

summer 2021



THE RETINA INSTITUTE

2201 S. Brentwood Blvd.

St. Louis, MO 63144

314-367-1181

tri-stl.com



FELLOWSHIP
HANDBOOK



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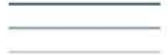


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FELLOWSHIP HANDBOOK

It is with pleasure that we, along with the physicians of The Retina Institute, welcome you to St. Louis and our practice. The Retina Institute has a long and storied history in terms of patient care, research, and teaching.

An integral part of the teaching mission for The Retina Institute is the training of retina fellows. The attending physicians at The Retina Institute bring with them years of experience and varied skills and techniques that are passed along to the fellows each year. Training includes involvement in both the office and operating rooms in a private setting.

Due to our diverse patient population, fellows participate in the treatment of the full spectrum of retinal diseases.

Besides learning about retinal disease, the fellows obtain education about the economics and practicalities of retinal practice. Our team of professionals are available to answer any questions that you may have regarding the administrative aspects of our business.

At The Retina Institute we are firmly committed to fellowship training and continue to strive to make the fellowship an enriching experience for all involved.



Fellowship Co-Directors:
Nicholas E. Engelbrecht, MD
Bradley T. Smith, MD
2021

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.



Dr. Paul Cibis

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

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, received his medical degree from the University of Missouri, Kansas City. He completed his ophthalmology residency at the University of Missouri, Kansas City. He completed his ophthalmology residency at the University of Missouri, Columbia, and a vitreoretinal fellowship at the Louisiana State University Eye Center, New Orleans. *Areas of Interest:* Diabetic Retinopathy, Macular Surgery, Retinal Detachment, 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 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.

M. Gilbert Grand, M.D., received his medical degree from Yale University. He completed his ophthalmology residency at Washington University School of Medicine, where he also completed a vitreoretinal fellowship. *Areas of Interest:* Diabetic Retinopathy, Epiretinal Membranes, Macular Surgery, Macular Holes, Retinal Detachment.

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.

Gaurav Shah, MD, received his medical degree from the University of Illinois College of Medicine, Chicago. He completed his ophthalmology residency at the University of Minnesota, Minneapolis, and a vitreoretinal fellowship at Wills Eye Hospital, Philadelphia. *Areas of Interest:* Endophthalmitis, Macular Disease/Surgery, Macular Degeneration, Retinal Vascular Disease, Retinal Detachment.

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



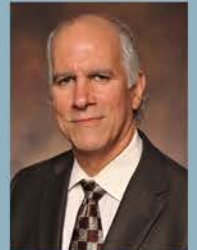
Alia K. Durrani, MD



Nicholas E. Engelbrecht, MD



M. Gilbert Grand, MD



Daniel P. Joseph, MD, PhD



Thomas K. Krummenacher, MD



Athanasios Papakostas, MD



Gaurav K. Shah, 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 clinic 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

Chippewa Office
 5805 Chippewa Street
 St. Louis, MO 63109

Clayton Office
 17 The Boulevard
 Richmond Heights, MO 63117

Columbia Office
 500 N. Keene Street; Suite 101
 Columbia, MO 65201

Effingham Office
 903 Medical Park Drive
 Effingham, IL 62401

Farmington Office
 140 Westmount Drive
 Farmington, MO 63640

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

Hannibal Office
 175 Shinn Lane
 Hannibal MO 63401

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

North Office
 Sure Vision Eye Center;
 7934 N. Lindbergh
 Blvd.; Suite A
 Hazelwood, MO 63042

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

Sullivan Office
 965 Mattox Drive;
 Building B
 Sullivan, MO 63080

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

Surgery Centers

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

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

Woodcrest Surgery Center
 12101 Woodcrest Executive Dr.
 Suite 101
 St. Louis, MO 63110

By the Numbers

The Retina Institute is one of the largest and most well-respected practices in the country. The ever-increasing number of patients seen in our offices reflect that reputation.



Total number of employees = 135

Total number of patient visits = 72,000

Total number of surgeries = 2,100

Total number of lasers = 3,000

Total number of OCTs = 25,000

Total number of FAs = 1,500

Total number of ICGs = 300

Total number of Injections = 15,000-17,000

SURGICAL NUMBERS FOR FELLOWS

First year:
 400-450 attending cases;
 250-300 primary

Second year:
 400-450 attending cases;
 350-400 primary

Total:
 600-700 primary cases
 including surgical knowledge of
 scleral buckling and
 pneumatic retinopathy

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 in order to fully participate in fellowship activities starting day one.

You will be on staff at the following facilities: Mercy Medical Center, St. Louis Eye Center, St. Luke's Hospital, St. Mary's Hospital, Woodcrest Surgery Center*

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 with 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 or not a presentation is made by the fellow.

Satellite Travel

Fellows may be reimbursed for mileage

when traveling from one clinical office to another during the course of a work day. See the TRI staff handbook for additional details.

BENEFITS

Paid Time-Off (PTO) and Meeting Time

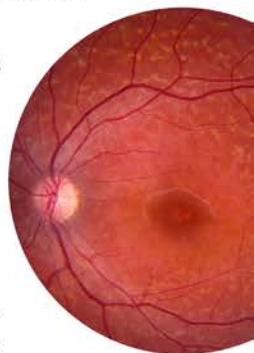
Maximum allowable time-off per year of fellowship is 10 days of paid time off (PTO) and 5 days of Meeting Time. PTO is to be used for personal time off, meetings other than listed and religious holidays, and interview dates. A written request for PTO is required at least 30 days prior to date requested. 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 in excess of PTO and meeting time will have to be recompensed in order 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. These 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

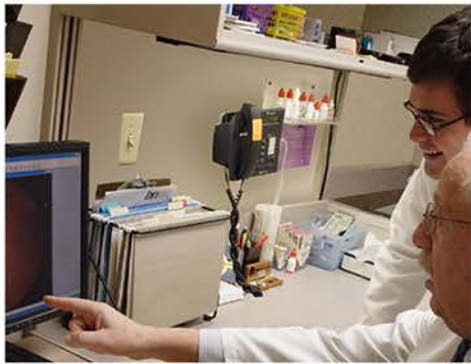
Throughout this handbook, there are several people mentioned who will assist you with licensing, manuscripts, presentations, benefits, etc. However, we pride ourselves on maintaining a congenial atmosphere and everyone is here to help. The following is a listing of the people by name and title:

- Pam Bilyeu (Clinical Director) Ext. 2220
- Nancy Bolozky (Fellowship/RRDF Coordinator) Ext. 2157
- Kathi Childress (Human Resources) Ext. 2282
- Stacy Deiss (Credentialing) Ext. 2267
- Jaime Kintz (Reception Supervisor) Ext. 2200
- Chris Mannhard (Director of Accounting) Ext. 2246
- Christine McDonald (Administrative Director) Ext. 2151
- 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 the Fellowship Directors Drs. Smith and Engelbrecht, as well as the senior fellows.

This biennial program begins annually on July 5th, and the two-year fellowship concludes on July 3rd; however, completion date may vary so that the full two year (two consecutive 365 day periods) duration is met as required by the AUPO.

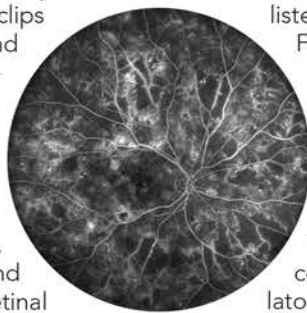
The following information is a general description of your responsibilities. Your payroll, benefits, parking, reimbursements, etc. are handled through the practice. If you need assistance, please contact The Retina Institute Fellowship Coordinator Nancy Bolozky or Kathi Childress in Human Resources for 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 of 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 to publish in peer-reviewed journals and present at major national meetings.

In-House Education

The practice Retina Institute holds conferences at the TRI Administrative (Brentwood) Office every other Monday evening and every other Saturday morning. Journal clubs will be held once a quarter. The senior fellows will supply a calendar of upcoming conferences and journal clubs for the upcoming academic year. Both first and second year fellows are expected to participate.

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 2 weeks before the evening of journal club.

Surgical Conferences

This conference occurs every other Saturday at 8:30 am. 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.

Core Curriculum Conferences and Imaging Conferences

These conferences occur on Monday evenings at 6 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.

- 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

During imaging conferences each fellow should be prepared to present 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 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.



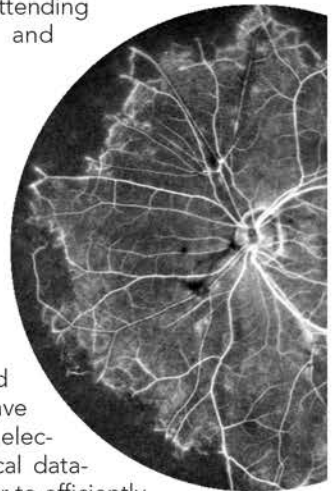
Research

Research participation during fellowship is a major component of the scholarly activities required by the AUPO. In order 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 given to the fellowship directors. Progress on all projects and research activities should be logged on 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 in order to efficiently collect references for their papers. A selection of appropriate texts are also kept on site and are accessible 24 hours daily 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 presentation 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>.

Acute Angle Closure Precipitated by Hemorrhage and Necrosis of a Large Uveal Melanoma in the Setting of Systemic Immunomodulatory Therapy. Pham CM, Kalyam K, Smith BT, Floyd J, Holds JB. Ocul Oncol Pathol. 2017 Nov;3(4):254-8.

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.

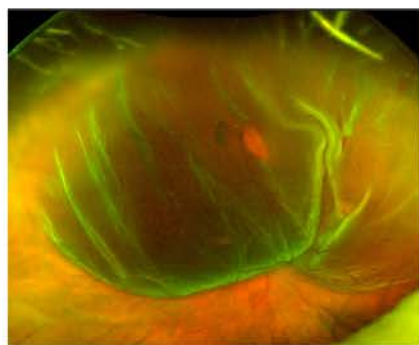
Bull's Eye Maculopathy in an HIV-Positive Patient Receiving Ritonavir. Non L, Jeroudi A, Smith BT, Parsaei S. Antivir Ther. 2016;21(4):365-7.

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.

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.

Coats' Disease-Related Macular Edema Treated with Combined Aflibercept and Laser Photocoagulation. Shieh WS, Shah GK, Blinder, KJ. Case Rep Ophthalmol Med. 2017;2017:2824847.

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, Kuriyan AE; Primary Retinal Detachment Outcomes (PRO) Study Group. Ophthalmic Surg Lasers



Imaging Retina. 2021 Feb 1;52(2):70-76.

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.

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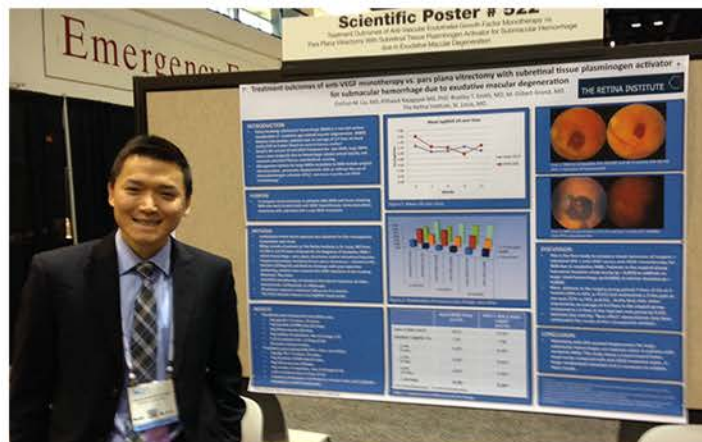
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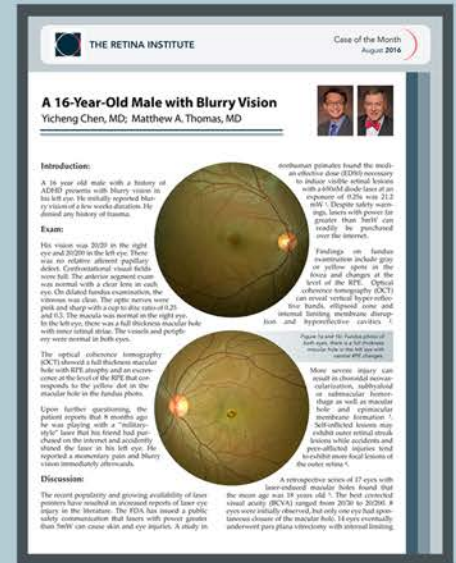


Case of the Month

Since March 2014, The Retina Institute has been creating and distributing a 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 nearly 500 individuals in the eye care profession and uploaded to the company website. The fellows alternate cases providing them an opportunity to share 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 defines 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 & UPCOMING STUDIES

- ALTIMETER

Pathology: Diabetic Macular Edema (DME)

Description: An exploratory, prospective, multicenter, open-label, single-arm, interventional, Phase IIb study designed to explore the associations over time between clinical assessments, multimodal imaging assessments, aqueous humor (AH) biomarker patterns, and genetic polymorphisms in participants with diabetic

macular edema (DME) who are treated with faricimab.

Study Objectives: To compare the efficacy of intravitreal aflibercept with intravitreal bevacizumab + deferred aflibercept if needed in eyes with CI DME and moderate vision loss.

- DRCR PROTOCOL AJ

Pathology: Macular Hole (MH)

Description: DRCR Retina Network Vitreous Proteomics in Eyes with a Macular Hole

Study Objectives: The object of this clinical trial is to verify and characterize abnormally expressed vitreous proteins in adults with full thickness macular holes (MH)

- FOCUS - Novo Nordisk Trial

Pathology: Diabetic Retinopathy (DR)

Description: A Research Study to Look at How Semaglutide Compared to Placebo Affects Diabetic Eye Disease in People With Type 2 Diabetes.

Study Objectives: This study will look at the long-term effects of semaglutide (active medicine) on diabetic eye disease when

● **FOCUS - Novo Nordisk Trial (cont.)**

compared to placebo (dummy medicine). The study will be performed in people with type 2 diabetes. Participants will either get semaglutide or placebo in addition to their diabetes medicines - which treatment the participant gets is decided by chance. Participants will inject the study medicine using a pen-injector. The medicine must be injected in a skin fold in the stomach, thigh or upper arm once a week. The study will last for 5 years.

● **GALLEGO**

Pathology: Geographic Atrophy

Description: Safety and Tolerability Study of RO7171009 in Participants With Geographic Atrophy (GA) Secondary to Age-Related Macular Degeneration (AMD)

Study Objectives: This Phase 1, open-label, multicenter study will investigate the safety and tolerability of RO7171009 following single and multiple intravitreal (ITV) administrations in patients with GA secondary to AMD. The study consists of two stages: Single Dose-Escalation (SAD) and Multiple-Dose (MD) stages.

● **GUARD**

Pathology: Retinal Detachment with Proliferative Vitreoretinopathy (PVR)

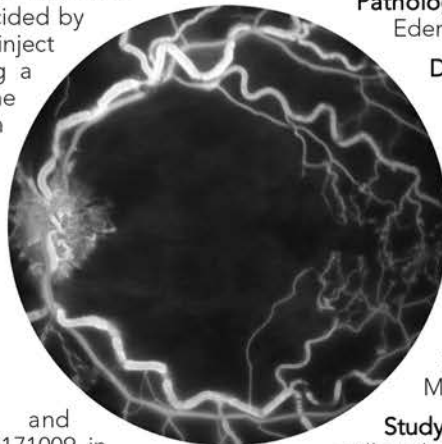
Description: A multicenter, randomized, controlled, prospective, adaptive Phase III clinical trial of repeated intravitreal injections of ADX-2191 versus standard of care for the prevention of proliferative vitreoretinopathy

Study Objectives: This Phase III trial will compare results of multiple injections of ADX-2191 (methotrexate) versus standard care in patients with secondary RD with PVR/primary open globe RD with PVR

● **INDIGO - DIOPSY**

Pathology: Non-Proliferative Diabetic Retinopathy (NPDR)

Description: Quantitative evaluation of retinal function in eyes with diabetic retinopathy treated with anti-VEGF (ERG)
Study Objectives: Primary - To assess the ability of Flicker ERG to detect changes in retinal function following anti-VEGF treatment in patients with diabetic retinopathy. Secondary - To investigate the correlation



between changes in retina function with the severity of diabetic retinopathy.

● **PAGODA**

Pathology: Diabetic Macular Edema (DME)

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

Study Objectives: This study will evaluate the efficacy, safety, and pharmacokinetics of the Port Delivery System with Ranibizumab (PDS) in Participants with Diabetic Macular Edema (DME) when treated every 24 weeks (Q24W) compared with intravitreal ranibizumab 0.5 mg every 4 weeks (Q4W).

Ongoing Studies

● **DRCR PROTOCOL AC**

Randomized Trial of Intravitreal Aflibercept versus Intravitreal Bevacizumab + Deferred Aflibercept for Treatment of Central Involved Diabetic Macular Edema (DME)

● **EDIC**

Epidemiology of Diabetes Interventions and Complications currently in year 28 of the trial

● **GEMINI THERAPEUTICS**

Phase 2a Trial of GEM103 in Dry Age-Related Macular Degeneration (AMD)

● **MACTEL RENEXUS**

NTMT-03 is a Phase III, multicenter, randomized, sham-controlled, study to determine the safety and efficacy of Renexus in macular telangiectasia Type 2

To contact one of the coordinators, call the main office line at 314-367-1181 and use the following extensions:

STUDY COORDINATORS:

- Allan Braverman, BS (Ext. 2614)
- Lauren McDonald-Mueller, OSC (Ext. 2617)
- Rhonda Weeks, CCRC (Ext. 2609)

Current Fellows
2021-22

2nd Year



Avinash 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.



Rohan Jalalizadeh, MD received his medical degree from the Washington University School of Medicine in St. Louis. He did a transitional year internship at Saint Louis University Hospital. Dr.

Jalalizadeh completed his ophthalmology residency at the University of Michigan Kellogg Eye Center in Ann Arbor.

1st Year



Elyse Tom, MD received her medical degree from the University of Hawaii John A. Burns School of Medicine and did a transitional year internship at the University of Hawaii. Dr. Tom completed

her ophthalmology residency at the University of Washington in Seattle.



Maxwell Wingelaar, MD received his medical degree from the Michigan State University College of Human Medicine, in East Lansing, Michigan and did his internship at the Beaumont-Health-

Taylor, in Taylor, Michigan. Dr. Wingelaar completed his ophthalmology residency at the University of Wisconsin Hospital and Clinics, in Madison.

FORMER FELLOWS

Ahmad, Baseer MD
(2012-14)
Case Western Reserve University
Dept. of Ophthalmology &
Visual Sciences
11100 Euclid Ave, Suite 3200
Cleveland, OH 44106
216-286-6665

Akduman, Levant, MD
(1994-96)
Saint Louis University
School of Medicine
Dept. of Ophthalmology
SLU Eye Institute
1755 South Grand Blvd.
St. Louis, Missouri 63104
314-256-3220

Almony, Arghavan, MD
(2008-10)
Carolina Eye Associates
2170 Midland Rd
Southern Pines, NC 28387
910-295-2100

Altomare, Filiberto, MD
(1998-99)
St. Michael's Health Centre, 61
Queen Street East, 8th Floor
Toronto M5C 2T2
416-867-7422



Ansari, Waseem H., MD
(2018-20)
Retina Associates of South Texas
9910 Huebner Rd.
San Antonio, TX 78240
210-615-7600

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

Aschbrenner, Mathew, MD
(2010-12)
Eye Clinic of Wisconsin,
P.O. Box 689
800 N. First St.
Wausau, WI 54403
715-261-8500

Atebara, Neal H., MD
(1995-97)
Retina Center of Hawaii
1380 Lusitana St., Suite 201
Honolulu, HI 96813
808-550-8440

Avery, Graham D., MD
(1983-84)
Beaumont Retina Consultant
740 Hospital Dr.
Beaumont, TX 77701
409-832-8883

Banda, Himanshu K., MD
(2017-19)
Sound Retina, PS
2245 S. 19th Street, Suite 200
Tacoma, WA 98405
253-572-1444

Berger, Alan R., MD
(1988-89)
St. Michael's Health Centre
61 Queen Street East, 8th Floor
Toronto M5C 2T2
416-867-7422

Berman, Adrienne J., MD
(1995-97)
University of Illinois
Eye & Ear Infirmary
1855 W Taylor St., Suite 1
Chicago, IL 60612
312-996-9120

Blackorby, Barton L., MD
(2018-20)
Madigan Army Medical Center,
Dept. of Ophthalmology
9040 Jackson Ave.
Joint Base Lewis-McChord, WA
98431
253-968-1760

Blahnik, C. L., MD
(1968-69)
Emeritus
Green Bay, WI
54302

Blankenship, George Jr., MD
(1970-71)
Retina &
Oculoplastic
Consultants
220 Grandview Ave,
Suite 200
Camp Hill, PA
17011

717-761-8688

Boldrey, Edwin E., MD
(1974-75)
Northern California Retina
Vitreous Associates
2512 Samaritan Ct., Suite P
San Jose, California 95124
408-356-8818

Boniuk, Isaac, MD,
(1965-66)
Retina Consultants
St. Louis, MO
(Deceased)

Bottini, Alexander, MD
(2019-20)
Omni Eye Services
3200 Downwood Circle, Suite 240
Atlanta, GA 30327
404-355-7000

Boucher, M. Carole., MD
(1980-81)
University of Montreal
Montréal (Québec) Canada
H1T 2M4
514-252-3400 #4959

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

Busquets, Miguel A., MD (2000-02)
Associates in Ophthalmology
9970 Mountain View Dr.
West Mifflin, PA 15236
412-653-3080

Canaan, Samuel A. Jr., MD
(1959-61)
5535 Delmar Blvd
St. Louis, MO 63112
314-367-7077

Cantrill, Herbert L., MD
(1977-78)
Vitreoretinal Surgery, PA
710 E 24th Street, Suite 103
Minneapolis, MN 55404
612-746-1515

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

Chan, Clement K., MD
(1984-85)
Southern California Desert
36949 Cook Street, Suite 101
Palm Desert, CA 9221
760-340-2394

Chen, Yicheng, MD
(2015-17)
Vitreoretinal Associates of
Washington
1750 112th Ave NE #D050
Bellevue, WA 98004
206-215-3850

Chinsky, Nicholas D., MD
(2014-16)
NJ Retina
10 Plum Street, Suite 600
New Brunswick, NJ 08901
732-220-1600

Cohen, Bruce, MD
(1985-86)
Cohen Eye Associates
4921 Parkview Pl. 14th Floor,
St. Louis, MO 63110
314-361-5003

Cohen, Gerald, MD
(1972-73)
Retina Associates
3525 Prytania Street, Suite 320
New Orleans, LA 70115
504-895-3961

Connors, Daniel B., MD
(2016-18)
Retinal and Ophthalmic
Consultants
1500 Tilton Rd.
Northfield, NJ 08225
609-646-5200

Conway, Mandi, MD
(1991-92)
Arizona Retinal Specialists
19052 N. RH Johnson
Sun City West, AZ 85375
623-474-3937

After TRI

In 2014, the Co-Directors of the Fellowship Program at The Retina Institute established a reunion for the physicians who had ties to the practice. The cocktail party takes place on the Saturday night of the Annual AAO meeting.

In addition to the exceptional training, lifelong friendships are forged during our two-year fellowship program.



The Retina Institute also created a newsletter dedicated to the alumni of our fellowship program. Like other professional groups, we feel a strong connection to those with whom we have so much in common. To date, over 100 men and women have done their vitreoretinal training here in St. Louis.

In an effort to promote this relationship, we launched *INSIGHT*. Our goal being to establish an intellectual and social environment for all the physicians associated with The Retina Institute.



Cooper, Blake, MD
(2001-03)
Retina Associates, P.A.
10100 N. Ambassador Dr., Ste 100
Kansas City, MO 64153
816-505-3400

Corey, Richard, MD
(2001-03)
Pacific Retina Specialists
1536 N 115th St, Suite 300
Seattle, WA 98133
206-368-5457

Davies, John B., MD
(2007-09)
Vitreoretinal Surgery, PA
710 E 24th Street, Suite 103
Minneapolis, MN 55404
612-46-1515

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

Dhaliwal, Ranjit S., MD
(1992-93)
3520 Walton Way Extension;
Suite 2A
Augusta, GA 30909
706-481-9191

Dhalla, Mandeep, MD
(2005-07)
Retina Group of Florida
5601 N. Dixie Hwy., Suite 207
Fort Lauderdale, FL 33334
954-776-6880

Dickinson, John D., MD
(1993-95)
Victoria General Hospital
1278 Tower Rd
Halifax, Nova Scotia B3H
902-473-3947



Elman, Michael, MD (1984-85)
Elman Retina Group, P.A.
9114 Philadelphia Road, Suite 310
Baltimore, MD 21237
410-686-3000

Engel, Harry, MD (1981-82)
Albert Einstein
College of Medicine,
40 West 72nd Street, Suite A
New York, NY 10023
718-432-1500

Escoffery, Richard F., MD (1973-74)
Montgomery Eye Center
700 Neapolitan Way
Naples, FL 34103
239-261-8383

Fankhauser, Franz, MD (1960-61)
Emeritus
Dessau, Germany

Feiner, Len, MD (2004-06)
Retina Associates
of New Jersey, P.A.,
628 Cedar Ln
Teaneck, NJ
201-837-7300

Fintak, David, MD (2007-09)
Kaiser Permanente Medical Group
2045 Franklin St
Denver, CO 80205
(303) 338-4545

Fischer, C. Kenneth, MD (1972-73)
801 Saint Marys Dr # 504
Evansville, IN 47714
812-479-8222

Fitzgerald, Constance R., MD
(1970-71)
Gainesville, FL
(Deceased)

Fung, Wayne, MD (1967)
Emeritus
San Francisco, CA

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

Grand, M. Gilbert, MD
(1975-76)
The Retina Institute
1600 S. Brentwood Blvd. Suite 800
St. Louis, MO 63144
314-367-1181

Grinde, Stephen E., MD
(1982-83)

Retina
Consultants-
Nashville
2010 Church St.,
Ste 521
Nashville, TN
37203
(615) 284-5755

**Halperin,
Lawrence S., MD**
(1989-90)
Retina Group of
Florida
Glades Tower I
950 Glades Road

Suite 1-C
Boca Raton, Florida 33431
561-394-6499

Hariprasad, Seenu M., MD
(2003-05)
University of Chicago
5841 S. Maryland Ave.,
MC 2114
Chicago, IL 60637
773-795-1326

Ho, Vincent, MD
(2014-16)
NJ Retina
628 Cedar Lane
Teaneck NJ 07666
855-657-3846

**Holekamp, Nancy M.,
MD** (1993-95)
Pepose Vision
Institute
1815 Clarkson Road
Chesterfield, MO
63017
636-728-0111

**Holekamp, Timothy,
MD** (1976-77)
Emeritus
Columbia, MO 65201

**Hubbard, G. Baker III,
MD** (1998-2000)
Emory Eye Center
The Emory Clinic, Building B
1365B Clifton Road, N.E.
Atlanta GA 30322
404-778-2020

Ibanez, Hector E., MD
(1992-94)
14 E. De Diego, Suite 204
Mayaguez, Puerto Rico 00680
787-834-4224

Jeroudi, Abdallah M., MD
(2015-17)
Florida Retina Institute
8786 Perimeter Park Blvd
Jacksonville, FL 62216
904-997-9202

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

Jonisch, Jonathan, MD
(2009-11)
Long Island Vitreoretinal
Consultants
30 Hempstead Ave, Suite 160
Rockville Centre, NY 11570
(516) 594-1010

Joseph, Daniel P., MD, PhD
(1996-98)
The Retina Institute
1600 S. Brentwood Blvd., Suite 800
St. Louis, MO 63144
314-367-1181

Jost, Bradley F., MD
(1983-84)
8220 Walnut Hill, Ste 414
Dallas, TX 75231
(214) 361-6700

Kaushal, Shalesh, MD, PhD
(1997-99)
Retinal Specialty Institute
2000 SW Archer, Ste 4500B
Gainesville, FL 32608
(800) 749-7424

Kim, Bryan, MD
(2010-12)
Midwest Retina Consultants
1100 W. Central Rd, LL2
Arlington Heights, IL 60005
847-394-3933

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

Labelle, Pierre, MD
(1969-70)
Maisonneuve- Rosemont Hospital;
195 Cote Ste. Catherine #1908
Montreal, QC H2V 2B1
514-273-7934



Landers, James H., MD
(1975-76)
Medical College
Physicians Group -
Uams
4301 W Markham St.,
Suite 783
Little Rock, AR 72205
501-686-6324

Lee, Carol M., MD
(1989-91)
NYU Langone Medical
Center
161 Madison Avenue
New York, NY 10016
212-684-2424

Lee, Henry, MD
(2003-05)
Retina Consultants -
Western New York,
6480 Main St
Williamsville NY
716-631-3300

Lipman, Matthew J., MD
(1981-82)
Midwest Eye Center
Eastgate Professional Building,
Suite 305
4452 Eastgate Blvd
Cincinnati, OH 45245
513-752-5700

Liu, Enchun Mike, MD
(2013-15)
Retina Associates of South Texas
9910 Huebner Rd, Ste 100
San Antonio, TX 78240
(210) 615-7600

Lowe, Marc, MD
(1992-93)
Laser Sight Eyecare
Medical Group
230 W Pueblo St, Suite 2
Santa Barbara, CA 93105
805-682-4761

Mann, Eric, MD, PhD
(1995-96)
The Retina Group, Ltd.
3009 N Ballas Rd
Suite 261 Building C
St. Louis, Missouri 63131
314-835-9400

Margulies, Linda J., MD
(1986-87)
University of California,
Davis Medical Center
150 Muir Rd., Suite 112
Martinez, CA 94553
925-372-2600

Meyer, Jacob C., MD,
(2012-14)
Virginia Retina Consultants
600 Peter Jefferson Parkway,
Suite 350
Charlottesville, VA 22911
434-978-2040

Mills, Michael D., MD
(2003-04)
3200 Erin Mills Pky, Ste 1
Mississauga, Ontario L5L 1W8,
905-820-3937

Mincey, Gregory J., MD
(1982-83)
Carolina Eye Associates
2170 Midland Rd
Southern Pines, NC 28387
910-295-2100

Nix, Ralph R., MD
(1971-72)
706 W 15th Ave
Covington, LA 70433
985-893-1180

Okun, Edward, MD
(1961-62)
Emeritus
Tesuque, NM
(Deceased)

Okun, Neil J., MD
(1988-89)
Eye Specialists Of Mid-Florida
407 Avenue K SE
Winter Haven, FL 33880
863-294-3504

Olk, R. Joseph, MD
(1979-80)
Retina Center PC
11710 Old Ballas Rd, Ste 102
Saint Louis, MO 63141
314-569-2020

Parikh, Vishal S., MD
(2017-19)
Midwest Retina
6655 Post Road
Dublin, OH 43016
614-339-8500

Pesin, Samuel R., MD
(1990-91)
Retina Vitreous Assoc Inc
2865 N Reynolds Rd
Toledo, OH 43615
419-578-4367

Rajagopal, Rithwick, MD, PhD
(2011-2013)
Washington University
School of Medicine
Dept. of Ophthalmology and
Visual Sciences
660 S. Euclid Avenue,
Campus Box 8096
St. Louis, MO 63110
314-362-3937

Ramaiya, Kamalesh, MD
(2009-11)
Eye Associates of New Mexico
5757 Harper Dr NE
Albuquerque, NM 87109
505-883-6800

Rao, P. Kumar, MD
(1999-2001)
Washington
University
School of
Medicine
Dept. of
Ophthalmology
and Visual
Sciences
660 S. Euclid
Avenue,
Campus Box
8096
St. Louis, MO
63110
314-362-3937



Rao, Rajesh C., MD
(2011-2013)
W.K. Kellogg Eye Center
University of Michigan Medical
School, 1000 Wall St.,
Brehm Room 7300
Ann Arbor, MI 48105
734-232-8030

Renaldo, Donald, MD
(1978-79)
Carolina Retina & Vitreous:
1718 E 4th St., Suite 908
Charlotte, NC 28204
704-376-5424

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

Roseman, Robert, MD
(1986-87)
Vitreous Retinal Associates:
4340 W Newberry Rd,
Gainesville, FL 32607
352-371-2800

Rosenblatt, Brett, MD
(2002-04)
Long Island Vitreoretinal
Consultants
600 Northern Blvd
Great Neck, NY 11021
516-466-0390

Ruby, Alan J., MD
(1991-93)
Associated Retinal Consultants PC
3535 W 13 Mile Rd # 344
Royal Oak, MI 48073
(248) 288-2280

Ryan, Edwin H. Jr., MD
(1987-88)
Vitreoretinal Surgery
393 Dunlap St N, Suite 231
Saint Paul, MN 55104
651-644-8993

Schadlu, Ramin, MD
(2006-08)
Arizona Retina & Vitreous
Consultants
1728 W Glendale Ave, Suite 204
Phoenix, AZ 85021
602-232-6066

Schimmelpfennig, Wulf, MD
(1974-75)
Emeritus
Living in Europe

Schoch, Lawrence, MD
(1979-80)
Eye Associates of
Southern Indiana
2580 Michigan Rd, Ste. 2
Madison, IN 47250
812-265-6222

Schocket, Stanley, MD
(1964-65)
Eye Consultants Of
Maryland
21 Crossroads Dr, Ste. 425
Owings Mills, MD 21117
410-581-2020

Segall, Morris, MD
(1979-80)
S. Florida Eye Associates
1295 NW 14th St, Suite C
Miami, FL 33125
305-324-0457

Sheidow, Thomas, MD
(2000-01)
University of Western Ontario,
Ivey Eye Institute
268 Grosvenor St
London, Ontario N6A 4V2

Shieh, Wen-Shi "Wendy", MD
(2016-18)
HD Retina Eye Center, Ltd.
5470 Kietzke Lane, Suite #205
Reno, NV 89511
775-737-9411

Simpson, Scott, MD
(1996-98)
Retina Consultants of Idaho,
3715 E Overland Rd., Suite 250
Meridian, ID 83642
208-855-5950

Singh, Harinderjit, MD
(1980-81)
Physicians Practice, 1120 15th St.
Augusta, GA 30912
706-721-2020

Smith, Bradley T., MD
(2006-08)
The Retina Institute
1600 S. Brentwood Blvd., Suite 800
St. Louis, MO 63144
314-367-1181

Staman, James A., MD
(1978-79)
Florida Retina Institute
1105 S Walnut St
Starke, FL 32091
904-387-5600

Stransky, Theodore J., MD
(1976-77)
Tri-State Ophthalmology
Consultants
350 W Columbia, Suite 250
Evansville, IN 47710
812-423-3161

Tewari, Asheesh, MD
(2005-07)
Kresge Eye Institute
4717 Saint Antoine St.
Detroit, MI 48201
313-993-0871



Tornambe, Paul, MD
(1977-78)
Retina Consultants of San Diego
12630 Monte Vista Rd., Suite 104
Poway, CA 92064
858-451-1911

Uniat, Linda M., MD
(1986-87)
Retina Imaging Centre, Suite 702,
Hys Centre 11010-101 Street
Edmonton, Alberta
T5H 4B9, Canada
780-421-0465

Vaiser, Albert, MD
(1964-65)
Texas Radiology Association
7150 Greenville Ave, Suite 400
Dallas, TX 75231
214-692-6941

Virata, Steven R., MD
(1999-2001)
Williamson Eye Institute
1400 Teal Rd,
Lafayette, IN 47905
765-477-2020

Walia, Harpreet "Paul", MD
(2013-15)
Georgia Retina
1100 Johnson Ferry Rd. NE
Building 2, Suite 593
Atlanta, GA 30342
404-255-9096

Wee, Ray, MD
(2008-10)
Retina Consultants of Hawaii
Medical Office Building
98-1079 Moanalua Road, Suite 470
Aiea, Hawaii 96701
808-487-8928

Wendel, Robert T., MD
(1983-84)
Retinal Consultants
Medical Group
5775 Greenback Ln
Sacramento, CA 95841
916-339-3655

Wickens, Jason, MD
(2005-06)
Retina Consultants of Nevada
2845 Siena Heights Dr.,
Suite 300
Henderson, NV 89052
702-369-0200

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 methods 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; I miss those perhaps most of all. Additionally, Bill is a nationally known coding expert and goes out of his way to teach an understanding of medical economics and billing - often neglected in fellowships, but critical once one enters into practice.

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.

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:

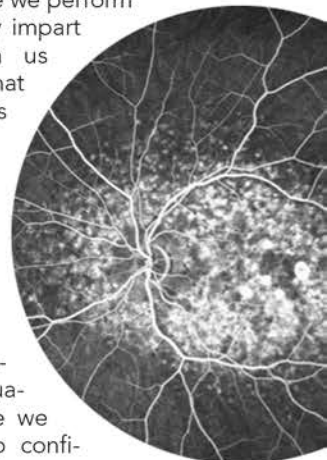
My sincerest thanks and appreciation for everything. I am incredibly privileged to have completed my fellowship under your guidance. Every facet of the program is exceptional, which is why TRI remains a premiere vitreoretinal surgical fellowship.



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's 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 the 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
Georgia 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 well 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 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
Joint Base Lewis-McChord, WA

In Closing ←



THE RETINA INSTITUTE



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

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

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.