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**ONE STEP CLOSER TO THE PERFECT POSTOPERATIVE RESULT**

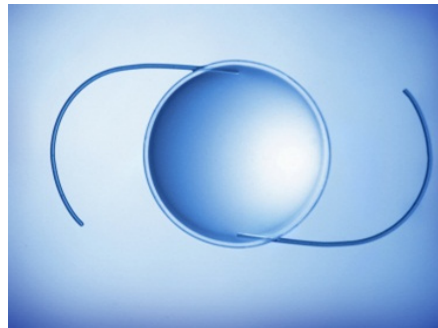


**Richard S. Hoffman, MD**

Despite improvements in the methods we use to measure the human eye and perform intraocular lens (IOL) calculations, not every patient ends up with a perfect refractive result of 20/20 vision without the need for glasses. If every step of the IOL power determination could be performed perfectly and the lens implant would always rest inside the eye in a predetermined exact position, then we might

be able to guarantee perfection. Currently, this is not the case.

A new IOL developed by Calhoun Vision may take us one step closer to this ideal. The light adjustable lens (LAL) is an exciting new technology that offers the possibility of adjusting the power of the lens implant after it has been implanted within the eye. The usual IOL calculations are performed in order to attempt to get the power of the lens as accurately as possible and if the power needs to be adjusted, this can be performed several weeks after the cataract operation using a near ultraviolet light treatment of the IOL.



**Light adjustable intraocular lens**

Basically the IOL has embedded within it microscopic silicone macromers that will polymerize into longer chains when exposed to the near UV light treatment. If the IOL that was implanted is not powerful enough, treating the central portion of the IOL will result in polymerization of the macromers and thickening of the central portion of the lens which increases its power. The same concept can be used to decrease the power of the IOL by treating the outer edges of the IOL in a doughnut configuration to thicken the outer edges and weaken the power of the lens if the IOL power was too strong. Astigmatism can also be corrected by treating the IOL along a particular axis of the IOL.

The technology has been utilized outside of the US and has been found to be extremely accurate. In this way, an IOL can be implanted and then adjusted several weeks following the initial surgery to almost guarantee a perfect refractive result with near 20/20 vision in every patient if they have that potential. Our practice has been selected to be one of the sites for the upcoming FDA clinical trials of the LAL and we are very excited to be able to offer this new technology to appropriate qualifying patients.

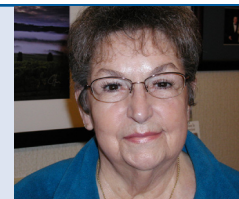
**CATARACT SURGERY, NOT AS SCARY AS IT SEEMS**



**Cleo Schroeder, patient**

Even when you are prepared ahead and expecting cataract surgery, it is scary. My experience, however, was amazingly positive. Everyone was relaxed and they helped me to

feel comfortable and confident. Dr Packer said it only took a few minutes and truly it was over before I could imagine it. In my case, since we were from out of town, I had my first eye surgery on a Wednesday. My second eye was completed the next day and Dr. Packer examined me on Friday. Now, a year later, my vision is better than 20/20. My night vision is better than it's been for 20 years and I have no problems reading at any distance. It is so wonderful to be without glasses! It really is handled greatly by the folks at the clinic and it is not scary in the hands of the doctors there who are super expert at getting it right.



**SURGERY WAS A MIRACLE**

**Gloria Linscott, patient**

When it came time for my cataract surgery, I chose Dr. Hoffman. He is kind, comforting and professional. He answered all my questions, was willing to discuss my care, and gave me all options for my vision needs. During my surgery I felt almost no discomfort. My surgery was a miracle. My vision is so much better. I'm able to see details much clearer and I'm able to drive at night without problems. The staff of Drs. Fine, Hoffman and Packer made me feel comfortable every step of the way. Thank you Dr. Hoffman!

# IMPLANTABLE MINIATURIZED TELESCOPE, APPROVED & AVAILABLE



Mark Packer, MD, FACS, CPI

In 2002 I became a Principal Investigator for VisionCare, a company with a startling new idea for patients with end-stage macular degeneration, the Implantable Miniaturized Telescope (IMT). On July 6, 2010, FDA granted approval to VisionCare to market the IMT in the United States. These 8 years of clinical study, follow up and analysis led to new hope for patients with severe visual loss. We are pleased to now finally make this technology available to our patients.

Age-related macular degeneration (AMD) is the eye disease patients fear most. In fact, age-related macular degeneration is a leading cause of severe, irreversible vision impairment in developed countries. The only proven risk factors are advancing age and smoking. Approximately 1.75 million people age 40 years or older in the United States have wet macular degeneration (technically known as neovascular AMD) or significant dry macular degeneration (geographic atrophy). About 7.3 million have large drusen in one or both eyes, a sign of high risk for wet AMD. In the United States, AMD causes approximately 46% of cases of severe visual loss (visual acuity 20/200 or worse) in persons older than 40. Although an estimated 80% of AMD patients have the dry AMD, the neovascular form is responsible for almost 90% of the severe visual loss.

While the advent of therapy with intravitreal injection of growth factor inhibitors such as bevacizumab (Avastin, Genentech, South San Francisco, CA) has recently offered hope to those newly diagnosed with wet AMD, patients

with macular scarring and geographic atrophy have had no medical treatment options. These people have usually been referred to Low Vision specialists who offer externally worn high-power telescopes, digital image readers, and hand-held illuminated magnifiers.

VisionCare's revolutionary concept is an implantable miniature telescope, to be placed in the eye much as an intraocular lens is placed in the eye after routine cataract surgery. The device was pictured on the cover of the journal *Ophthalmology* in November 2006 (Figure 1). I presented the results of the Long-Term Phase II/III Study of the Implantable Telescope Prosthesis for End-Stage Macular Degeneration at the European Society of Cataract & Refractive Surgeons meeting in Stockholm in 2007. This prospective observational clinical trial at 28 US investigational centers evaluated the safety, efficacy, and surgical outcomes for the wide-angle implantable telescope in patients with severe bilateral visual impairment due to end-stage AMD.



Figure 1: The IMT was featured on the cover of *Ophthalmology*

Patients were 55 years of age and older with bilateral central scotomas (blind spots) due to untreatable AMD (geographic atrophy or disciform scars). The mean age of subjects was 76 years. Baseline mean BCVA was 20/312. At 2 years, mean BCVA improved 3.2 lines. Gain of 3 lines or greater for distance BCVA

occurred in 59.2% (103/173) of implanted eyes, versus 10.3% (18/174) of fellow eye controls ( $p < .0001$ ). Figure 2 shows the IMT in

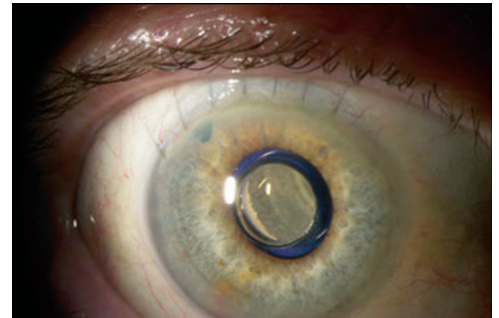


Figure 2: Close-up of the IMT in a patient's eye

the eye of one of my subjects from the trial. At the time I presented this data, I became impressed by the increase in visual acuity these patients had achieved. It is important to remember that they had what was considered previously to be hopeless disease. Nevertheless, almost 60% were able to read three or more lines further down the eye chart. They could see things with the implanted eye that they had not seen for years. However, the data revealed that they had paid a price in terms of corneal endothelial cells, which declined about 20% from the preoperative baseline.

Corneal endothelial cells do not regenerate, and therefore their preservation is critical. Some cells are unavoidably lost as we age and during intraocular surgery; something less than 10% is considered an acceptable loss during routine cataract surgery. The investigational protocol for the IMT had established a safety margin of no more than 17% cell loss, and unfortunately the data showed that the subjects exceeded that margin.

Over the ensuing years since the study concluded, Vision Care worked with FDA to provide greater analysis and follow up on the patients in the study. It emerged that most of the cell loss occurred during surgery and did not continue at the same rate postoperatively. In addition, we learned that experience made a difference: surgeons lost more cells during their initial cases than they did after getting past the implantation learning curve.

If you or a friend or family member has end-stage macular degeneration, please come in for an evaluation for the IMT. We look forward to improving your vision!



YOU CAN NOW FIND US ON FACEBOOK AND TWITTER. JUST SEARCH FINE, HOFFMAN AND PACKER AND SEE WHAT WE'RE UP TO.



# DIABETES AND GLAUCOMA – ARE THEY RELATED?

Diabetes now affects over 16 million people. It is a disease that can affect every organ in the body including the eye. A person who has been diagnosed with diabetes has an increased chance of developing sight threatening disease such as diabetic retinopathy. What many people do not know is that glaucoma is associated with diabetes as well.

There are a number of types of glaucoma. Open angle glaucoma is the most common. Research has shown it is more common in people with diabetes. The exact relationship between open angle glaucoma and diabetes is unknown. There are no symptoms to the patient, but clinical signs can be detected on a complete eye exam.

Neovascular glaucoma is a different form of glaucoma that can arise as a consequence of poorly controlled diabetes. Abnormal blood vessels form on the iris and over the drainage

angle resulting in elevated eye pressure. This form of glaucoma can be difficult to treat, often requiring laser, eye injections and glaucoma surgery.

Some forms of treatment for diabetic retinopathy can cause glaucoma. Occasionally patients may require injections of steroid to preserve their vision. In a small percentage of patients, steroids can cause eye pressure to elevate. Steroid induced glaucoma often needs some form of treatment as well.

Glaucoma is one of the leading causes of blindness in the world. It is a complex group of disorders and is often asymptomatic. My hope is that as people know more about the disease, they will be proactive in screening and management. I encourage patients to stay well informed about their own eye problems. Remember, early diagnosis and treatment is the key to preserving sight!



Annette Chang Sims, MD

## TOGETHER WE CAN INITIATE CHANGE



Tina Callina, COMT, CCRC  
Director of Clinical Research

You can be a part of advancing medical science by volunteering to participate in one of our clinical trials.

Clinical trials demonstrate whether promising new medical products are safe and effective in treating common medical conditions. These studies provide information for doctors and other health professionals which could improve patient care.

Some clinical trials are conducted after products are already approved by the FDA (post-approval studies) to gather information about long term results and additional uses for the products.

Our practice is participating in two post-

market studies at this time. We are currently enrolling patients in a study to evaluate the visual outcomes of the Tecnis Multifocal IOL, and have been selected as a research site for the new Implantable Miniature Telescope (IMT) for treatment of macular degeneration.

We will also be a part of the upcoming clinical trial for the new Light Adjustable Lens (LAL) for correction of astigmatism after cataract surgery.

If you or someone you know have macular degeneration, or are considering cataract or refractive lens surgery, and would like more information about our studies, please call our office at 541-687-2110. I look forward to talking with you.



## TWO NEW FACES



I am Jennifer Laing, the new Business Office Manager for Drs. Fine, Hoffman, & Packer. I have been in the ophthalmology field for more than nine years and am an Ophthalmic Coding Specialist. My passions are managing, coding, and working to ensure our patients are given the best possible care, from the first phone encounter through the check out process. My husband and I have been married for 13 years and we have two children. Our family enjoys camping, riding our quads and horses. I feel honored to be a part of your eye care team!

My name is Rachel Solberg. I am a technician at Drs. Fine, Hoffman & Packer. I have always been fascinated with eyes. As a child, I tried to fail my eye tests just so I could wear glasses. After attending the University of Oregon, I entered the Portland Community College Ophthalmic Medical Technology program. My last practicum site was here. I was impressed with the level of professionalism and efficiency. I became a Certified Ophthalmic Assistant, graduated the program, and was hired here. I look forward to working with you and caring for your eyes.

## New! Patient Portal



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- Pay Your Bill
- Ask Our Office A Billing or Medical Question
- Tell Us About Your Experience

- The Expert View Blog
- Fine View Newsletters
- Learn About Our Research Programs & How You Can Participate
- View our Ads



I. Howard Fine, M.D.  
Richard S. Hoffman, M.D.  
Mark Packer, M.D., F.A.C.S., C.P.I.  
Annette C. Sims, M.D.

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## DRS. FINE, HOFFMAN, PACKER & SIMS: TRAVEL/TEACHING SCHEDULE June-September 2011

### **JUNE 3: NAPA, CA**

Dr. Packer addressed Santen Pharmaceuticals personnel at their US corporate headquarters regarding perioperative medications for cataract surgery.

### **AUGUST 11-12: BEND, OR**

Dr. Packer lectured to surgeons and led teaching discussions on the latest drug treatments available now, at a continuing educational conference hosted by Ista Pharmaceuticals.

### **AUGUST 11-13: PARK CITY, UT**

Dr. Fine attended a strategic planning session with other leaders of the American Society of Cataract and Refractive Surgery (ASCRS). During the three-day event, doctors and surgeons from around the country discussed ways to improve the teaching and continuing education sessions ASCRS sponsors throughout the year.

### **AUGUST 18: CALGARY, ALBERTA, CANADA**

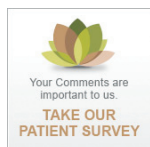
Dr. Packer gave a dinner lecture for Calgary, Alberta cataract surgeons on integrating presbyopiccorrecting implants into their practices.

### **SEPTEMBER 17-21: VIENNA, AUSTRIA**

Surgeons from around the world attended courses taught by Drs. Fine and Packer at this year's annual meeting of the European Society of Cataract & Refractive Surgery (ESCRS).

Dr. Fine brought home a very special award. He gave the International Intraocular Implant Club's Medal Lecture at the club's annual meeting in conjunction with this year's ESCRS conference. The lecture, titled, "Conduct Your Own Masterpiece," is Dr. Fine's first presentation which does not focus on eye surgery and eye surgery techniques. The talk centered on Dr. Fine's deep appreciation of music and dance, and chronicles his involvement with the Oregon Bach Festival. Dr. Fine was elected president of the IIIC and served his term from 2008 through 2010. He has been a member of the IIIC for 20 years.

Dr. Packer lectured on a variety of topics in Vienna, all of which trained and taught surgeons ways to improve surgical outcomes for their patients. He included detailed explanations of his methods for integrating diagnostic tests into his surgical decisions, which have consistently improved outcomes for his patients.



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