

NOV 2022



NEWSLETTER

Vol 1 Issue 2

Elman Retina Group

The Most Compassionate Care In Sight

Welcome to the **second edition** of the Elman Retina Group (ERG) newsletter!

Sincerely,

*Michael Elman, M.D., Sid Schechet, M.D, David Dao, M.D and
the entire ERG Team.*

*We welcome
to our practice,
David Dao, M.D.*



Michael J. Elman, M.D.



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



David Dao, M.D.

Introducing

DAVID DAO, M.D.



Dr. Dao joins the Elman Retina Group with dual-fellowship training in vitreoretinal surgery and uveitis. Dr. Dao passionately provides patients with the best possible care and is committed to developing new and innovative treatments for eye diseases including macular degeneration, diabetic retinopathy, retinal detachments, epiretinal membranes, macular holes, and uveitis.

Dr. Dao grew up in Maryland and attended McDonogh School. He earned his undergraduates degree in neuroscience from John Hopkins University in Baltimore followed by his medical degree at Tulane University in New Orleans. After completing an internal medicine internship at the University Medical Center in New Orleans, he completed his ophthalmology residency at University of Maryland Medical Center and the Veterans Affairs (VA) Medical Center in Baltimore. After residency, Dr. Dao pursued further advanced fellowship training in uveitis and ocular immunology at the National Eye Institute in Bethesda, Maryland followed by a two-year surgical retina fellowship at the University of Chicago.

Dr. Dao's research has focused in how diet and the microbiome affect vision, publishing research articles on these topics as well as presented at major conferences including the Association for Research in Vision in Ophthalmology (ARVO) and the Retina Society. He has served as a co-investigator in multiple clinical trials investigating connections between uveitis, macular degeneration, diabetic retinopathy and the microbiome.

Outside of work, Dr. Dao enjoys travel, tennis, and cooking with his family. He took classes on healthy cooking during medical school and he enjoys applying his interest in cooking to his clinical practice, helping people learn about the importance of a healthy diet. Dr. Dao is enthusiastic and committed to helping patients achieve the best possible outcomes.



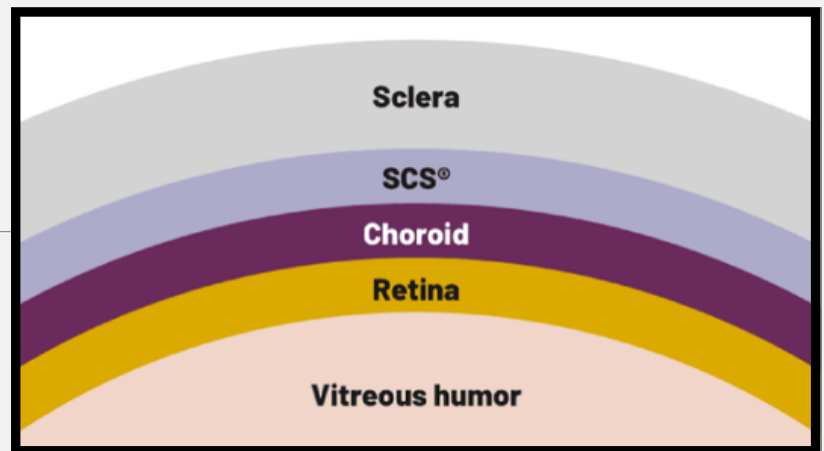
Retina News

NEW

XIPERE™ the first and currently only — therapy utilizing **suprachoroidal** to treat macular edema associated with uveitis (inflammation).

SCS Microinjector® by Clearside Biomedical

XIPERE®
(triamcinolone acetonide
injectable suspension) 40 mg/mL



WHAT TO KNOW ABOUT UVEITIC MACULAR EDEMA

What is uveitic macular edema?

Uveitic macular edema is a complication of acute or chronic uveitis, or the inflammation of the uveal tract, and is the leading cause of visual impairment in cases with uveitis. Patients with this condition have an accumulation of fluid in the retinal layers or the subretinal space.

What are the symptoms?

Disturbance in contrast sensitivity

Your ability to distinguish between finer and finer increments of light versus dark

Difficulty reading

Metamorphopsia

Seeing straight lines as curved lines

Micropsia

Objects appearing smaller than they actually are

Positive relative scotoma

An area of vision loss presents itself as a black spot

How is it treated?

If it is not due to an infection, steroids likely will be used first and then other drugs may be used depending upon the response of the patient.

What happens if it goes untreated?

If macular edema continues for more than six months, cysts may form. Fibrosis and scarring from both edema and underlying uveitis may also occur. If that happens, the patient's visual outcome is usually poor.

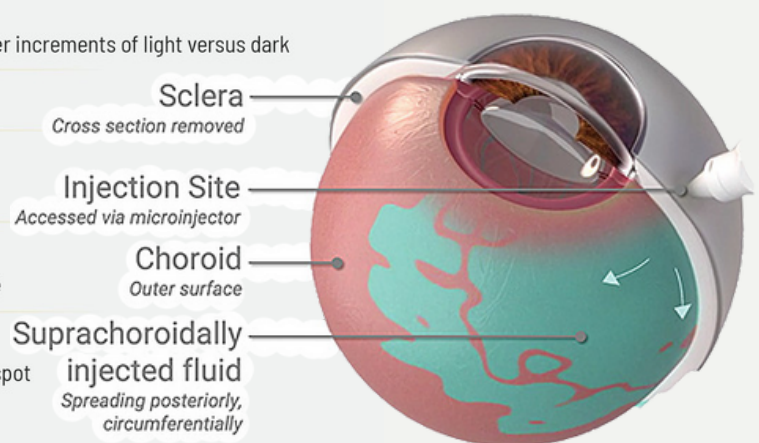


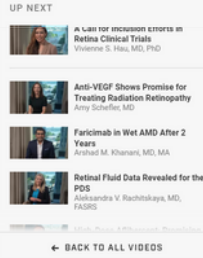
IMAGE COURTESY: CLEARSIDE BIOMEDICAL

Recent Publications:

MEETING COVERAGE:

**American Society of Retina Specialists
Annual Meeting**
ASRS: 2022

ASRS American Society of Retina Specialists



SHARE COPY LINK

Home Monitoring for AMD: 10 Years of Data

Michael J. Elman, MD

Michael J. Elman, MD, shares the long-term visual outcomes of AMD patients using the ForeseeHome Remote Telemonitoring system (Notal Vision).



AMERICAN JOURNAL OF
journal homepage

Ultrasound imaging of extensive peripheral combined rhegmatogenous-traction retinal detachment

Wei Chen Lai^{a,*}, Sidney A. Schechet^{a,b}

^a University of Maryland School of Medicine, Baltimore, MD, USA

^b Elman Retina Group, Baltimore, MD, USA

ARTICLE INFO

Keywords:

Tractional retinal detachment
Diabetic retinopathy
Retinal macrocysts
B-scan ultrasonography

ABSTRACT

Purpose: To report a case of

tractional
Observation
extensive r



Article

High-Fat Diet Alters the Retinal Transcriptome and Gut Microbiota

David Dao¹, Bingqing Xie^{2,3,4}, Urooba Nadeem⁴, Jason Xiao⁵, Vanessa Leone^{6,7}, Seenu M. Hariprasad¹, Eugene B. Chang¹

- Department of Ophthalmology and Visual Sciences, David Dao@uchospitals.edu (D.D.); jason.xiao@uchicago.edu (J.X.); Center for Research Informatics, University of Chicago, Chicago, IL 60637, USA; asadolah.mohamedan@uchicago.edu (A.M.); Department of Pathology, University of Chicago, Chicago, IL 60637, USA; skondra@bsd.uchicago.edu (S.K.); Department of Ophthalmology and Visual Sciences, University of Chicago, Chicago, IL 60637, USA; skondra@bsd.uchicago.edu (S.K.); Department of Animal Biology and Microbiology, University of Chicago, Chicago, IL 60637, USA; Department of Biomedical Discovery, University of Chicago, Chicago, IL 60637, USA; Correspondence: dskondra@bsd.uchicago.edu

Abstract: The relationship between retinal disease and gut microbiota is an area of increasing importance over recent years. In particular, the relationship between retinal disease and progression of several retinal diseases, including age-related macular degeneration (AMD) and

Kim et al. BMC Ophthalmology (2022) 22:261
https://doi.org/10.1186/s12886-022-02458-z

BMC Ophthalmology

RESEARCH

Open Access

Evaluation of a self-imaging SD-OCT system designed for remote home monitoring

Judy E. Kim^{1*}, Oren Tomkins-Netzer², Michael J. Elman³, David R. Lally⁴, Michaela Goldstein⁵, Dafna Goldenberg⁶, Shiri Shulman⁶, Gidi Benyamini⁷ and Anat Loewenstein⁵

Abstract

Purpose: To compare identification rates of retinal fluid of the Notal Vision Home Optical Coherence Tomography (OCT) device (NVHO) when used by people with age-related macular degeneration (AMD) to those captured by a commercial OCT.

Methods: Prospective, cross-sectional study where patients underwent commercial OCT imaging followed by self-imaging with either the NVHO 2.5 or the NVHO 3 in clinic setting. Outcomes included patients' ability to acquire analyzable OCT images with the NVHO and to compare those with commercial images.

Results: Successful images were acquired with the NVHO 2.5 in 469/531 eyes (88%) in 264/290 subjects (91%) with the mean (SD) age of 78.8 (8.8); 153 (58%) were female with median visual acuity (VA) of 20/40. In the NVHO 3 cohort, 69 eyes of 45 subjects (93%) completed the self-imaging. Higher rates of successful imaging were found in eyes with VA $\geq 20/320$. Positive percent agreement/negative percent agreement for detecting the presence of subretinal and/or intraretinal fluid when reviewing for fluid in three repeated volume scans were 97%/95%, respectively for the NVHO

Global Estimates of Diabetic Retinopathy Prevalence and Progression in Pregnant Women With Preexisting Diabetes

Original Investigation

Invited Commentary

Diabetic Retinopathy in Pregnancy

Janet S. Sunness, MD; Sidney A. Schechet, MD

Widyaputri and colleagues¹ have provided important information regarding the prevalence and progression of diabetic retinopathy (DR) in pregnancy. Their analysis¹ included 18 studies indicating a prevalence of any DR in early pregnancy (defined as 22 weeks' gestation or less) of 52% and a prevalence of proliferative DR in early pregnancy of 6%. Progression rate was calculated based on the change between the earliest visit and the latest visit (up to 12 weeks post partum). Progression of DR per 100 pregnancies was 15 for developing DR, 21 for worsening of nonproliferative

DR, and 10 for developing DR. This design was expected to raise the relative prevalence of DR, but a comparison by age cannot be made.

Within the study by Widyaputri et al.,¹ there are important data classification issues. Early pregnancy, defined as 22 weeks' gestation, would include the peak of DR in the second trimester,² thus elevating the prevalence. The study may not have captured the regression of retinopathy sometimes noted late in pregnancy or post partum. In the Diabetes Control and Complications Trial,

CASE REPORT: PDF ONLY

Exudative Macular Detachment Following Uncomplicated Pars Plana Vitrectomy for Diabetic Vitreous Hemorrhage

Mackin, Anna G. MD^{1,2}; Dao, David MD^{1,2}; Komati, Rahul MD^{1,2}; Skondra, Dimitra MD, PhD^{1,2}

Author Information

Retinal Cases & Brief Reports: January 28, 2022 - Volume - Issue -
doi: 10.1097/ICB.0000000000001256

BUY

PAP

Metrics

Abstract

Purpose:

To describe diagnostic characteristics and management of exudative macular detachment, a rare complication of pars plana vitrectomy and endolaser for diabetic vitreous hemorrhage.

Clinical Trials:

AGE RELATED MACULAR DEGENERATION

Opthea – ShORe -

A Phase 3, Multicentre, Double-masked, Randomised Study to Evaluate the Efficacy and Safety of Intravitreal OPT-302 in Combination with Ranibizumab, Compared with Ranibizumab Alone, in Participants with Neovascular Age-related Macular Degeneration (nAMD).

Alexion ALXN2040 -

Proof of concept and dose-finding study of Danicopan in patients with geographic atrophy secondary to AMD.

Notal C2022.001 -

Single In-Clinic Encounter with the Notal Vision Home OCT.

MACULAR TELANGIECTASIA, MACULAR HOLE,& EPIRETINAL MEMBRANE

NHOR -

A Natural History Observation and Registry Study of Macular Telangiectasia Type 2: The MacTel Study-Conducted in office.

DRCR AJ -

Vitreous Proteomics in Eyes with macular holes-recruiting vitreous floaters – conducted at all offices except Pine Heights and Columbia. One visit for enrollment and then sample taken during surgery – only looking for males with macular holes or male/female with vitreous floaters

DRCR AM -

Randomized Trial Comparing Immediate versus Deferred Surgery for Symptomatic Epiretinal Membranes.

DIABETIC RETINOPATHY

DRCR AF-

A Randomized Clinical Trial Evaluating Fenofibrate for Prevention of Diabetic Retinopathy Worsening – conducted at all offices except Pine Heights and Columbia – screening, randomization, three month, 6mths and every six months for 4 years. Randomization – Fenofibrate vs placebo

KCRN-CU06-RE-P2A-01 -

A Randomized, Open-label, Parallel-group, Multi-center Phase 2a Study to Evaluate the Efficacy and Safety of CU06-1004 for 12 weeks in Patients with Diabetic Macular Edema.

Have a patient in mind for one of our current clinical trials?

Please feel free to contact our Study Coordinator,

JoAnn Starr.

starr@elmanretina.com

(410) 686-3000

COLLEAGUES, PLEASE SEE THE
FLYER ATTACHED FOR
ENROLLMENT FOR DRCR AM.

Patient Spotlight

1

How powerful ForeseeHome AMD Monitoring Program can be for early detection for Dry AMD to Wet AMD



CASE 1



Follow-Up Exam (OU): 7/28/21

ForeseeHome Patient nAMD Catch Case

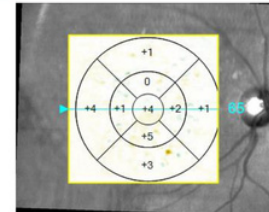
July 28, 2021

SIDNEY SCHECHET, MD
ELMAN RETINA GROUP, APRIL 2022

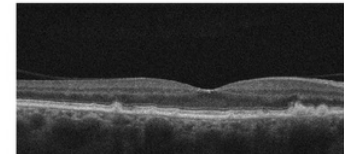
Patient returns for intermediate dry AMD OU follow-up exam
Previously referred OU to **ForeseeHome AMD Monitoring Program**

- Established baseline OD 5/23/17
- Unable to establish baseline OS 6/13/17

- VA: CC 20/25 → PH 20/20 OD, 20/30⁻² → PH 20/25 OS
- Macula Findings: No heme, SRF or edema with many large drusen OU
- OCT Findings: No evidence of macular edema or SRF with many focal RPE elevations consistent with drusen OU
- Plan: AREDS2 vitamins, **continue ForeseeHome AMD Monitoring Program** and RTC 6 months



OCT OD



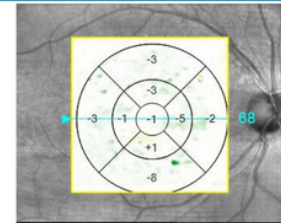
CASE 1



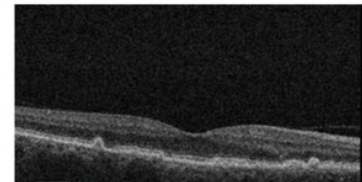
Follow-Up Exam (OU): 1/26/22

January 26, 2022

- Patient returns for intermediate dry AMD OU follow-up exam
- VA: CC 20/20-1 OD, 20/30⁺² → PH 20/20⁻¹ OS
- Macula Findings: No heme, SRF or edema with many large drusen OU
- OCT Findings: No evidence of macular edema or SRF with many focal RPE elevations consistent with drusen OU
- OCT-A Findings: Confirm clinical findings OU
- Plan: Continue AREDS2 vitamins, Amsler grid, **ForeseeHome AMD Monitoring Program** and RTC 6 months

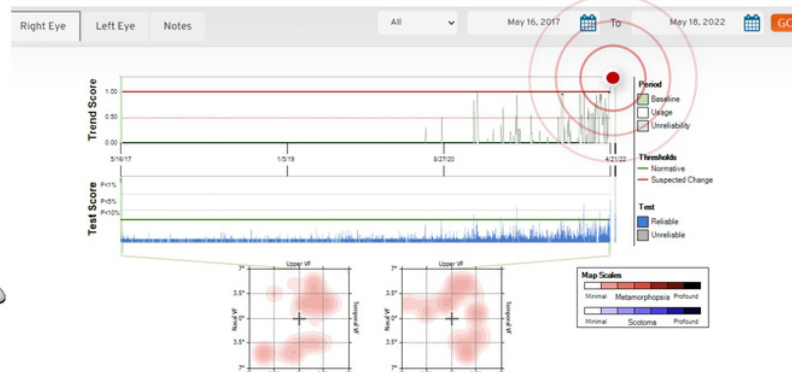


OCT OD



CASE 1 →

Baseline 5/23/17: VA 20/20⁻¹ (OD) prior to alert



**BASELINE 5/23/17
STARTED TESTING**

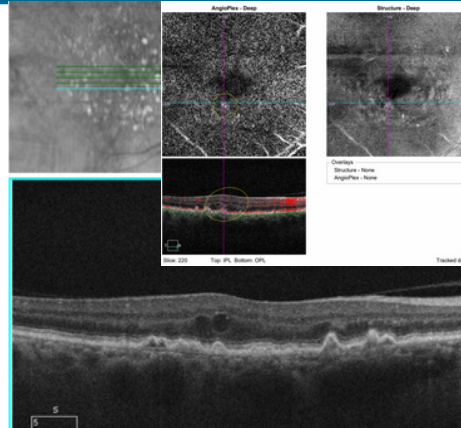
**4/18/22
ALERTED**



CASE 1 → Exam Following ForeseeHome Alert (OD): 4/21/22

April 21, 2022

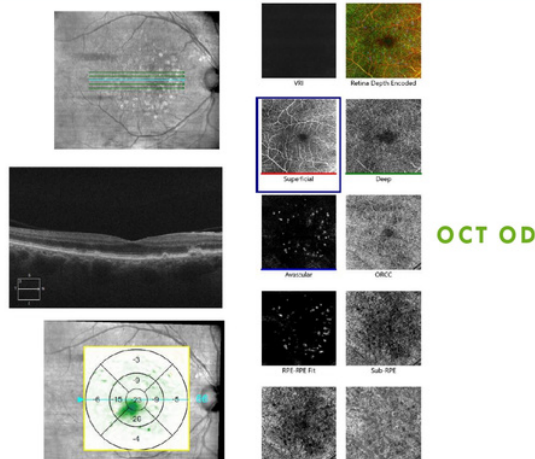
- Patient returns for examination **following ForeseeHome alert on 4/18/22 OD**
- **VA:** CC 20/20 OD
- **Macula Findings:** No heme or SRF with many large drusen, **mild macular edema and early CNVM OD**
- **OCT Findings:** Mild retinal thickening consistent with macular edema, no evidence of SRF, many focal RPE elevations consistent with drusen, **early findings consistent with CNVM OD**
- **OCT-A Findings:** Confirm clinical findings **consistent with CNVM OD**
- **Plan:** Vabysmo intravitreal injection #1 OD and RTC 4 weeks possible 2nd treatment



CASE 1 → Exam Post-Injection (OD): 5/19/22

May 19, 2022

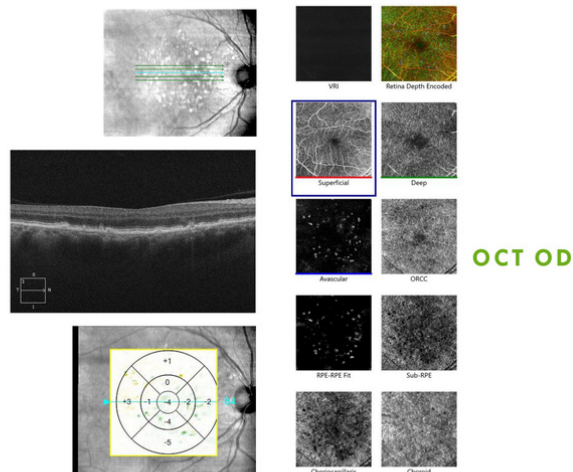
- Patient returned for follow-up after 1st Vabysmo injection OD
- **VA CC:** 20/25, PH 20/20⁻¹ OD
- **Macula Findings:** No heme or SRF, regressing mild macular edema, many large sized drusen, early CNVM OD
- **OCT Findings:** Mild retinal thickening consistent with macular edema, no evidence of SRF, many focal RPE elevations consistent with drusen, early findings **consistent with CNVM OD**
- **OCT-A Findings:** Consistent with CNVM OD
- **Impression/Plan:** Improving nAMD with active CNV OD; 2nd injection Vabysmo 6mg OD given today; **continue ForeseeHome AMD Monitoring Program OS**
- **RTC:** 4 weeks possible Vabysmo injection #3, macula OCT and OCT-A



CASE 1 → Exam Post-Injection (OD): 6/16/22

June 16, 2022

- Patient returned for follow-up after 2nd Vabysmo injection OD
- **VA CC:** 20/20⁻² OD
- **Macula Findings:** No heme or SRF, regressing mild macular edema, many large sized drusen, **improving CNVM OD**
- **OCT Findings:** Improving; mild retinal thickening consistent with macular edema, no evidence of SRF, many focal RPE elevations consistent with drusen, early findings consistent with CNVM OD
- **OCT-A Findings:** Consistent with CNVM OD
- **Impression/Plan:** Improving nAMD with active CNV OD; 3rd injection Vabysmo 6mg given today; **continue ForeseeHome AMD Monitoring Program OS**
- **RTC:** 6-8 weeks possible Vabysmo injection #3, macula OCT and OCT-A



Staff Events

VISION WALK

JUNE 2022



COMPANY PICNIC



JUNE 2022



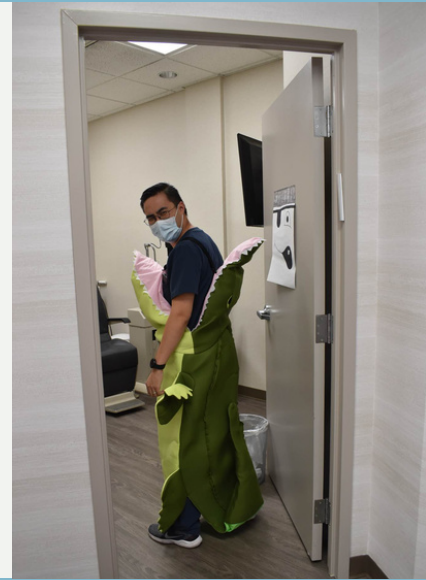
EMPLOYEE APPRECIATION DAY

AUG 2022



HALLOWEEN - "PETER PAN"

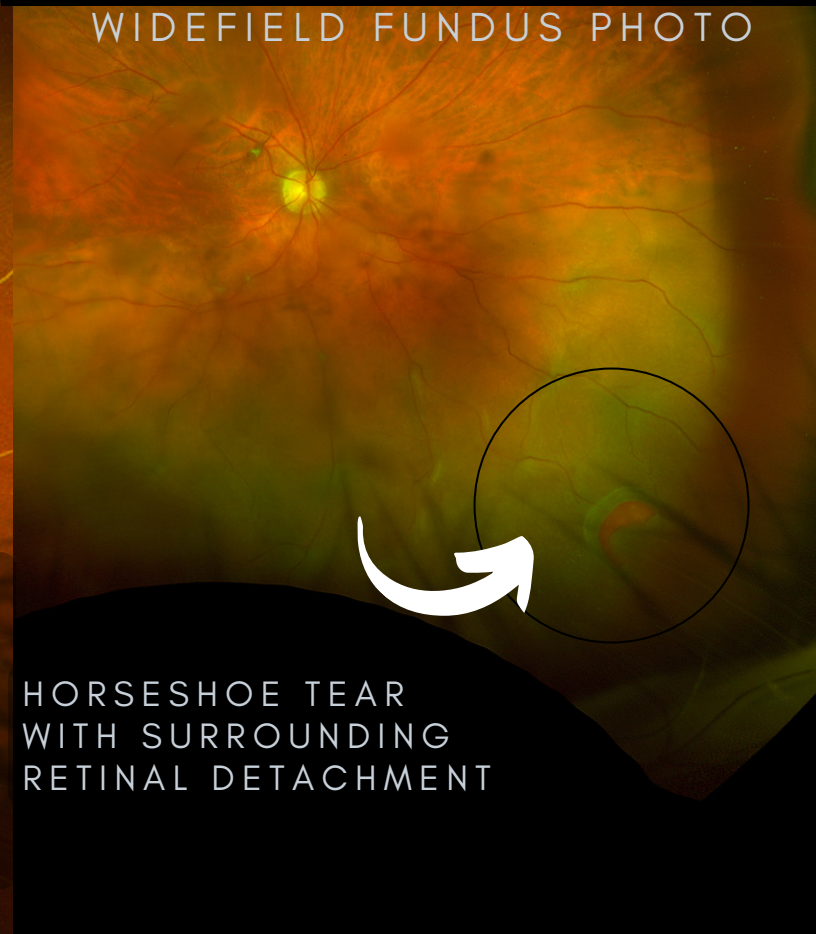
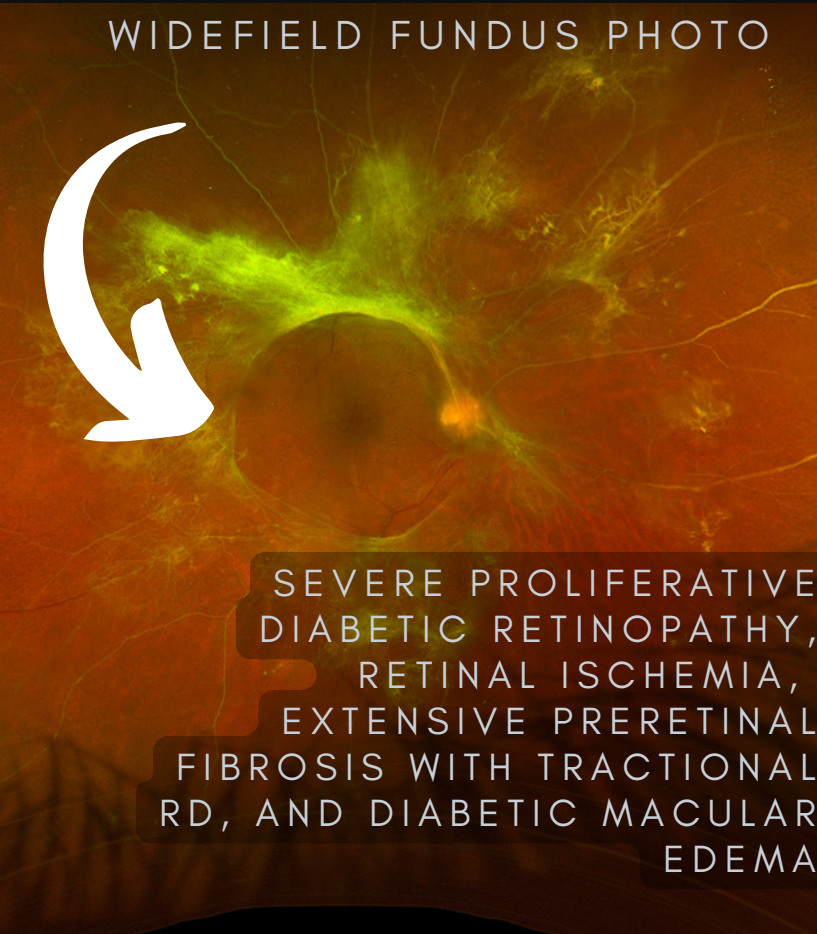
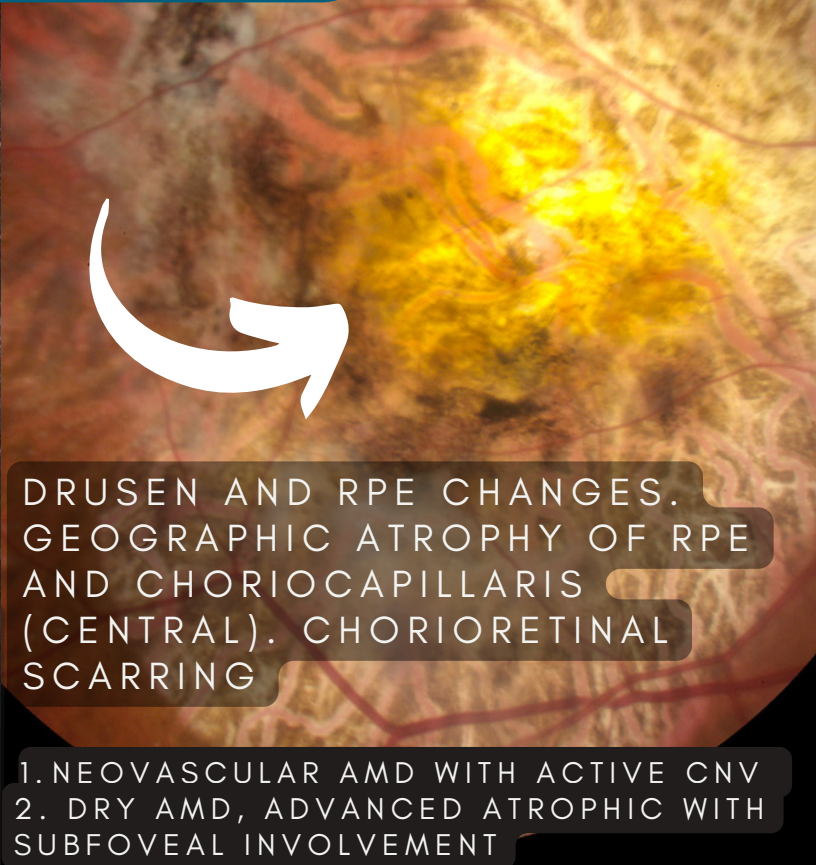
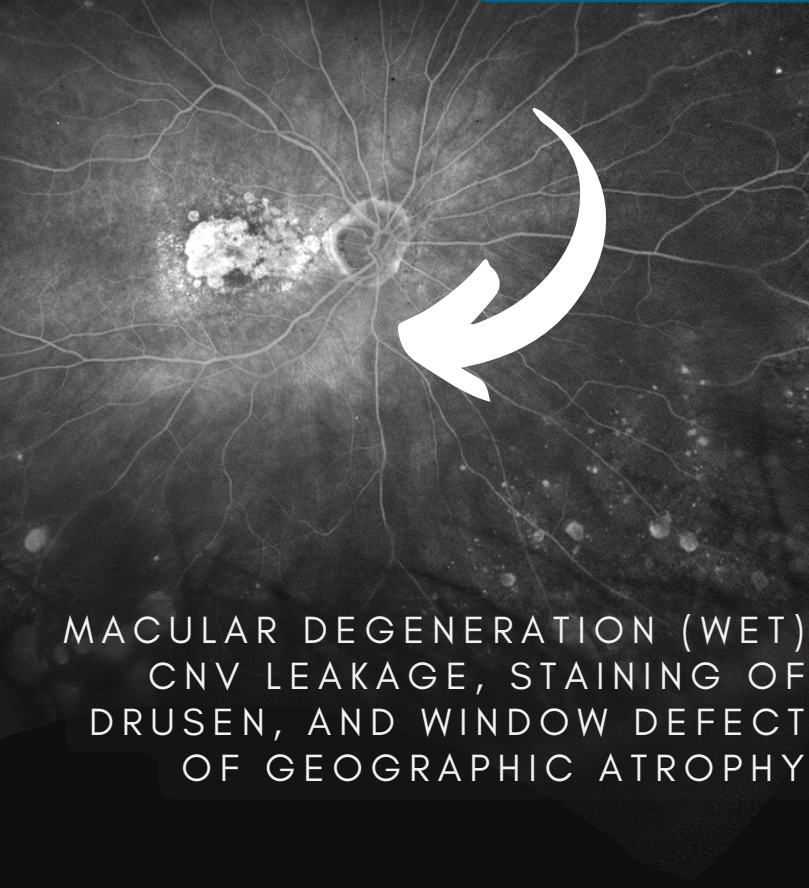
October 2022



FLUORESCIN
ANGIOGRAPHY

Retinal Photos

WIDEFIELD
FUNDUS PHOTO



Patient Reviews



★★★★★ 9/9/2022

First to Review

Without fail, Dr. Schechet takes top billing in skill, professionalism, and concern for his patients. I could not see entrusting anything as precious as my eyes to anyone other than him. To Dr. Schechet I say "L'chaim!"



09/21/22

My 2nd visit here and the staff is awesome. They greet you as soon as you enter and someone is standing there to assist you with signing it. Very pleasant and welcoming



10/06/22

Office is clean and staff is very friendly. If I ever have an issue there is always someone to speak to immediately Dr Elman takes the time to explain your entire process. His treatment has been a miracle for myself. Highly recommend!



"First time in a Dr office that was enjoyable!, Excellent in every way."

DRCR Retina Network Site of the Month

October 2022

Congratulations to:

Elman Retina Group, P.A

(DRCR Retina Network Site 111)

Investigators:

Michael J. Elman, MD
Sidney A. Schechet, MD
David T. Dao, MD

Coordinators:

JoAnn Starr
Ernestine Copeland, BS

Technicians:

Kristie M. Dougherty
Ashley M. Metzger
Amy Thompson
Bridgette F. Smith
Brittney Taylor
Dallas R. Sandler
Grace J. Watters
Joshua Vierheller
Trinity G. Wolf
Peggy R. Orr
Rayleen M. Goldsmith
Pamela V. Singletary
Peter Sotirakos
Teresa Coffey
Terri Cain

Trinity



Employee Spotlight

Trinity joined ERG with optometry experience, wanting to further her education in ophthalmology. She started as a technician, but found her love behind the camera with retinal photography and angiograms. She has been an incredible addition to our ERG family, always available to help in any department. We love her creativity, spirit, organization, and positive attitude!

FRANKLIN SQUARE

Seven Square Medical Building

9114 Philadelphia Road Suite 310
Baltimore, MD 21237

PIKESVILLE

Woodholme Medical Building

1838 Greene Tree Road Suite 170
Pikesville, MD 21208

GLEN BURNIE

Quarterfield 100 Medical Building

7671 Quarterfield Road Suite 100
Glen Burnie, MD 21061

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Elman Retina Group, P.A.

Michael J. Elman, M.D.
Sidney A. Schechet, M.D.
David T. Dao, M.D.

Dear Colleagues,

As you may know, our clinic is a member of the [DRCR Retina Network](https://public.jaeb.org/drcrnet) (<https://public.jaeb.org/drcrnet>), a collaborative clinical research network of approximately 140 sites across the U.S. and Canada with a mission to improve the vision and quality of life for people with retinal diseases through high quality, collaborative research.



It is estimated that approximately 30 million adults aged 43 to 86 are affected by epiretinal membranes (ERM)¹. Vitrectomy to remove an ERM is one of the most common procedures performed by retinal surgeons. Patients who present with significant macular changes on OCT, but relatively good vision are often advised to defer surgery until vision declines to 20/40 or worse. However, it is unknown if delaying surgery results in worse visual acuity outcomes than if surgery is performed earlier.

We are now enrolling patients with symptomatic ERMs and mild vision loss into a multisite study conducted by the DRCR Retina Network: A Randomized Clinical Trial Comparing Immediate versus Deferred Surgery for Symptomatic Epiretinal Membranes (Protocol AM).

This randomized trial will compare visual acuity outcomes at 3 years between eyes randomized to immediate versus deferred vitrectomy. The purpose of this study is to better understand the optimal timing of surgery to produce the best visual result. This study will also provide an understanding of predictors of outcomes in those who undergo surgery and predictors of progression in those whose are observed.

We need clinicians like you to refer your patients with an ERM to this important study. Please consider referring your patients ages 50 and older with a symptomatic ERM and relatively good vision. You can contact me or the study coordinator if you have any questions. I would greatly appreciate if you could hang the attached recruitment flyers in your clinic or patient rooms.

**WE NEED
YOUR HELP**

Thank you for your time and consideration,

Michael J. Elman, M.D.

Sidney A. Schechet, M.D.

David T. Dao, M.D.

(410) 686-3000

Enclosure: Recruitment Flyer

¹ Klein R, Klein BE, Wang Q, Moss SE. The epidemiology of epiretinal membranes. *Trans Am Ophthalmol Soc.* 1994;92:403-425; discussion 425-430.

Seven Square
9114 Philadelphia Road
Suite 310
Baltimore, MD 21237

Quarterfield 100-Medical Building
7671 Quarterfield Road
Suite 100
Glen Burnie, MD 21061

Woodholme Medical Building
1838 Greene Tree Road
Suite 170
Pikesville, MD 21208

Diagnosed with an Epiretinal Membrane?

Help advance research on how to treat symptomatic epiretinal membranes.

What is this study about?

The study is being done to compare two different treatment approaches for epiretinal membranes (ERM) with mild vision loss. Half of the participants will receive surgery within one month. The other half will be monitored and will have surgery if their ERM worsens or causes vision loss.

Who Can Participate?

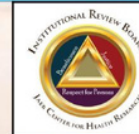
- Adults aged 50 and older with an ERM and impaired vision or symptoms most likely caused by the ERM.
- Able to attend visits with the study doctor for the next three years.

Why Participate?

- You will contribute to a better understanding of this condition and best treatment approach.
- You will add to new knowledge that may help others in the future.

Interested?

Contact the study coordinator to find out more information and reference "DRCR Protocol AM."



JCHR IRB
APPROVED
26/Aug/2022



*A Randomized Trial
Comparing Immediate versus
Deferred Surgery for Symptomatic
Epiretinal Membranes
(Protocol AM)*

Site Investigator Name:
Dr. Elman, Dr. Schechet, and Dr. Dao

Contact: JoAnn Starr

Phone/Email: (410) 686-3000
starr@elmanretina.com

Address:

9114 Philadelphia Road Suite
310 Baltimore, MD 21237

Interested in making a difference? Please tear a tab or take a picture of this flyer and contact the coordinator today!

ERM Study—Protocol AM
Contact: JoAnn Starr
Phone: (410) 686-3000

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