Visionary

Happiness is found in giving to others!
We are currently working with hundreds of scientists from around the world to collect data on patients with choroidal melanoma, retinoblastoma and conjunctival cancers.

The creation of an ophthalmic oncology intranet has already fostered multicenter, international cooperation for research and patient care. It will simply change the way we practice medicine. It will allow us to cope with the information explosion and sub specialization that is moving medicine forward.

Much less expensive than prospective-randomized clinical trials, the bio-informatics grid (BIG) will allow researchers and clinicians to collect the massive amounts of information (data) needed to compare methods of diagnosis and treatment. It will allow statistically significant evidence-based conclusions and shed light on methods that do not work.

Bio-informatics grids link basic scientists,
A sample of 2012 research published by ECF scientists and supported by your contributions to The Eye Cancer Foundation


Predictive value of the seventh edition American Joint Committee on Cancer staging system for conjunctival melanoma. Yousef YA, Finger PT. Archives of Ophthalmology 2012 May 1;130(5):599-606


“Slotted Plaque Radiation Therapy “Normalizes” treatment of choroidal melanoma near, touching and even surrounding the optic nerve” – Paul T Finger, MD

In and effort to teach a new method to treat, these hard to reach tumors, in 2012 researchers from The Eye Cancer Center published the 5-year results of a new technique.

Finger’s slots are not notches. Based on our original research using 3D ultrasonographic c-scans of the orbital optic nerve sheath diameter, Dr. Finger designed an 8 mm wide variable depth slot into standard gold plaques. This breakthrough technique effectively normalized the plaque’s position as to cover the entire tumor plus a free-margin even for tumors that wrap around or cover the optic disc. From 2005 to 2010, 24 consecutive patients were treated. Using standard plaque therapy, up to 25% of these tumors would have failed treatment and continued to grow. In contrast, Finger’s slotted plaques reduced the local failure rate to one, or 96%.

CONCLUSION:
Slotted plaque radiation therapy allows choroidal melanomas that touch, surround or even cover the optic disc (plus a safety margin) to be included in the radiation targeted zone.

Dr. Finger notes, “Normalization of the plaque position beneath these tumors have made destroying these tumor the same as other choroidal melanomas.”

Note the slot allows the optic nerve to enter the plaque. This allows the plaque to be properly centered over the tumor.
The Eye Cancer Foundation’s research activities promote international education, multicenter cooperation and create alliances that bridge and will last for generations!

**Plaque Treatment for Iris Melanoma**

Dr. Petousis at the 2012 ARVO Eye Research Meeting: Patients with diffuse iris melanoma (their entire iris is involved) no longer must have their eye removed. Dr. Petousis, our international fellow, presented an ECF sponsored clinical case series showing that the front of the eye could be covered by a plaque to destroy diffuse iris melanomas. Though cataracts formed, most patients experienced excellent tumor control and little change in their vision.

**New York Multicenter Study of Ocular Adnexal Lymphoma**

Dr. Graue presented his poster at the 2012 American Academy of Ophthalmology. His research collaborators Drs. Robert and David Della Rocca were proud to contribute to this first multicenter study. This ECF sponsored study showed that external radiation may be the best treatment for lymphomas that affect the conjunctiva, eyelids and orbit.

**Dr. Paul Finger Meets with his Teacher Dr. Samuel Packer**

At the American Academy of Ophthalmology 2012, Drs. Finger and Packer discussed their years of patient care and research on radiation of the eye and orbit. Most recently, Dr. Packer created the curriculum to teach medical ethics at Hofstra Medical School.

**Panel Discussion on Ocular Tumors**

At the American Academy of Ophthalmology 2012, Dr. Finger moderated a session on the socioeconomic impact of treatment on children with retinoblastoma, chemotherapy for adenoid cystic carcinoma of the lacrimal gland and diffuse melanomas. The panelists discussed their experience with these cases at their centers.

**High Dose (2 mg) Intravitreal Lucentis for Radiation Retinopathy**

Supported (in part) by The Eye Cancer Foundation, aspects of this study were presented at the 2012 American Society of Retinal Specialists, the Retina Society and The American Academy of Ophthalmology. We found that higher dose treatment could be used to save vision in those patients failing standard dose treatment.
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