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: KP Optometry Symposium - Corneal Dystrophies and Pathology

Provider Name: KP c/o Dr. Jennifer Iacuaniello

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

☑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

KAISER PERMANENTE®

February 1, 2017

California State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834

Dear California State Board of Optometry,

Re: Returned CE Course Approval Request – Corneal Dystrophies and Pathology

This letter serves to furnish the items requested after preliminary review of my initial application.

A sincere effort was made to submit the initial application 45 days in advance of the presentation date; however, I did not receive the presentation materials from Dr. Neda Shamie within an acceptable time frame. That said, I waited to mail the entire CE application packet until I was in possession of all presentations for the Kaiser Permanente 2017 Optometry Symposium. In the future, I will be more stringent with each instructor to ensure I have all necessary materials well in advance of the symposium date.

Additionally, there was a misunderstanding of the CE Course Approval Application process as I was unaware of the requirement that the application be submitted electronically and not by mail. Moving forward, I am now clear of the requirements and will submit future applications via email.

If you have any questions, please feel free to contact me at (626) 405 – 4648 or by email jennifer.n.iacuaniello@kp.org.

Sincerely,

Jennifer Iacuaniello

Jennifer Iacuaniello

$350 Paid for the 7 Courses

Cashiering and Board Use Only			
Receipt #	Payor ID	Beneficiary ID	Amount
1-2257	6423620	887855	50

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY

GOVERNOR EDMUND G. BROWN JR.

OPTOMETRY

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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, 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 presentation date.

Please type or print clearly.

Course Title	**Course Presentation Date**
Corneal Dystrophies and Pathology	02/11/2017

Course Provider Contact Information

Provider Name

Jennifer (First) | Iacuaniello (Last) | Nami (Middle)

Provider Mailing Address

Street 393 E. Walnut, 1st Fl **City** Pasadena **State** CA **Zip** 91188

Provider Email Address jennifer.n.iacuaniello@kp.org

Will the proposed course be open to all California licensed optometrists?	☑ YES ☐ NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	☑ YES ☐ NO

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name

Neda (First) | Shamie (Last) | (Middle)

License Number 71544	**License Type** Physician and Surgeon A
Phone Number (310) 229-1220	**Email Address** nedashamiemd@gmail.com

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Jennifer Iacuaniello — *Signature of Course Provider*

1.5.17 — *Date*

Form CE-01, Rev. 5/16

KAISER PERMANENTE®

SCPMG Meetings & Events

Home | Agenda | Faculty | Information | Location | Handouts | Attendees | Fees | Register

WELCOME!

Please join us at this informative conference for Kaiser Permanente optometrists, opticians and other interested health care professionals. This event will provide a congenial atmosphere to exchange ideas and learn from notable experts in optometry and related fields.

Madhu Chawla, OD
Chairperson, Optometry Symposium Committee

DATE & LOCATION

Saturday, February 11, 2017

The Waterfront Beach Resort, A Hilton Hotel
21100 Pacific Coast Highway
Huntington Beach, CA 92648
(714) 845 - 8000

AGENDA
Download the symposium agenda

FACULTY
Click here to meet the faculty

SOCIAL MEDIA
Follow us on facebook and twitter for up to date information on all symposia.

Reminder
Name badges will no longer be printed.
Please bring your Kaiser Permanente issued badge for identification.

KAISER PERMANENTE®

SCPMG Meetings & Events

LEARNING OBJECTIVES

At the end of this activity, participants should be able to:

1. Enhance their knowledge surrounding the treatment and management of glaucoma
2. Co-manage patients with corneal disorders
3. Be informed and learn about new diagnostic technology available for patient care for the treatment and management of glaucoma and corneal disorders
4. Gain a better understanding of treatment options available for anterior segment disorders
5. Enhance knowledge of systemic disease as it applies to eye care
6. Reinforce knowledge of the standard of care within the profession and optimize care delivery

TARGET AUDIENCE

Optometrists, Ophthalmologists, Opticians and any other interested health care professionals

ACCREDITATION

Optometrists – California State Board of Optometry approval pending.

PERSONS WITH DISABILITIES

In compliance with the Americans with Disabilities Act, all reasonable efforts will be made to accommodate persons with disabilities at the meeting. If you have any special dietary or accommodation needs, please notify the meeting planner listed, prior to the symposium at (626) 405-4648 or tie-line 8-335-4648. This advance notice will help us serve you better.

2017 Optometry Symposium

Saturday, February 11, 2017

Agenda	
7:00 am	**Registration and Breakfast**
7:50 am	**Welcome and Introductions**
8:00 am	**Potpourri of Corneal Cases** Neda Shamie, MD
8:50 am	**Corneal Dystrophies and Pathology** Neda Shamie, MD
9:40 am	**Morning Break**
10:00 am	**Systemic and Medical Jeopardy** David Sendrowski, OD
10:50 am	**Viral Infections of the Anterior Segment** David Sendrowski, OD
11:40 am	**OD of the Year**
11:50 am	**Lunch**
12:50 pm	**Lessons Learned as a Malpractice Consultant** Andrew Mick, OD
2:30 pm	**Afternoon Break**
2:40 pm	**The Other Glaucoma** Andrew Mick, OD
3:30 pm	**Enlarged Optic Nerve Cupping** Andrew Mick, OD
4:20 pm	**Closing Comments and Raffle**

Agenda is subject to change

KAISER PERMANENTE®

Course: Corneal Dystrophies and Pathology

Speaker: Neda Shamie, MD

Time: 8:50 am – 9:40 am

CE Requested: 1 Hour

Summary: The cornea consists of several layers, each can be the site of many different pathologies. Fuchs' Dystrophy features a gradual deterioration of the corneal endothelium. As the disease advances, vision becomes increasingly blurry with severe cases receiving a treatment recommendation of a corneal transplant. This lecture considers surgical treatment of Fuchs' Dystrophy comparing several options of transplantation.

Topical Outline

1. Cornea: "The Window to the Soul"
2. Corneal Pathology:
    a. Indications for Transplantation
3. PKP: Fraught with Problems
    a. Delayed vision recovery
    b. Suboptimal UCVA
    c. Rejection
    d. Graft Failure
4. Severe Complications of Penetrating Keratoplasty: Suture Problems and Wound Healing Problems
    a. Endophthalmitis: From retained suture fragment
5. How do we minimize these problems with Penetrating keratoplasty?
    a. Target the Treatment to the Corneal Layer Involved
    b. Eliminate full thickness corneal incisions
    c. Eliminate corneal sutures
    d. Avoid violating the corneal surface
6. "One Size Fits All" Corneal Transplantation
7. Corneal transplantation: menu of options
    a. PENETRATING KERATOPLASTY (PKP)
8. Endothelial Keratoplasty: A Paradigm Shift in Corneal Transplantation
9. Corneal Endothelial Keratopathy
10. Endothelial Keratoplasty Outcomes: Much improved as compared to PKP
11. Visual Acuity 3 years post DSAEK: all eyes with no ocular co-morbidities
12. Visual Acuity 3 years post DSAEK: all eyes with no ocular co-morbidities
13. Post DSAEK Visual Outcomes: 52 "healthy" Fuchs eyes with complete data sets
14. DMEK: pure anatomical transplantation

15. Ideal Cases for DMEK
    a. Fuch's Endothelial Dystrophy
    b. Uncomplicated pseudophakic bullous keratopathy
    c. Especially ones with premium IOLs
    d. Irreversible descemet's tear or trauma
16. DMEK
17. DMEK at 7 days post-op: Note clarity of graft and absence of visible graft edges
18. DMEK provides more 20/15 to 20/25 vision vs. DSAEK
19. Significantly Fewer Rejections with DMEK than PK and DSEK
    a. Relative risk of immunologic rejection
    b. Single center study
20. FIRST CONSECUTIVE 60 CASES of DMEK
    a. Indications
21. DMEK Recipient Prep: strip a larger recipient bed
22. Use the Proper Donor Insertion Devices
23. Donor Opening & Positioning: use your options
24. Hope for (or insist on) the Double Scroll Up
25. DMEK Postoperative Management
    a. Sequential OCT an important tool in assessing graft adhesion
26. DMEK: patient one day postop, inferior graft separation
27. DMEK: Where are we now?
    a. Offers exact anatomical correction of underlying pathology
    b. Vision with DMEK/DMAEK is better, SOONER!
    c. 20/20 and 20/15 vision potential
    d. 10x lower rejection rates
    e. Learning curve is steeper than any other corneal surgery
28. Why do I Offer DMEK To Patients?
    a. Better BCVA
    b. Better Quality of Vision
    c. Less Risk of Rejection Episodes
29. Managing the Unpredictable Cornea in Cataract Surgery
30. Patient with decreased vision -> cataract
31. Modern Day Cataract Surgery
    a. Lens-based refractive procedure
32. Preoperative Assessment of the Cornea and Ocular Surface
33. Fuchs endothelial dystrophy
34. Cataract surgery in patients with fuchs' corneal dystrophy: expanding recommendations for cataract surgery without simultaneous keratoplasty
    a. Seitzman, Gottsch JD, Stark W, Ophthalmology 2005
35. My approach to Fuchs & Cataracts Dmek triple vs. sequential: A Case for sequential DMEK then CE/IOL

36. DMEK performed 1st to optimize cornea
37. Dmek triple vs. sequential: A Case for sequential DMEK then CE/IOL
38. Laser Cataract Surgery
39. Modern Day Cataract Surgery
40. Capsulotomy
41. Lens fragmentation
42. Lens Fragmentation Data
43. Endothelial Cell Density

Approaching Fuchs Dystrophy:
State of the Art

Neda Shamie, MD
Advanced Vision Care
Los Angeles, CA

Financial disclosures

- Consultant: Alcon, Allergan, B&L, Nicox, Shire
- Corporate Medical Director, Tissue Bank International

Cornea:
"The Window to the Soul"

- Clear dome shaped structure
- Primary refractive layer
- Half a millimeter in thickness
- Every layer can be the site of many different pathologies

Corneal Pathology:
Indications for Transplantation

- Fuch's Corneal Endothelial Dystrophy
- Pseudophakic Bullous Keratopathy
- Keratoconus
- Keratoglobus
- Granular Dystrophy
- Lattice Dystrophy
- CHED
- PPMD
- Ectasia
- Corneal Scar
- Laceration
- Descematocoele
- Limbal Stem cell deficiency
- Aniridia
- Failed prior corneal transplant
- Corneal ulcer
- And more.....

Traditional Method of Replacing the Diseased Cornea Full Thickness PK

Beautifully clear graft, 20/20 vision, minimal irregular astigmatism.
After sutures out at one year: MR: -8.00+5.00X70=20/20

PKP:
Fraught with Problems

- Delayed vision recovery
- Suboptimal UCVA
- Rejection
- Graft Failure
- Suture tract related infection
- Wound Dehiscence

Severe Complications of Penetrating Keratoplasty: Suture Problems and Wound Healing Problems

Endophthalmitis:
From retained suture fragment

Expulsive Hemorrhage:
From mild trauma 5 years s/p PK

How do we minimize these problems with Penetrating keratoplasty?

- Target the Treatment to the Corneal Layer Involved
  - Lower immunogenic load
  - Maintain healthy layers

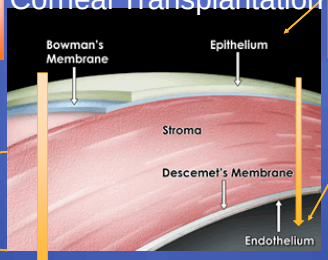
IF POSSIBLE.....

- Eliminate full thickness corneal incisions
  - more stable globe
  - avoid intraoperative complications of "open sky"
- Eliminate corneal sutures
  - avoid suture related complications
- Avoid violating the corneal surface
  - faster wound healing
  - smoother topography

"One Size Fits All" Corneal Transplantation Modern Day Selective Corneal Transplantation

Full Thickness Graft:
PKP
IEK
Keratoprosthesis

Anterior Lamellar Graft:
Tectonic
DALK



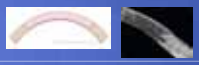
Limbal Stem Cell Transplant:
KLAL
CLAU
LR-CLA

Endothelial Keratoplasty:
DLEK
DSEK
DSAEK
DMEK
DMAEK

Corneal transplantation: menu of options

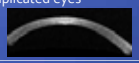
PENETRATING KERATOPLASTY (PKP)
- Indications: full thickness disease or scar

DEEP ANTERIOR LAMELLAR KERATOPLASTY (DALK)
- Indications: Stromal disease/scar with intact normal endothelium (Corneal stromal dystrophies, corneal ulcer scar, etc)



DESCEMETS STRIPPING ENDOTHELIAL KERATOPLASTY (DSEK)
- Indications: corneal endothelial disease with normal stroma/epithelium (Fuchs dystrophy, PBK, iatrogenic)

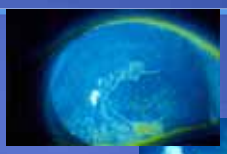
DESCEMETS MEMBRANE ENDOTHELIAL KERATOPLASTY (DMEK)
- Indications: same as DSEK but typically in uncomplicated eyes

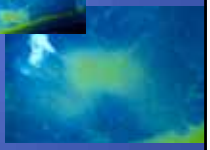


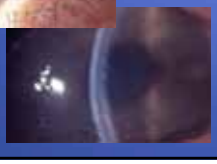
Endothelial Keratoplasty: A Paradigm Shift in Corneal Transplantation

Corneal Endothelial Keratopathy

- Va 20/400



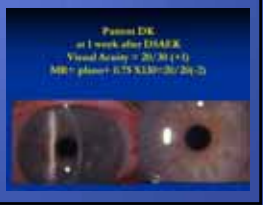




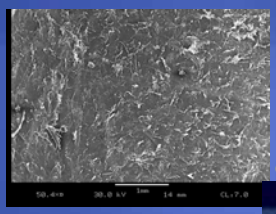
Dx: Pseudophakic Bullous Keratoplasty

Endothelial Keratoplasty Outcomes: Much improved as compared to PKP

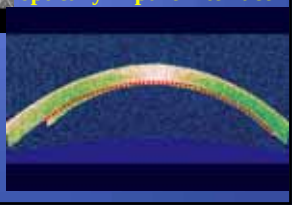
- Targeted surgical treatment
- Intact globe
- Faster vision recovery
- Longer term excellent results
- Lower rejection rates



Cut Corneal Stromal Fibers on Donor DSAEK graft =



optically impure interface



Visual Acuity 3 years post DSAEK: all eyes with no ocular co-morbidities

	BSCVA	range
Preop N=576	**20/67**	**20/20-HM**
6 mo N=402	20/31	20/16-20/400
1 yr N=316	20/29	20/16-20/70
2 yrs N=157	20/26	20/16-20/50
3 yrs N=61	20/25	20/16-20/40

* vision improved from preop but remains stable after 6 months

Visual Acuity 3 years post DSAEK: all eyes with no ocular co-morbidities

	BSCVA	range
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6 mo N=402	20/31	20/16-20/400
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3 yrs N=61	20/25	20/16-20/40

* vision improved from preop but remains stable after 6 months

Post DSAEK Visual Outcomes:

52 "healthy" Fuchs eyes with complete data sets

	≥20/20	≥20/25	≥20/30	≥20/40
Preop	2%	8%	15%	23%
6 mo.	15%	37%	75%	100%
1 yr.	19%	44%	83%	100%
2 yrs.	31%	62%	87%	100%
3 yrs.	**39%**	**67%**	**87%**	**100%**

Endothelial Keratoplasty: An Evolution in Technique

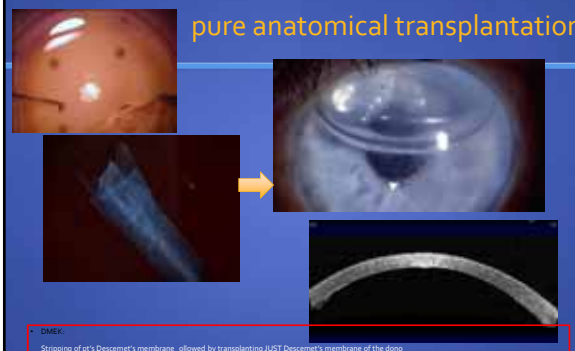
- Arvo 1993, Ko et al: Experimental posterior lamellar transplantation of the rabbit cornea"
- PLK, 1998.....G Melles
- DLEK, 2001.....MA Terry
- DSEK, 2005.....FW Price
- DSAEK, 2006.....M Gorovoy

Precut Tissue resulted in "mainstream" acceptance of DSAEK

- DMEK, 2006.....G Melles
- DMAEK, 2009.....B McCauley & FW Price

Will DMEK ever reach mainstream acceptance?

DMEK: pure anatomical transplantation



- DMEK:
  Stripping of pt's Descemet's membrane ollowed by transplanting JUST Descemet's membrane of the dono

Ideal Cases for DMEK

- Fuch's Endothelial Dystrophy
- Uncomplicated pseudophakic bullous keratopathy
  - Especially ones with premium IOLs
- Irreversible descemet's tear or trauma

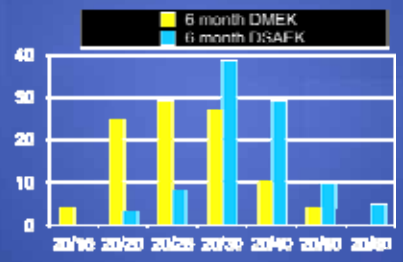
DMEK

DMEK at 7 days post-op:

Note clarity of graft and absence of visible graft edges

1 week postop UCVA = 20/20-

DMEK provides more 20/15 to 20/25 vision vs. DSAEK



Cornea Research Foundation

Significantly Fewer Rejections with DMEK than PK and DSEK

- **Relative risk of immunologic rejection**
  - **DMEK 20 X less than PK**
  - **DMEK 15 X less than DSEK**
- **Single center study**
  - **Same steroid dosing regimen for all groups**
  - **Same criteria for diagnosis of rejection episode**

*Anshu A, Price MO, Price FW. Risk of corneal transplant rejection significantly reduced with DMEK. Ophthalmology 2011

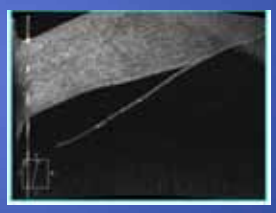
A novice DMEK surgeon's complications:

FIRST CONSECUTIVE 60 CASES of DMEK

- Indications
  - 80% Fuchs & 20% PBK
  - No eyes with tubes/trabs
- **28% reached 20/20 or better vision within 1 month**
- **5 (8.3%) rebubbling for partial detachment**
- **NO Primary Graft Failures**
- **NO Pupillary Block Cases**
- **NO rejections in the series….follow up of 3 years**

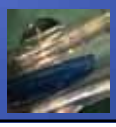
DMEK Recipient Prep:
strip a larger recipient bed

- Descemet's doesn't stick to descemet's
- Larger descemetorhexis than donor graft



Use the Proper Donor Insertion Devices

- Glass Pipette
- Straiko Modified Jones' Tube
- D mat & Tan Endoglide
- Others in the pipeline

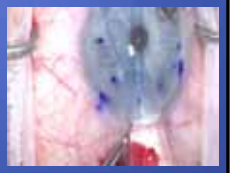


Donor Opening & Positioning: use your options

- Yoeruek "no touch" Tap technique
- Melles/Price technique
- DMEK S mark
- Kruse peripheral punches

Hope for (or insist on) the Double Scroll Up

- Allows for better orientation
- Opens easily with shallowing of the chamber and Yoeruek no touch tapping technique

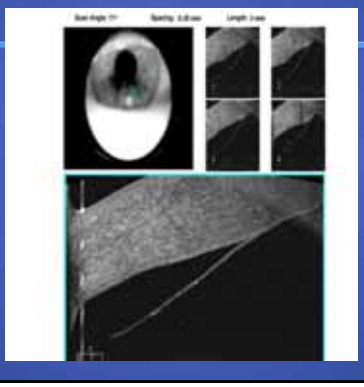


DMEK Postoperative Management

- Sequential OCT an important tool in assessing graft adhesion
- Lower threshold for rebubbling
  - More than 30% area separated
  - Vision affected
  - Curling and progressive separation noted

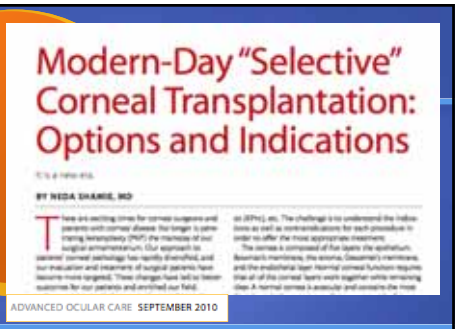
DMEK: patient one day postop, inferior graft separation

Vision improved to 20/40 by 5 days but inferior edema persists



DMEK: Where are we now?

- Offers exact anatomical correction of underlying pathology
- Vision with DMEK/DMAEK is better, SOONER!
- 20/20 and 20/15 vision potential
- 10x lower rejection rates
- Learning curve is steeper than any other corneal surgery
- Surgeon resistant may slow mainstream acceptance....!



No longer is PKP the mainstay of our surgical armamentarium. Our approach to patients' corneal pathology has rapidly diversified and our evaluation and treatment of surgical patients have become more targeted. These changes have led to better outcomes for our patients and have enriched our field!

Why do I Offer DMEK To Patients?

- Better BCVA
- Better Quality of Vision
- Less Risk of Rejection Episodes
- Similar Cell Counts to DSEK

Managing the Unpredictable Cornea in Cataract Surgery

Neda Shamie MD

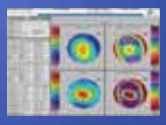
Patient with decreased vision → cataract

Modern Day Cataract Surgery

- = Lens-based refractive procedure
- Patients & Surgeons with higher expectations
- Maximize uncorrected visual acuity

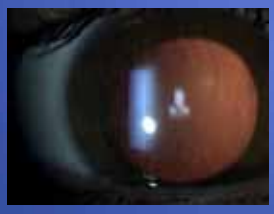
Preoperative Assessment of the Cornea and Ocular Surface

- IOL measurements
  - Axial length
  - Corneal curvature
- Topography
- Tomography
- Pachymetry
- Tear Osmolarity
- LipiView
- Specular microscopy



Fuchs endothelial dystrophy

Confluent guttae, BCVA 20/50 & morning blurring



Stromal edema, pachymetry 690

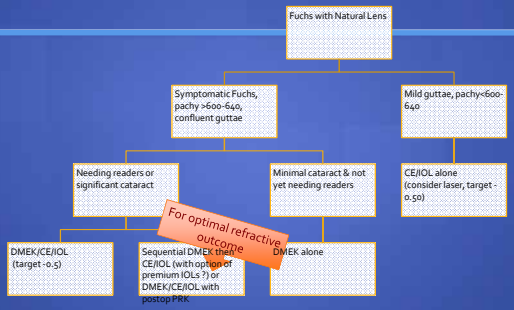
Cataract surgery in patients with fuchs' corneal dystrophy: expanding recommendations for cataract surgery without simultaneous keratoplasty

Seitzman Gottsch JD Stark W, Ophtha mology 2005

- Preoperative pachymetry used to help determine postoperative outcome of cataract surgery without simultaneous corneal transplant
- 136 eyes of Fuchs' patients underwent CE/IOL
- Pachy of < or 640: postop VA 20/33 (20/15 20/250), 10% progressed to PKP within the first year
- Pachy of > or 640: postop VA 20/50 (20/20 20/200), 17% progressed to PKP

Take Home Message:
With Fuchs dystrophy,
Pachy >640 = consider combo surgery
Pachy <640 = consider CE/IOL only (myopic target)

My approach to Fuchs & Cataracts

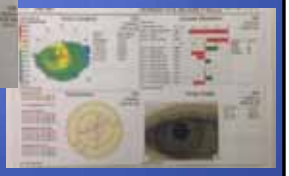


Dmek triple vs. sequential: A Case for sequential DMEK then CE/IOL

DMEK performed 1st to optimize cornea

Dmek triple vs. sequential: A Case for sequential DMEK then CE/IOL

Postop DMEK:
Avg K 43.50
1.77 D of astigmatism



Preop:
Avg K 46.62
4.78 D of astigmatism

Ideal outcomes are within reach!

- **Spectacle independence is no longer an unrealistic expectation with corneal transplantation**
- **Patients with Fuchs or corneal disease undergoing corneal transplantation should take advantage of latest technological advances in diagnostics and surgical treatment**

Laser Cataract Surgery

- **Femtosecond lasers represent the first Disruptive technology in cataract surgery since ultrasonic phacoemulsification in the late 60 s and foldable IOLs in the 80's**
- **Introduced for LASIK in 2001 and for laser cataract surgery in 2009**
- **LenSx received regulatory clearance for use of the FS laser for anterior capsulotomy in August 2009 and for cutting corneal incisions in Dec 2009**
- **Adds unprecedented precision to some steps of cataract surgery**
- **Key questions shifted to commercial viability and business models**

+

Modern Day
Cataract Surgery

Capsulotomy

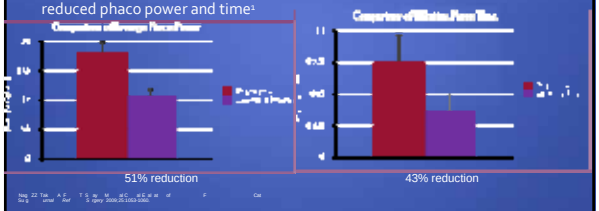
	Traditional	Femtosecond laser assisted
Capsulo-rhexis	*Manually torn with cystotomes and forceps*	*Programmed with precise size, shape, position*

Lens fragmentation

	Traditional	Femtosecond laser assisted
Phaco	*Manual cracking or chopping to disassemble lens nucleus*	*Lens fragmentation programmed in pattern and depth; laser cut, followed by phaco- emulsification & aspiration*

Laser Phacofragmentation

- Cylinder pattern, utlilized for the softer lens, enables removal with I & A only, no phaco power
- Chop pattern efficiently fragments the lens for removal with reduced phaco power and time[1]



Lens Fragmentation Data

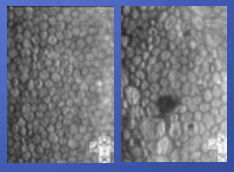
Cumulative Dissipated Energy (CDE) required for Nuclear Disassembly		
Cataract Grade	***Control Phaco Data***	***Laser Phaco Data***
1	*4.40 (n=7)*	*2.28 (n=3)*
2	*8.20 (n=24)*	*1.38 (n=24)*
3	*15.20 (n=15)*	*5.83 (n=30)*
4	*41.20 (n=7)*	*18.53 (n=17)*

Percentage change in CDE compared to Conventional Phaco				
Grade	***1***	***2***	***3***	***4***
LensAR Fs Laser	*-48.2%*	***-83.2%***	***-61.6%***	***-55.0%***

Efficient Fragmentation at all Grades of Cataract

Endothelial Cell Density

Overall		
	Laser	*Phaco*
Mean	*-0.4%*	*-2.6%*
SD	*11.3*	*9.6*
n	*309*	*123*
p-value	*0.09*	



In a series of 433 cases, utilization of the LensAR Laser resulted in significantly less endothelial cell loss. Decreased cell loss translates directly to increased long term corneal health.

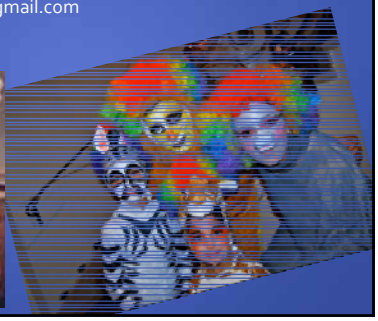
Data Courtesy of LensAR inc

Summary

- The goals in addressing corneal disease with or without cataract:
  - Targetted approach to the corneal pathology
  - Optimized refractive outcome
  - Minimize collateral damage to fragile endothelial cells
- Modern day: "refractive customized corneal transplantation .....exciting advances for patients with Fuchs!

THANK YOU

- NedaShamieMD@gmail.com
- Cell 503 866 3116



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EMPLOYMENT

2003 – 2004	**University of California, Irvine** Assistant Clinical Professor of Ophthalmology
2005 – 2006	**The Portland Clinic, Portland, OR** Ophthalmic Surgeon on Staff
2006 – 2010	**Devers Eye Institute, Portland, OR** Associate Director Cornea Services
2010 – 2015	**USC-Keck School of Medicine** Associate Professor of Ophthalmology Division of Corneal and Anterior Segment Surgery USC Eye Institute
2010 – 2015	**USC Eye Center, Beverly Hills, CA** Medical Director
2015 – present	**Advanced Vision Care, Los Angeles, CA** Ophthalmic Surgeon

EDUCATION

1990 – 1994	**University of California, Los Angeles** Bachelor of Science, Summa cum laude
1994 – 1998	**University of California, San Francisco** Medical Degree
1998 – 1999	**UCLA-HARBOR Medical Center** Department of Internal Medicine Internship and Residency
1999 – 2002	**University of California, Irvine** Department of Ophthalmology Residency
2002 – 2003	**University of California, Irvine** Department of Ophthalmology Fellowship, Cornea, Anterior Segment & Refractive Surgery Mentor: Peter J. McDonnell, M.D.

HONORS

1993	**Golden Key Honors Society**
1994	***Summa cum laude***
1994	**Dean's Honors List**
1994	**Departmental & College Honors**
1994	**Phi Beta Kappa Honors Society**
1994	**Senior Honors Thesis**

PROFESSIONAL POSITIONS

2010-present	**Eye Bank Association of America** **Vice-Chairperson, Accreditation Committee**
2010-present	**American Academy of Ophthalmology** **Committee Member, Eye Banks Committee**
2011-present	**American Academy of Ophthalmology** **Program Committee Member**
2011-2011	**American Society of Cataract and Refractive Surgeons** **Cornea Clinical Committee Member**
2012-present	**Tissue Bank International Doheny Eye Bank** **Medical Director**
2012-2015	**American Academy of Ophthalmology** **Basic & Clinical Science Course Editing Committee**
2012-present	**Los Angeles Ophthalmological Society** **Treasurer**
2013-present	**Los Angeles Research Study Club** **Board Member**
2013-present	**Los Angeles Ophthalmological Society** **Vice President**
2014-present	**Los Angeles Ophthalmological Society** **President**

2014-present **Eye Bank Associate of America**
Scientific Program Chair

2014-2015 **USC Eye Institute**
Director of Ophthalmology Education

PROFESSIONAL MEMBERSHIPS

American Academy of Ophthalmology

American Society of Cataract and Refractive Surgery

Association for Research in Vision and Ophthalmology

American Medical Association

Castroviejo Corneal Society

Cornea Society

Los Angeles Ophthalmological Society

Los Angeles Research Study Club

Oregon Academy of Ophthalmology

International Endothelial Keratoplasty Group

Iranian Medical Association

COURSE DIRECTORSHIP

Advanced Lamellar Corneal Surgery: Skills Transfer Course
November 2007
AAO New Orleans
Course Co-Director

Thorny Issues in Ophthalmology: Focus on Cornea Diseases
September 2008
Portland, Oregon
Course Director

Endothelial Keratoplasty (DSEK/DSAEK/DLEK): Current Strategies to Improve Results and Avoid Complications
November 2008
AAO Atlanta
Course Co-Director

Deep Anterior Lamellar Keratoplasty (DALK) Training Course
April 2009
Portland, Oregon
Course Co-Director

Endothelial Keratoplasty: A Simple and Safe Technique (Skills Transfer Course)
April 2009
ASCRS San Francisco
Course Co-Director

Endothelial Keratoplasty Techniques: Skills Transfer Course
October 2009
AAO San Francisco
Course Co-Director

Endothelial Keratoplasty: Current Strategies to Improve Results and Avoid Complications
October 2009
AAO San Francisco
Course Co-Director

Advances in Cornea Surgery: Decisions and Dilemmas in a Changing Field
May 2013
Santa Monica
Course Director

DMEK for the Novice Surgeon: Pearls and Pitfalls
October 2013
AAO
Course Director

Endothelial Keratoplasty: A Simple and Safe Technique (Skills Transfer Course)
April 2014
ASCRS
Course Co-Director

REVIEWER FOR SCIENTIFIC PUBLICATIONS

- **Ophthalmology**
- **Cornea**
- **Journal of Cataract and Refractive Surgery**
- **American Journal of Ophthalmology**

PEER REVIEWED MANUSCRIPTS

Zhang Y, **Shamie N**, Daneshmand S. Assessment of Urologists' Knowledge of Intraoperative Floppy Iris Syndrome. Urology. 2016 Jul 21. pii: S0090-4295(16)30438-1

Ziaei M, Barsam A, **Shamie N**, Vroman D, Kim T, Donnenfeld ED, Holland EJ, Kanellopoulos J, Mah FS, Randleman JB, Daya S, Güell J. Reshaping procedures for the surgical management of corneal ectasia. ASCRS Cornea Clinical Committee .J Cataract Refract Surg. 2015 Apr;41(4):842-72.

Mah FS, Davidson R, Holland EJ, Hovanesian J, John T, Kanellopoulos J, **Shamie N**, Starr C, Vroman D, Kim T. Current knowledge about and recommendations for ocular methicillin-resistant Staphylococcus aureus. ASCRS Cornea Clinical Committee. J Cataract Refract Surg. 2014 Nov;40(11):1894-908.

Terry MA, Straiko MD, Goshe JM, **Shamie N**, Shah A, Alqudah AA, Davis Boozer D. Endothelial keratoplasty: prospective, randomized, masked clinical trial comparing an injector with forceps for tissue insertion. Am J Ophthalmol. 2013 Jul;156(1):61-68.

JY, Terry MA, Goshe J, Davis-Boozer D, **Shamie N.** Three Year visual outcomes after DSEK. Ophthalmology 2012 June;119:1126-9.

Li JY, Terry MA, Goshe J, **Shamie N**, Davis-Boozer D. Graft rejection after DSEK: graft survival and endothelial cell loss. Ophthalmology 2012 Jan;119:90-4.

Goshe J, Terry MA, **Shamie** N, Li J. Ophthalmic viscosurgical device-assisted incision modification for the big bubble technique in deep anterior lamellar keratoplasty. J Cataract Refract Surg. 2011 Nov;37:1923-7.

Straiko MD, Terry MA, **Shamie N.** Descemet stripping automated endothelial keratoplasty under failed penetrating keratoplasty: a surgical strategy to minimize complications. Am J of Ophthalmology 2011 Feb;151(2):233-7.

Terry MA, **Shamie** n, Straiko MD, Friend DJ, Davis-Boozer D. Endothelial keratoplasty: the relationship between donor tissue storage time and donor endothelial survival. Ophthalmol 2011 Jan.;118(1):36-40.

Hayes DD, Shih CY, **Shamie** N, Terry MA, Price FW, Price MO, Ritterband DC, Hannush SB, Gorovoy MS, Weisenthal RW, Ritch R, Liebmann JM, Udell IJ. Spontaneous reattachment of Descemet stripping endothelial keratoplasty lenticles: a case series of 12 patients. Am J of Ophthalmol 2010 Dec; 150(6);790-7.

Chen ES, Phillips PM, Terry MA, **Shamie** N, Friend D. Endothelial cell damage in descemet stripping automated endothelial keratoplasty with the underfold technique: 6 and 12 month results. Cornea 2010 Sep;29(9);1022-4.

Straiko MD, **Shamie** N, Terry MA. Endothelial keratolasty: past, present and future directions. International Ophthalmol Clinics 2010; 50(3);123-35.

Shah AK, Terry MA, **Shamie N**, Chen ES, Phillips PM, Hoar KL, Friend DJ, Davis-Boozer D. Complications and Clinical Outcomes of DSAEK with intraocular lens exchange. Am J Ophthalmol 2010 Mar; 149(3):390-7.

Phillips PM, Terry MA, **Shamie N**, Chen ES, Hoar KL, Dhoot D, Shah AK, Friend DJ. Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) in Eyes with Previous Trabeculectomy and Tube Shunt Procedures: Intra-operative and early post-operative complications. Cornea 2010 May;29(5):534-40.

Chen ES, Terry MA, **Shamie N**, Friend DJ. Endothelial Keratoplasty: Endothelial Cell Loss after Deep Lamellar Endothelial Keratoplasty with Retention of an Anterior Chamber Intraocular Lens. Cornea 2010 Feb; 29(2):162-6.

Terry MA, Saad HA, **Shamie N,** Shah AK. Peripheral endothelial cell damage after trephination of donor tissue. Cornea 2009 Dec; 28(10):1149-52.

Terry MA, **Shamie N**. Avoiding eccentric trephination. Ophthalmol 2009 Dec. 116(12):2481-2.

Phillips PM, Terry MA, **Shamie N**, Chen ES, Hoar KL, Stoeger C, Friend DJ. Descemet's stripping automated endothelial keratoplasty (DSAEK) Using Corneal Donor Tissue Not Acceptable for Use in Penetrating Keratoplasty due to anterior stromal scars, pterygia, and previous corneal refractive surgeries. Cornea. 2009 Sep;28(8):871-6.

Chen ES, Terry MA, **Shamie N**, Phillips PM. Busin Glide vs Forceps in DSAEK: Not All Forceps Insertions are Created Equal. Am J Ophthalmol. 2009 Jul;148(1):175;

Chen ES, Terry MA, **Shamie N**, Hoar KL, Friend DJ. The Stability of Hyperopic Refractive Shift Following Descemet's Stripping Automated Endothelial Keratoplasty. J Cataract Refract Surg. 2009 Aug;35(8):1473

Chen ES, Terry MA, **Shamie N**, Hoar KL, Phillips PM, Friend DJ. Endothelial Keratoplasty: A Comparative Case Series of Fellow Versus Attending Surgeon Utilizing an Established Technique. Am J Ophthalmol. 2009 Jul;148(1):26-31.

Chen ES, Terry MA, **Shamie N**, Phillips PM, Friend DJ. Management of pseudophakic bullous keratopathy by combined Descemet-stripping endothelial keratoplasty and intra-ocular exchange. (Letter) J Cat Refract Surg 2009

Nguyen VT, Hwang TN, **Shamie N**, Chuck RS, McCulley TJ. Amyloidosis-associated neurotrophic keratopathy precipitated by overcorrected blepharoptosis. Cornea. 2009 Jun;28(5):575-6.

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Chen ES, Terry MA, **Shamie N**, Hoar KL, Phillips PM, Friend DJ. Endothelial Keratoplasty: Endothelial survival and complications in a comparative case series of fellow vs. attending surgeon. Am J Ophthalmol. 2009 Jul;148(1):26-31.e2. Epub 2009 Apr 17.

Terry MA, **Shamie N**, Chen ES, Phillips PM, Shah AK, Hoar KL, Friend DJ. Endothelial keratoplasty for Fuchs' dystrophy with cataract: Complications and clinical results with the new Triple Procedure. Ophthalmology 2009 Apr;116(4):631-9.

Chen ES, Terry MA, **Shamie N**, Phillips PM, Friend DJ. Retention of an anterior chamber IOL versus IOL exchange in endothelial keratoplasty. J Cataract Refract Surg. 2009 Apr;35(4):613.

Terry MA, Saad HA, **Shamie N**, Chen ES, Friend DJ, Holiman JD, Stoeger C. Endothelial Keratoplasty: The influence of insertion techniques and incision size on donor endothelial survival. Cornea 2009; 28:24-31.

Terry MA, **Shamie N**, Chen ES, Phillips PM, Hoar KL, Friend DJ. Pre-cut tissue for Descemet's stripping endothelial keratoplasty: Vision, astigmatism, and endothelial survival. Ophthalmology 2009;116:248-56

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Phillips PM, Terry MA, **Shamie N**. Transscleral sulcus fixation of a small diameter iris diaphragm intraocular lens in combined penetrating keratoplasty and cataract extraction for correction of traumatic cataract, aniridia, and corneal scarring. J Cataract and Refract Surg. 2008; 34:2170-3.

Klassen H, Warfvinge K, Schwartz PH, Kiilgaard JF, **Shamie N**, Jiang C, Samuel M, Scherfig E, Prather RS, Young MJ. Isolation of progenitor cells from GFP-transgenic pigs and transplantation to the retina of allorecipients. Cloning Stem Cells. 2008 Sep;10(3):391-402.

Chen ES, Terry MA, **Shamie N**, Phillips PM, Friend DJ, McLeod SD. Descemet-stripping automated endothelial keratoplasty: insertion using a novel 40/60 underfold technique for preservation of donor endothelium. Cornea 2008; 27:941-3.

Saad HA, Terry MA, **Shamie N**, Chen ES, Friend DF, Holiman JD, Stoeger C. An easy and inexpensive method for quantitative analysis of endothelial damage by using vital dye staining and Adobe photoshop software. Cornea 2008; 27: 818-824.

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Chen ES, **Shamie N**, Terry MA, Hoar KL. Endothelial Keratoplasty : Improvement of vision after healthy donor tissue exchange. Cornea 2008; 27: 279-282.

Chen ES, Terry MA, **Shamie N**, Hoar KL, Friend DJ. Pre-cut tissue in Descemet's Stripping Automated Endothelial Keratoplasty: Donor characteristics and early post-operative complications. Ophthalmology 2008; 115: 497-502

Terry MA, Chen ES, **Shamie N**, et al. Endothelial cell loss after Descemet's stripping endothelial keratoplasty in a large prospective series. Ophthalmology 2008;115(3):488-96 e3.

Terry MA, **Shamie N**, Chen ES, Hoar KL, Friend DF. Endothelial Keratoplasty: A simplified technique to minimize graft dislocation, iatrogenic graft failure and pupillary block. Ophthalmology 2008; 115: 1179-1186.

Chen ES, **Shamie N**, Terry MA. Endothelial Keratoplasty : First report of ruptured globe following selective endothelial replacement with DLEK. Cornea 2007; 26(7):874-5

Memarzadeh F, **Shamie N**, Gaster R, Chuck RS. Corneal and conjunctival toxicity from hydrogen peroxide: a patient with chronic self-induced injury. Ophthalmology. 2004; 111(8):1546-9.

Sarayba MA, **Shamie N**, Reiser BJ, Sweet PM, Taban M, Graff JM, Kessler-Diaz A, Osann KE, McDonnell PJ. Fluoroquinolone therapy in Mycobacterium chelonae keratitis after lamellar keratectomy. J Cataract Refract Surg. 2005; 31(7):1396-402.

Memarzadeh F, Fahd AK, **Shamie N**, Chuck RS. Comparison of de-epithelialized amniotic membrane transplantation and conjunctival autograft after primary pterygium excision. Eye. 2006; 10:1038.

BOOK CHAPTERS

Shamie N, McDonnell PJ. Online Ophthalmic Hyperguide-Refractive Surgery. Slack publishing. 2002.

Shamie N. Ocular Manifestations of Systemic Disease. Chapter in Agarwal: The Handbook of Clinical Ophthalmology for Eyecare Professionals. 2nd Edition, Slack Inc. 2004.

Shamie N, McDonnell PJ. LASIK Complications and Management. Smolin and Thoft's: The Cornea. 4th Edition, Lippincott Williams and Wilkins, 2004.

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Chen ES, **Shamie N**, Terry MA. Deep lamellar endothelial keratoplasty and posterior lamellar keratoplasty. In: Fontana L, Tassinari, G. Eds. Atlas of Lamellar Keratoplasty, San Giovani, Italy: Fabiano S.r.l. 2007: Section 2, topic 4: 185-192.

Shamie N, Chen ES, Terry MA. Posterior Lamellar Keratoplasty and Deep Lamellar Endothelial Keratoplasty. In: Brightbill FS, McDonnell PJ, McGhee C. Corneal Surgery*:* Theory, Technique and Tissue. St. Louis, MO: 4th edition, C.V. Mosby; 2008.

Shamie N, Phillips, P, Terry MA. Descemet's Stripping Endothelial Keratoplasty. In Duanes Clinical Ophthalmology 2009, Volume 6, Chapter 29. (In Press 2009)

INVITED REVIEW ARTICLES

Shamie N, Chen ES, Terry MA.: Endothelial Keratoplasty: Re-defining the Surgical Therapy of Endothelial dysfunction. Expert Rev. Ophthalmol. 2006; 1:31-39

Chen ES, **Shamie N**, Hoar KL, Terry MA: The New Triple Procedure : DSAEK with concurrent Phaco with IOL. Techniques in Ophthalmology 2007; 5 (4): 143-149

Shamie N, Phillips PM, Terry MA. Corneal endothelial replacement: Long-term outcomes and future prospects. Contemporary Ophthalmology 2008; 7:1-8.

Chen ES, Terry MA, **Shamie N**, Phillips PM. Complications in endothelial keratoplasty (EK). Expert Rev. Ophthalmol. 2008.

Shamie N. Modern Day Selective Corneal Transplantation. Advanced Ocular Care. 2010

INVITED LECTURES

- Ocular Surface Tumors
Resident Clinical Lectures
Casey Eye Institute
Portland, OR
September 2007

- Deep Anterior Lamellar Keratoplasty
- Endothelial Keratoplasty: a selective approach to corneal endothelial disease
Pacific Coast Oto-Ophthalmological Society
San Diego, CA
June 2008.

- Advanced Cataract Surgery
Complementary Ophthalmic Resident's Education
San Diego, CA
September 2008.

- Iris Defects: surgical repair options
- Limbal Stem Cell Transplants and Amniotic Membranes: challenges we face
- Corneal Conundrums
Thorny Issues
Portland, OR
September 2008

- Endothelial Keratoplasty: historical perspective and forward momentum (keynote lecture)
- DMEK: the next frontier in EK surgery
- Refractive Surgery and Dry Eyes
- Corneal complications of cataract surgery: recognition and treatment
Iranian Ophthalmological Congress
Tehran, Iran
November 2009.

- ***Permanent Keratoprosthesis: a much needed alternative***
- ***Ocular Surface Disease: current diagnostic and treatment options***
- ***Advanced endothelial keratoplasty: when extreme measures are needed***

Hawaiian Ophthalmological Society Annual Meeting
Honolulu, HI
July 2010

Shamie N, Pirnazar JR, Behrens A, McDonnell PJ, Suarez A, Vongthongsri A, Chuck RS. Evaluation of LASIK Outcomes in a Hispanic and a Thai Population. Invest Ophthalmol Vis Sci 2001;42:S4.
ARVO 2001, Ft. Lauderdale, Florida.

Shamie N, Sarayba M, Reiser BJ, Sweet P, McDonnell PJ. The Effectiveness of Topical Gatifloxacin in an Animal Model of *Mycobacterium chelonae* Keratitis After Lamellar Keratectomy.
ASCRS 2003, San Francisco, CA.

Sarayba M, **Shamie N**, Reiser BJ, Sweet P, Taban M, McDonnell PJ. Fluoroquinolone Therapy in an Animal Model of *Mycobacterium chelonae* Keratitis after Lamellar Keratectomy.
ARVO 2003, Ft. Lauderdale, Florida.

Shamie N, Taban M, Ohanessian R, Chuck RS. Keratopigmentation: a Surgical Technique with Improved Cosmetic Results for the Removal of Limbal Dermoids.
ASCRS 2003, San Francisco, CA.

Shamie N, Chuck RS, McCulley T. Systemic AL Amyloidosis and Bilateral Neurotrophic Keratopathy: a case report.
AAO 2003, Anaheim, CA.

Shamie N, Chuck RS, Kurtz R. Corneal Sensation After LASIK Flap Creation by a Femtosecond Laser versus a Microkeratome.
AAO 2003, Anaheim, CA.

Shamie N, Klassen H, Kenny C, Schwartz P. Localization of P-63 to Fluorescent GFP Expressing Cells in a Corneal Epithelial Cell Culture Derived from Cornea-scleral Rim Explants of GFP Transgenic Pig.
ARVO 2004, Ft Lauderdale, Florida.

Memarzadeh F, **Shamie N**, Chuck RS, Erb M, McCulley T. A Novel Surgical Approach to Fornix Reconstruction in Stevens Johnson Syndrome.
ARVO 2004, Ft. Lauderdale, Florida.

Shamie N, Terry MA, Chen ES, Saad H, Friend D. Descemet Stripping Automated Endothelial Keratoplasty: Predictive Factors for Good Visual Acuity at Six Months.
AAO 2007.

Shamie N, Terry MA, Phillips P, Friend D. Comparison of Best Corrected Visual Acuity and Endothelial Cell Loss at 6 months and one year after DLEK vs. DSEK/DSAEK surgery.
AAO 2007.

Saad H, Terry MA, **Shamie N**, Chen ES, Friend D, Holliman JD, Stoeger C. A Novel, Easily Reproducible and Inexpensive Method for Quantitative Analysis of Endothelial DamageUsing Vital Dye Staining and Adobe Photoshop Software.
AAO 2007.

Shamie N, Chen E, Terry MA, Friend D. Comparison of Postoperative Visual Acuity, Corneal Topography, and Astigmatism: DLEK, DSEK, and DSAEK.
ASCRS 2007.

Terry MA, **Shamie N**, Chen E, Friend D. Evaluation of Whether a High Donor Cell Count Helps Prevent Dislocation in Endothelial Keratoplasty.
ASCRS 2007.

Chen ES, Terry MA, **Shamie N**, Friend D. Hyperopic Shift in DSEK Surgery.
ASCRS 2007.

Shamie N, Shah A, Phillips P, Friend D. Endothelial Keratoplasty: Does Donor death to surgery time impact endothelial cell loss?
AAO 2008.

Shamie N, Terry MA, Phillips P, Saad HA, Chen ES, Hoar K, Friend DJ. Endothelial Keratoplasty: Does Donor Graft Size in Descemet's Stripping Endothelial Keratoplasty (DSAEK) Affect Complication Rates or 6 Month Postoperative Outcomes?
ARVO 2008.

Terry MA, **Shamie N**, Phillips P, Chen ES, Hoar KL, Saad HA, Friend DJ. Endothelial Keratoplasty: Are Post-Op Results and Complications Different With Fuchs' Dystrophy Eyes Than With Non-Fuchs Eyes?
ARVO 2008.

Dhoot D, Terry MA, **Shamie N**, Phillips P, Friend D. Descemet's Stripping Automated Endothelial Keratoplasty Outcomes in Glaucoma Patients and Steroid Responders.
ARVO 2008.

Friend DJ, Phillips P, Terry MA, **Shamie N**, Doot D, Saad H. Is DSAEK Safe in Patients With Previous Glaucoma Filtering Surgeries?
ARVO 2008.

Terry MA, Saad H, **Shamie N**, Phillips PM, Friend D. Comparison of Insertion Techniques with 3.0 mm or 5.0 mm Incisions on Endothelial Damage in DSAEK.
ASCRS 2008.

Saad H, **Shamie N**, Terry MA, Phillips PM, Friend D. Comparison of Visual Acuity and Endothelial Survival at 6 and 12 Months After DLEK and DSAEK in Fellow Eyes.
ASCRS 2008.

Chen ES, Terry MA, **Shamie N**, Saad H, Friend D. Intraoperative Graft Manipulation in DSAEK: Effect on Postoperative Complications and Endothelial Cell Loss.
ASCRS 2008.

Phillips PM, Terry MA, **Shamie N**, Saad H, Friend D. Safe Use of Donor Corneas with Scars, LASIK, and RK for DSAEK Surgery.
ASCRS 2008.

Shamie N, Chen E, Friend D, Terry MA. DSAEK: Two year results.
Cornea Society Meeting, 2008.

Shah A, **Shamie N**, Phillips P, Terry MA, Davis-Boozer D, Friend D. Endothelial Keratoplasty: Does DSAEK with IOL Exchange Have Different Outcomes than DSAEK Alone?
Cornea Society Meeting, 2008.

Shamie N, Terry MA, Shah A, Davis-Boozer D, Friend D. Descemet-Stripping Endothelial Keratoplasty: Two-Year Prospective Results.
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Terry MA, **Shamie N**, Shah AK, Davis-Boozer D, Friend DJ. Endothelial Keratoplasty: Effect of Optisol Donor Storage Time on Dislocation Rates and Endothelial Cell Loss at 1 and 2 Years.
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Shah AK, **Shamie N**, Phillips PM, Friend DJ, Terry MA. Endothelial Keratoplasty: Outcomes in DSAEK with IOL Exchange and DSAEK Alone.
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Chen ES, Terry MA, **Shamie N**, Friend DJ. Correlation of Intraocular Pressure with Pachymetry After DSAEK in Pseudophakic Eyes.
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MEDIA COVERAGE

First Keratoprosthesis Surgery in the State of Oregon
News coverage on CNN, Good Morning America & local news channels
May 2009

"A new vision for Wheeler man after Oregon's first artificial corneal transplant"
Featured Story
The Oregonian Newspaper
May 2009

"Pride of Community"
Cover Story
Javanan International Iranian Magazine
June 2009

Iranian Political Affairs – Panelist
Straight Talk
KOIN Channel 8
June 2009

Triumphs of a Professional Mother
Featured Story
KGW Channel 6
July 2009

"Eye Surgeon Gains New Outlook"
Featured Story
The Oregonian Newspaper
January 2010

"Tanzanian woman gets rare eye surgery in Portland"
Featured Story
KGW Channel 6
February 2010

PROFESSIONAL LICENSURE

DEA: BS7059454 CA Lic: A71554

OR Lic: MD25952 - *inactive*

FOREIGN LANGUAGES SPOKEN

Spanish, Farsi (Persian)