

# THE VISIONARY

The Eye Cancer Foundation Newsletter



## Announcing the First International Vitreoretinal Lymphoma Registry

A combined international effort of The Eye Cancer Foundation and the Ophthalmic Oncology Task Force.

Currently, there is very little evidence-based, statistically significant information about vitreoretinal lymphoma. Information gathered through the registry will help determine the best local and systemic treatment strategies. The goal is to register 2,500 cases of vitreoretinal lymphoma from participating centers around the world.

### RESEARCH

The Eye Cancer Foundation funds ground-breaking research worldwide.

### ADVANCEMENTS

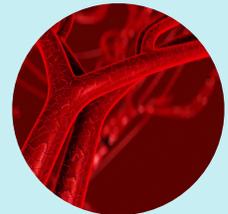
Treatment options are continuously evolving due to your help and support.

### CHANGE

Together we can make great strides in treating patients with eye cancer.



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First Treatment Key to Avoiding Metastasis

## LOOKING AHEAD: The Second Eye Cancer Working Day in 2017

Following the great success of the first Working Day in Paris, ophthalmic oncologists from around the world will meet again to continue their projects.

The Working Day Initiative benefits eye cancer patients worldwide through a number of collaborative programs. These include providing eye cancer fellowship grants to bring qualified specialists to unserved countries, developing an open-access surgical text to help generalists caring for eye cancer patients, and sharing knowledge among eye cancer specialists. The Working Day Initiative is developing methods to improve quality, by giving the public access to both doctor- and patient-reported outcomes.

The First Working Day attracted 158 eye cancer specialists from all over the world. Projects included:

- ▶ a “big data” attempt to combine the world’s experience with patient care



- ▶ a new eye cancer specialist training program for unserved and underserved countries
- ▶ a standardized reporting system to record patient outcomes.

**“Medicine is rapidly evolving, so we must work together improve.” —Paul T. Finger, M.D.**

The event was a smashing success and offered the first glimpse into a new cooperative future for ophthalmic oncology. The second international event –scheduled for March 2017 in Australia – promises to be bigger and accomplish even more toward our shared research goals. Look for more details in the next issue of *The Visionary*.

### **CLICK HERE TO DONATE TO THE EYE CANCER FOUNDATION!**

The Eye Cancer Foundation promotes multi-center, international cooperation to find the best methods for diagnosis and treatment of eye cancers. However, we cannot do this without your support. Please consider a yearly donation to continue to expand the research and educational activities you’re reading about in *The Visionary*.

There are opportunities to name programs specifically funded by individual donors, provide named funds for specific purposes and legacy funds in memory of loved ones.

The best time to support The Eye Cancer Foundation is now!



## Long-term Anti-VEGF Suppression of Radiation Retinopathy Is Possible

Untreated, macular radiation retinopathy typically leaves the eye with poor vision or legally blind. Fortunately, drug therapy can preserve vision.

Ophthalmic radiation therapy continues to save the lives, vision, and eyes of cancer patients. However, eyes with large tumors, or intraocular tumors posterior to the equator or in the macula often develop sight-limiting radiation retinal damage. However, intraocular, anti-VEGF therapy with a dose escalation strategy can be used for vision preservation.

Dr. Paul T. Finger and colleagues reported their 10-year experience using anti-VEGF drugs to preserve vision for patients with retinal radiation damage. Like so many other diseases (diabetes, hypertension, heart disease, and arthritis), radiation maculopathy has been pharmacologically suppressed and transformed into a manageable event. This is the first "long-term" experience reported on this technique.

In 2005, the first patient was treated by Dr. Finger. Since then, Drs. Finger, Chin, and Semenova embarked on a 10-year prospective study. Dr. Finger is pleased to note, "Our excellent and remarkable long-term results have just been published in the *European Journal of Ophthalmology*."

## Which Anti-VEGF Agent Is Best?

Our study is the first published clinical trial using intravitreal bevacizumab (Avastin, Genentech, South San Francisco, CA) and ranibizumab (Lucentis, Genentech). We also have experience with aflibercept (Eylea, Regeneron, Tarrytown, NY) and have found that all three anti-VEGF therapies are able to suppress radiation maculopathy.

## When Should We Start Anti-VEGF Therapy?

Not all patients will develop radiation maculopathy, so we must select those who need close serial observation, early intervention, or prophylactic treatment. Physicians must balance the relative risks of intravitreal injection and ocular and systemic drug-induced side effects vs. radiation-induced (typically monocular) vision loss.

## Conclusions to Draw

Radiation maculopathy can be predicted by the dosage of radiation. Selecting radiation sources that limit the dose to the macula and fovea can help prevent radiation maculopathy.



## Massive International Study Confirms: First Treatment Is Key to Avoiding Metastasis

This study has shown that the risk of developing metastasis is 6.28 times greater if a uveal melanoma recurs after treatment.

The Ophthalmic Oncology Task Force just published the results of one of the largest multi-center, international studies of eye cancer in history. Their findings were published in *Ophthalmology*, the most widely read journal in the discipline, from the American Academy of Ophthalmology.

**This result tells us that ocular oncologists should do all they can to prevent local treatment failure after first-time treatment of choroidal melanoma.**

**Failure to do so gives the tumor a significantly higher chance of metastasizing to the rest of a patient's body.**

This is the second largest single collection of uveal melanoma data to date, and the second largest multi-center study of eye cancer by patient-participants. It included 10 top ophthalmic oncology centers from 8 countries (Argentina, Canada, Japan, Russia, Spain, Sweden, The Netherlands, and the United States) in 4 continents (North and South America, Europe, and Asia). The study looked at 3,377 patients diagnosed and treated in a 10-year span from April 1, 2001 through April 30, 2011.

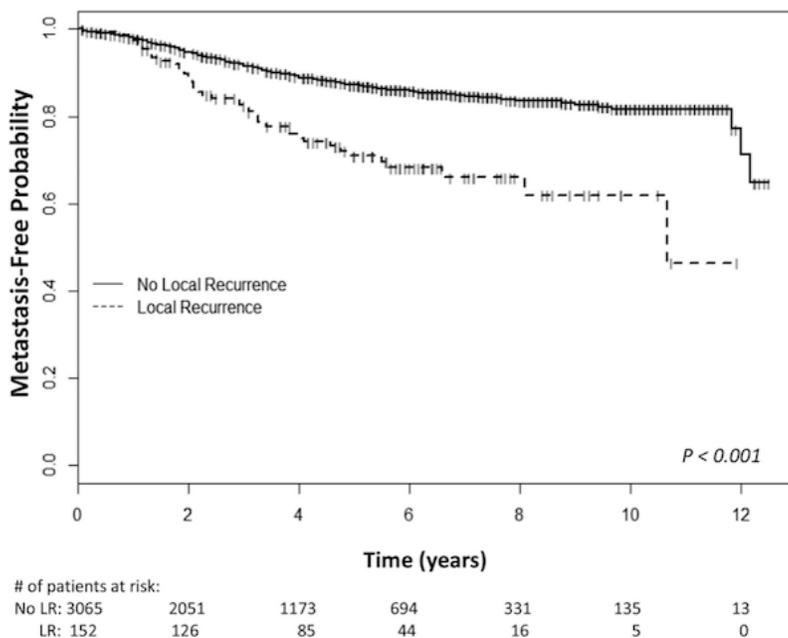
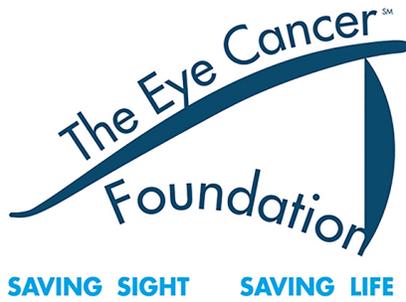


Chart: Difference in survival rates between the local recurrence group versus the non-local recurrence group over time.

Ocular oncologists may opt for a more cautious first-time treatment of uveal melanoma to allow patients to keep both their vision and eye. Though such a treatment plan comes from a place of compassion, this study reveals that more effective approaches could ultimately increase survival.

This and other unprecedented international research was made possible by funding from The Eye Cancer Foundation. The Foundation looks forward to supporting more life-changing research efforts this year.



# The Eye Cancer Foundation Annual Giving Fund

*We can do so much, but only with your help!*

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All checks are payable to The Eye Cancer Foundation and can be mailed with this form.

A secure gift can also be made online by visiting: [www.eyecancercure.com/donate](http://www.eyecancercure.com/donate)

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**115 East 61st Street, Suite 5B, New York, NY 10065.**