



# A Message From Dr. Gregg Kokame

Welcome to the first edition of our newsletter for Retina Consultants of Hawaii!

RCH is the leading retinal consultative group in Hawaii, and is made up of physicians who have trained at the best places in the world in our field. We are extremely excited to announce the addition of Dr. Raymond Wee. His resume is superb, and we are proud to have him join us at RCH in truly providing Hawaii with its best trained retina team. Training is extremely important - it is the foundation that a retina specialist depends on forever to provide the best possible care, and is especially important in allowing us to provide the most advanced treatments for retinal diseases. Three of the best retinal training programs in the world are Duke University (Dr. James C. Lai), the Barnes Retina Institute (Dr. Raymond Wee) and the Bascom Palmer Eye Institute (Dr. Gregg Kokame).

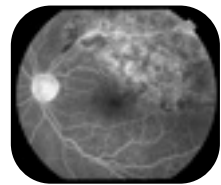
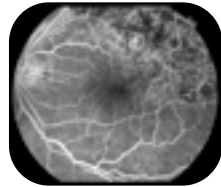
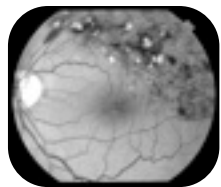
Our core values at RCH are excellence in care, compassionate clinical care, and a true dedication to state of the art research. Our research is published in major recognized journals listed in the National Library of Medicine (PubMed), and involves some of the most promising new treatments for retinal diseases. This research has helped to develop some of the most important recent advances in retinal disease management, including the pivotal trials leading to the approval

of Lucentis, the breakthrough drug for exudative macular degeneration. Through its research program in June of 2003, RCH was the first in Hawaii to treat patients with exudative macular degeneration with Lucentis, well before any anti-angiogenic drug was available in the USA. This access to treatment early on truly saved vision in patients who would otherwise have lost their central vision.

We value compassion in our care, and our staff and doctors strive to provide you with the most accessible, personalized and advanced care for retinal diseases. We are a leading research center not only nationally, but internationally as well. We have the best trained physicians and staff, but what we value most is our relationship with our patients and our referring doctors. Thank you so much for supporting RCH over the years. RCH is proud to be a part of the medical community in Hawaii, which enables us to provide the people with retinal diseases in Hawaii with the best care available.

With Warm Regards,

Gregg T. Kokame MD  
Managing Partner,  
Retina Consultants of Hawaii Inc.



Dr. Gregg T. Kokame



**Jules Stein Eye Institute**

*Ophthalmology Residency*

**Bascom Palmer**

*Vitreoretinal Fellowship*

Dr. James C. Lai



**Wilmer Eye Institute**

*Ophthalmology Residency*

**Duke University**

*Vitreoretinal Fellowship*

Dr. Raymond Wee



**Massachusetts Eye & Ear**

*Ophthalmology Residency*

**Barnes Retina Institute**

*Vitreoretinal Fellowship*

## OPHTHALMOLOGY

### BEST HOSPITAL RANKINGS

#1) Bascom Palmer Eye Institute at the University of Miami

#2) Wilmer Eye Institute, Johns Hopkins Hospital

#4) Massachusetts Eye and Ear Infirmary

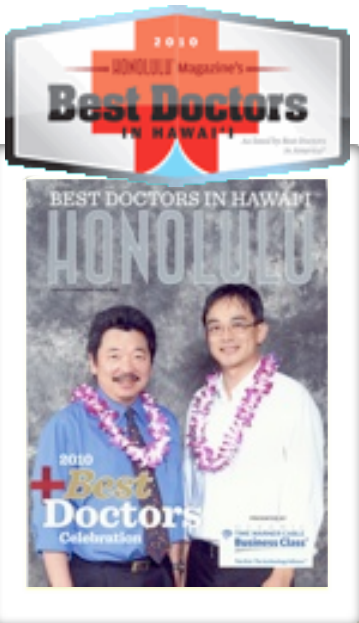
#5) Jules Stein Eye Institute, UCLA Medical Center

#7) Duke University Medical Center

#15) Barnes/Wash. U.



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# RETINA CONSULTANTS OF HAWAII

## UPCOMING EVENTS

September 25, 2010- *Retina Society, San Francisco*  
Fluorescein Angiographic Findings in PEARL Study of Ranibizumab Therapy for PCV - Importance of ICG Angiography Due to Therapeutic Response Differences Between PCV and AMD, presented by Gregg T. Kokame, M.D. & Pneumatic Retinopexy in the Management of Retinal Detachment, Hypotony and Choroidal Detachment, presented by James C. Lai, M.D.

September 27, 2010- *CME Lecture Series, Aiea*  
Dr. Raymond Wee presents "Common Eye Problems: What Will You Be Asked About at Family Reunions?" A Continuing Medical Education Lecture at Pali Momi Medical Center, 12:30-1:30 p.m. in the Conference Center

October 14, 2010- *Gass Fellowship Society Meeting, Chicago*  
"A Meeting to Remember the Fantastic Work in Medical Retina of Dr. Donald Gass, The Father of Medical Retina" Gregg T. Kokame, M.D., Alex Hunyor, MD, Coordinators

October 17, 2010- *Novartis Symposium at AAO, Chicago*  
"A Symposium on the Management of Exudative Macular Degeneration in Japan" A Novartis Symposium at the American Academy of Ophthalmology. Gregg T. Kokame, M.D., Invited Speaker

November 4, 2010- *Study Club for Ophthalmic Research, Honolulu*  
Study Club for Ophthalmic Research (SCORH), 6:30 p.m. at Halekulani

November 19, 2010- *Asia Pacific Vitreoretinal Society, Singapore*  
One Year Results of Monthly Lucentis Therapy for Polypoidal Choroidal Vasculopathy. Invited Paper and Speaker. Age Related Macular Degeneration Symposium.

For additional information on any of these events, please contact Jacqueline Shen at [jshen@retinahi.com](mailto:jshen@retinahi.com) or 808-380-8060

## meet *Dr. Raymond Wee*

Throughout my life, I've benefitted from the generous efforts of my teachers. That pattern held true during my most recent training, too. I am very grateful for each of the eleven mentors that I had at Barnes Retina Institute (WashU in Saint Louis). Their diverse backgrounds helped me learn a wide range of approaches and techniques in both the operating room and clinic. Their involvement in important national trials allowed me to see new developments firsthand. In order to provide the best care for my patients, I will continue to build on the foundation of knowledge acquired during my training.

### Reflections on St. Louis

There's a special place in my heart for Saint Louis. My parents originally met in Saint Louis (on a blind date). Many years later, I attended medical school there and fell in love with the city. I returned to Saint Louis for my fellowship, but this time I brought my wife and newborn son. Living in Saint Louis with a

family made me see the city in a new light: as a wonderful place to raise kids. My daughter was born in Saint Louis, which solidifies the city's importance in my life. While I consider Saint Louis the most underrated city in America, I see Honolulu as the top city, which is why I'm proud to call it my new home.



### Moving to Hawaii

There's a saying in medicine that goes "within 15 years of starting practice, you'll live within 15 minutes of your mother-in-law." That statement holds true for me. In fact, my room is about 15 paces from my mother-in-law's room! We are currently living with my in-laws (i.e. babysitters). I insist that my wife owes me since I moved to Hawaii for her...but we both know that it's not a sacrifice to live in Hawaii.

My wife was born and raised in Hawaii. She's a graduate of Hawaii Baptist Academy and went to nursing school at UH. She was a nurse at Kuakini Hospital. We met during my internship at UH. I look forward to raising my kids local style. My two-year-old boy already knows how to shaka!

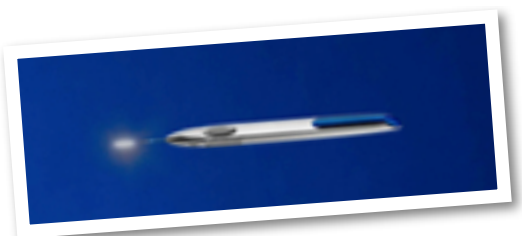


Retinal vein occlusion (RVO) is the second leading cause of blindness after diabetic retinopathy. There are more than 150,000 new cases of RVO diagnosed each year in the United States. Dr. James Lai was the first in Hawaii to use Ozurdex, a revolutionary treatment for vein occlusion patients. This new treatment was just recently approved by the FDA.

Retinal vein occlusion (RVO) is a stroke in the back of the eye (the retina). A clot in a major blood vessel (similar to a hair clog in a drain) develops and prevents blood from flowing normally. Valuable nutrients are not delivered to the back of the eye. This blockage can lead to swelling and bleeding in the retina, which can cause severe vision loss. Ozurdex works by decreasing the swelling in the retina so that the patient's eye has a better chance at recovering more of their vision.

Ozurdex is the first dissolvable implant that allows for a slow-release of a steroid called dexamethasone. During a quick in-office procedure, a pellet, which is approximately the size of a grain of rice, is placed into the space in the back of the eye. Slowly over time, the pellet of medication dissolves and releases the medication directly where it is needed. This slow-release treatment allows for consistent delivery of medication that works over an extended period of time, thereby allowing for less frequent doctor's visits and less frequent injections.

Dr. Lai is very excited for this meaningful advancement in treating RVO. "We have been involved in the clinical trials for this novel technology over the past 2 years," says Dr. Lai, "and we saw up to 30% of patients gain three lines of vision." This added experience with the Ozurdex treatment allows Dr. Lai to determine the best way to use this medication in each of his patients. Retina Consultants of Hawaii has also participated in a clinical trial that examined the use of Ozurdex for the treatment of diabetic retinopathy.



# INTERESTING CASES SEEN AT RCH

Surgical Management of Inner Lamellar Macular Holes. 2007 Jan-Feb 38(1):61-3  
Published in *Ophthalmic Surgery, Lasers & Imaging*

A macular hole, which is a hole in the central vision area, resulted in the untreatable loss of central vision up until the early 1990's. Retina Consultants of Hawaii was a prominent center in the early national multi-centered clinical trials that helped develop macular hole surgery to become the standard of care today. Surgery can now close the hole in over 90% of cases, resulting in improvement in central vision.

A lamellar macular hole traditionally has been considered an untreatable problem. A lamellar macular hole results in a partial thickness defect in the central retina. Recently, with work we published in *Ophthalmic Surgery, Lasers & Imaging*, surgery is now being considered for lamellar macular holes.

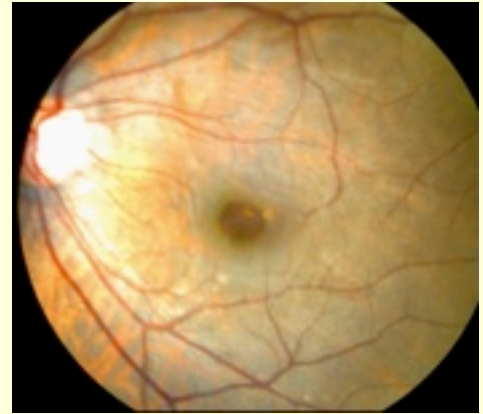


Figure 1

This patient presented with symptoms of blurred vision and metamorphopsia in her left eye. The fundus photograph (see Figure 1) and OCT (see Figure 2) are typical of a lamellar macular hole. There is a circular partial-thickness defect in the retina. However, there is still an outer layer of tissue centrally, and a splitting of the edges of the lamellar hole with overhanging edges on OCT.

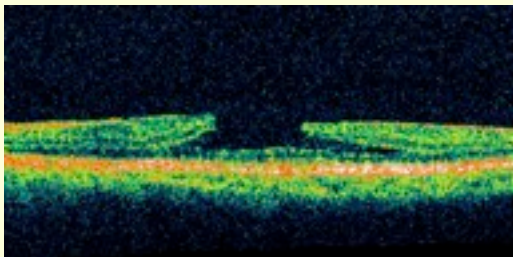


Figure 2

Pars plana vitrectomy with membrane peeling and placement of air with face down positioning for only 2 days resulted in marked improvement in symptoms and improvement of visual acuity to 20/25. Surprisingly, OCT showed an almost normal recovery of the foveal contour and resolution of the inner lamellar macular hole (see Figure 3).

The recovery of such a normal foveal contour was such an exciting finding, that it was met with incredible interest when it was presented to the Macula Society and American Society of Retinal Specialist in 2006. This case is one of the first reported cases to demonstrate successful results after a surgical approach to this condition.

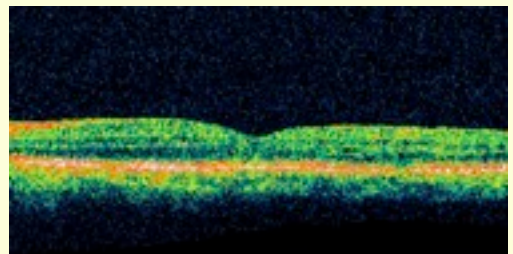


Figure 3

After this leading work by RCH, investigators from around the world have further explored and validated this surgical approach in symptomatic patients and have acknowledged that RCH was one of the first in the world to perform and report on this procedure.