

CERE Supports New Eye Clinic in Cambodia



OCB's non-profit Center for Eye Research and Education (CERE) is helping to fund construction of a new state of the art eye clinic that will serve impoverished people in the region of Svey Rieng, Cambodia.

CERE collaborates with the Eye Care Foundation and Lions Club International to rebuild the medical infrastructure and train Cambodian physicians in advanced surgical techniques. OCB Retina Specialist **Michael Morley, MD, MHCM**, his wife, Emergency Medicine Physician **Katharine Morley, MD, MPH**, of Massachusetts General Hospital, and **Jane Walsh**, Practice Coordinator at OCB, have been traveling to South East Asia for more than a decade providing free clinical care to those in need. Dr. Morley was recently awarded a Fulbright Specialist Grant from the U.S. State Department to continue his mission. CERE supports similar projects in Thailand and Bhutan. To learn more or to make a donation, please visit www.cere-foundation.org.

Patient Gateway

OCB's new patient portal has made communicating with your medical team easy!

Check out Patient Gateway
www.patientgateway.partners.org

News & Tips

Welcome Dr. Reed

OCB welcomes Retina Specialist **David C. Reed, MD** to our team of ophthalmologists. Dr. Reed joins us after completing his fellowship training in Vitreoretinal Surgery at the Wills Eye Institute in Philadelphia. He specializes in treating macular degeneration, diabetic eye disease and retinal vascular occlusions and will be seeing patients in South Shore and Cape practice locations.

Help for your eyes this allergy season

- Avoid spending time outdoors mid-morning or early evening when pollen counts are highest.
- Wear sunglasses to help prevent pollen from getting into your eyes.
- Keep your windows closed and use air conditioning in your home and car.
- Use artificial tear drops to help wash allergens from your eyes.
- Decongestants are available in over-the-counter eye drops.

If you are experiencing severe allergy related eye symptoms, call to make an appointment today.

WELCOMING NEW PATIENTS
1-800-635-0489 • www.eyeboston.com

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OCB Visions
Spring 2015

A LETTER FROM OCB'S PRESIDENT

Dear OCB Patients and Family Members,

It is an exciting time in ophthalmology. New discoveries and advances in technologies have led to unprecedented strides in therapies that are preventing blindness and even reversing vision loss. This is the subject of a recent article that appeared in the *AARP Bulletin*, titled "An End to Blindness?," in which OCB's own Jeffrey Heier, MD, is interviewed for his research into anti-VEGF therapy that is providing hope to so many people with age-related "wet" macular degeneration (AMD).



In this edition of *OCB Visions*, we feature AMD treatment along with research led by Michael Raizman, MD, into an innovative treatment that is stabilizing and in some cases improving vision in patients with keratoconus, a condition of the cornea that strikes teens and young adults.

As part of OCB's continuing commitment to bring our team of eye care specialists closer to you, we are pleased to announce the opening of OCB North Shore at MGH Northshore, located at 104 Endicott Street and OCB Wareham Eye Center, located at 12 Rosebrook Place. Both will be opening in the Summer.

Wishing you optimal health.

Sincerely,

Trexler M. Topping, MD
President
Ophthalmic Consultants of Boston



CERE is a non-profit foundation that supports projects throughout the world aimed at preserving vision for those in need. Led by OCB physicians, CERE is dedicated to advancing eye care research as well as educating and training future ophthalmologists. Please visit www.cere-foundation.com for more information or to make a donation.

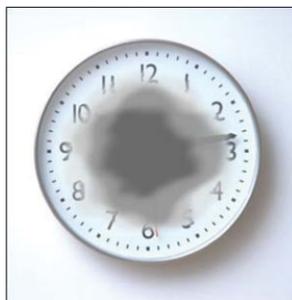
Advancing Care for Macular Degeneration

Major advances in treatment for the most damaging form of Age-Related Macular Degeneration, known as “wet AMD” are changing the prognosis of this sight robbing condition.

Under the leadership of Vitreoretina Specialist Jeffrey Heier, MD, OCB has been one of the principal clinical trial centers in the country for testing anti-VEGF (vascular endothelial growth factor) medications and the role they play in the treatment of wet AMD. These drugs block the growth of abnormal, fragile blood vessels underneath the retina that can leak and bleed causing blurring, distortion of central vision and possibly loss of vision.

“Anti-VEGF medications have dramatically altered our ability to treat wet AMD,” said Dr. Heier. “It used to be if you have wet AMD, there was nothing that could be done and in the majority of cases you would eventually be legally blind in that eye. Now, with anti-VEGF treatment, we are not only seeing vision stabilize, but in many cases we are seeing improvement in vision, and in some patients, dramatic improvement.”

AMD is a deterioration of the eye’s macula, a small area of the retina responsible for central vision, allowing you to see fine details and recognize faces. Dry AMD, the most common type, develops as part of the body’s natural aging process and progresses very slowly. It tends to have a more modest impact on vision than wet AMD. There is no treatment for dry AMD, although some people benefit from a balanced diet rich in green leafy



Loss of central vision is a feature of AMD

vegetables and a specific supplement regimen that is high in antioxidants.

If you have dry AMD, your OCB Ophthalmologist will monitor you closely for transition to wet AMD, which occurs in a small percentage of the population, and at an increased rate among those who smoke and have high blood pressure. The sooner you begin the ongoing treatments for wet AMD with anti-VEGF injections, the better the likelihood that you will control loss of central vision, and perhaps recover vision that has been affected.

Symptoms of dry AMD

- Blurry spot in your central vision
- Trouble recognizing people’s faces

Symptoms of wet AMD

- Distorted vision (lines appear bent)
- Changes in Amsler Grid (chart used to help patients monitor their changes in vision)
- Loss of central vision

Crosslinking Stabilizes and May Improve Keratoconus

A breakthrough procedure being studied at OCB that can stop the progression of keratoconus by strengthening the eye’s cornea has shown promising results.

The cornea is the clear dome-shaped window covering the front of the eye and is responsible for refracting light entering the eye. With keratoconus, the cornea becomes thin and develops a cone-like bulge. With its shape altered, the cornea cannot properly refract light and vision becomes distorted. With the new procedure, called corneal collagen crosslinking, cornea specialists apply special eye drops that contain a riboflavin (vitamin B2) solution. Then UV light is applied, which promotes “cross-linking” or strengthening of the collagen fibers that make up the cornea. The treatment flattens as well as stiffens the cornea, preventing further protrusion.

Typically, patients with keratoconus are prescribed glasses in early stages, and then fitted with special hard contact lenses that have to be changed as the condition progresses and the shape of the cornea worsens. Ultimately, corneal transplant is needed in advanced cases. Symptoms of keratoconus usually begin to occur in people who are in their late teens and early twenties.

“Up until now, it’s been untreatable except with surgery,” said Cornea Specialist Michael Raizman, MD, Principal Investigator for the OCB study site. “With cross-linking, we can halt the condition at the earliest stage while patients still have good vision and depending on how quickly they are treated, the

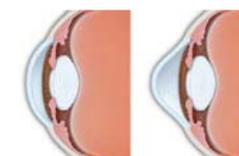
procedure can prevent the patient from needing surgery or even contact lenses.”

For the past three years, Dr. Raizman has led five collagen crosslinking clinical trials at OCB, involving 133 patients, between the ages of 12-

61, many of whom had treatment in both eyes. In many cases, vision was not only stabilized but improved. The treatment has been submitted for approval by the Food and Drug Administration. OCB hopes to have a positive response from the FDA in the coming year.



“The results far exceeded our expectations. The condition was stabilized in 99% of cases, and 60-70 percent of patients had better vision than they started with, which was unanticipated,” said Dr. Raizman. “What we learned from these studies is that the procedure is very safe and we can probably improve vision for many of our patients. We are looking at additional studies combining cross-linking with other therapies, such as laser treatments, that may improve the shape of the cornea and restore vision.”



Left, normal cornea; right, cornea with Keratoconus