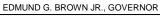


#### STATE BOARD OF OPTOMETRY

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov





Continuing Education Course Approval Checklist

Title:

Provider Name:

✓ Completed Application
Open to all Optometrists?
✓ Yes
✓ No
Maintain Record Agreement?
✓ Yes

Correct Application Fee

☑ Detailed Course Summary

Detailed Course Outline

PowerPoint and/or other Presentation Materials

□Advertising (optional)

CV for EACH Course Instructor

☑License Verification for Each Course Instructor Disciplinary History? □Yes ☑No BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY

GOVERNOR EDMUND G. BROWN JR.



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## CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § <u>1536</u>, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course **Please type or print clearly**.

| course little                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Course Presentation Date                                                                        |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|--|--|
| RETINA UPDATE 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ourse Presentation Date                                                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03/28/2017                                                                                      |  |  |  |  |
| Provider Name Course Provider C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ontact Information                                                                              |  |  |  |  |
| SHI HWA CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WILLIAM                                                                                         |  |  |  |  |
| (First) (L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ast) (Middle)                                                                                   |  |  |  |  |
| Provider Mailing Address (L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Middle)                                                                                        |  |  |  |  |
| Street 200 E GRANGER AVE MODESTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State CA 95350                                                                                  |  |  |  |  |
| VALLEYRETINA@YAHOO.COM<br>Provider Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |  |  |  |  |
| Will the mean of the second se |                                                                                                 |  |  |  |  |
| Will the proposed course be open to all California licensed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d optometrists?                                                                                 |  |  |  |  |
| Do you agree to maintain and furnish to the Board and/or a<br>of course content and attendance as the Board requires, for<br>from the date of course presentation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | attending licensee such records<br>or a period of at least three years  YES  NO                 |  |  |  |  |
| Course Instructor<br>Please provide the information below and attach the curriculum<br>If there are more instructors in the course, please provide the re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Pr Information</b><br>I vitae for <u>each</u> instructor or lecturer involved in the course. |  |  |  |  |

Instructor Name

| SHI HWA                                                                                                                             | CHANG                         |              | WILLIAM                                                                    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|----------------------------------------------------------------------------|--|--|
| (First)                                                                                                                             | (L                            | ast)         | (Middle)                                                                   |  |  |
| License Number                                                                                                                      |                               | License Type | M.D.                                                                       |  |  |
| Phone Number (209) 526-9500                                                                                                         |                               |              |                                                                            |  |  |
| I declare under penalty of perjury under the<br>this form and on any accompanying attachn<br>ACHUUC<br>Signature of Course Provider | laws of the S<br>nents submit |              | ia that all the information submitted on<br>correct.<br>2/i 4/2017<br>Date |  |  |

| <b>0</b>                           | Topics will be:<br>New Therapies for Retinal diseases<br>Genetic Advances for Retina<br>Small Gauge Vitrectomy<br>New testing for Retinal diseases. |                           |             | FOR BOARD USE<br>ONLY |             |      |  |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------|-----------------------|-------------|------|--|
| Course Title                       | Date(s) of<br>Course                                                                                                                                | Instructor(s)/Lecturer(s) | CE<br>Hours | Approved              | Disapproved | ID # |  |
| Retina Updates for<br>Optometrists | 3-28-17                                                                                                                                             | Shi-Hwa William Chang, M  | Requested   |                       |             |      |  |
|                                    |                                                                                                                                                     | Cree The a arman charg, m |             |                       |             |      |  |
|                                    |                                                                                                                                                     | :                         |             |                       |             |      |  |
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| ۵                                  |                                                                                                                                                     |                           |             |                       |             |      |  |
|                                    |                                                                                                                                                     | 1                         |             |                       |             |      |  |
|                                    |                                                                                                                                                     |                           | 1           |                       |             |      |  |
| OMMITTEE COMMENTS:                 |                                                                                                                                                     |                           |             |                       |             |      |  |
|                                    |                                                                                                                                                     |                           |             |                       |             | e.   |  |
| · *                                |                                                                                                                                                     |                           |             |                       |             |      |  |
|                                    |                                                                                                                                                     | 8 i                       |             |                       |             |      |  |
|                                    |                                                                                                                                                     |                           |             |                       |             |      |  |

# **RETINA UPDATE 2017**

To Whom It May Concern:

# Retina Update 2017 Summary:

I will be presenting a lecture to optometrists about new therapies for retinal diseases available, genetic advances for the retina, new testing available to identify retinal diseases. I will also cover a new laser treatment available to remove floaters and small gauge vitrectomy. I will have a question and answer session following the presentation.

Thank you, Dr. Shi Hwa William Chang. Valley Retina P.C.

# **RETINA UPDATE 2017**

## **OUTLINE TOPICS:**

- **1.** New Therapies for Retinal Diseases in 2017.
- 2. Genetic Advances for Retina
- **3.** Small Gauge Vitrectomy
- 4. New Testing for Retinal Diseases
- 5. Floaters Removal
- 6. 3-D Digital vitrectomy
- 7. Question and Answer Session.

## RETINA and IMAGING UPDATES

Shihwa William Chang, M.D. Valley Retina Modesto, CA

### DISCLOSURE

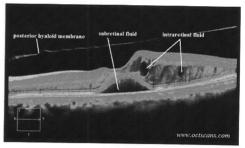
- No financial conflict of interest for medication or methods used in this conference.
- There will be mentioning of off-label use of medication.
- 1.5 CE credits awarded by CA state Board of Optometry.

## Treatment of Diabetic Retinopathy

- Diabetic Macular Edema (DME)
- Proliferative Diabetic Retinopathy (PDR)
  - DRCR.net
  - Protocol T
  - Protocol S

### Protocol T

- Comparing Eylea, Avastin and Lucentis in treating DME, 2 year results
- Subgroup analysis for patients vision better or worse than 20/50



#### Protocol T

#### 2 year results

- 1. Eylea, Avastin, Lucentis all work well with visual improvement
- 2. Only require half the amount of injection at 2nd year
- 3. Eylea is superior in visual improvement when treating a patient with initial vision less than 20/50 and a thick macula CST >400um
- 4. No serious adverse events or cardiovascular complication compared with the controls
- 5. Low rate of endophthalmitis (0.02%, 1 in 5,000)

#### Protocol S

Is anti-VEGF (Ranibizumab) better than using PRP (pan-retinal photocoagulation) laser to treat PDR?

2 year results



### Treatment for Dry AMD

- Bromanidine
- Sirolimus
- Lampalizumab
- Zimura
- Eculizumab
- Emixustat
- Stem cell therapy

### Innovative drug-delivery to treat AMD

- Biodegradable polymers
- Reservoir implants, holds 4-9 months of drug then refillable in the office
- Encapsulated cell technology

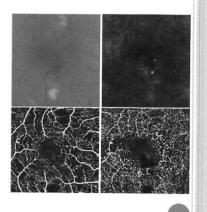
## OCT Angiography (OCTA)

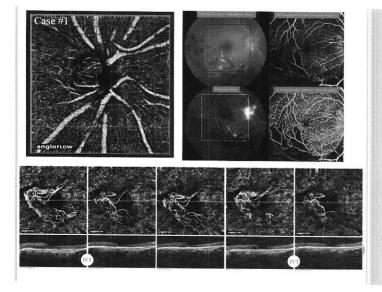
#### Registering the blood flow

- High speed acquisition for B-scan
- Reconstructed en face images
- No injection of dyes
- No leakage information, only perfusion
- Costs \$120,000 yet currently not reimbursable

## OCTA

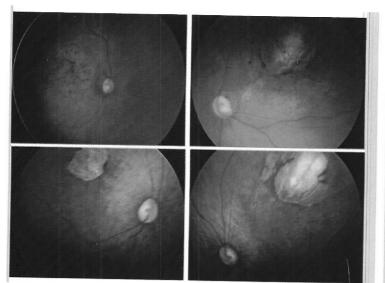
- Wet AMD
- Dry AMD
- **Diabetic Retinopathy**
- Sickle cell retinopathy

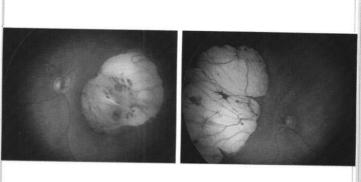




### Widefield fundus photography

- Diabetic retinopathy
- Venous occlusive disease
- Retinal detachment
- Automatic screening and detection





## Hemorrhagic Occlusive Retinal Vasculitis (HORV)

- Post-operative, after cataract surgery
- Severe loss of vision, developed 2-14 days post-op
- Pictures of CRVO and CRAO
- Presumed Vancomycin related Type-3 hypersensitivity
- Significant implication for simultaneous or sequential cataract surgery and using intracameral Vancomycin prophylaxis



### 27-G Vitrectomy

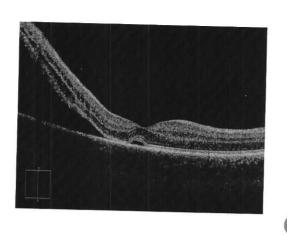
- Smaller incision
- Sutureless
- Ports are closer to the retina
- High speed cutter 7,500 cpm
- Lower retinal complication

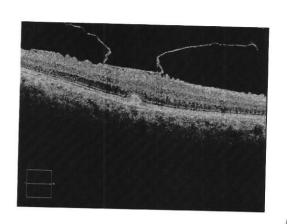


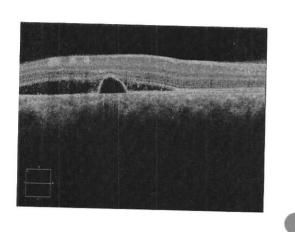
Using sterols to restore lens transparency in congenital cataract

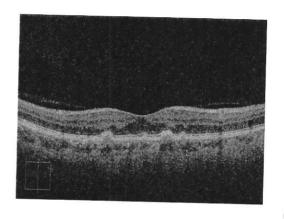
#### Science 2015:350:674-677

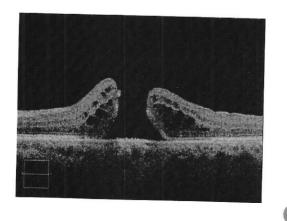
Makley et al. uses sterols to bind and stabilize  $\alpha$ crystallins, makes it soluble and prevent its accumulations. In experiment with mice and human infants, it reverses the binding of crystallin and can potentially apply to the treatment of amyloid accumulation in Alzheimer's disease.

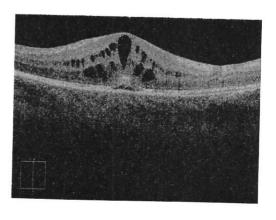












## Shi-Hwa William Chang, M.D.

## Updated April 8, 2014,

|              | Updated April 8, 2014,                                                                                                                                                                                                                                  |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work History | Valley Retina, PC , 11/06 to present<br>200 E Granger Ave<br>Modesto, CA 95350<br>Ph: 209-526-9500<br>Fax: 209-526-9555<br>I founded the retina practice after relocating to Modesto. I Currently<br>also have satellite offices in Stockton and Merced |
|              | Retina Specialists of the Finger Lakes, PC 7/99 to 10/06<br>2300 Buffalo Rd Ste 700 B, Rochester, NY 14624<br>I was the owner and president of the practice.<br>The practice was sold before I relocated to California                                  |
|              | Retinal Specialist 7/95 - 7/99<br>Reed Eye Associates 500 Kreag Road Pittsford, NY 14534<br>I was employed by an ophthalmology group practice.                                                                                                          |
| Education    | Retina surgery fellowship 7/94 - 6/95<br>University of British Columbia, Vancouver, Canada<br>Director: William H. Ross MD, Ph: 604-874-0404<br>Suite 400, 805 West Broadway at Willow, Vancouver BC, Canada                                            |
|              | Ophthalmology residency 7/91 - 6/94 (PGY- 2,3,4)<br>University of California, San Francisco                                                                                                                                                             |
|              | Emergency Room physician 7/90 - 6/91 (Private practice)<br>Bellwood General Hospital, Bellflower, CA                                                                                                                                                    |
|              | Internal Medicine residency 6/89 - 6/90 (PGY - 1)<br>Medical College of Ohio, Toledo                                                                                                                                                                    |
|              | Master of Science, Neuroscience program. 9/88 - 5/89 (Graduate Study) University of Michigan, Ann Arbor                                                                                                                                                 |
|              | Ophthalmology residency 7/86 - 6/88 (Foreign Training)<br>National Taiwan University Hospital, Taipei, Taiwan                                                                                                                                           |
|              | Medicine Instructor 7/84 - 5/86 (Mandatory Military Service)<br>Army Medical Service School , Taipei, Taiwan                                                                                                                                            |
|              | Bachelor of Science/Medical School 7 year Program 9/77 - 6/84<br>National Taiwan University, Taipei, Taiwan                                                                                                                                             |
| Licensure    | California since August 1990                                                                                                                                                                                                                            |

| Certification | American Board of Ophthalmology 10/96 to 12/31/2016                                                                                                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Affiliation   | Active Attending, Memorial Medical Center, Modesto CA<br>Active Attending, Doctors' Medical Center, Modesto CA<br>Active Surgeon, Trinity Surgery Center, Stockton, CA                                                                |
|               | Member, Stanislaus County Medical Society<br>Member, California Medical Association                                                                                                                                                   |
| Publications  | Fellow, American Academy of Ophthalmology<br>Member, American Society of Retina Specialists                                                                                                                                           |
|               | The Generation Mechanism of the C-Wave of the Electroretinogram,<br>Thesis, Neuroscience Program, University of Michigan 1989                                                                                                         |
|               | Comparative Study of Stereoacuities between Monocular and<br>Binocular Refractional Amblyopes. Transaction of Ophthalmological<br>Society of the Republic of China: 28: 297-300, 1989                                                 |
|               | Cataract of Pseudohypoparathyroidism: A Case Report. Transaction of Ophthalmological Society of the Republic of China: 27: 112-116, 1988                                                                                              |
|               | Transscleral Choroidal Biopsy in the Diagnosis of Choroidal<br>Lymphoma. Gunduz and Chang. Survey of Ophthalmology 43:6:551-<br>555, 1999                                                                                             |
| Presentations | Inadvertent Globe Perforation After Retrobulbar or Peribulbar<br>Anesthesia - Survey of Vitreoretinal Surgeons in Vancouver, BC.<br>S.W. Chang, A.L. Maberley, K.L. Finley. Fellowship Paper,<br>University of British Columbia, 1995 |
|               | Management of flashes and floaters. Rochester Ophthalmological Conference. May 17, 2002                                                                                                                                               |
|               | Common Retina Surgical Conditions for Primary Care. Morning continuing education series at Doctor's Med Center, Modesto 4/11/07                                                                                                       |
| Hobbies       | Fishing, Tennis, Cycling, Swimming and Travel                                                                                                                                                                                         |