



NEWSLETTER  
2022

# Retina-Vitreous Associates Medical Group

Diseases | Surgery of the Retina and Vitreous

## Welcoming Douglas Matsunaga, MD

Born and raised in Los Angeles, Dr. Matsunaga graduated from Santa Monica High School before going on to receive his B.A. in molecular cell biology *summa cum laude* from UC Berkeley. He received his Doctor of Medicine from the Keck School of Medicine of USC.

After completing a medical internship at the St. Mary Medical Center in Long Beach, Dr. Matsunaga went on to the prestigious Wills Eye Hospital in Philadelphia for residency training in ophthalmology. He then returned to the USC Roski Eye Institute to complete his two-year vitreoretinal surgery fellowship.

Dr. Matsunaga has authored numerous peer-reviewed scientific publications, case reports, and book chapters on vitreoretinal disease, and has been an invited speaker at both national and international ophthalmologic conferences.



## Recent Honors, Awards, Recognitions

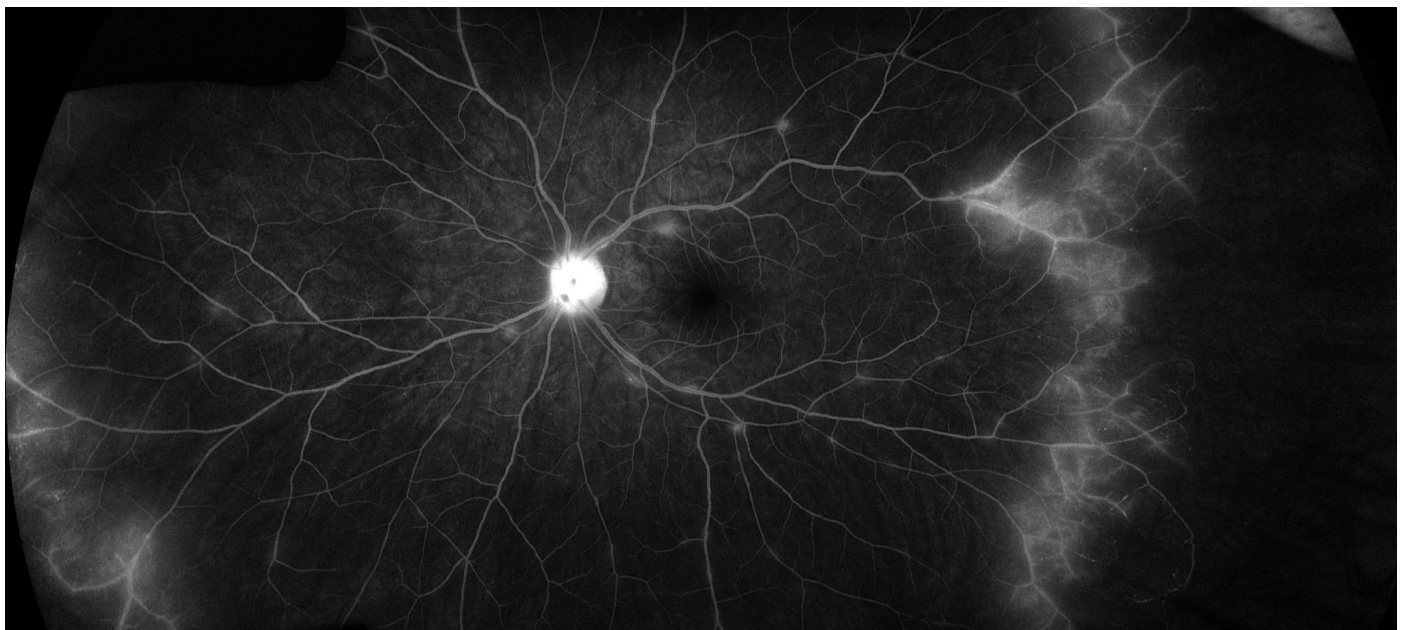
- Dr. David Boyer:
  - ❖ Guest Speaker of the 2022 David and Mary Seslen Lecture, Midwest Ophthalmological Symposium
- Dr. Firas Rahhal:
  - ❖ Chairman of Ophthalmology/Retina Innovation Summit
    - ❖ American Society of Retina Specialists Annual Meeting 2021 & 2022
  - ❖ Ophthalmology Innovation Source Podcast Host 2021 & 2022
  - ❖ Eyecelerator Meeting Panelist
    - ❖ AAO Annual Meeting 2021 & 2022
- Dr. Pouya Dayani:
  - ❖ Los Angeles Society of Ophthalmology Program Chair 2022
- Dr. Daniel Esmaili:
  - ❖ Southern California Super Doctor 2022

## This Edition's Mystery Case by Dr. Matsunaga and Dr. Dayani

A 19 year-old female presented with blurry vision in the right eye for several years. No past medical or ocular history was reported. Best corrected visual acuity was 20/40 OU, anterior segment, and intraocular pressure was normal. Exam revealed bilateral scattered retinal hemorrhage, focal vascular dilations and peripheral sheathing. Retinal exudates were noted in the inferior macula OD.

Fluorescein angiography revealed additional optic nerve and vascular leakage, and diffuse peripheral nonperfusion bilaterally. OCT revealed no center involving macular edema bilaterally.

(Diagnosis and discussion on last page)



## Currently Enrolling Clinical Trials

The Retina-Vitreous Associates Medical Group has participated in clinical research for over 15 years and is committed to the development of novel diagnostic and therapeutic modalities for retinal disease. All of our physicians participate in our clinical trials giving patients unique and easy access to the latest developments in vitreoretinal disease treatment. Transportation may be provided.

### Dry Age-related Macular Degeneration

Ongoing clinical trials study novel approaches to AMD screening, and advanced dry AMD/geographic atrophy. These include innovative therapies such as gene therapy, subretinal injections, and complement cascade inhibitors.

### Wet Age-related Macular Degeneration

The rapid advance in wet AMD therapies continues with a number of active trials at RVA exploring topics such as gene therapy, suprachoroidal injections, and multiple novel intravitreal agents.

### Diabetic Retinopathy

We are investigating several treatments for both non-proliferative and proliferative diabetic retinopathy utilizing novel therapeutic agents both intravitreal and otherwise.

### Diabetic Macular Edema

In addition to the continued study of DME epidemiology and existing agents, we are involved in several trials studying new medications and approaches including both intravitreal and topical agents.

### Uveitis

We are involved in the study of novel medications for intermediate, posterior and panuveitis.

### Retinitis Pigmentosa

Currently active clinical trials study the use of subretinal stem cell injections for retinitis pigmentosa.



## Research Publication Highlights

- Brown DM, Boyer DS, Csaky K, Vittit R, Perlee L, Chu KW, Asmus F, Leal S, Zeitz O, Cheng Y, Schmelter T, Heier JS; RUBY Investigators. INTRAVITREAL NESVACUMAB (ANTIANGIOPOIETIN 2) PLUS AFLIBERCEPT IN DIABETIC MACULAR EDEMA: Phase 2 RUBY Randomized Trial. *Retina*. 2022 Jun 1;42(6):1111-1120. Epub 2022 Feb 22. PMID: 35234673; PMCID: PMC9112959.
- Brown DM, Wykoff CC, Boyer D, Heier JS, Clark WL, Emanuelli A, Higgins PM, Singer M, Weinreich DM, Yancopoulos GD, Berliner AJ, Chu K, Reed K, Cheng Y, Vittit R. Evaluation of Intravitreal Aflibercept for the Treatment of Severe Nonproliferative Diabetic Retinopathy: Results From the PANORAMA Randomized Clinical Trial. *JAMA Ophthalmology*. 2021 Sep 1;139(9):946-955. PMID: 34351414; PMCID: PMC8343518.
- Kashani AH, Lebkowski JS, Hinton DR, Zhu D, Faynus MA, Chen S, Rahhal FM, Avery RL, Salehi-Had H, Chan C, Palejwala N, Ingram A, Dang W, Lin CM, Mitra D, Martinez-Camarillo JC, Bailey J, Arnold C, Pennington BO, Rao N, Johnson LV, Clegg DO, Humayun MS. Survival of an HLA-mismatched, bioengineered RPE implant in dry age-related macular degeneration. *Stem Cell Reports*. 2022 Mar 8;17(3):448-458. Epub 2022 Feb 3. PMID: 35120620; PMCID: PMC9039755.
- Kashani AH, Lebkowski JS, Rahhal FM, Avery RL, Salehi-Had H, Chen S, Chan C, Palejwala N, Ingram A, Dang W, Lin CM, Mitra D, Pennington BO, Hinman C, Faynus MA, Bailey JK, Mohan S, Rao N, Johnson LV, Clegg DO, Hinton DR, Humayun MS. One-Year Follow-Up in a Phase 1/2a Clinical Trial of an Allogeneic RPE Cell Bioengineered Implant for Advanced Dry Age-Related Macular Degeneration. *Transl Vis Sci Technol*. 2021 Aug 12;10(10):13. PMID: 34613357; PMCID: PMC8496407.
- Witkin AJ, Hahn P, Murray TG, Arevalo JF, Blinder KJ, Choudhry N, Emerson GG, Goldberg RA, Kim SJ, Pearlman J, Schneider EW, Tabandeh H, Wong RW. Brolicizumab-associated intraocular inflammation in eyes without retinal vasculitis. *J Vitreoretinal Dis*. 2021 Jul;5(4):326-332. Epub 2020 Dec 15. PMID: 34604691; PMCID: PMC8486264.
- Tabandeh H. Fluorescence imaging of the ILM flap following MH surgery. *Am J Ophthalmology Case Rep*. 2021 Sep 20;24:101203. PMID: 34604603; PMCID: PMC8473657.
- Henry CR, Shah M, Barakat MR, Dayani P, Wang RC, Khurana RN, Rifkin L, Yeh S, Hall C, Ciulla T. Suprachoroidal CLS-TA for non-infectious uveitis: an open-label, safety trial (AZALEA). *Br J Ophthalmology*. 2022 Jun;106(6):802-806. Epub 2021 Feb 5. PMID: 33547034; PMCID: PMC9132856.
- Liao DS, Metapally R, Joshi P. Pegcetacoplan treatment for geographic atrophy due to age-related macular degeneration: a plain language summary of the FILLY study. *Immunotherapy*. 2022 Sep;14(13):995-1006. Epub 2022 Jul 21. PMID: 35860926.
- Chehaibou I, Hubschman JP, Kasi S, Su D, Joseph A, Prasad P, Abbey AM, Gaudric A, Tadayoni R, Rahimy E. Spontaneous Conversion of Lamellar Macular Holes to Full-Thickness Macular Holes: Clinical Features and Surgical Outcomes. *Ophthalmology Retina*. 2021 Oct;5(10):1009-1016. Epub 2021 Jan 5. PMID: 33412307.
- Matsunaga DR, Salabati M, Obeid A, Wibbelsman TD, Wu C, Mahmoudzadeh R, Ojalvo I, Bilello J, Sivalingam A, Ho AC, Chiang A, Hsu J. Outcomes of Eyes With Diabetic Macular Edema That Are Lost to Follow-up After Anti-Vascular Endothelial Growth Factor Therapy. *Am J Ophthalmology*. 2022 Jan;233:1-7. doi: 10.1016/j.ajo.2021.06.028. Epub 2021 Jul 17. PMID: 34283979.



## Mystery Case Diagnosis & Discussion by Dr. Matsunaga and Dr. Dayani

A full uveitic work up was negative and a clinical diagnosis of Idiopathic Retinal Vasculitis, Aneurysms, and Neuroretinitis (IRVAN) was made. The etiology of IRVAN remains unknown and the diagnosis is primarily clinical after ruling out other common and masquerading inflammatory diseases. The major diagnostic criteria include macroaneurysms typically within the first several arterial branches, vasculitis, and neuroretinitis. Minor criteria include peripheral nonperfusion, neovascularization, and macular exudation.

While no standard treatment is recognized given its rarity, laser photocoagulation of peripheral non-perfusion is generally considered first line. Anti-VEGF, steroids, and immunomodulatory therapy have shown variable effectiveness.

Our patient received laser treatments bilaterally to areas of non-perfusion. She showed remarkable improvement in both leakage and macroaneurysm regression. At two years her best corrected visual acuity was 20/30 OD, and 20/20 OS.

Initial exam



2 years later



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