

summer 2023



THE RETINA INSTITUTE

2201 S. Brentwood Blvd.
St. Louis, MO 63144
314-367-1181
tri-stl.com



FELLOWSHIP
HANDBOOK



Table of Contents



Table of Contents	Page 1
Message from the Directors	
History of The Retina Institute	Page 2
Meet the Physicians	Page 3
Our Locations	Page 4
Introduction to the TRI Fellowship Program	Page 5
Guidelines of Responsibilities	Page 6
Guidelines of Responsibilities	Page 7
Recent Publications	Page 8
Recent Publications	
Studies	Page 9
Studies	Page 10
Current and Former Fellows	Page 11
Former Fellows	Page 12
After TRI	
Letters of Appreciation	Page 13
Letters of Appreciation	Page 14
Letters of Appreciation	Page 15
Letters of Appreciation	Page 16
Letters of Appreciation	Page 17
Letters of Appreciation	
In Closing	Page 18



THE RETINA INSTITUTE

2201 S. Brentwood Blvd.
St. Louis, MO 63144
314-367-1181
tri-stl.com

FELLOWSHIP HANDBOOK

On behalf of the physicians of The Retina Institute, welcome to St. Louis and fellowship. TRI has a long legacy of patient care, education, and research. We are excited to have you join us to learn, contribute to, and help further our mission.

Fellowship is an integral and exciting part of education for TRI. Each of us love our work and are eager to share our experiences and varied skills with fellows. Training includes involvement in the office and surgery. We also place heavy emphasis on scholarship to include conferences and original research in keeping with the academic traditions of the vitreoretinal subspecialty.

Due to our diverse patient population, fellows are exposed to a broad spectrum of retinal diseases. In addition, fellows gain exposure to the economics and practicalities of private retinal practice. We are fortunate to have a wonderful staff of professionals that can assist in answering questions you may have regarding the administrative aspects of a medical practice.

It is a privilege to contribute to your career, and my goal is that the next two years are as enriching for you as they will be for us. Fellowship can be intense as it is a reflection of, and preparation for, the challenge you have embarked on to care for those suffering from blinding eye disease. We are here to support you in your endeavor. Thank you for joining us as fellow students of the retina with the goal of saving sight!



Fellowship Co-Directors:

Kevin J. Blinder, MD
Bradley T. Smith, MD

2023

History of The Retina Institute

Retinal surgery in St. Louis has a long and distinguished history. It is the story of a clinical entity that became Retina Consultants, then the Barnes Retina Institute and ultimately, The Retina Institute.

Dr. Paul Anton Cibis (1911-1965) was a decorated ophthalmologist and scientist who immigrated from Germany to the United States in the late 1940s. After spending a short period with Dr. Charles Schepens in Boston, he arrived in St. Louis and founded this practice and gained fame for pioneering the use of liquid silicone oil in vitreoretinal surgery. In addition, he trained some of the first vitreoretinal physicians in the nation, advanced scleral buckling techniques, and was an early adopter of widespread use of xenon arc photocoagulation. Dr. Ed Okun joined Paul in the early 60s. Sadly, Dr. Cibis died unexpectedly of a heart attack in 1965.

Soon thereafter, Drs. Glen Johnston, Isaac Boniuk, Neva Arribas, Dean Burgess, Rich Escoffery and Gil Grand joined the practice as Retina Consultants developed. Ed made

prodigious advances in photocoagulation treatment of diabetic retinopathy and vitrectomy techniques. Retina Consultants contributed to advances in fluorescein angiography and the treatment of macular diseases. The group was an active participant in several early national studies directed by the National Eye Institute.

Training of fellows continued, with the practice becoming widely known nationally and internationally. As instrumentation and lasers proliferated, the size of the group grew with continued clinical success.

Soon the practice became involved in many prospective, randomized clinical trials studying diabetic retinopathy, cystoid macular edema, new vitrectomy instrumentation, and the management of age-related macular degeneration.

To date, The Retina Institute has trained over 100 fellows who are working in the



Dr. Paul Cibis

field throughout the United States, Canada, and beyond. Most acknowledge that The Retina Institute is the best place for fellowship training. In concert with their mentors, the fellows trained at The Retina Institute continue to make key contributions to the field of ophthalmology.

Today, The Retina Institute is still recognized as one of the premier groups in the country. Many of the attendings hold leadership positions in the Macula Society, the American Society of Retina Specialists, and the American Academy of Ophthalmology.

Even though the names have changed over the years, the physicians of The Retina Institute continue to advance the understanding and treatment of vitreoretinal disease and surgery, and through their consolidating efforts, will continue to do so for many years to come.

Kevin J. Blinder, MD, completed his medical degree at the University of Missouri-Kansas City combined Six-Year Baccalaureate-Medicine Program. He completed his residency at the University of Missouri-Columbia and his vitreoretinal training at the Louisiana State Eye Center in New Orleans, Louisiana. Areas of interest: Diabetic Retinopathy; Macular surgery including macular holes, puckers, and vitreoretinal traction syndrome; Retinal Detachment surgery; and Vitreous Substitutes.

Sabin Dang, MD, received his medical degree from the University of California, Los Angeles. He completed his residency at the Kresge Eye Institute in Detroit and a vitreoretinal fellowship at Tufts New England Eye Center / Ophthalmic Consultants in Boston. Areas of Interest: Macular Degeneration, Diabetic Retinopathy, Retinal Detachment, Proliferative Vitreoretinopathy, Sutured Intraocular Lenses, and Endoscopic Vitrectomy.

Alia K. Durrani, MD, received her medical degree from Vanderbilt University School of Medicine in Nashville. She completed her ophthalmology residency at the Wills Eye Hospital in Philadelphia, and a vitreoretinal fellowship at Vanderbilt Eye Institute. Areas of Interest: Diabetic Retinopathy, Retinal Detachment, Retinal Vascular Disease, Macular Disease, Complex Intraocular Lens Surgeries, Intraocular Inflammatory Disease.

Nicholas E. Engelbrecht, MD, received his medical degree from the University of Kansas School of Medicine. He completed his ophthalmology residency at Wake Forest University School of Medicine and a vitreoretinal fellowship at Emory University. Areas of Interest: Diseases and Surgery of the Retina, Vitreous and Macula, Pediatric Retinal Diseases, Retinopathy of Prematurity, Ocular Trauma.

Avinash V. Honasoge, MD, PhD, received his medical and graduate degrees from the University of Alabama School of Medicine in Birmingham. He did a transitional year internship at Mercy Hospital in St. Louis. Dr. Honasoge completed his ophthalmology residency at the Washington University School of Medicine in St. Louis. Avinash then finished the two-year fellowship program at The Retina Institute prior to joining the practice. Areas of Interest: Age-related Macular Degeneration, Diabetic Eye Disease, Retinal Detachment, Surgery for Macular Holes and Membranes, Retinal Vascular Diseases, Uveitis, and Dislocated Intraocular Lenses

Nicholas A. Iafe, MD, received his undergraduate degree from Stanford University and his medical degree from the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). He completed his internship at the Kaiser Permanente Los Angeles Medical Center. This was followed by ophthalmology residency and fellowship training in vitreoretinal surgery all at the Jules Stein Eye Institute at UCLA. Areas of interest: Macular Degeneration, Diabetic Retinopathy, Macular Hole and Epiretinal Membrane Surgery, Retinal Detachment, Secondary Intraocular Lens Implantation

Daniel P. Joseph, MD, PhD, received his medical degree from Wayne State University School of Medicine, and PhD from the University of California, Berkeley. He completed his ophthalmology residency at the Johns Hopkins University Wilmer Eye Institute and a vitreoretinal fellowship at Barnes Retina Institute. Areas of Interest: Diabetic Retinopathy, Retinal Detachment, Macular Degeneration, Pediatric Retina, Retinopathy of Prematurity, Macular Holes, Macular Edema, Epiretinal Membranes.

Thomas K. Krummenacher, MD, received his medical degree from the St. Louis University School of Medicine. He interned at St. John's Mercy Medical Center, completed his ophthalmology residency at St. Louis University and a fellowship in vitreoretinal surgery at the University of Iowa, Iowa City. Areas of Interest: Diabetic Retinopathy, Epiretinal Membrane, Inherited Retinal Disease, Macular Hole, Macular Degeneration, Retinal Detachment, and Retinal Vascular Disease.

Athanasios Papakostas, MD, received his medical degree from the National and Kapodistrian University of Athens, School of Medicine. He completed a Research Fellowship at Massachusetts Eye and Ear Infirmary, Harvard Medical School followed by Residency, Medical Retina/Research Fellowship and Vitreoretinal Fellowship all at Massachusetts Eye and Ear Infirmary, Harvard Medical School. Areas of Interest: Retinal Detachment, Proliferative Vitreoretinopathy, Diabetic Vitrectomy, Sutureless IOL Fixation, Macular Degeneration, Diabetic Retinopathy, Retinal Vein Occlusions, Macular Surgery.

Bradley T. Smith, MD, received his medical degree from the University of Alabama School of Medicine, Birmingham. He completed his ophthalmology residency at the Wills Eye Institute and a vitreoretinal fellowship at the Barnes Retina Institute at Washington University School of Medicine in St. Louis. Dr. Smith is an Instructor of Clinical Ophthalmology & Visual Sciences at the Washington University School of Medicine. Areas of Interest: Age-related Macular Degeneration, Diabetic Eye Disease, Retinal Detachment, Surgery for Macular Holes and Membranes, Retinal Vascular Diseases, Uveitis, and Ocular Oncology.

Our Doctors

	
Kevin J. Blinder, MD	Sabin Dang, MD
	
Alia K. Durrani, MD	Nicholas E. Engelbrecht, MD
	
Avinash V. Honasoge, MD, PhD	Nicholas A. Iafe, MD
	
Daniel P. Joseph, MD, PhD	Thomas K. Krummenacher, MD
	
Athanasios Papakostas, MD	Bradley T. Smith, MD

All the physicians of The Retina Institute are certified by the American Board of Ophthalmology.

The Retina Institute draws patients from a large referral network and the fellows' education is greatly enhanced by the large number of patients seen. Fellows primarily participate in surgery at St. Luke's Hospital and St. Louis Eye Surgery Center. They generally attend clinics at the West, South, and Clayton offices; however, rotation may include traveling to additional satellite offices by company shuttles if needed and time permits. Mileage between office locations and surgery centers is reimbursed by TRI.

Alton Office: Sure Vision Eye Center; #1 Professional Dr. Suite 260 Alton, IL 62002

Clayton Office: 17 The Boulevard, Richmond Heights, MO 63117

Effingham Office: 903 Medical Park Drive, Effingham, IL 62401

Glen Carbon Office: #5 Country Club, Executive Park Glen Carbon, IL 62034

Mount Vernon Office: 1009 42nd Street; Suite 3 Mt. Vernon, IL 62864

O'Fallon Office: 705 Insight Avenue O'Fallon, IL 62269

Quincy Office: 1125 Hampshire St. Quincy, IL 62301

South Office: 12106 Tesson Ferry St. Louis, MO 63128



St. Peters: 5770 Mexico Road; Suite D St. Peters, MO 63376

West Office: (St. Luke's Hospital Complex) 226 S. Woods Mill Rd.; Suite 50W, Chesterfield, MO 63017

Surgery Centers

Barnes Hospital (CAM): 4921 Parkview Place St. Louis, MO 63110 (Attendings only)

Gateway Surgery Center: 10296 Big Bend Road, Suite 100 St. Louis, MO 63122

St. Louis Eye Surgery & Laser Center: 12990 Manchester Rd, Suite 103 St. Louis, MO 63131

St. Luke's Hospital: 232 S. Woods Mill Rd. Chesterfield, MO 63017

Administrative Office

Patients are only seen by the physicians in our clinical offices. There is no doctor on duty at the Administration Office.



Administrative Office:

The Retina Institute
2201 S. Brentwood Blvd.
St. Louis, MO 63144

All written communications should be sent to this address.

Normal business hours are
Monday through Friday
8:00am - 4:30 pm CST

The FAX numbers are:

Patient Scheduling: 314-968-5117

Medical Records: 314-968-3375

Referrals: 314-334-5359

Surgery: 314-962-3181

An on-call physician is available
24/7 for emergencies.

This handbook was created as an introduction and reference during your fellowship, particularly during your first few weeks at The Retina Institute. Please familiarize yourself with the procedures and protocols we have established in our office.



HOSPITAL PRIVILEGES

Once your Missouri and Illinois medical licenses are granted, hospital staff, and third-party payer contracts will need to be obtained. It can take many months to obtain these credentials and this process will be handled by our Credentialing Manager. It is important for you to begin this process soon after the match to fully participate in fellowship activities starting day one.

You will be on staff at the following facilities: Gateway Surgery Center, St. Louis Eye Center, and St. Luke's Hospital.

Application fees and medical staff dues will be covered through The Retina Institute.

At the completion of your fellowship, you will receive your current medical license originals and a listing of the facilities where you have maintained privileges. You will need this information once you begin your practice. It is your responsibility to notify each licensing agency of your change of address.

PROFESSIONAL LIABILITY COVERAGE

Medical liability coverage is provided through The Retina Institute on claims-based according to the AUPO guidelines. This includes tail coverage.

LICENSING

The Retina Institute pays for your Missouri and Illinois medical and drug licenses, and your DEA license. Please turn in applications to Stacy Deiss as soon as you receive them.

COMPLIANCE

The Retina Institute requires each employee to complete Harassment, HIPAA, Compliance and OSHA training upon hire. This training can be arranged through Human Resources and needs to be completed within the first week of your fellowship.

MEETINGS AND TRAVEL:

Fellows will have the opportunity to attend national meetings during the fellowship. Meeting funding is provided by a stipend through the Retina Research & Development Foundation (RRDF) or as personal expenses. RRDF is a nonprofit organization established in 1969 to support the training of retina specialists and fund research involving diseases of the retina and vitreous.

First year fellows will attend the Massachusetts Eye and Ear Infirmary Vitrectomy Course and the Duke University Advanced Vitrectomy Course with the option of also attending ARVO.

Second year fellows will attend the Fellows Forum in Chicago and will have the option of also attending AAO and ASRS. Travel/meeting-related expenses for ARVO, AAO, ASRS or other approved meetings may be funded through a RRDF Educational Meeting Grant to support fellows presenting original research at the above meetings. A maximum of \$2000 and \$3000 will be potentially available for the first and second year of fellowship, respectively.

Note: Reimbursements are for meeting days only and receipts must be presented for reimbursement.

Each of the above meetings will count against meeting time-off days whether a presentation is made by the fellow.

Satellite Travel

Fellows may be reimbursed for mileage

when traveling from one clinical office to another during a workday. See the TRI staff handbook for additional details.

BENEFITS

Paid Time-Off (PTO) and Meeting Time

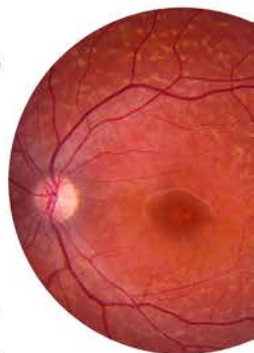
Maximum allowable time-off per year of fellowship is 10 days of paid time off (PTO) and five days of Meeting Time. PTO is to be used for personal time off, meetings other than listed and religious holidays, and interview dates. A written request for PTO is required at least 30 days prior to the date requested. Failure to give adequate notice may result in denial of request. Fellows may not take off between June 15th and July 15th. Fellows should also check with the head senior fellow in charge to ensure there is adequate coverage of clinics, OR and study patients during their time away before submitting request.

Days off exceeding PTO and meeting time will have to be recompensed to satisfy AUPO guidelines of a full two-year retina fellowship. Under extreme circumstances, there exists the potential for an additional 40 hours of paid time-off. This circumstance may include injury, illness, and maternity/paternity leave. The additional time-off will be determined on a case-by-case basis and is subject to the approval of the Board of Directors.

For information regarding the Family and Medical Leave Policy (FMLA), please refer to the TRI staff handbook.

Paid Company Holidays

New Years Day,
Memorial Day,
Independence Day,
Labor Day,
Thanksgiving Day,
Friday after
Thanksgiving,
Christmas Eve (1/2 day),
Christmas Day,
New Years Eve (1/2 day).



PERSONNEL

Throughout this handbook, there are several people mentioned who will assist you with licensing, manuscripts, presentations, benefits, etc. However, we pride ourselves on maintaining a congenial atmosphere and everyone is here to help. The following is a listing of the people by name and title:

- Pam Bilyeu (Clinical Director) Ext. 2220
- Nancy Bolozky (Fellowship/RRDF Coordinator) Ext. 2157
- Kathi Childress (Human Resources) Ext. 2282
- Dan Craig (Chief Executive Officer) Ext. 4000
- Stacy Deiss (Credentialing) Ext. 2267
- Jaime Kintz (Reception Supervisor) Ext. 2200
- Chris Mannhard (Director of Accounting) Ext. 2246
- Surgery Scheduling (General Number) Ext. 2298
- Transcription (General Number) Ext. 2132
- Tim Wright (Photography Supervisor/Facilities) Ext. 2274
- David Yates (Graphics) Ext. 2255

The specific responsibilities and schedules of the fellowship will be established by Fellowship Director Dr. Smith, as well as the senior fellows.

This biennial program begins annually on July 5th, and the two-year fellowship concludes on July 4th; however, completion date may vary so that the full two-year (two consecutive 365-day periods) duration is met as required by the AUPO.

The following information is a general description of your responsibilities. Your payroll, benefits, parking, reimbursements, etc. are handled through the practice. If you need assistance, please contact The Retina Institute Fellowship Coordinator Nancy Bolozky or Kathi Childress in Human Resources for guidance.



First Year

While participating in the fellowship program, each fellow will be assigned to work with 2-3 attending physicians for each rotation. This will allow the fellow to work closely with all the individual attendings over the course of each year of fellowship. The fellow will be responsible for covering all surgical cases for the given attendings and spend the other days in the clinic, evaluating patients along with the attending. Punctuality to clinic and the OR is a must. Each rotation will be three months with increasing clinical and surgical responsibility based upon the individual fellow's ability and progression. Fellows will be provided with a hard drive to capture video and are expected to have it available and ready to record for each case. These video clips are important for review, critique, and preparation for conference presentations.

During the first year, the fellow is expected to become facile with intravitreal injections, anterior chamber/posterior segment taps, laser treatments, cryoretinopexy and pneumatic retinopexy for many retinal

conditions. These include macular edema, neovascularization, tumors, uveitis, and peripheral retinal pathology. First year fellows are expected to hone their surgical skills by practicing on the surgical simulator. Progress throughout the courses will be monitored for completion. The fellow is also expected to become facile with biomicroscopy utilizing the slit lamp as well as indirect ophthalmoscopy. In addition, they will become well-acquainted with the many diagnostic procedures including fundus photography, fundus autofluorescence, optical coherence tomography with angiography, intravenous fluorescein angiography, intravenous indocyanine green angiography, diagnostic A scan ultrasonography, B scan ultrasonography, and ultrasound biomicroscopy. More importantly they will learn appropriate utilization of these tests.

Fellows are also encouraged to produce several manuscripts during each year of the fellowship. Although there is no reserved block of research time, opportunities exist for involvement with clinical research projects. All fellows are lent a secure company laptop to aid with academic endeavors at the start of their first year.

Specific responsibilities during the first year include but are not limited to:

- 1) Proper systematic and ocular evaluation of all new patients referred to Retina Institute clinics;
- 2) Appropriate decision making regarding the need for further ancillary testing, and appropriate referral to other subspecialties;
- 3) Proper recommendation for therapy for the patient;
- 4) Participation in surgery;
- 5) maintenance of an individualized reading plan including textbooks and sentinel articles as listed on the ASRS website Fellows Section;
- 6) attendance at all conferences and journal clubs;
- 7) completion of the introductory and beginner level courses on the



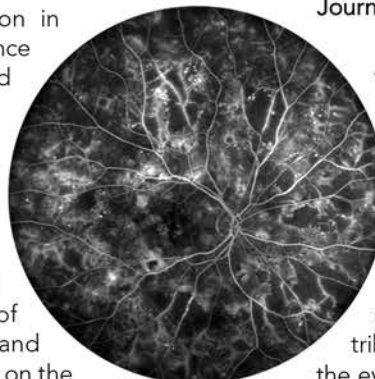
surgical simulator; 8) Initiation of work on the advanced course on the surgical simulator.

Second Year

In the second year of the fellowship, the primary responsibility is to manage the surgical cases from each of the previously described services and further expand upon the knowledge gained during the first year. The three-month rotations continue allowing a second time through each of the attending rotations. The second-year fellow is expected to assume more responsibility for the diagnosis and management of complex vitreoretinal pathology in the clinic and in the operating room. The goal is to keep the senior fellow as primary surgeon to the extent of his or her ability while preparing for their own practice. Second year fellows are expected to continue their progress on the simulator to complete the more advanced courses. The advanced course on the surgical simulator should be completed within the first three months of second year. The fellow is also expected to continue research endeavors with the goal of publishing in peer-reviewed journals and presenting at major national meetings.

Journal Club

Journal clubs will be held once quarterly at the home of a sponsoring attending physician. Each of the four fellows should be prepared to provide a synopsis and discussion points of a paper under the direction of the sponsoring physician. The selected articles should be distributed at least two weeks before the evening of journal club.



Fellow Conferences

Core Curriculum Conferences and Imaging Conferences occur on Monday evenings at 6:30 pm every other week and alternate between core curriculum conferences and imaging conferences. For the core curriculum conference assigned fellow(s) will prepare a presentation at a level appropriate for attending retinal specialists highlighting techniques in diagnostics and management with reference to literature. The presenting fellow(s) should stay within the assigned topic (see below) but have the freedom to focus on one or several different disease entities and management. They are strongly advised to seek the support of one of the attending physicians for guidance on the presentation.

Assigned topics:

- Retinal Detachment
- Retinal Vein Occlusions
- Inherited Retinal Diseases
- Diabetes
- Uveitis
- Trauma/Toxicity
- Endophthalmitis
- AMD/Maculopathy
- Pediatric Retinal Disease
- Retinal Artery Occlusion
- Oncology
- Macular holes/ERM/VMT

A surgical conference occurs every other Monday at 7 pm following the Core Curriculum and Imaging Conferences. Fellows will bring surgical cases to highlight problem-solving and various techniques primarily utilizing video and dry-erase board diagrams. As with other conferences it is important to be prepared with background reading as well as ensuring an understanding of decision making with the involved attending and pertinent clinical information on the patient.



During imaging conferences each fellow should be prepared to present the case as an unknown. The purpose is to strengthen observational skills to expand differential diagnosis to improve accuracy in the clinic. As fellows progress, they will be expected to improve discussion of various treatment options. Colleagues should be called upon in a collegial manner to describe pertinent findings, suggest additional testing with rationale, present a differential diagnosis, highlight pertinent historical information (past medical and present illness), and discuss treatment options as well as possible risks.

Fellows are also encouraged to join the once-a-month online surgical and medical case conference on Sunday mornings.

UMSL Rotation

TRI 2nd year fellows are obligated to participate in a clinical program at the University of Missouri - St. Louis (UMSL). This once monthly rotation involves seeing patients alongside optometry students and attending faculty at the UMSL College of Optometry Patient Care Center. Existing patients at the clinic are scheduled on "retina days" for further examination and consultation by the visiting retina fellow. Patients are referred to as appropriate to TRI for additional evaluation and treatment, as advised by the fellow.

Conferences The Retina Institute

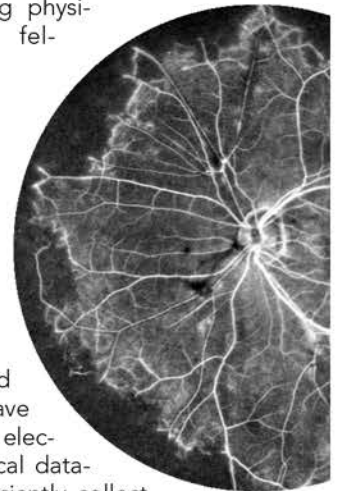
The Retina Institute hosts a Fall Midwest Ophthalmologic Symposium and a Spring Retina Update for practicing eye care specialists. In addition, TRI holds educational conferences at major meetings including the AAO - Ocular Imaging Conference (OIC) and WAVE -- OIC. Furthermore, there are numerous industry-sponsored education events, dinners, and roundtable discussions on emerging therapies and technologies led by TRI attendings throughout the year. Fellows are expected to attend all in-town meetings and may choose to attend OIC if interested.



Research

Research participation during fellowship is a major component of the scholarly activities required by the AUPO. To foster an interest in scientific discovery each fellow is required to participate in research projects, case reports, case series, book chapters, clinical reviews, and prospective studies. Research meetings will occur approximately bimonthly to review progress on projects and discuss new ideas. Projects may be initiated by attending request or by the fellow if a specific topic of interest or case is identified. Results are expected to be presented at a major meeting and published in a peer-reviewed journal. A Fellow Research Activity Form will be completed at the beginning of each project and submitted to the fellowship director. Progress on all projects and research activities should be logged onto the Fellow Research Activity Database (accessible to all attending physicians and fellows).

Fellows will be provided access to the medical library on the St. Luke's Hospital campus and will also have access to an electronic medical database to efficiently collect references for their papers. A selection of appropriate texts is also kept on site and are accessible 24 hours every day for research and education.



Fellowship Awards

If you are awarded a Heed or other Fellowship, you must notify the Fellowship Co-Directors at The Retina Institute; however, recipients are allowed to keep the awarded funds. The Heed and other Fellowships are considered taxable income, so you should adjust your financial planning accordingly. Please speak to the Fellowship Co-Directors if you have any additional questions.

Fellows are encouraged to prepare their own papers for publication. However, The Retina Institute has staff available to assist with this process. Manuscript preparation and image production may be done with the assistance of the Transcription and Photography Departments. The fellows are also urged to submit posters for scientific presentations at the annual meetings.

Listed below is a representation of some of the recent publications by the physicians and fellows of The Retina Institute. Current and former fellows are underlined.

Analysis of Emergent Nonhospital-Based Retina Consultation Requests in an Academic Nonhospital-Associated Retina Practice. Blackorby BL, Broderick K, Belin PJ, Berinstein DM, Hwang B, Shortell J, Parke DW 3rd, Dang S, Blinder KJ, Shah GK. *Ophthalmol Retina*. 2020 Aug;4(8):789-792.

Applications of Fundus Autofluorescence and Widefield Angiography in Clinical Practice. Banda HK, Shah GK, Blinder KJ. *Can J Ophthalmol*. 2019 Feb;54(1):11-19.

Application of Wide-Field Infrared Reflectance Imaging in Retinoschisis, Retinal Detachments, and Schisis Detachments. Banda HK, Shah A, Shah GK. *Int J Retina Vitreous*. 2019 Dec 12;5(Suppl 1):42.

A Rare Cause of Branch Retinal Artery Occlusion in a Pregnant Woman. Banda HK, Dang S, Grand MG. *J Vitreoretinal Dis*. 2019; Vol. 3 (3): pp. 194-197.

Bilateral Ischemic Optic Neuropathy Following Intravenous Immunoglobulin. Ansari WH, Patrick BK, Smith BT. *J Vitreoretinal Dis*. 2019;3(2):111-113.

Bilateral Solar Retinopathy After Gazing at the Great American Eclipse. Banda HK, Dang S, Shah AG, Shah, GK. *J Vitreoretinal Dis*. 2019;Vol. 2(5):pp. 316-320.

Characteristics and Surgical Outcomes of Rhegmatogenous Retinal Detachment in Older Adults: A Multicenter Comparative Cohort Study. Patel SN, Starr MR, Obeid A, Ryan EH, Ryan C, Forbes NJ, Soares RR, Ammar M, Patel LG, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Regillo CD, Gupta OP, Hsu J, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. *Retina*. 2021 May 1;41(5):947-956.

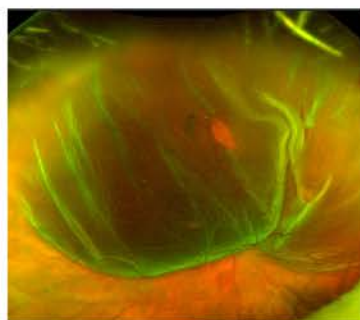
Characterization and Diagnosis of Retinoschisis and Schisis Detachments Using Spectral Domain Optical Coherence Tomography. Jalalizadeh RA, Smith BT, Graefes Arch Clin Exp Ophthalmol. 2023 Feb;261(2):375-380. doi: 10.1007/s00417-022-05801-8. Epub 2022 Aug 19.

Clinical Outcomes in Sequential, Bilateral Rhegmatogenous Retinal Detachment: A Multicenter, Paired-Eye Analysis. Xu D, Belin PJ, Staropoli PC, Yannuzzi NA, Vangipuram G, Chiang A, Shah GK, Townsend JH, Ryan EH, Klufas MA. *Ophthalmol Retina*. 2020 Nov 14;S2468-6530(20)30445-0.

Comparison of Visual and Anatomic Outcomes Following RRD Surgery Using 23-Gauge Versus 25-Gauge Vitrectomy: PRO Study Report No. 12. Starr MR, Yonekawa Y, Obeid A, Ryan EH, Ryan C, Ammar M, Patel LG, Forbes NJ, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Regillo CD, Hsu J, Gupta OP, Kuriyama AE; Primary Retinal Detachment Outcomes (PRO) Study Group. *Ophthalmic Surg Lasers Imaging Retina*. 2021 Feb 1;52(2):70-76.

Diagnostic and Therapeutic Challenges. Nawrocka V, Michalewska ZA, Nawrocki J, Honasoge A, Dang S, Shah GK. *Retina*. 2022 Mar 1;42(3):581-583.

Early Versus Delayed Vitrectomy for Nondiabetic Vitreous Hemorrhage. Connors D, Shah G, Blinder K, Dang S. *Journal of Vitreoretinal Diseases* 2018; 2 (2), 87-90.



Epiretinal Membrane Formation after Treatment of Retinal Breaks: Cryoretinopexy versus Laser Retinopexy. Blackorby BL, Jeroudi AM, Blinder KJ, Shah GK. *Ophthalmol Retina*. 2019 Dec;3(12):1087-1090.

Factors Associated with the Use of 360-Degree Laser Retinopexy during Primary Vitrectomy with or without Scleral Buckle for Rhegmatogenous Retina Detachment and Impact on Surgical Outcomes (PRO Study Report Number 4). Wang JC, Ryan EH, Ryan C, Kakulavarapu S, Mardis PJ, Rodriguez M, Stefater JA, Forbes NJ, Gupta O, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. *Retina*. 2019.

Impact of Contact versus Non-Contact Wide-Angle Viewing Systems on Outcomes of Primary Retinal Detachment Repair (PRO study report number 5). Tieger MG, Rodriguez M, Wang JC, Obeid A, Ryan C, Gao X, Kakulavarapu S, Mardis PJ, Madhava ML, Maloney SM, Adika AZ, Peddada KV, Sioufi K, Stefater JA, Forbes NJ, Capone A Jr, Emerson GG, Joseph DP, Regillo C, Hsu J, Gupta O, Elliott D, Ryan EH, Yonekawa Y. *Br J Ophthalmol*. 2020 May 14;bjophthalmol-2020-315948.

Incidence of Uveitis and Macular Edema among Patients Taking Fingolimod 0.5mg for Multiple Sclerosis. Sonne SJ, Smith BT. *J Ophthalmic Inflamm Infect*. 2020 Sep 21;10(1):24.

Internal Limiting Membrane Peeling in Macula-Off Retinal Detachment Complicated by Grade B Proliferative Vitreoretinopathy. Rao RC, Shah GK. *Am J Ophthalmol*. 2018 Dec;196:212-3.

Introduction to Hypersonic Vitrectomy. Blinder KJ, Awh CC, Tewari A, Garg SJ, Srivastava SK, Kolesnitchenko V. *Curr Opin Ophthalmol*. 2019 May;30(3):133-137.

Invited Editorial in Regards to Phenotypic Variant of CLN3 Mutation. Honasoge A, Smith B. *Am J Ophthalmol Case Rep*. 2022 Nov 24;29:101759. doi: 10.1016/j.ajoc.2022.101759. eCollection 2023 Mar.

Lesion evolution and neurodegeneration in RVCL-S: A monogenic microvasculopathy. Ford AL, Chin VW, Fella S, Binkley MM, Bodin AM, Balasetti V, Taiwo Y, Kang P, Lin D, Jen JC, Grand MG, Bogacki M, Liszewski MK, Hourcade D, Chen Y, Hassenstab J, Lee JM, An H, Miner JJ, Atkinson JP. *Neurology*. 2020 Oct 6;95(14):e1918-e1931.

Long-term Outcomes in Macular Telangiectasia Type 2 With Subretinal Neovascularization. Bottini AR, Blackorby BL, Michaels M, Burkett, B, Dang S, Blinder KJ, Shah GK, MD Science Digest Ophthalmology Volume 127, Issue 8, August, 2020 pages 1077-1085.

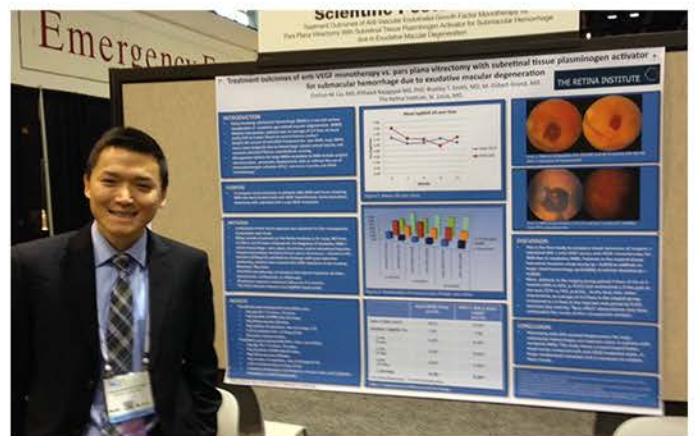
Lymphoma Masquerading as Occlusive Retinal Vasculitis: A Case Study. Sonne SJ, Shieh WS, Srivastava SK, Smith BT. *Am J Ophthalmol Case Rep*. 2020 Jun 10;19:100777.

Macular Findings in Patients Taking Elmiron. Blackorby BL, Banda HK, Smith BT, Shah GK. *Military Medicine*. 2021;23 July (published ahead of print)

Macular Findings of Patients on Pentosan Polysulfate Sodium. Blackorby BL, Banda H, Smith BT, Shah GK. *Mil Med*. 2023 Mar 20;188(3-4):e579-e583.

Macular manifestations of CLN3 Mutation. Honasoge A, Smith BT. *American Journal of Ophthalmology*. 2022;May (accepted for print)

Management of Pre-existing Macular Edema With Intravitreal Dexamethasone Implant in Eyes



Undergoing Cataract Surgery. Smith BT, Banda HK. *J Vitreoretinal Dis*. 2019;Vol. 3(4): pp. 223-228.

OCT Assistance in Identifying Retinal Breaks in Symptomatic Posterior Vitreous Detachments. Ansari WH, Blackorby BL, Shah GK, Blinder KJ, Dang S. *Ophthalmic Surg Lasers Imaging Retina*. 2020 Nov 1;51(11):628-632.

Optical Coherence Tomography Angiography: Practical Usefulness. Blackorby BL, Smith BT. *J Vitreoretinal Dis*. 2019;3(3):153-166.

Outcomes: Primary Retinal Detachment Outcomes Study Report Number 3. Joseph DP, Ryan EH, Ryan CM, Forbes NJK, Wagle S, Yonekawa Y, Mittra RA, Parke DW, Emerson GG, Shah GK, Blinder KJ, Capone A, Williams GA, Elliott D, Gupta OP, Hsu J, Regillo CD. *Ophthalmology*. 2020 May 8;S0161-6420(20)30428-0.

Perifoveal Exudative Vascular Anomalous Complex With Suspended Scattered Particles in Motion. Banda HK, Dang S, Rothman RJ. *Ophthalmic Surg Lasers Imaging Retina*. 2019 Dec 1;50(12):796-800. doi: 10.3928/23258160-20191119-08.

Phenotypic Variant of CLN3 Mutation. Honasoge A, Smith BT. *Am J Ophthalmol Case Rep*. 2022 May 15;27:101587.

Predictive Scoring System for Visual Outcomes after Rhegmatogenous Retinal Detachment Repair. Cai LZ, Lin J, Starr MR, Obeid A, Ryan EH, Ryan C, Forbes NJ, Arias D, Ammar MJ, Patel LG, Capone A, Emerson GG, Joseph DP, Elliott D, Gupta OP, Regillo CD, Hsu J, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. *Br J Ophthalmol*. 2023 Apr;107(4):555-559.

Primary Retinal Detachment Outcomes Study: Methodology and Overall Outcomes-Primary Retinal Detachment Outcomes Study Report Number 1. Ryan EH, Joseph DP, Ryan CM, Forbes NJK, Wagle S, Mittra RA, Parke DW, Ringeisen A, Emerson GG, Shah GK, Blinder KJ, Capone A, Williams GA, Elliott D, Gupta OP, Hsu J, Regillo CD. *Ophthalmol Retina*. 2020 Mar 4;S2468-6530(20)30078-6.

Primary Retinal Detachment Outcomes Study Report Number 2: Phakic Retinal Detachment Outcomes. Ryan EH, Ryan CM, Forbes NJ, Yonekawa Y, Wagle S, Mittra RA, Parke DW, Joseph DP, Emerson GG, Shah GK, Blinder KJ, Capone A, Williams GA, Elliott D, Gupta OP, Hsu J, Regillo CD. *Ophthalmology*. 2020 Aug;127(8):1077-1085.

Primary Retinal Detachment Outcomes Study: Pseudophakic Retinal Detachment Outcomes: Primary Retinal Detachment Outcomes Study Report Number 3. Joseph DP, Ryan EH, Ryan CM, Forbes NJK, Wagle S, Yonekawa Y, Mittra RA, Parke DW, Emerson GG, Shah GK, Blinder KJ, Capone A, Williams GA, Elliott D, Gupta OP, Hsu J, Regillo CD. *Ophthalmology*. 2020 Nov;127(11):1507-1514.

Prophylactic internal limiting membrane peeling during rhegmatogenous retinal detachment surgery. Starr MR, Obeid A, Gao X, Ryan EH, Shah GK, Ryan C, Madhava ML, Maloney SM, Adika AZ, Peddada KV, Sioufi K,

Ammar M, Patel LG, Forbes NJ, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Regillo CD, Hsu J, Gupta OP, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. Acta Ophthalmol. 2021 Jun;99(4):e619-e620.

Purtscher-Like Retinopathy in a Patient with COVID-19. Bottini AR, Steinmetz S, Blinder KJ, Shah GK. Case Rep Ophthalmol Med. 2021 Mar 20;2021.

Retinal Detachment with Inferior Retinal Brakes: Primary Vitrectomy Versus Vitrectomy With Scleral Buckle (PRO Study Report No. 9). Starr MR, Obeid A, Ryan EH, Ryan C, Ammar M, Patel LG, Forbes NJ, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Gupta OP, Regillo CD, Hsu J, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. Retina. 2021 Mar 1;41(3):525-530.

Risk Factors for Presence of Cystoid Macular Edema following Rhegmatogenous Retinal Detachment Surgery. Starr MR, Cai L, Obeid A, Ryan EH, Elliott D, Ryan C, Forbes NJ, Ammar M, Patel LG, Capone A, Emerson GG, Joseph DP, Gupta OP, Regillo CD, Hsu J, Yonekawa Y; Primary Retinal Detachment Outcomes (PRO) Study Group. Curr Eye Res. 2021 May 21:1-9.

Surgical Outcomes of Primary RRD With and Without Concurrent Full-Thickness Macular Hole (PRO Study Report No. 7). Starr MR, Obeid A, Ryan EH, Gao X, Matsunaga D, Madhava ML, Maloney SM, Adika AZ, Peddada KV, Sioufi K, Ammar M, Patel LG, Ryan C, Forbes NJ, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Regillo CD, Hsu J, Yonekawa Y, Gupta OP; Primary Retinal Detachment Outcomes (PRO) Study Group. Ophthalmic Surg Lasers Imaging Retina. 2020 Sep 1;51(9):500-505.

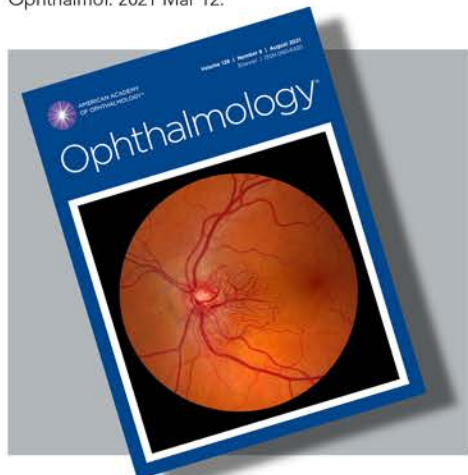
Surgical Techniques for Primary Rhegmatogenous Retinal Detachments between Surgeons with High Versus Low Single Surgery Success Rates. Starr MR, Hsu J, Yonekawa Y, Mitra RA, Ryan C, Forbes NJ, Ammar M, Patel LG, Obeid A, Capone A Jr, Emerson GG, Joseph DP, Elliott D, Gupta OP, Regillo CD, Ryan EH; Primary Retinal Detachment Outcomes (PRO) Study Group. Acta Ophthalmol. 2021 Mar 15.

Timing of Delayed Retinal Pathology in Patients Presenting with Acute Posterior Vitreous Detachment in the IRIS® Registry (Intelligent Research in Sight). Vangipuram G, Li C, Li S, Liu L, Harrison LD, Lum F, Shah GK. Ophthalmol Retina. 2023 Apr 18;S2468-6530(23)00154-9.

Treatment of Bilateral Diffuse Uveal Melanocytic Proliferation with Intravitreal Steroid Implants. Gemperline TP, Smith BT. Retin Cases Brief Rep. 2020 Jul 7.

Vitrectomy versus Combined Vitrectomy and Scleral Buckle for Repair of Primary Rhegmatogenous Retinal Detachment with Vitreous Hemorrhage. Vangipuram G, Zhu A, Dang S, Blinder KJ, Shah GK. Ophthalmol Retina. 2022 Mar;6(3):228-233. doi: 10.1016/j.oret.2021.10.001. Epub 2021 Oct 7. PMID: 34628067

Workup Following Retinal Artery Occlusion-Experience from an Outpatient Retina Clinic and the Delay in Workup. Vangipuram G, Yang L, Weigle MP, Blackorby BL, Blinder KJ, Dang S, Shah GK. Graefes Arch Clin Exp Ophthalmol. 2021 Mar 12.

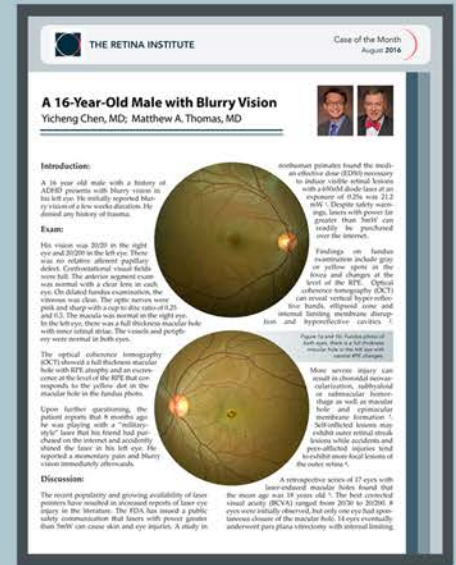


Case of the Month

Since March 2014, The Retina Institute has been creating and distributing our Case of the Month. Spearheaded by Dr. Kim Krummenacher, each month one of the fellows and the attending present an interesting pathology.

The featured article is e-mailed to over 600 individuals in the eye care profession and uploaded to the company website. The fellows rotate cases providing them an opportunity to share rare pathologies or unusual cases with others in the field.

Current and archived editions are accessible from the menu bar of our website at tri-stl.com.



Studies

The Retina Institute participates in numerous national studies recognizing that medical research lies at the core of clinical advancements. These studies are used to assist in the diagnosis, prevention, and treatment of various retinal diseases. Clinical trials help establish if new treatments, new drugs, or new surgical procedures are safe and effective.

As with all clinical trials, each study has extensive guidelines that define inclusion and exclusion criteria. A patient's eligibility to participate is evaluated based on these conditions. The Retina Institute is currently enrolling patients in the following studies. A brief synopsis has been provided for informational purposes; full details for each study can be found on the clinicaltrials.gov website.

CURRENT CLINICAL TRIALS

● AMEND

Pathology: High Risk Intermediate Age-Related Macular Degeneration (AMD) or Small Lesion Geographic Atrophy (GA)

Description: A Phase 2, Double-Masked, Randomized, Placebo-Controlled, Dose-Response Study Assessing the Safety and Efficacy of AQ102 in Subjects with dry AMD

Study Objectives: To evaluate the efficacy of QA102 oral capsules on the development/progression of geographic atrophy and/or development of CNV in patients with intermediate to

small lesion advanced dry AMD.

● AMYDIS (OLIX)

Pathology: Wet Age-Related Macular Degeneration (AMD)

Description: A Phase 1, Multicenter, Open-Label, Single- and Multi-Dose, Dose-Escalating Clinical Study to Evaluate the Safety and Tolerability of OLI10212 Administered by Intravitreal Injection in Patients With Neovascular Age-Related Macular Degeneration

Study Objectives: The primary objective is to evaluate the safety and tolerability of single and multiple intravitreal injection(s) of OLI10212 in patients with neovascular AMD.

● COAST

Pathology: Neovascular Age-Related Macular Degeneration (nAMD)

Description: A Phase 3, multicentre, double-masked, randomized study to evaluate the efficacy and safety of intravitreal OPT-302 in combination with aflibercept, between changes in retinal function with the severity of diabetic retinopathy.

Study Objectives: To determine the efficacy of intravitreal 2.0 mg OPT-302 when administered in combination with intravitreal 2.0 mg aflibercept, in participants with neovascular AMD.

● DRCR AF

Pathology: Non-Proliferative Diabetic Retinopathy (NPDR)

Description: A Randomized Clinical Trial

Evaluating Fenofibrate for Prevention of Diabetic Retinopathy Worsening

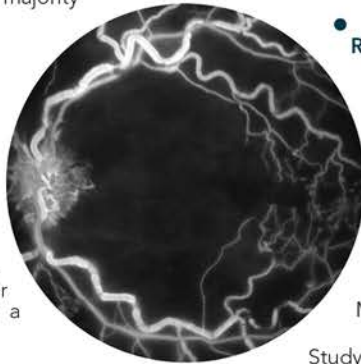
Study Objectives: To assess the ability of oral Fenofibrate to prevent progression of Diabetic Retinopathy in an at-risk population (mild to moderately severe NPDR). Despite improved glycemic control for many patients, Diabetic Retinopathy progresses in a large majority of patients.

● DRCR AJ

Pathology: Macular Hole (MH)

Description: Vitreous Proteomics in Eyes with a Macular Hole

Study Objectives: Verify and characterize abnormally expressed vitreous proteins in adults with full thickness macular holes (MH) versus vitreous from a floaterectomy control group.



● DRCR AM

Pathology: Epiretinal Membrane (ERM)

Description: Randomized Trial Comparing Immediate versus Deferred Surgery for Symptomatic Epiretinal Membranes

Study Objectives: To better understand the optimal timing of surgical intervention for the best visual result, quantify metamorphopsia, and evaluate post-surgical progression of ERM.

● JANSSEN GENE THERAPY TRIAL

Pathology: Geographic Atrophy (GA)

Description: A Phase 2/3, Randomized, Double-masked, Multicenter, Dose-ranging, Sham-controlled Clinical Trial to Evaluate Intravitreal JNJ-81201887 (AAVCAg5CD59) Compared to Sham Procedure for the Treatment of Geographic Atrophy (GA) Secondary to Age-related Macular Degeneration (AMD).

Study Objectives: Change in GA lesion growth of eyes treated with JNJ-81201887 compared to sham control; Change in square root GA lesion area in the study eye measured on FAF.

● NHOR (Natural History Observation Registry)

Pathology: Macular Telangiectasia type 2 (MacTel 2)

Description: World-wide registry of individuals with Macular Telangiectasia type 2, and their family members. In the registry involves an initial clinic visit with a comprehensive eye exam, and blood is drawn for MacTel research.

Study Objectives: The Lowy Medical Research Institute is to determine if MacTel has a genetic component. Blood drawn at registry sites is banked for by scientists affiliated with LMRI.

● ONL1204-RRD-002 – ONL THERAPEUTICS

Pathology: Macula-off Rhegmatogenous Retinal Detachment

Description: A Phase 2, Randomized, Sham-Controlled, Single-Masked, Dose Ranging, Multi-Center Study to Assess the Safety and Efficacy of Intravitreal ONL1204 Ophthalmic

Solution in Subjects with Macula-off Rhegmatogenous Retinal Detachment

Study Objectives: To evaluate the safety and efficacy of two doses (50 µg and 200 µg) of a single intravitreal injection of ONL1204 Ophthalmic Solution as an adjunct to standard-of-care and changes in contrast sensitivity and BCVA.

● REZOLUTE Study – Rezolute Inc.

Pathology: Diabetic Macular Edema

Description: A Randomized, Double-Masked, Placebo-Controlled, Parallel-Arm Study to Evaluate the Efficacy and Safety of RZ402 in Participants with Diabetic Macular Edema

Study Objectives: To assess the repeat-dose safety and tolerability of once daily administration of oral medication RZ402 along with changes in CST from baseline.

● TEJAS/ASHVATTHA THERAPEUTICS

Pathology: Neovascular (wet) Age-Related Macular Degeneration (AMD) or Diabetic Macular Edema (DME)

Description: A Two Stage Phase 2 Study: Stage 1: Single Subcutaneous Dose Open-label Assessment of Safety and Pharmacodynamic Response to D-4517.2 (hydroxyl dendrimer VEGFR tyrosine kinase inhibitor) in subjects with Neovascular (wet) Age-Related Macular Degeneration (AMD) or subjects with Diabetic Macular Edema (DME).

Study Objective: To evaluate the safety and tolerability of a single subcutaneous (SC) dose of D-4517.2 in subjects with neovascular (wet) AMD and subjects with DME.

UPCOMING CLINICAL TRIALS

● DRCR AL

Pathology: Radiation Retinopathy

Description: A Randomized Clinical Trial Evaluating Anti-VEGF vs Sustained-Release Corticosteroid vs Observation for Prevention of Visual Acuity Loss due to Radiation Retinopathy.

Study Objectives: This randomized trial will evaluate the effect of intravitreal anti-VEGF or sustained-release corticosteroid compared with observation (sham injections) on long-term visual acuity following treatment of choroidal melanoma with iodine-125 plaque brachytherapy.

● DRCR AN

Pathology: Diabetic Macular Edema (DME)

Description: A Phase 2 Study Evaluating Short-Term Efficacy of Tonabersat (Xiflam) for Diabetic Macular Edema (DME).

Study Objectives: This randomized clinical trial will evaluate the effect of tonabersat (Xiflam) compared with placebo on central subfield thickness (CST) in eyes with center involved DME and good visual acuity.

● DRCR AO

Pathology: Wet Age-Related Macular Degeneration (AMD)

Description: Home OCT-Guided Treatment versus Treat and Extend for the Management of Neovascular AMD.

Study Objectives: Determine if visual acuity outcomes at 2 years in eyes that receive anti-VEGF using Home OCT-guided treatment are non-inferior to those that receive treat and extend (T&E) dosing for nAMD

ONGOING CLINICAL TRIALS

● EDIC

Description: Epidemiology of Diabetes Interventions and Complications currently in year 30 of the trial

● DAVIO 2

Description: A Phase 2, Multicenter, Prospective, Randomized, Double-Masked, Parallel Study of EYP-1901, a Tyrosine Kinase Inhibitor (TKI), Compared to Aflibercept in Subjects with Wet AMD

● PAGODA

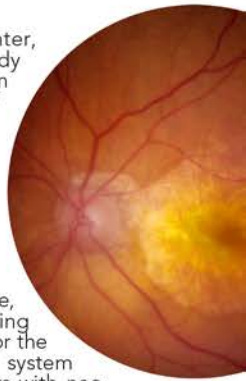
Description: A Phase III, Multicenter, Randomized, Visual Assessor-Masked, Active-comparator Study of the Efficacy, Safety, and Pharmacokinetics of the Port Delivery System with Ranibizumab in Patients with Diabetic Macular Edema.

● PORTAL

Description: A Multicenter, Open-Label Extension Study to Evaluate the Long-Term Safety and Tolerability of the Port Delivery System with Ranibizumab in Patients with Neovascular Age-Related Macular Degeneration (Portal).

● VILLA

Description: A prospective, observational, post-marketing surveillance study to monitor the safety of the port delivery system with ranibizumab in patients with neovascular age-related macular degeneration
Study Objectives: Verify and characterize abnormally expressed vitreous proteins in adults with full thickness macular holes (MH) versus vitreous from a floaterectomy control group.



To contact any of the coordinators, call 314-367-1181 and use their extension:

STUDY COORDINATORS:

- Allan Braverman, BS (2614)
- Mejra Dzinic (2530)
- Lauren McDonald-Mueller, OSC (2617)
- Rhonda Weeks, CCRC (2609)

Current Fellows

2023-24

2ND YEAR FELLOW



Saira Khanna, MD received her medical degree from the University of Wisconsin School of Medicine and Public Health. She completed both her internship and ophthalmology residency at the University of Chicago.

1ST YEAR FELLOW



William J. Anderson, MD received his medical degree from St. Louis University School of Medicine (SLU), and completed his ophthalmology residency at SLU as well.

1ST YEAR FELLOW



Palak Patel, MD received her medical degree from Rush Medical College in Chicago. She completed a transitional year and did her ophthalmology residency at the Rush University Medical Center.

1ST YEAR FELLOW



M. Zia Siddiqui, MD received his medical degree and completed a transitional year residency at the University of Arkansas School of Medical Sciences (UAMS) in Little Rock. He completed his ophthalmology residency at the Jones Eye Institute at UAMS.

FORMER FELLOWS

Ahmad, Baseer MD (2012-14)
Medical College of Wisconsin Eye Institute, Milwaukee, Wisconsin

Akduman, Levent, MD (1994-96)
Quantum Vision Centers, Maryville, Illinois

Almony, Arghavan, MD (2008-10)
Carolina Eye Associates, Southern Pines, North Carolina

Altomare, Filiberto, MD (1998-99)
University of Toronto, Toronto, Ontario, Canada

Ansari, Waseem H., MD (2018-20)
Retina Associates of South Texas, San Antonio, Texas

Arribas, Neva, MD (1965-67)
Retina Consultants, St. Louis, Missouri (Emeritus)

Aschbrenner, Mathew, MD (2010-12)
Eye Clinic of Wisconsin, Wausau, Wisconsin

Atebara, Neal H., MD (1995-97)
Retina Center of Hawaii, Honolulu, Hawaii

Avery, Graham D., MD (1983-84)
Beaumont Retina Consultants, Beaumont, Texas

Banda, Himanshu K., MD (2017-19)
Sound Retina, PS, Tacoma, Washington

Berger, Alan R., MD (1988-89)
St. Michael's Hospital, Toronto, Ontario, Canada

Berman, Adrienne J., MD (1995-97)
University of Illinois Eye & Ear Infirmary, Chicago, Illinois

Blackorby, Barton L., MD (2018-20)
Madigan Army Medical Center, Joint Base Lewis-McChord, Washington

Blahnik, Clarence L., MD (1968-69)
Green Bay, Wisconsin (Deceased)

Blankenship, George Jr., MD (1970-71)
Camp Hill, Pennsylvania (Deceased)

Boldrey, Edwin E., MD (1974-75)
Retina-Vitreous Associates, Mountain View, California

Boniuk, Isaac, MD, (1965-66)
St. Louis, Missouri (Deceased)

Bottini, Alexander, MD (2019-20)
Georgia Retina, Braselton, Georgia

Boucher, M. Carole., MD (1980-81)
University of Montreal, Montréal Québec, Canada

Burgess, Dean, MD (1973-74)
Retina Consultants, St. Louis, Missouri (Emeritus)

Busquets, Miguel A., MD (2000-02)
Retina Associates of Kentucky, Louisville, Kentucky

Canaan, Samuel A. Jr., MD (1959-61)
St. Louis, MO (Deceased)

Cantrill, Herbert L., MD (1977-78)
Retina Consultants of Minnesota, Edina, Minnesota

Carroll, Denis M., MD (1974-75)
Vail, AZ (Emeritus)

Chan, Clement K., MD (1984-85)
Desert Retina Consultants, Palm Desert, California

Chen, Yicheng, MD (2015-17)
Pacific Northwest Retina, Seattle, Washington

Chinsky, Nicholas D., MD (2014-16)
NJ Retina, Lakewood, New Jersey

Cohen, Bruce, MD (1985-86)
Cohen Eye Associates, St. Louis, Missouri

Cohen, Gerald, MD (1972-73)
Retina Associates, New Orleans, Louisiana (Emeritus)

Connors, Daniel B., MD (2016-18)
Retinal and Ophthalmic Consultants, Northfield, New Jersey

Conway, Mandi, MD (1991-92)
Arizona Retinal Specialists, Sun City West, Arizona

Cooper, Blake, MD (2001-03)
Retina Associates, P.A., Kansas City, Missouri

Corey, Richard, MD (2001-03)
Retina and Vitreous Consultants of Utah, Salt Lake City, Utah

Davies, John B., MD (2007-09)
Retina Consultants of Minnesota, Edina, Minnesota

Denton, Charles C., MD (1975-76);
Harlingen, Texas (Deceased)

Dhaliwal, Ranjit S., MD (1992-93)
Retina Eye Center, Augusta, Georgia

Dhalla, Mandeep, MD (2005-07)
Retina Group of Florida, Fort Lauderdale, Florida

Dickinson, John D., MD (1993-95)
Dalhousie University, Halifax, Nova Scotia, Canada



Elman, Michael, MD (1984-85)
Elman Retina Group, P.A.,
Rosedale, Maryland

Engel, Harry, MD (1981-82) Albert
Einstein College of Medicine, New
York, New York

Escoffery, Richard F., MD (1973-74)
Naples, Florida

Fankhauser, Franz, MD (1960-61)
Bern, Switzerland (Deceased)

Feiner, Len, MD (2004-06) NJ
Retina, Teaneck, New Jersey

Fintak, David, MD (2007-09) Kaiser
Permanente Medical Group,
Denver, Colorado

Fischer, C. Kenneth, MD (1972-73)
Private Practice, Evansville, Indiana

**Fitzgerald, Constance R., MD
(1970-71);** Gainesville, Florida
(Deceased)

Fung, Wayne, MD (1967); San
Francisco, California (Emeritus)

Gloor, Balder P., MD (1967-68)
Zurich, Switzerland (Emeritus)

Grand, M. Gilbert, MD (1975-76);
Retina Consultants, St. Louis,
Missouri (Emeritus)

Grinde, Stephen E., MD (1982-83)
Retina Consultants-Nashville,
Nashville, Tennessee

**Halperin, Lawrence S., MD (1989-
90)** Retina Group of Florida,
Boca Raton, Florida

**Hariprasad, Seenu M., MD (2003-
05)** University of Chicago,
Chicago, Illinois

Ho, Vincent, MD (2014-16) NJ
Retina, Teaneck, New Jersey

**Holekamp, Nancy M., MD (1993-
95)** Pepose Vision Institute,
Chesterfield, Missouri

Holekamp, Timothy, MD (1976-77)
Columbia, Missouri (Emeritus)

**Honasoge, Avinash V., MD, PhD
(2020-2022)** The Retina Institute,
St. Louis, Missouri



**Hubbard, G. Baker III, MD (1998-
2000)** Emory Eye Center, Atlanta
Georgia

Ibanez, Hector E., MD (1992-94)
Private Practice, Mayaguez, Puerto
Rico

Jalalizadeh, Rohan, MD (2020-22)
Retina Consultants of Arizona,
Phoenix, Arizona

**Jeroudi, Abdallah M., MD (2015-
17)** Florida Retina Institute,
Jacksonville, Florida

Johnston, Glen P., MD (1959-60)
Naples, Florida (Emeritus)

Jonisch, Jonathan, MD (2009-11)
Vitreoretinal Consultants, Great
Neck, New York

**Joseph, Daniel P., MD, PhD (1996-
98)** The Retina Institute, St. Louis,
Missouri

Jost, Bradley F., MD (1983-84),
Texas Health Presbyterian Hospital
Dallas, Dallas, Texas

**Kaushal, Shalesh, MD, PhD
(1997-99)** Comprehensive Retina
Consultants, Gainesville, Florida

Kim, Bryan, MD (2010-12) Midwest
Retina Consultants, Arlington
Heights, Illinois

Kubitschek, William R., MD (1959)
Northglenn, Colorado (Deceased)

Labelle, Pierre, MD (1969-70)
Maisonneuve- Rosemont Hospital;
Montreal, Quebec, Canada
(Emeritus)

Landers, James H., MD (1975-76)
Medical College Physicians Group
- UAMS Little Rock, Arkansas

Lee, Carol M., MD (1989-91) NYU
Langone Medical Center, New
York, New York

Lee, Henry, MD (2003-05) Retina
Consultants - Western New York,
Williamsville New York

Lipman, Matthew J., MD (1981-82)
Midwest Eye Center, Cincinnati,
Ohio

Liu, Enchun Mike, MD (2013-15)
Retina Associates of South Texas,
San Antonio, Texas

Lowe, Marc, MD (1992-93) Laser
Sight Eyecare Medical Group,
Santa Barbara, California

Mann, Eric, MD, PhD (1995-96)
The Retina Group, Ltd., St. Louis,
Missouri

Margulies, Linda J., MD (1986-87)
VA California Health Care,
Martinez, California

Meyer, Jacob C., MD, (2012-14)
Virginia Retina Consultants,
Charlottesville, Virginia

Mills, Michael D., MD (2003-04)
Prism Eye Institute, Mississauga,
Ontario, Canada

Mincey, Gregory J., MD (1982-83)
First Health of the Carolinas,
Southern Pines, North Carolina

Nix, Ralph R., MD (1971-72) Private
Practice, Covington, Louisiana

Okun, Edward, MD (1961-62)
Tesuque, New Mexico (Deceased)

Okun, Neil J., MD (1988-89)
Winter Haven, Florida (Emeritus)

Olk, R. Joseph, MD (1979-80) The
Retina Center PC, Saint Louis,
Missouri

Parikh, Vishal S., MD (2017-19)
Midwest Retina, Dublin, Ohio

Pesin, Samuel R., MD (1990-91)
Key Biscayne, Florida (Emeritus)

**Rajagopal, Rithwick, MD, PhD
(2011-2013)** Washington University
School of Medicine, St. Louis,
Missouri

Ramaiya, Kamalesh, MD (2009-11)
Eye Associates of New Mexico,
Albuquerque, New Mexico

Rao, P. Kumar, MD (1999-2001)
Washington University
School of Medicine, St. Louis,
Missouri

Rao, Rajesh C., MD (2011-2013)
W.K. Kellogg Eye Center
University of Michigan Medical
School, Ann Arbor, Michigan

Renaldo, Donald, MD (1978-79)
Carolina Retina & Vitreous,
Charlotte, North Carolina

Riekhof, F. Tempel, MD (1969-70)
Salt Lake City, Utah (Emeritus)

Roseman, Robert, MD (1986-87)
Vitreo Retinal Associates,
Gainesville, Florida

Rosenblatt, Brett, MD (2002-04)
Vitreoretinal Consultants, Great
Neck, New York

Ruby, Alan J., MD (1991-93)
Associated Retinal Consultants
PC, Royal Oak, Michigan

Ryan, Edwin H. Jr., MD (1987-88)
Retina Consultants of Minnesota
Edina, Minnesota

Schadlu, Ramin, MD (2006-08)
Arizona Retina & Vitreous
Consultants, Phoenix, Arizona

**Schimmelpfennig, Wulf, MD
(1974-75)** Whereabouts Unknown

Schoch, Lawrence, MD (1979-80)
Eye Associates of Southern
Indiana, Madison, Indiana

Schocket, Stanley, MD (1964-65)
Eye Consultants Of Maryland,
Owings Mills, Maryland

Segall, Morris, MD (1979-80) S.
Florida Eye Associates, Miami,
Florida



Sheidow, Thomas, MD (2000-01)
University of Western Ontario,
London, Ontario, Canada

Shieh, Wen-Shi, MD (2016-18)
HD Retina Eye Center, Ltd., Reno,
Nevada

Simpson, Scott C., MD (1996-98)
Retina Consultants of Idaho,
Meridian, Idaho

Singh, Harinderjit, MD (1980-81)
Southeast Retina Center, Augusta,
Georgia

Smith, Bradley T., MD (2006-08)
The Retina Institute, St. Louis,
Missouri

Staman, James A., MD (1978-79)
Florida Retina Institute,
Jacksonville, Florida

**Stransky, Theodore J., MD (1976-
77)** Tri-State Ophthalmology
Consultants, Evansville, Indiana

Tewari, Asheesh, MD (2005-07)
Michigan Retina Center, Detroit,
Michigan

Tom, Elysse, MD (2021-23)
Retina Consultants of Hawaii,
Aiea, Hawaii

Tornambe, Paul, MD (1977-78)
Poway, California (Deceased)

Uniat, Linda M., MD (1986-87)
University of Alberta, Edmonton,
Alberta, Canada

Vaiser, Albert, MD (1964-65) Texas
Retina Associates, Dallas, Texas

Virata, Steven R., MD (1999-2001)
Virata Retina Center, Lafayette,
Indiana

**Walia, Harpreet, MD
(2013-15)** Georgia Retina, Atlanta,
Georgia

Wee, Ray, MD (2008-10)
Retina Consultants of Hawaii,
Aiea, Hawaii

Wendel, Robert T., MD (1983-84)
Retinal Consultants Medical
Group, Sacramento, California

Wickens, Jason, MD (2005-06)
Retina Consultants of Nevada,
Henderson, Nevada

Wingelaar, Maxwell, MD (2021-23)
Eye Clinic of Wisconsin,
Wausau, Wisconsin

In 2014, the co-directors of the fellowship program at The Retina Institute established a reunion for the physicians with ties to our practice. A cocktail party takes place the Saturday night of the American Academy of Ophthalmology (AAO) annual meeting.

In addition to the exceptional vitreoretinal training the fellows receive at TRI, lifetime friendships are forged. We encourage and promote an intellectual and social environment that extends well past fellowship.

To date, over 100 men and women have completed our training program. Many of which remain in contact with the practice and each other.



Letters of Appreciation ←

To my mentors at The Retina Institute:



I am writing to you with one month under my belt as the "new guy" at my practice. So far it has been a seamless transition into practicing in the real world, and I feel I could not have been better equipped for taking the next step in my career. I am

grateful for my two years of learning from the best in the field, and my training at TRI has given me the confidence to tackle the most challenging cases.

I look back fondly at my two years in St. Louis, and I feel blessed to have had such wonderful mentors who were invested in my training from day one. All of the attendings were extremely approachable and down to earth, and I miss the fun we had at weekend conferences. I can also say with confidence that my surgical training has been second to none. In the OR, nothing makes a fellow feel more at ease in the surgeon's chair than knowing that he has an attending next to him who can guide him through the most difficult case. One of the many strengths of the fellowship program is the diversity of the attendings in terms of surgical styles and approaches to treatment, and I was fortunate to be able to learn so many different techniques from each of you.

It was a privilege to have been a part of your program, and to work alongside co-fellows who were not only dedicated and passionate about retina, but great guys to be around. St. Louis is a great city to live in, and there was no shortage of activities for us to explore outside of work.

I cannot think of another fellowship program that would have provided such a balanced experience of excellent training and collegial atmosphere. Thank you for all of the time and effort that you've invested into my future. I am proud to have joined such a distinguished group of alumni and look forward to future get togethers!

Best regards,
Enchun Mike Liu, MD
Retina Associates of South Texas

To my mentors at The Retina Institute:



Having started work in an academic setting after my fellowship, I realize now how fortunate I was to have trained at The Retina Institute. The experience was incredibly rich, and there are few places where one can see and participate in so many diverse meth-

ods of tackling retinal diseases and surgery. The number of surgical cases and turnover far exceed what most other fellowships can offer, and every modern vitrectomy machine (DORC, Alcon, B&L) is used in the practice. As a result, I have found myself prepared even for the most complex of cases.

The surgical training was also very well-balanced with medical retina and the patient population was quite diverse. Our Saturday conferences were a wonderful chance to discuss puzzling medical cases, angiography, imaging, and to gain pearls of wisdom.

As a place to live, St. Louis was a great city

and offered many wonderful social opportunities, parks, museums, art galleries, and other things to discover. People were friendly and it had the feel of a small town with all the amenities of a big city. My wife, an artist, fell in love with the city and still reminisces about the good times we had there.

With all of these factors, my transition into practice has been very smooth. Due to loss of a senior faculty member, I assumed a very high volume of patients and the department has been surprised by my ability to handle it all. I credit that to the efficiencies and practical approach to retina practice that I became accustomed to at TRI.

Importantly, the intangible factors of kindness, respect, humility, and flexibility that I encountered from each of the doctors in the practice made those two years very memorable. I will be forever indebted to each of them, and it is my honor to call them my friends and colleagues.

Baseer Ahmad, MD
Clinical Instructor,
Case Western Reserve University

To my mentors at The Retina Institute,



I wanted to send a quick message of thanks to you all for the great investment that you art as well as science. There are various ways to approach every problem and all patients are different; coming out of this program I have the ability to choose

between a number of approaches, customizing care to the nuances of each patient's situation. I can say that I feel confident in my practice knowing that I can manage even the most complicated medical or surgical cases that come through the door.

Another advantage that I have come to appreciate is the wide variety of surgical equipment and machines that I was exposed to during fellowship. There are many different vitrectomy systems and tools out there, and what you train on may not be what you will expect to use in your first job. At The Retina Institute, we get experience working with equipment from Alcon, B&L, and DORC ensuring that wherever you go after, you will have at least some experience with the equipment that is available.

One thing that I did not realize prior to fellowship is the importance of your mentors in helping you find the job you want after training. As in many fields, the best jobs in Retina are often unadvertised, with groups talking informally to people they know about fellows they may be interested in hiring. The entire faculty is very invested in making sure fellows are able to find the position they want after training, and will actively ask around on their behalf. The diversity of the faculty is another huge advantage here; they are all extremely well connected with academic faculty and partners at prestigious private groups around the country, and will use those connections to ensure that their fellows get top consideration.

I will always look back fondly on my two years in St. Louis. It was a special time in my life, filled with great camaraderie, learning, growth, and of course fun. I sometimes think back to this time 3 years ago when I interviewed, and wonder what I could have said to get me accepted to such an excellent training program! Whatever it was, I can only be thankful that I was able to spend my fellowship years at a program of such excellence as The Retina Institute.

Very Sincerely,

Jacob C. Meyer, MD
Virginia Retina Consultants



To my mentors at The Retina Institute,

Thank you all for the fantastic training I have received over the past two years. You have gone well beyond teaching me how to be comfortable with all kinds of complex patients, both medically and surgically. More importantly, you have given me the insight on how to work effectively in the complex private practice world, such as interacting with referring doctors, billing and so much more.

By far, the best part of the fellowship is the very early hands on experience in the operating room. Within weeks of starting fellowship I was doing full cases and being introduced to complex surgical maneuvers, like macular peeling. This all comes from the trust that the attendings have in the fellows, which is built early. By the end of fellowship, I was doing the vast majority of cases as the primary surgeon on a wide variety of pathology including dislocated intraocular lens, macular surgery on patients with very good vision, bad traction detachments, intraocular foreign bodies, etc. I was fortunate to train in a program that exposed me, in large numbers, to just about every surgical disease I will encounter in practice. very early hands on experience in the operating room. Within weeks of starting fellowship I was doing full cases and being introduced to complex surgical maneuvers, like macular peeling. This all comes from the trust that the attendings have in the fellows, which is built early. By the end of fellowship, I was doing the vast majority of cases as the primary surgeon on a wide variety of pathology including dislocated intraocular lens, macular surgery on patients with very good vision, bad traction detachments, intraocular foreign bodies, etc. I was fortunate to train in a program that exposed me, in large numbers, to just about every surgical disease I will encounter in practice.

Another great part of TRI is all of the wonderful staff including the technicians, front desk, photographers, administration, surgical schedulers and, of course, the attendings. Everyone treats the fellows with an immense amount of respect. The clinical staff is always eager to work-up and scribe for fellow patients, return patient phone calls, get imaging and do whatever else you

need done. You never have to worry about things like credentialing or licensing paperwork, scheduling surgery or making appointments as the staff take care of everything, without question. TRI even has someone who will edit images, make Power Points and help create graphics for posters, talks and papers. The attendings were very supportive in getting me my job after fellowship and the Brentwood staff made the process of getting credentialed and licensed extremely easy. Most importantly, the attendings trust and respect the fellows, especially with their patients. They give you appropriate supervision when needed, but also freedom to formulate and carry out treatment plans with all patients. They went above and beyond to help me develop as a retina surgeon during fellowship, even sending us to Austria for the ASRS meeting, where very few other fellows were allowed to attend. The attendings will not only continue to be my mentors, but friends I look forward to seeing at future meetings.

Thank you again,

Nicholas D. Chinskey, MD
NJ Retina

To my mentors:



I had a wonderful two years during my fellowship at The Retina Institute. St. Louis is an affordable city, with great sports teams and tons of outdoor activities and museums.

A major strength of the fellowship was learning the varied techniques the nine teachers pass down from their own diverse training backgrounds. All of them had great rapport with patients, and their poise and balance in the OR made for a relaxed but productive environment for learning the many common, advanced, and cutting-edge techniques in our field.

The fellowship provides an early, hands-on exposure to advanced techniques like macular peeling and tractional retinal detachments. We worked with more machines (DORC associate, B&L Stellaris, Alcon Accurus & Constellation), microscope platforms (Leica, Zeiss), instrumentation, operative settings (fast paced surgi-center and community hospitals) than many other fellowships.

Billing and coding is taught well by knowledgeable staff. In all, this uniquely prepares you for private practice or academic settings, especially in a time of healthcare

transition of more outpatient surgery and high volume clinics.

There is a wealth of clinical projects and research to get involved with, as well as opportunities to present this work from AAO, ARVO, to even international meetings. The attendings are well connected and supportive in finding a career opportunity, and will take time with you to help find a job with a good fit, and even review your contract!

Now in an academic environment, I have felt comfortable sharing with residents and fellows the hands-on skills in the clinic and OR. These weekly conferences benefit from strong attendance and rival any other I've seen in a university setting. You'll often get a full breakfast with it.

Most of all, I made great friends with my mentors, and I know I'll benefit from their collaboration, sincere advice, and friendship for many years to come. Thank you!

Rajesh C. Rao, M.D.
W.K. Kellogg Eye Center
University of Michigan

To my mentors at TRI:



Thank you for an incredible fellowship experience. Your dedication to training fellows is second to none and I will miss spending time with all of you in the clinics, operating room, and outside of work. Although a relatively new change, I believe the 3 month blocks

with multiple attendings has enhanced the educational experience. Now, fellows have the opportunity to manage patients in the clinics while still operating and following them through the postoperative course. Equally important, the knowledge and guidance about life issues such as interviewing for a job, building a practice, coding, investing, work-life balance, etc. has been invaluable for our new role as attendings.

The surgical training at TRI is one of the best in the nation. With your expertise and confidence, I finished my training with nearly 900 cases which includes scleral buckles, complex retinal detachment repairs, tractional retinal detachments surgeries, and innumerable membrane peels. Fellows immediately had hands-on experience and the knowledge that was imparted through our hands enabled us to progress to independent, skilled, and efficient vitreoretinal surgeons. In addition, we learn how 9 different attendings operate, perform

surgeries in ambulatory surgery centers and hospitals, and utilize all vitrectomy platforms by Alcon, DORC, Bausch & Lomb, and Synergetics. This prepares fellows to operate in any setting within our future practices. One of the most exciting parts of my training was getting to launch the DORC EVA platform in the United States since TRI was the first institution to use this machine in the country.

The attendings always imparted pearls of wisdom throughout our busy clinics and entrusted fellows to perform a broad range of procedures including pneumatic retinopexies, laser/cryo, and injections. Furthermore, the research opportunities were abundant and provided opportunities to publish in scientific journals/periodicals as well as present at national and international meetings such as ASRS, AAO, ARVO, and OIC. During our second year, my co-fellow and I even got to present our projects at the ASRS meeting in Vienna, Austria through the generous support of the attendings and the Retina Research & Development Fund.

St. Louis was a wonderful city to live in with abundant activities and exciting sports teams. I always enjoyed hanging out during our journal clubs, educational conferences, and company events. It was also great attending various sporting events which luckily included a Cardinals playoff game! I will miss the friendships I have formed with my mentors, fellows, and exceptional staff. The clinical support made even the busiest days seem easy. Kelly and Stacey always went out of their way to make sure the fellows were taken care of and Dave did a superb job helping prepare our posters, videos, and presentations.

I cannot thank TRI enough for this wonderful experience and for helping me obtain a premier job. I will always cherish my time at TRI. It was an honor to complete my fellowship here and join the ranks of some of the best-trained vitreoretinal surgeons in the nation. I look forward to keeping in touch as I progress through my career.

Best Regards,

Vincent Y. Ho
NJ Retina



To my mentors at the Retina Institute,

I would like to thank all of you for the superb training that I received at the Retina Institute! I can still recall my first day of fellowship and wondering how I was ever going to learn

everything I needed to know in two years. A short two years later, I can confidently say that you have prepared me well to handle even the most complicated medical and surgical cases that may come my way.

I believe that a major strength of the fellowship is the large and diverse group of attendings that we work with. As fellows, we are exposed to many different ways of approaching a variety of medical and surgical conditions, and it truly broadens our experience. As we learn about different ways to approach a problem, we have the luxury of being able to choose from several different approaches to pick what works best for us. Despite the many years of combined experience between the attendings, the fellows are all treated as friends and colleagues, creating a great environment to learn and work in.

I feel very fortunate to have been a fellow at the Retina Institute, and my transition into my practice has been very smooth. I have felt very comfortable in the clinic and O.R., and even capable with billing, which has pleasantly surprised my partners. Thank you!

Best regards,

Bryan M. Kim, MD
Midwest Retina Consultants, S.C.
University of Illinois Eye and Ear Infirmary

To my mentors at TRI:



My sincerest thanks and appreciation for everything. I am incredibly privileged to have completed my fellowship under your guidance. Every facet of the program is exceptional, which is why TRI remains a premiere vitreoretinal surgical fellowship.

The biggest strength of the fellowship is the the mentorship at TRI; the faculty is wholeheartedly dedicated to training fellows to become skilled clinicians and surgeons. The faculty have years of collective experience and readily impart their pearls of wisdom throughout the fellowship. They also are invested ensuring fellows succeed not only on academic, but also on personal levels. Many of my fondest memories are the discussions I had with the attendings outside the office, in which they gave advice on issues such as finding the right job, transitioning into practice, buying a first home, identifying investment strategies and much, much more.

The surgical experience at TRI is second to

none. There is an appropriate balance of autonomy and supervision with an impressive surgical volume and diversity. Over the course of two years, the fellows routinely perform upwards of 750 primary cases, including scleral buckling, macular surgery, and complex tertiary-care retina cases. For each case the fellow performs, it seems as if the attendings put their brains in the fellows hands: while we perform the surgery, they impart tips and teach us what to, and what not to, do. And as the old saying goes, there are many ways to skin a cat. TRI fellows truly appreciate that. The attendings have varied approaches to surgical situations and ensure we are equipped to confidently approach any scenario. We gain valuable experience by operating in a variety of settings, including a high-volume ASC, an efficient hospital setting with a dedicated retina staff, and occasionally even a hospital with fewer resources (which really challenges our skillset!) And having the opportunity to use different VR surgical platforms (DORC's Associate and Eva, Alcon's Constellation and Accurus, B & L's Stellaris) helps transition into any practice setting.

The TRI atmosphere is genuinely collegial and centered around training fellows. I thoroughly enjoyed the weekly conferences and monthly journal clubs. I am grateful that I was able to attend so many educational meetings in two years. Typically the fellows typically attend the ARVO, ASRS, AAO and Retina Society annual meetings along with the Mass Eye and Ear Vitrectomy course and Advanced Vitreoretinal Techniques Course. I was lucky enough to attend all these and also meetings in Vail and Brussels!

And the staff deserve special mention for their roles in making our fellowship experience so superb. Kelly and Stacy make all the paperwork a breeze. Bill introduces us to billing and coding and practice management. Dave helps us immensely with creating world-class posters and presentations. And each of the clinical staff are extremely caring, dedicated people who help us effortlessly navigate even the busiest of clinics.

I also really enjoyed my time outside of fellowship. St Louis is a wonderful city with many things to do. I had a fantastic co-fellow (Mike Liu) and our families had a lot of fun together. We were definitely sad as we packed up to leave the city.

I am humbled and honored to join the alumni of fellows that trained at TRI. I will always fondly remember my time at TRI and miss St. Louis. I look forward to remaining in touch in the future.

Best regards,
Paul Walia, MD
Georgias Retina

Dear Doctors of The Retina Institute:



Hello from Minneapolis! As I embark on life after fellowship, I wanted to extend my sincere appreciation to you once again for a tremendous two years. What a privilege it was to be part of the The Retina Institute!

It is amazing for me to look back at myself and see how much I've grown both as a physician and a person during my time in St. Louis. There's no question that I received superb training and the potential to handle the most complicated medical and surgical situations with confidence and care. It was a pleasure to work with each of the attendings in the program and I am grateful for their never-ending support and interest in my development. It was also incredibly meaningful for me to work with my co-fellows (Dave Fintak, Ray Wee, and Arghavan Almony) - we were a great team and I know that we delivered exceptional patient care. I learned a lot from them too (and we also had some fun along the way!)

My transition to practice has been seamless and I am looking forward to putting what you taught me to good use! Again, thank you!!!

All my best,

John B. Davies, MD
Vitreoretinal Surgery, P.A
Minneapolis, MN

To my mentors at The Retina Institute:



Thank you very much for the kindness given to me while I was a fellow. The fellowship was wonderful. It had the perfect mix of medical vs. surgical, private patients vs. fellows' patients. One of the strengths of the program is the diverse training backgrounds of the attending physicians. Everyone had a distinct way of handling surgical situations, and the fellows benefitted by learning all of the techniques.

As I reflect on my fellowship, I realize how fortunate I was to have been a fellow there. I find that I'm will prepared to thrive at my new job. I'm comfortable in the clinic as well as in the operating room. I've even been comfortable with coding, which has been a pleasant surprise to my employers.

I will always remember my training at The Retina Institute. The training I received there will serve as the foundation for all of my future activities in retina.

Thank you,

Ray Wee, MD
Retina Consultants of Hawaii

To my mentors at The Retina Institute,



I would like to thank you for the incredible training and wonderful friendship you have shared with me over the past two years. I am sincerely grateful for your dedication to fellow education. Thank you for the many lessons, not only about retina but also about other aspects of running a practice, and about family and life in general.

The surgical experience at The Retina Institute is unrivaled. The fellows perform around 700-800 primary cases during their two years, with a wide variety of case types and complexities. The surgical volume and diversity are impressive, but even more important are the interactions with the attendings. The faculty have an immense amount of experience both with surgery and with teaching fellows. They provide just the right balance of autonomy and supervision. The fellows learn a variety of techniques from each attending, which provides a solid foundation to build upon. If I get into a difficult situation, I have the collective wisdom of nine different surgeons to draw upon. That invaluable experience and the large case volume contributes to the exceptional surgical training.

In the clinic, the faculty made education the top priority for the fellows. I was learning every day, whether I was in the operating room or the clinic. The attendings would always have time and patience to discuss an interesting patient case or a management decision with the fellow. The cutting-edge equipment both in the clinic and OR are wonderful educational opportunities for the fellows. I am also very grateful for the excellent staff who help run the clinic and support the fellows. Kelly and Stacy have made fellowship such a smooth experience, and Dave is a wizard with graphics and presentations.

I am going to miss living in St. Louis as well. It is a lovely city with many of the amenities of a larger city such as major sport teams and great restaurants, but without too much traffic and parking issues. My wife and I have really enjoyed our time in St. Louis.

It has been a great honor and a privilege to have been a fellow at TRI. I will always look back with fondness on my time there.

Yicheng Chen, MD

Vitreoretinal Associates of Washington
Seattle, WA

To my mentors at the Retina Institute:

I thank you all for the training and the wonderful times these past two years. My time at TRI has been the most important and formative part of my budding career as a Vitreoretinal specialist. Although these two years have flown by so quickly, you all have spent



those years equipping the fellows with the tools to provide state-of-the-art, compassionate care for our patients with otherwise blinding conditions. These two years have also been spent forming lasting bonds with you all that my family and I will always hold dear.

To the aspiring fellow at TRI, know that this group of mentors in St. Louis represents, in my opinion, the best fellowship training program in the country. Early on in the fellowship, the fellow becomes a partner in the medical and surgical care of the patients. This ranges from assisting in examinations, evaluations, counseling, and medical treatment in the clinic to providing advanced levels of surgical care for a wide variety of vitreoretinal diseases. At national meetings, I was always surprised at the vast exposure I had received as a fellow in comparison to my peers in terms of macular peeling, complex retinal detachment, diabetic tractional retinal detachment, scleral buckling, and exposure to 27 gauge pars plana vitrectomy. I recall at one meeting, my co-fellow and I were the only fellows in the room that had a vast (or any for that matter) exposure to 27 gauge surgery (> 100 cases), and that was in the span of only a few months.

Coupled with this depth and breadth of experiences is the wealth of knowledge from our esteemed mentors. With patience and a love of teaching, they guide and provide surgical pearls for the performance of safe, effective vitreoretinal surgery for our patients. There are nine attending physicians, so there are numerous techniques we learn to tackle the same pathology which is an invaluable part of the training at TRI. The physicians are truly invested in training the next generation of vitreoretinal surgeons and do so with an open mind in learning

and adopting new techniques and technologies that become available. Upon graduating, I feel comfortable handling the nuances and the unexpected that may arise during vitreoretinal surgery which I credit to the excellent guidance of my mentors at TRI.

In addition to the medical and surgical training, TRI provides real-world training in the building and maintenance of a thriving vitreoretinal practice. This includes interacting with clinic managers, photographers, and clinic staff who are truly a dream team and have become my colleagues and friends. This also includes interaction with our referral sources on-call for which we share the care of our mutual patients. But most importantly, at TRI you learn to treat and take care of patients how you or your family would like to be treated. The professional, attentive, and kind interaction our doctors and staff have with our patients is truly something to be admired.

Once again, thank you my mentors for a wonderful two years at the Retina Institute. I will always cherish the time I spent with each of you and remember your words of wisdom when I see and treat my patients. I am fortunate to have trained at such an excellent fellowship program. It is an honor to call you my colleagues and my friends.

Your fellow,

Abdallah M. Jeroudi, MD
Florida Retina Institute

To all the physicians at The Retina Institute;

As I embark on the next stage of my journey I am asked to reflect on the two formative years I spent at TRI. Fellowship is such an important time in a young physician's life as it truly shapes their practice patterns and surgical approach. I consider myself fortunate to have spent that time in Saint Louis with a group of people as accomplished and diverse as those at The Retina Institute. From the very beginning I was exposed to a wide variety of techniques and philosophies regarding the practice of vitreoretinal surgery that I will be able to bring with me into my own practice in New Jersey. Each of you has in some way contributed to my education and I will be forever grateful for your guidance and mentorship. The Retina Institute was my first choice for fellowship and I can happily say I made the right decision. Hopefully you all feel that way as well!



I am sure that over the next few months and years I will be reaching out to you frequently as I continue along the path I started in Saint Louis. I understand the learning does not stop after training is completed; in fact in many ways it is likely just beginning. But I know that my education, with your guidance, will prepare me well.

Thank You,

Daniel Connors, MD
Retinal and Ophthalmic Consultants
Northfield, New Jersey

To my mentors at The Retina Institute,

Thank you for your time and enthusiasm for training fellows. It is not easy to introduce and train new individuals as part of your team every year given the stakes of each surgical case. The skill with which each of you guide fellows through a case with appropriate autonomy and help us develop our own style of operating from the first day of fellowship makes The Retina Institute a premier vitreoretinal fellowship. In addition to participating in a large quantity of surgical cases, I gained confidence in my ability to treat complex retinal diseases due to exposure to all three major vitrectomy platforms (Alcon, Bausch and Lomb, DORC) and a sufficient number of primary scleral buckling procedures. I learned something new in each case up until the last day of fellowship. I will remember each of these moments as I build my own practice.



Equally as important as surgical training was the indirect education in the clinic when I observed each physician during patient encounters. From the initial greeting to signing up a patient for surgery, each physician at The Retina Institute had a style with which they managed his or her clinic staff and flow while gaining the trust of his or her patients. Through these experiences, I feel confident in how I will work with my colleagues, clinic staff, and patients to provide the best outcomes possible.

My family and I enjoyed our two years in St. Louis and have fond memories of our time there. I look forward to keeping in touch with all of you as I begin my own practice. Thanks for all that you do.

Warmest regards,

Vishal Parikh, MD

Midwest Retina; Dublin, Ohio

To my mentors at The Retina Institute,

I am amazed at how quickly these two years have flown by, and I cannot believe how much education and training I received during that time. With almost 1000 cases under my belt, I find it hard to believe that we squeezed them into 104 weeks. That, in addition to all the education from clinic, is impressive! I appreciate all the time and patience you gave me. I am leaving as a confident and capable retina surgeon, and truly believe that I would not be in the position I am today had I gone to another program. I want to thank all of you for molding and remolding my professional abilities as I rotated through each of your rotations. I will apply a part of all of you to all of my future endeavors.



To the fellowship candidates.

Congratulations on being selected to interview at such a prestigious program! It shows a lot about your caliber to be considered for fellowship here. I have been an advocate for this program since I was selected and hopefully these words will help convince you that this is the best retina program in the country.

Ask yourself, what do you want to gain from fellowship? Surgical and clinical competence? Program prestige? Networking

opportunities? Location? This program can give you it all.

I participated in almost 1000 cases in two years. My first day in the operating room had me performing most of the cases, and my operative opportunities quickly grew as I gained confidence and skill. This is not an "observership". You will be "hands on" from the onset and the majority of cases will see you as the primary surgeon. Your staff have all trained at various institutions and will teach you many ways to surgically approach a case. Your surgical toolbox will be overflowing with techniques. By the time you leave, you will be confident that you can handle any case you encounter.

Others will expect this of you since you will carry the name of The Retina Institute with you. From Dr. Matthew Thomas' introduction of sub-retinal surgery to Dr. Gilbert Grand's discovery of cerebroretinal vasculopathy, to Dr. Garauv Shah's surgical innovations, this program is well known and has a strong history of innovated physicians. You will carry that prestige with you as advance in your retina career.

Given the prestige of The Retina Institute, you will also find it easy to network with other institutions which greatly eases the difficulty of participating in multi-centered research and job-finding opportunities. The relationship with the attendings here is very positive, and they will help you succeed with future employment, admission into coveted societies like The Retina Society, and opportunities to present research at future meetings.

Expect to present at both ASRS and AAO annual meetings at a minimum, and St. Louis is well located to allow for a short drive to Chicago when they are held there. That may not seem like much, but less time dedicated to travel means more conference time-off. In addition, the area is close to many cities that you can visit such as Kansas City, Northwest Arkansas, Memphis, and Nashville. Don't want to leave the area to have fun? We have the Ozark Mountains, world-class fishing, river float trips, Forrest Park (similar to Central Park), free institutions (zoo, science center), The Fabulous Fox theater (national performances and plays), The Muny, and many more. St. Louis also hosts many activities to include The Great American Balloon Race, Anheuser Busch Brewery Lights, Cardinal's baseball, Blue's hockey, and multiple cycling and running events. It is a great city that gives you all the aspects of a major city but without the traffic and overpopulation.

As you can see, I am extremely proud to have completed my fellowship here. It was a great experience that allowed me to grow as a surgeon while giving me ample time to spend with my wife and three daughters. While it is true that all of you will be retina surgeons in two years, I cannot believe that you will have a better fellowship experience than the one found at The Retina Institute. I sincerely hope you give this golden opportunity a hard look. I think you'll find it's as amazing as I did.

Barton L. Blackorby, MD
Madigan Army Medical Center
US Army

In Closing

We thank you for visiting The Retina Institute, and we hope your visit to St. Louis has been enjoyable and informative.

At TRI, we are dedicated to patient care, education, research and advancing the field of ophthalmology. We have a long history of training leaders in vitreoretinal surgery and we are proud of our fellowship.

We look forward to working with you and having you as future colleagues.

Coming in 2023



THE RETINA INSTITUTE



2201 S. Brentwood Blvd.
St. Louis, Missouri 63144
314-367-1181, 800-888-0011
tri-stl.com

The Retina Institute is pleased to welcome Dr. Nicholas Iafe to the TRI team. Nick will be joining the staff in the fall of 2023. We look forward to him bringing his clinical talents and surgical skills to St. Louis.