately if they ever experience one.

There are many ways to repair retinal detachments such as laser barricade alone, pneumatic retinopexy, pars plana vitrectomy, and/or scleral buckling. The recently published "Pneumatic Retinopexy Versus Vitrectomy Outcomes Trial" (PIVOT) was a randomized controlled trial comparing Pneumatic Retinopexy vs. pars plana vitrectomy in 176 patients with moderately complex detachments. At one year, while vitrectomy had a slightly higher primary reattachment rate, pneumatics' had superior visual acuity improvements, reduced morbidity, and less need for post-procedure cataract surgery. There was one re-detachment in the pneumatic group and 2 in the vitrectomy group, and pneumatic failures did not jeopardize the final visual and anatomic outcomes. Lastly, pneumatics caused much less distortion and virtually no retinal displacement (Hillier RJ, et al. The Pneumatic Retinopexy versus Vitrectomy for the Management of Primary Rhegmatogenous Retinal Detachment Outcomes Randomized Trial (PIVOT). Ophthalmology. 2019 Apr;126(4):531-539.).

"*Within 20 minutes of the procedure I started to regain some of my vision, I was blown away,*" Thomas said. "*I felt like everything was taken away, and then given right back to me. Dr. Schechet's expertise and skill had saved my sight.*"

A few days later the retina was completely flat, and his vision improved to 20/150 (Figure 2). The bubble was gone in 6 weeks. He recently was seen, around 6 months from the procedure, working full-time with vision of 20/40 (**WOW!!!**) and a perfectly flat retina with the tear nicely lasered (Figure 3).

"I didn't know there were retina specialists until I needed one. Now I'm committed to getting my eyes checked as often as I should and letting others know they should do the same," Thomas said. *"Eye care is a big priority for me now and everyone should know that if they experience a retinal detachment there's hope as long as you act quickly and seek out a retina specialist."*

We would like to thank Mr. Thomas Long for sharing his journey and for being such a stellar eyecare advocate.

Staff Events:

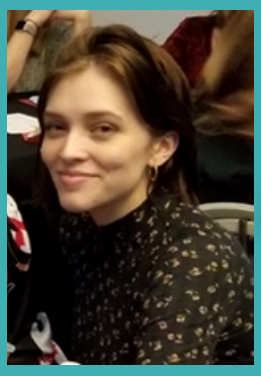
Paint Night

APRIL 2022

Dave and Busters

DECEMBER 2021

EMPLOYEE SPOTLIGHT



Hannah

HANNAH BEGAN HER JOURNEY AT ERG IN FEB 2019 WORKING AT THE FRONT DESK. SHE HAS LEARNED HER WAY AROUND THE CLINIC. HANNAH WEARS MANY HATS AT ERG AND WE ARE BEYOND THANKFUL TO HAVE HER AS A PART OF OUR FAMILY.IN HER FREE TIME, HANNAH ENJOYS GOING TO HER LOCAL KAROKE BAR AND SPENDING TIME WITH HER CATS.

Upcoming Events

15th Annual
Baltimore VisionWalk

VISIONWALK FOUNDATION FIGHTING BLINDNESS

Latrobe Park & Fort McHenry - **June 5th, 2022 @ 9:00**

Since its inception in the Spring of 2006,
VisionWalk has raised over $60 million to fund sight-saving research. As promising treatments move into critical human studies, the need for research funding is greater than ever. Join the tens of thousands of people who have taken important steps toward a cure by participating in VisionWalk.

To support our team, ***Wizard of Eyes****, please donate under our team name.*
#VisionWalkStrong

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Seven Square Medical Building	Woodholme Medical Building	Quarterfield 100 Medical Building
9114 Philadelphia Road Suite 310 Baltimore, MD 21237	1838 Greene Tree Road Suite 170 Pikesville, MD 21208	7671 Quarterfield Road Suite 100 Glen Burnie, MD 21061

WWW.ELMANRETINA.COM
PH: (410) 686-3000 FX: (443) 451-8502