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: Understanding Vitreoretinal Interface: Diagnosis & Management and the Relationship to Anterior Segment Procedures

Provider Name: Assil Institute c/o Ms. Jessica Morales

☑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

CALIFORNIA STATE BOARD OF 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 Understanding Vitreoretinal Interface: Diagnosis & management and the Relationship to Anterior Segment Procedures	**Course Presentation Date** 10am - 3pm (5 hrs) 02/26/2017

Course Provider Contact Information

Provider Name

Jessica (First) Morales (Last) _____ (Middle)

Provider Mailing Address

Street 450 N. Roxbury Dr. 3rd Fl. **City** Beverly Hills **State** CA **Zip** 90210

Provider Email Address _____

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

Dr. Svetlana (First) Pilyugina (Last) _____ (Middle)

License Number A89078	**License Type** Physician + Surgeon
Phone Number (310) 651-2300	**Email Address** retinadr@me.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.

S. Pilyugina
Signature of Course Provider

JAN 19 2017
Date

Form CE-01, Rev. 5/16

Assil Eye Institute
Submission for Continuing Education Credits

LOCATION:
Assil Eye Institute
450 N. Roxbury Drive
Beverly Hills, CA 90210

DATE/TIME:
February 26, 2017 from 10:00am-3:00pm (5 hours)

SUMMARY of Directly Related Topics:
Assil Eye Institute will review the latest technologies which offer new opportunities for improved quality of life and safety. We will review the pre and post operative management with each treatment. By way of example, the micro-invasive glaucoma procedures and YAG Vitreolysis each significantly reduce the level of morbidity associated with the prior standard surgeries of Trabeculectomy and Vitrectomy. Similarly, both procedures share in common with Extended Depth of Focus IOLs, certain quality of life improvements. We will review these features and also focus upon the role of Co-Management with each of these procedures.

Course Title: **"Newest Advances in Ocular Surgery"**
Subtitle: "Extended depth of focus IOL's vs. Spherical Abberation Optimized Multifocal IOLs"
Speaker: Dr. Kerry Assil
License #G62647 Exp. 4/20/2018
License Type: Physician and Surgeon
Summary: The recent FDA approval of the Tecnis Symfony IOL has enabled a new category Premium IOL to be offered for patients seeking a reduction in spectacle dependency, following cataract surgery. These extended depth of focus lenses offer a lower add power than do the traditional multifocal IOLs. We will assess the contrasting physical and optical qualities of these alternative IOL types and map out a rationale for their selection. We will thus review patient selection, surgical protocol, ancillary testing and post operative care.
Presentation Material: "OD CE Event" Multifocal IOLs
Slides Attached, 89 pages

Course Title: **"Newest Advances in Ocular Surgery"**
Subtitle: "YAG Vitreolysis"
Speaker: Dr. Kerry Assil
License #G62647 Exp. 4/20/2018
License Type: Physician and Surgeon
Summary: Vitreous detachments, accompanied by floaters, have presented a dilemma over the years, as patients are informed they are benign, so long as there is no concomitant retinal tear. Yet, the vitreous condensation (floater) itself can serve as a source of visual handicap.

Vitrectomy used to serve as the most reliable means for removing a floater and the associated surgical risks were typically considered to outweigh the benefits. Recent advances in YAG Laser technology enable ab interno vaporization of the vitreous condensation, with a much great safety profile than with vitrectomy. We will review the procedure including treatment criteria and post operative monitoring.
Presentation Materials: "Laser Vitreolysis"
Slides Attached, 13 pages

Course Title: **"Newest Advances in Ocular Surgery"**
Subtitle: "Micro Invasive Glaucoma Surgery"
Speaker: Dr. Mona Bagga
License #A104390
License Type: Physician and Surgeon
Summary: See Attached 4 pages
Presentation Materials: "Cataract Surgery In Glaucoma Patients"
Slides Attached, 34 pages

Course Title: **"Newest Advances in Ocular Surgery"**
Subtitle: "Understanding Vitreoretinal Interface: Diagnosis and Management and the Relationship to Anterior Segment Procedures."
Speaker: Dr. Svetlana Pilyugina
License #A89078 Exp. 6/30/2018
License Type: Physician and Surgeon
Summary: This lecture will discuss the anatomy of vitreous and vitreoretinal interface and their role in the pathophysiology of various retinal conditions, such as vitreomacular traction, macular hole, epiretinal membrane, diabetic retinopathies, and vascular occlusions. The use of imaging modalities, such as OCT, in the understanding and therapy selection will be reviewed. Impact of vitreomacular interface abnormalities on visual acuity and their role in preoperative evaluation of patients undergoing cataract surgery and refractive procedures will be discussed. Advances in treatment modalities including pharmacologic vitreolysis and developments in microinvasive vitrectomy procedures will be reviewed.
Presentation Materials: "Diseases and Surgery of Retina, Macula & Vitreous"
Slides Attached, 51 pages

LECTURER'S CVs:
See Attached

CONTACT: Jessica Morales
310.409.9333/jmorales@assileye.com

Course Outlines for Newest Advances in Ocular Surgery:

Dr. Kerry Assil-
Extended depth of focus IOLs vs Spherical Abberation Optimized Multifocal IOLs

- FDA approval of Tecnis Symfony IOL
- Extended depth of focus lenses
- Physical and optical qualities of alternative IOL types
- Rationale for novel IOL selection
- Latest in surgical protocol and post operative care

Dr. Kerry Assil-
YAG Vitreolysis

- The nature of vitreous detachments
- Vitreous condensation and visual handicap
- Removal of vitreous floaters and associated risks
- Advances in YAG laser technology
- Vitreolysis treatment criteria and post operative monitoring

Dr. Mona Bagga-
Microinvasive Glaucoma Surgery

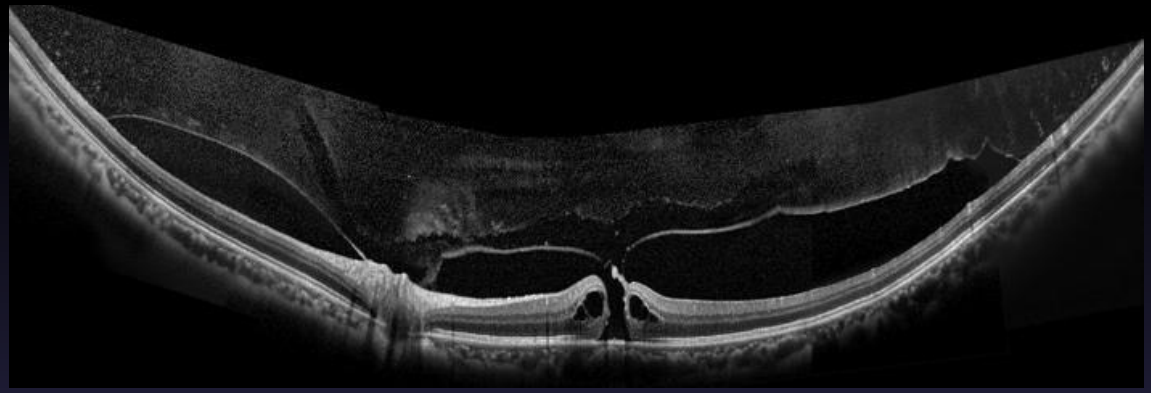
- Latest technologies for glaucoma surgery
- Pre operative factors affecting surgical outcomes
- Patient selection for glaucoma surgery
- Intraoperative factors for successful microsurgery
- Post operative care and management

Dr. Svetlana Pilyugina-
Understanding Vitreoretinal Interface: Diagnosis and Management and The Relationship to Anterior Segment Procedures

- Anatomy of the vitreoretinal interface
- Pathophysiology of various retinal conditions
- Vitreomacular interface abnormalities
- Imaging modalities of the vitreoretinal interface
- Advances in treatment modalities including pharmacologic and microinvasive surgical therapies

VitreoMacular Interface

Diseases, Management and Impact on Anterior Segment Treatment



Svetlana A. Pilyugina, MD

Director, Retina Division

Diseases & Surgery of Retina , Macula & Vitreous

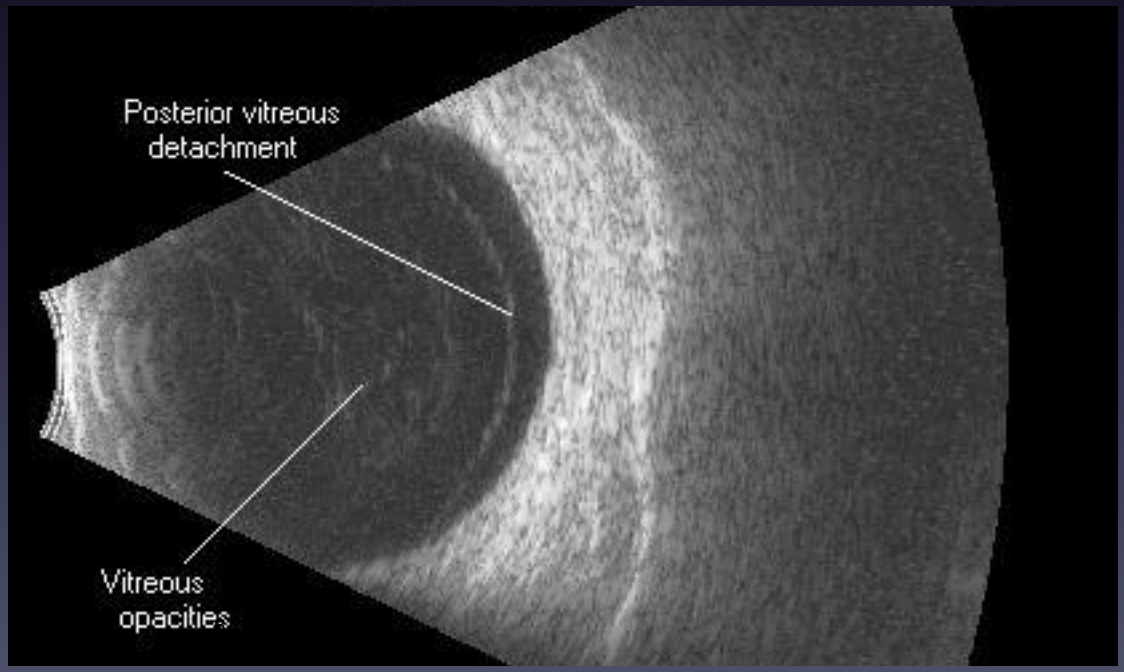
ASSIL EYE INSTITUTE
Kerry K. Assil, M.D., Inc.

Posterior Vitreous Detachment

Two chronic changes:

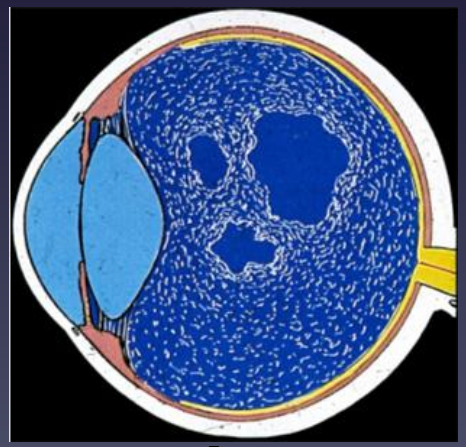
-- Vitreous Liquefaction

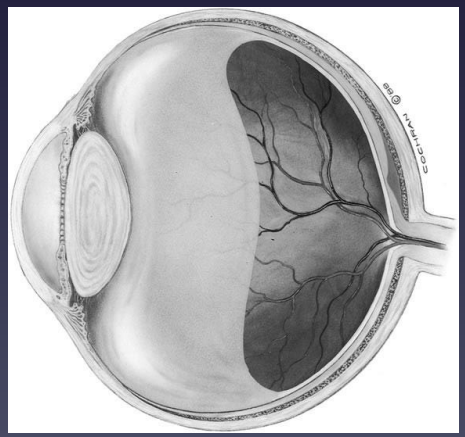
-- Weakening of vitreoretinal adhesion



Liquefaction

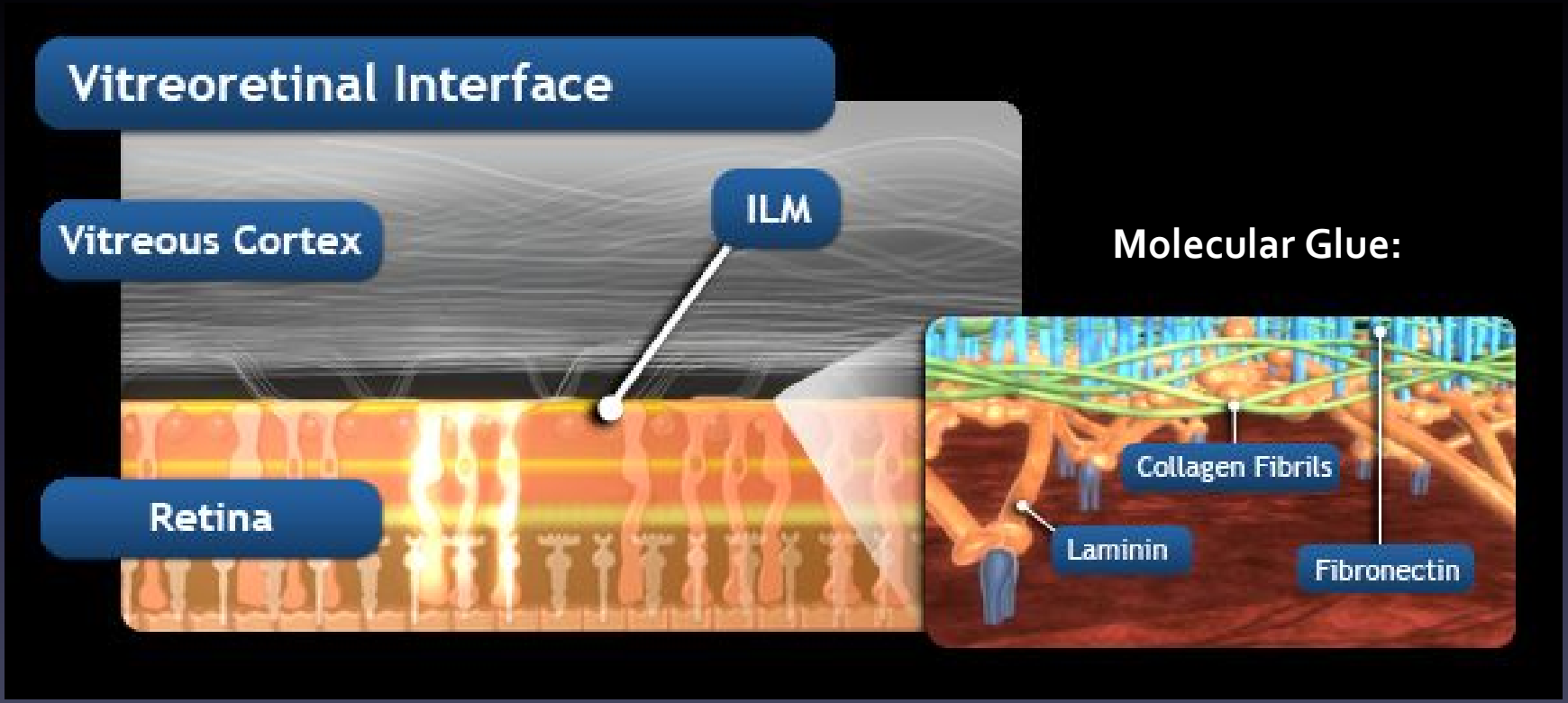
- Liquid vitreous is seen in the eyes by age 4
- By late teens nearly 20% of vitreous is fluid
- Liquefied lacunae increase with age in number/ size and coalescence
- By age 70 at least 50% of the vitreous is liquefied
- Despite liquefaction, no PVD in most autopsy eyes <60 yo





Vitreoretinal Adhesion

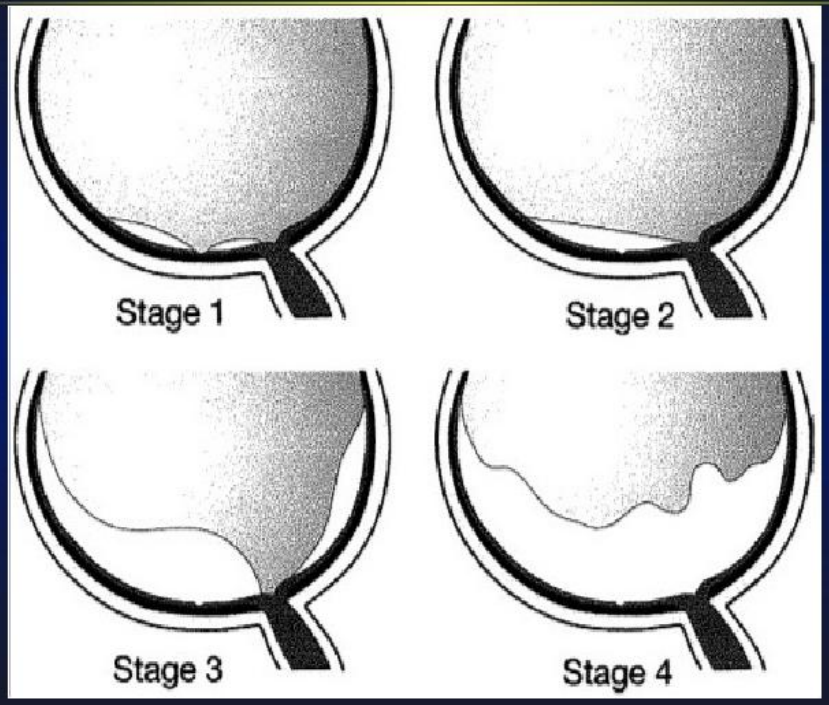
Progressive age-related weakening of the adhesion between the posterior vitreous cortex and internal limiting membrane



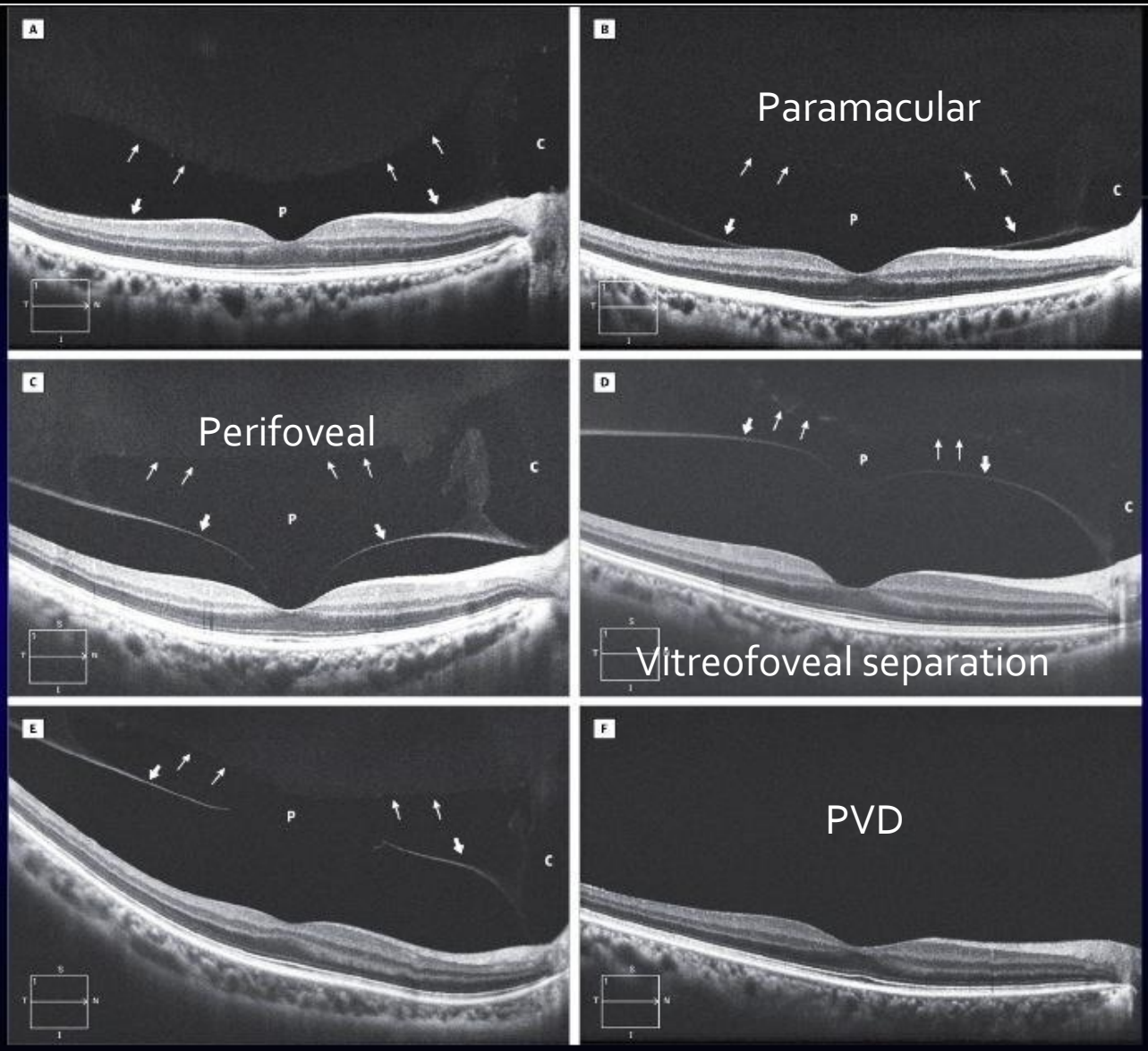
Evolution of PVD

- "Acute PVD" does not occur
- Insidious process over decades with abrupt end stage

Evolution of a Normal PVD Via OCT Mapping



Johnson M et al AMJ Ophthalmol 2010



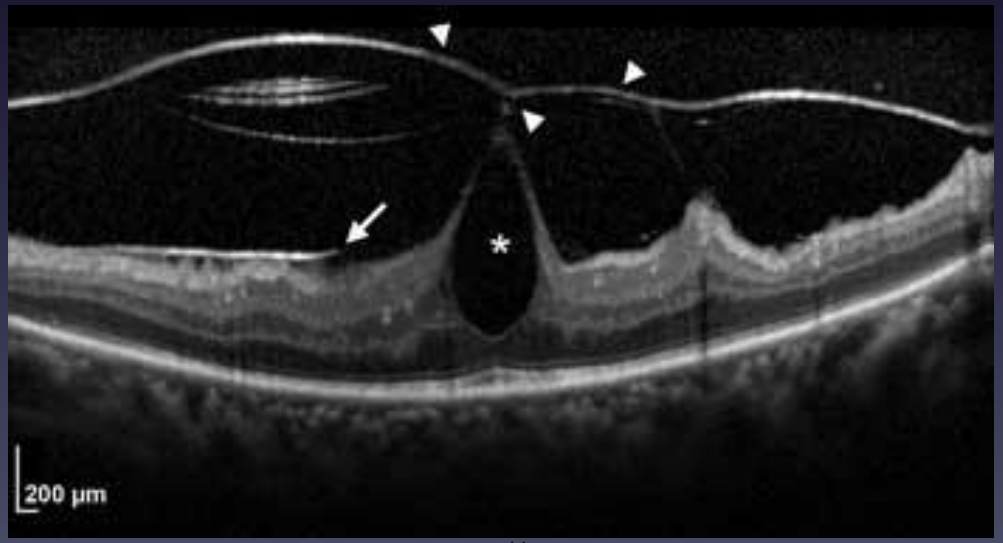
Evolution of Vitreomacular Detachment in Healthy Subjects.

JAMA Ophthalmol. 2013 Oct 1;131(10):1348-52

Anomalous PVD

What can go wrong when the

vitreous gets stuck?



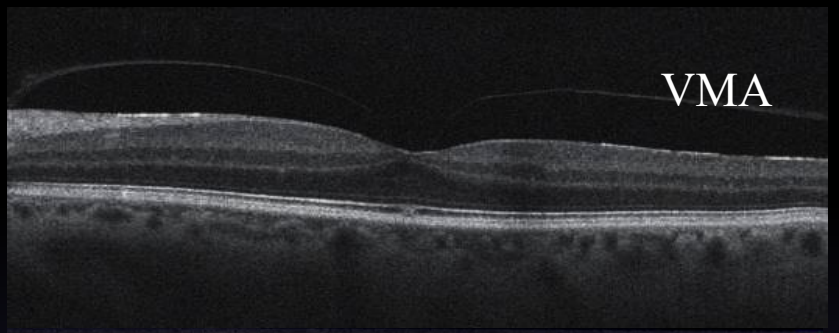
One Finding -- Five Diseases

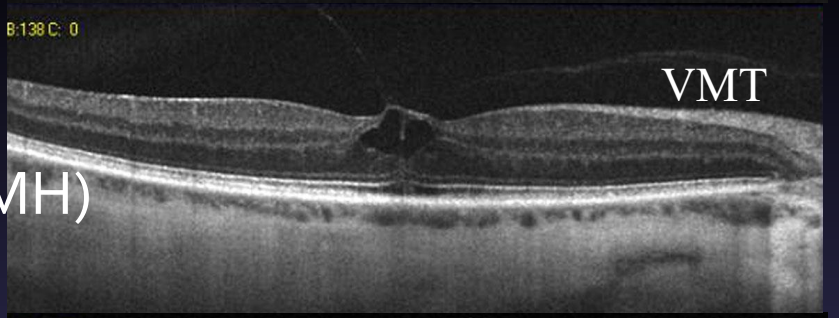
"Finding":

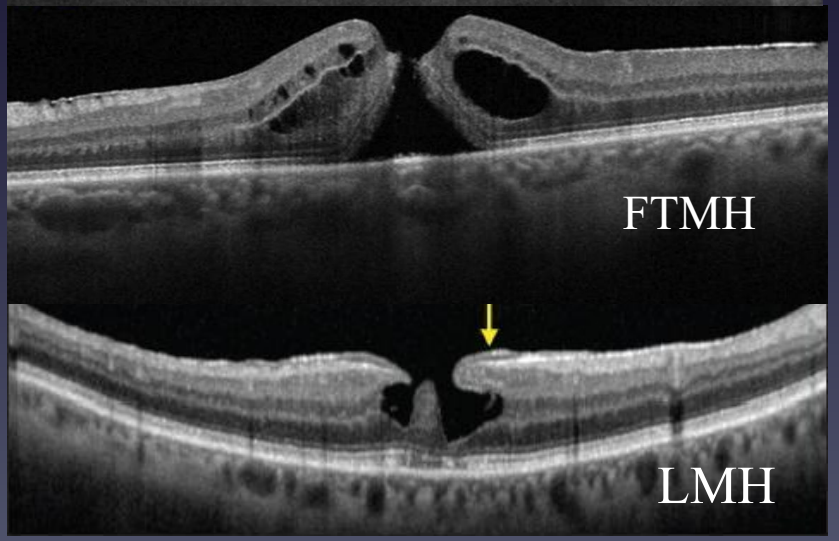
- Vitreomacular Adhesion (VMA)

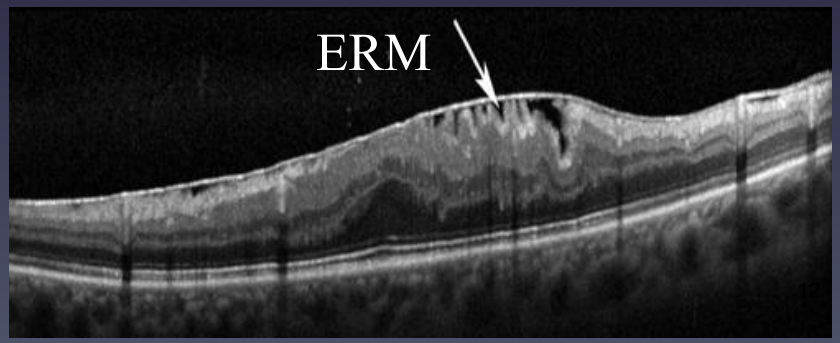
Diseases:

- Vitreomacular Traction (VMT)
- Full Thickness Macular Hole (FTMH)
- Lamellar Macular Hole (LMH)
- Epiretinal Membrane (ERM)

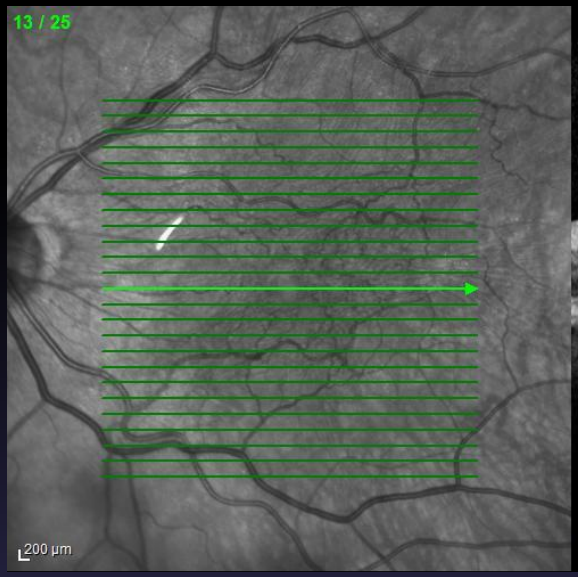


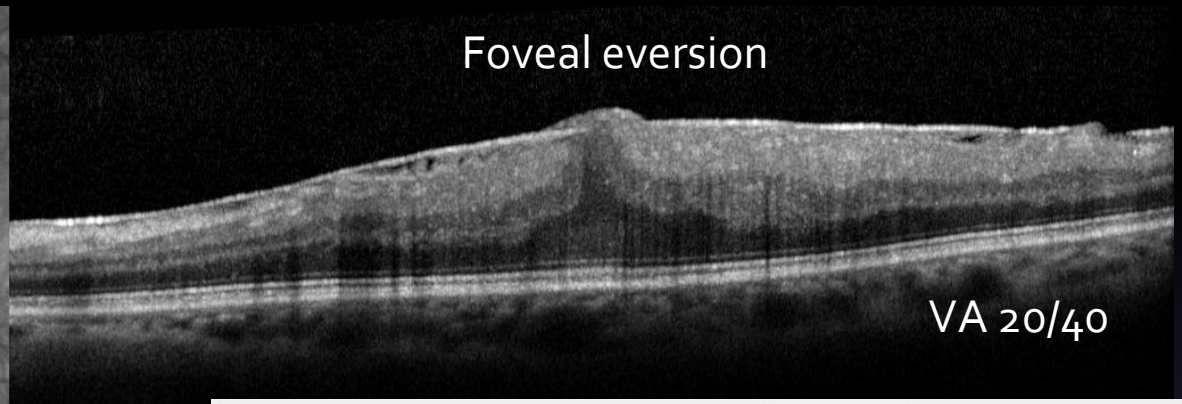


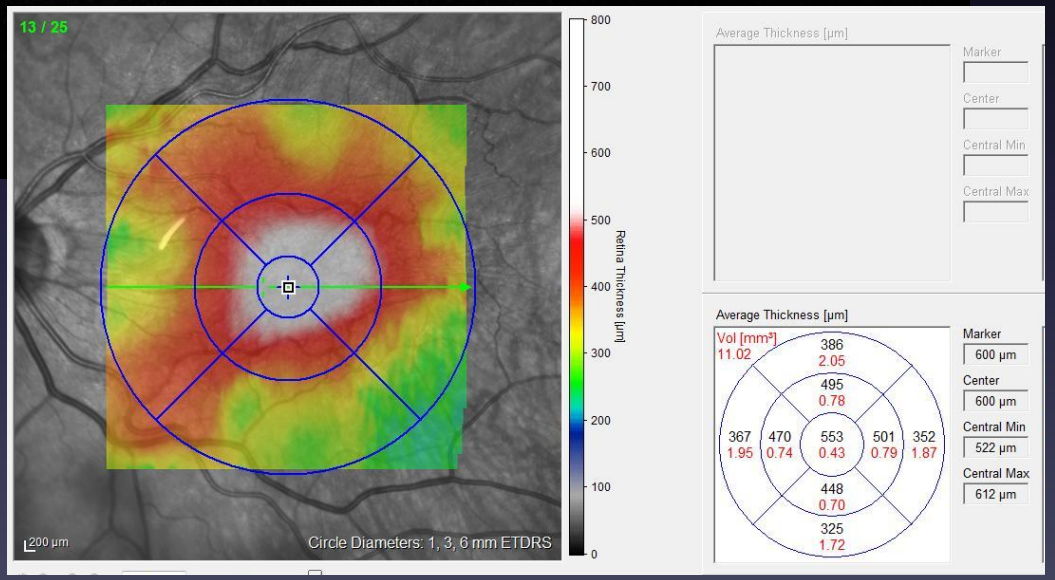




Epiretinal Membrane

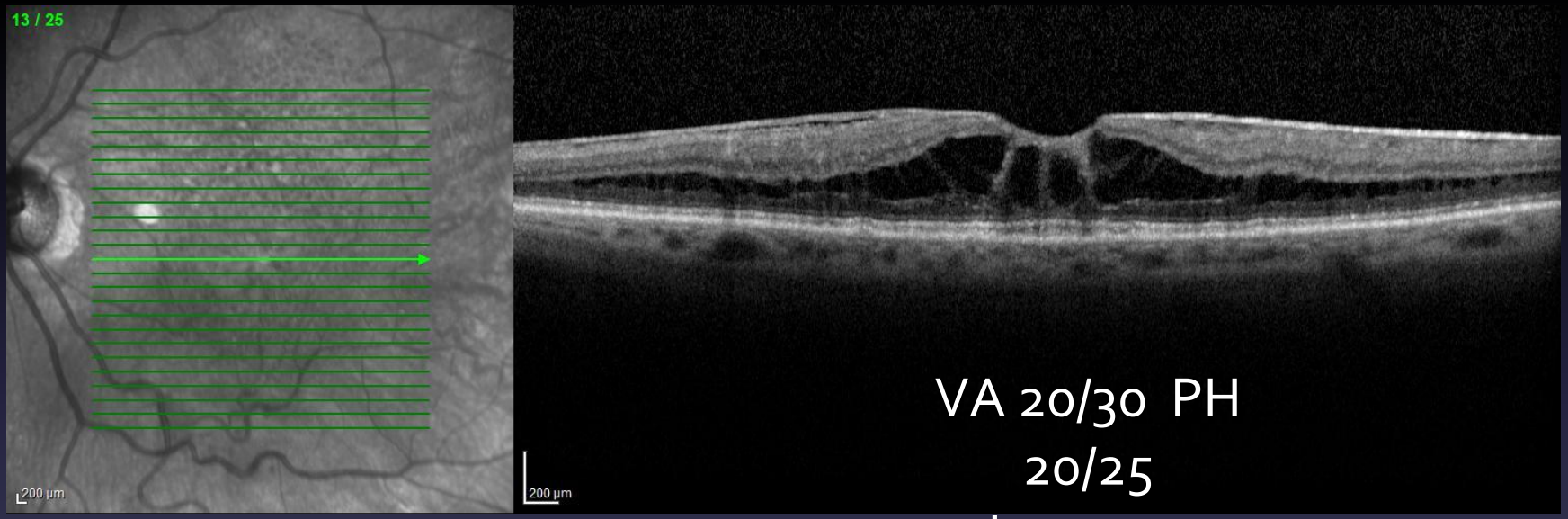






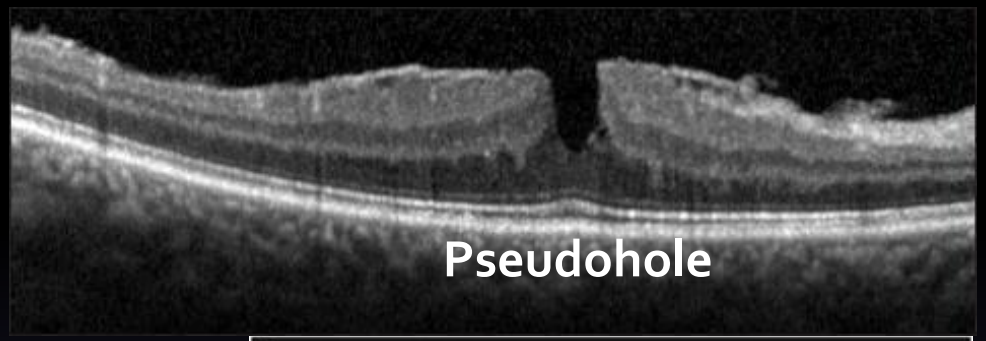
- Occurs in the presence of PVD
- Proliferation of residual vitreous
- Contraction leads to tractional stress on the fovea

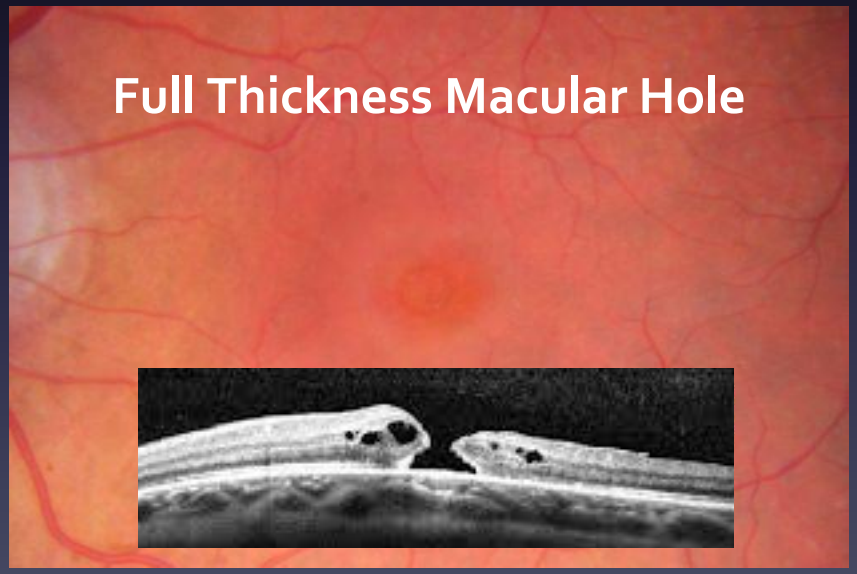
Macular Schisis

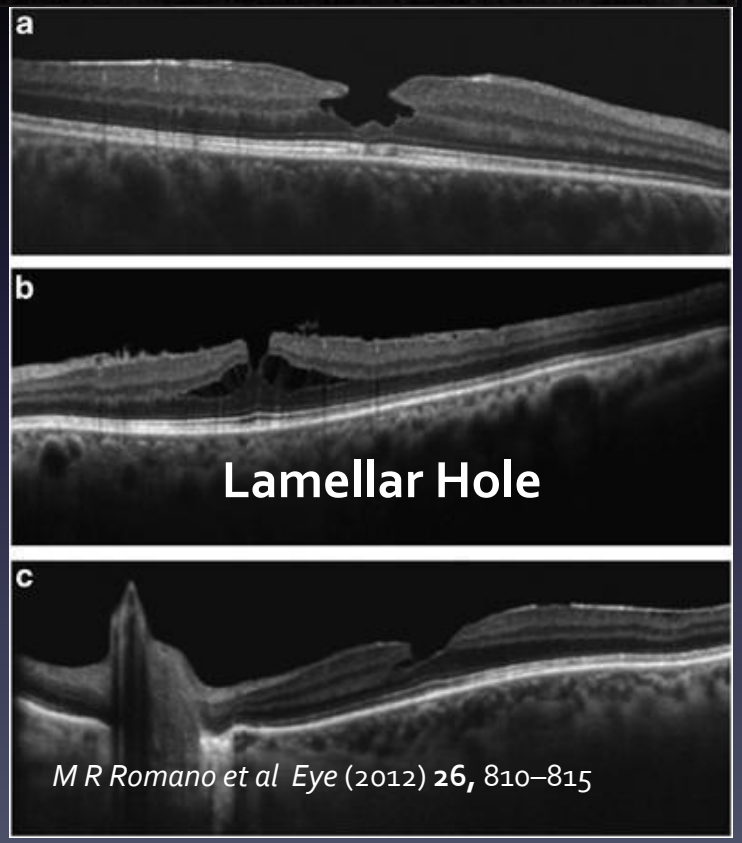


VA 20/30 PH
20/25
since 2010

"All These Holes…"

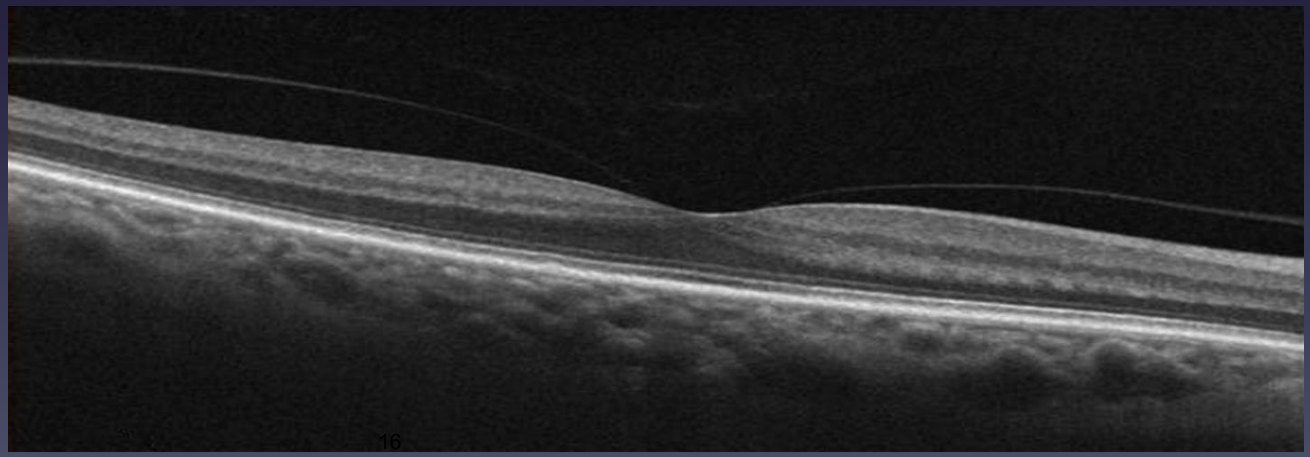






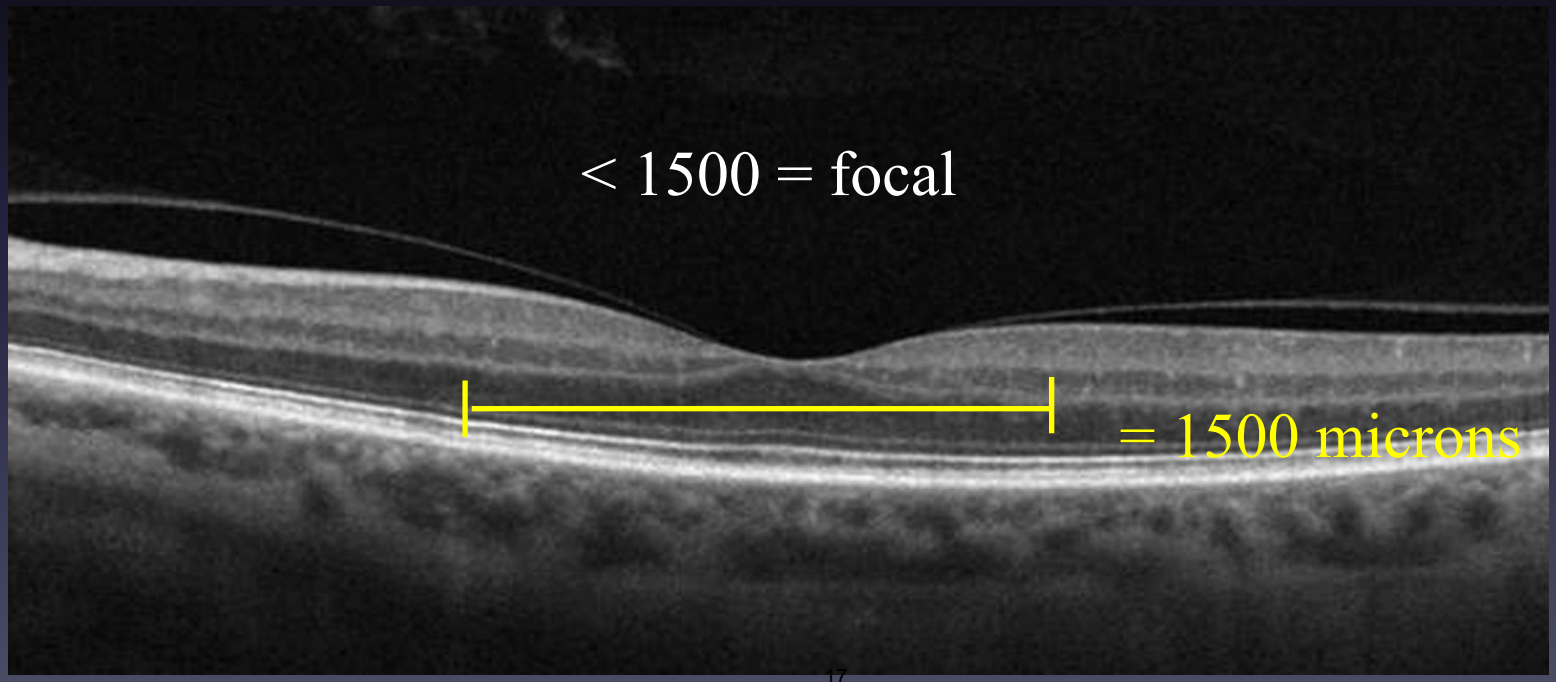
Vitreomacular Adhesion (VMA)

- Exclusively **an OCT finding**
  - No symptoms
  - No clinical findings
  - Must be present on at least one OCT line scan through the fovea
  - Essentially a perifoveolar PVD
- Due to age-related changes of the vitreous
- Rarely pathologic -- NO anatomic retinal changes on OCT
- Common

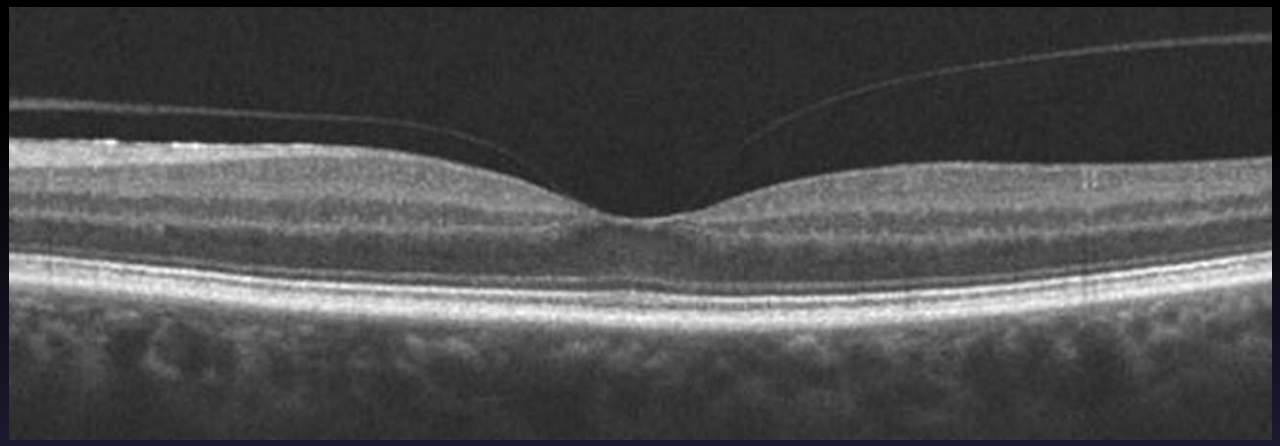


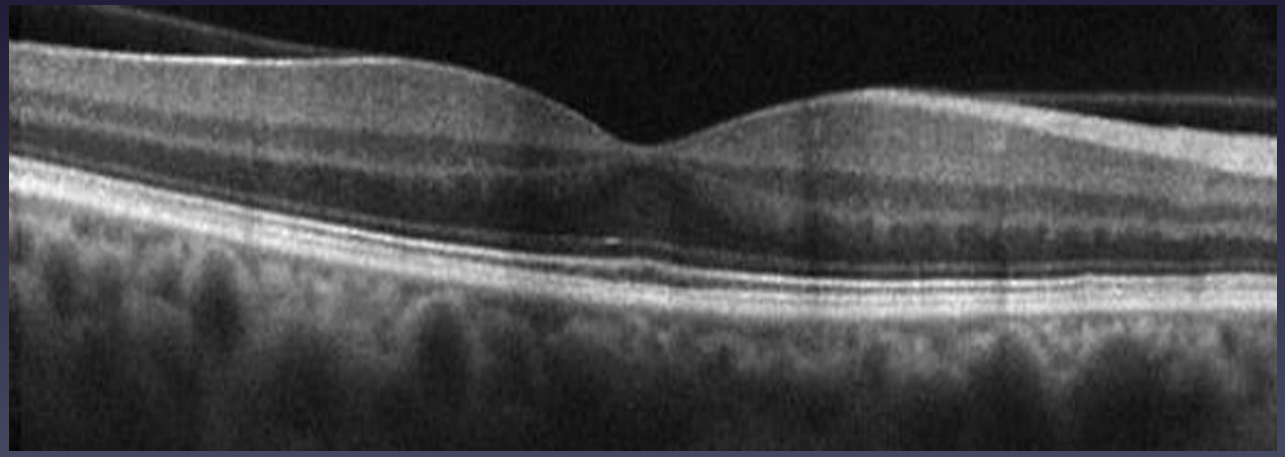
Two VMA Subclassifications

- ***Focal*** **versus** ***broad***
  - Focal attachment < 1500 microns
  - Broad attachment > 1500 microns
  - Broad VMA roughly parallel to the RPE and may include focal areas of cortex dehiscence



Focal vs Broad VMA



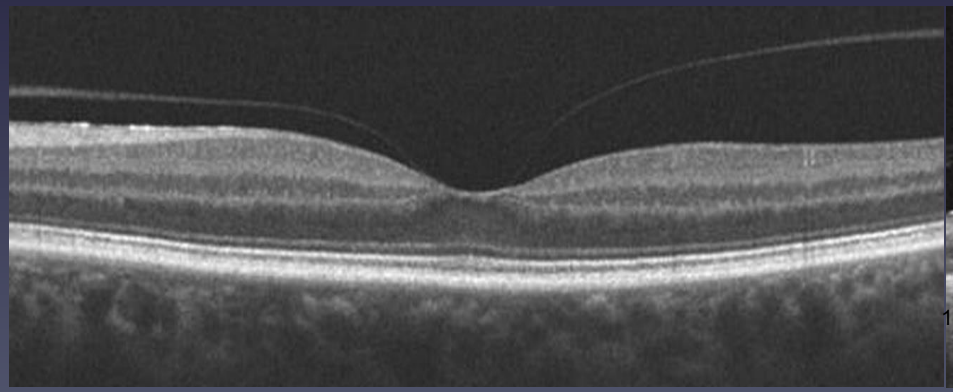


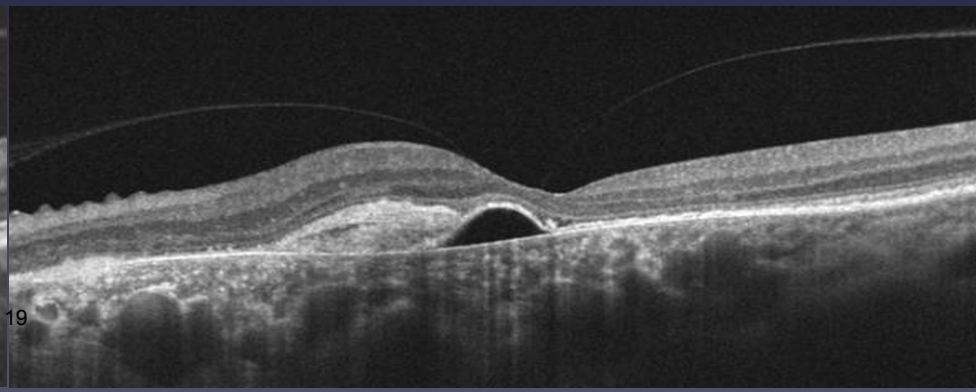
Two VMA Subclassifications

Isolated **vs** ***Concurrent*** **:**

- Isolated finding on OCT with normal macula
- Associated with a posterior segment disease

- Note: symptoms are not a part of the definition





VMA Usually Spontaneously Resolves…
But When It Doesn't….

Vitreomacular Traction (VMT)

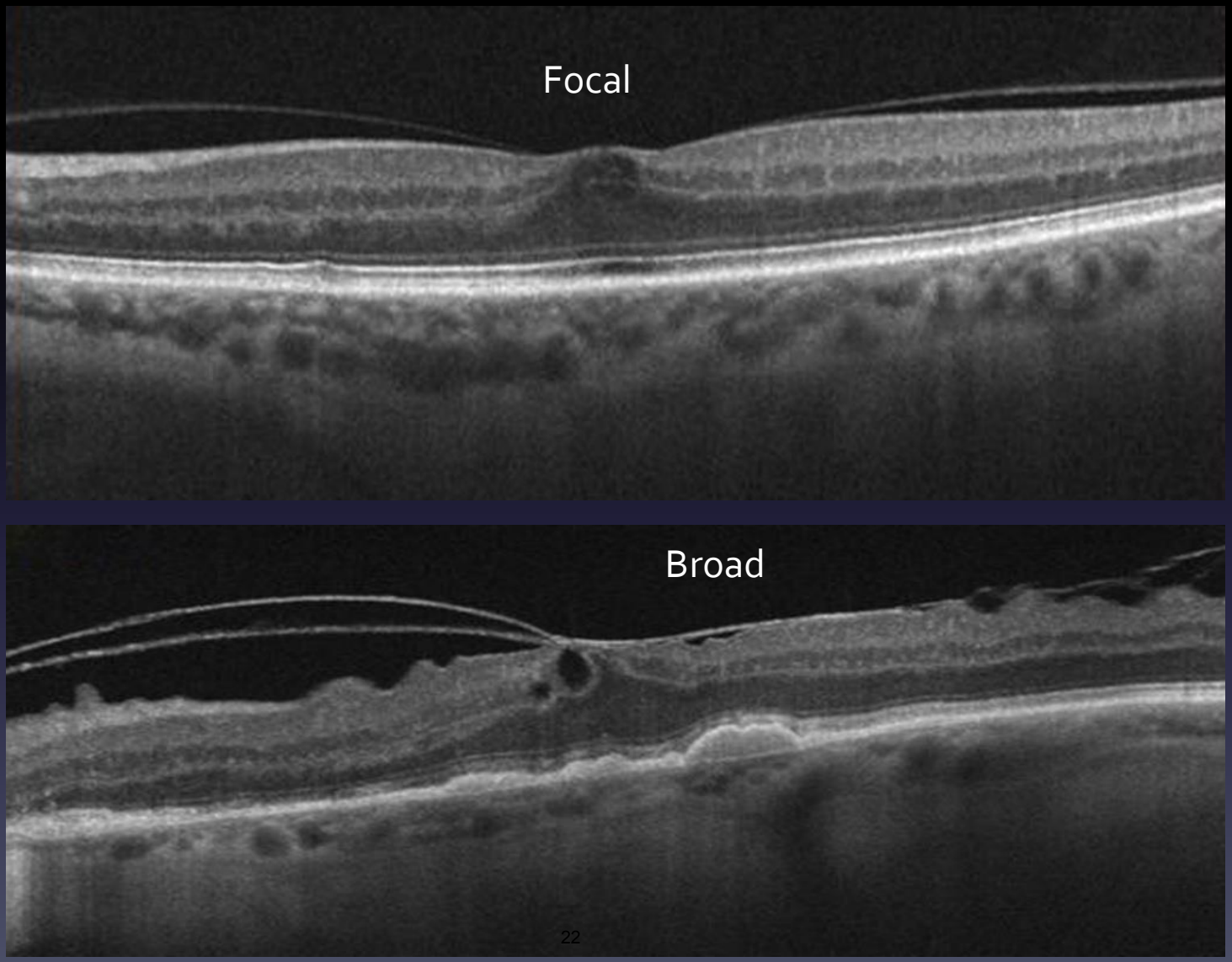
Vitreomacular Traction (VMT)

- Definition = VMT is VMA with ANY abnormal macular retinal architecture
- OCT diagnosis
- "Symptomatic VMA" = VMT

- *Focal* versus *broad*
  - Focal attachment < 1500 microns or less
  - Broad attachment > 1500 microns

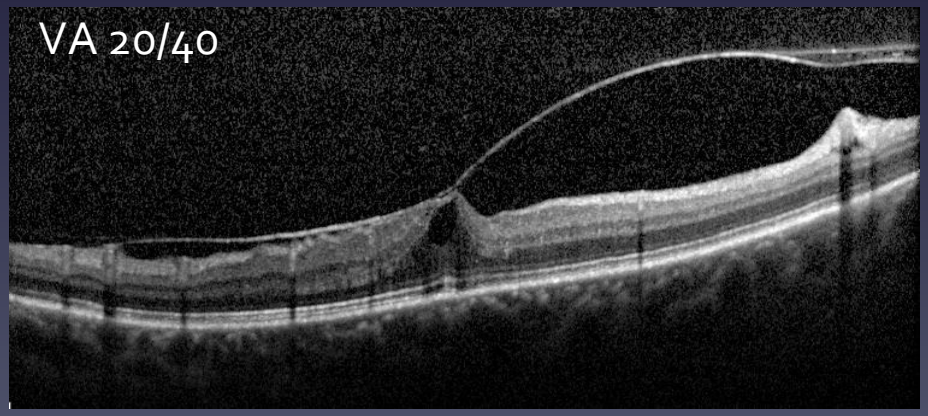
- *Isolated* vs *Concurrent* (with other macular disease)

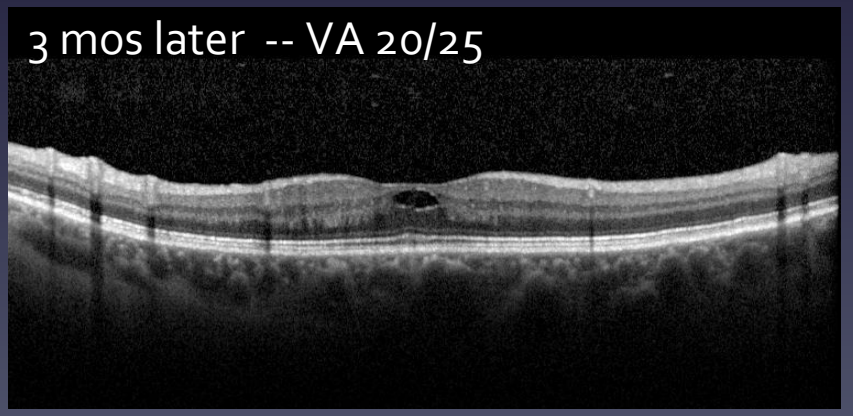
VMT



VMT Definition

- Posterior vitreous cortex (posterior hyaloid) visible on or above retinal surface. May be thickened.
- Posterior hyaloid detached from inner retina in perifoveal area
- Persistent macular attachment within a 3-mm radius of fovea
- Anatomic retinal changes on OCT
- ALWAYS pathological
- May or may not be symptomatic, may resolve





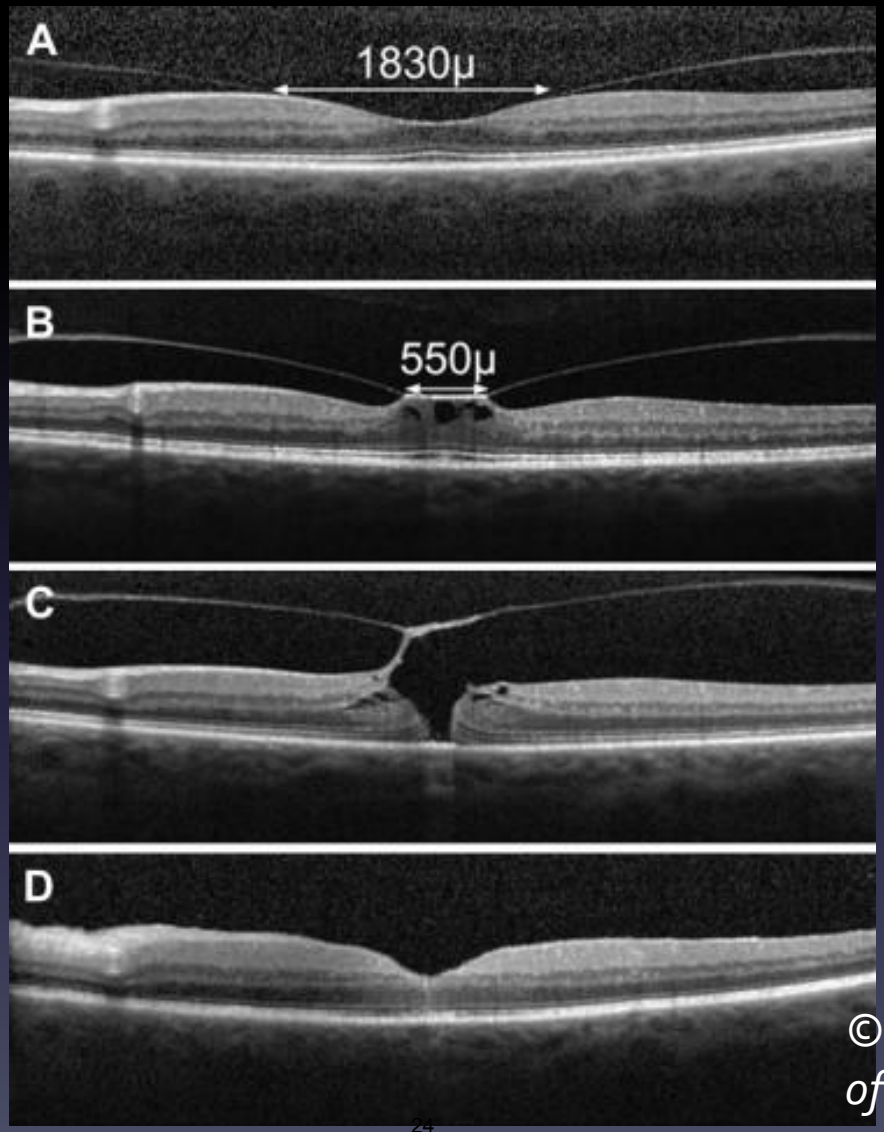
VMT Progression

Presentation

In 1 year

In 3 Months

Treated by Vitretomy/Gas



Broad VMA

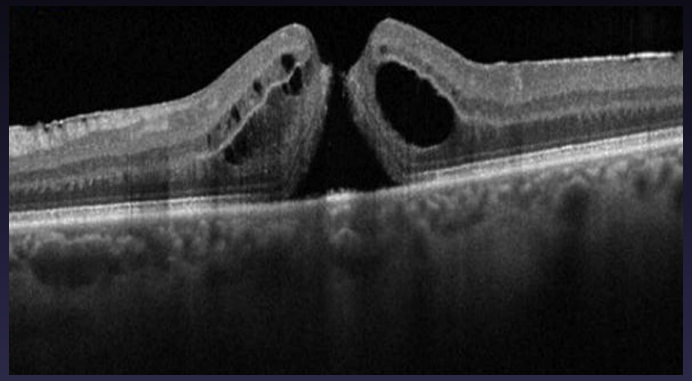
Focal VMT

FTMH

Full Thickness Macular Hole

New Anatomy and Outcome-Based Classification System: only 3 Factors

- *Size* of defect
- *VMT* = present or absent
- *Primary* vs *secondary*



Note:

- Not a "staging" system (Gass classification)
- No longer an "idiopathic" condition = Primary
- Due to VMA → VMT

FTMH Classification

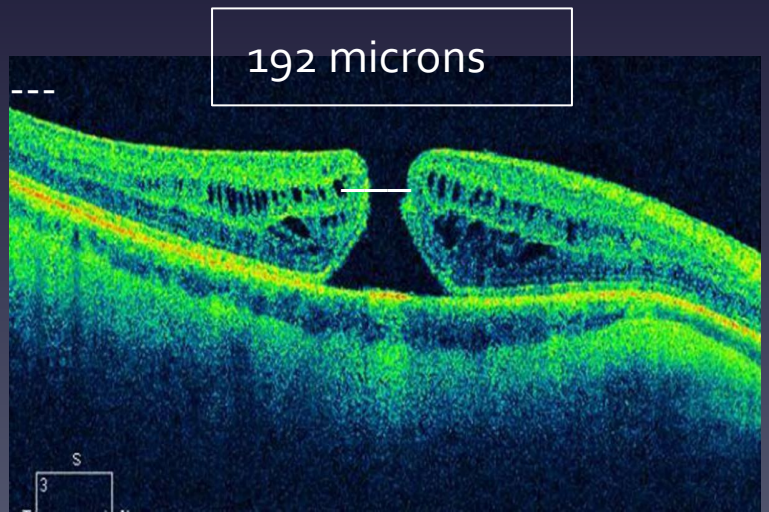
Aperture Size:

SIZE not STAGE critical for surgical outcome

- *Small* = full-thickness retinal defect ≤ 250 µm
- *Medium* = full-thickness retinal defect > 250 µm and ≤ 400 µm
- *Large* = full-thickness retinal defect > 400 µm

* OCT caliper measures hole at narrowest point

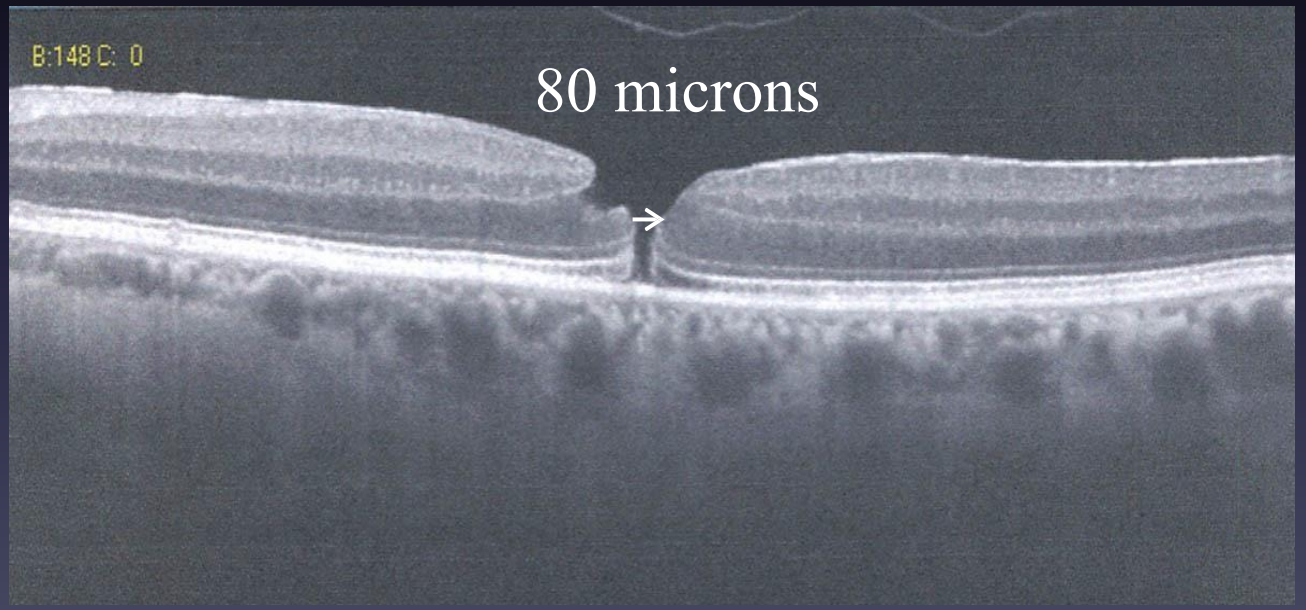
* Line drawn parallel to RPE in mid retina



FTMH Classification

SMALL (< 250 microns)

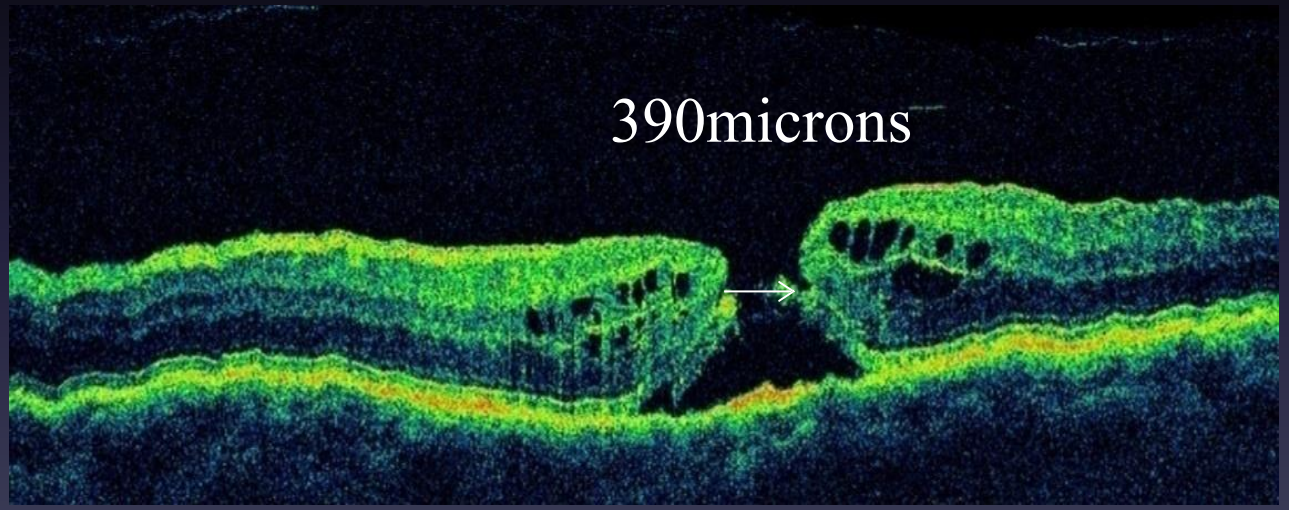
- Spontanous closure 3-11%
- High closure rate with vitrectomy (~100%)



FTMH Classification

MEDIUM (250 – 400 microns)

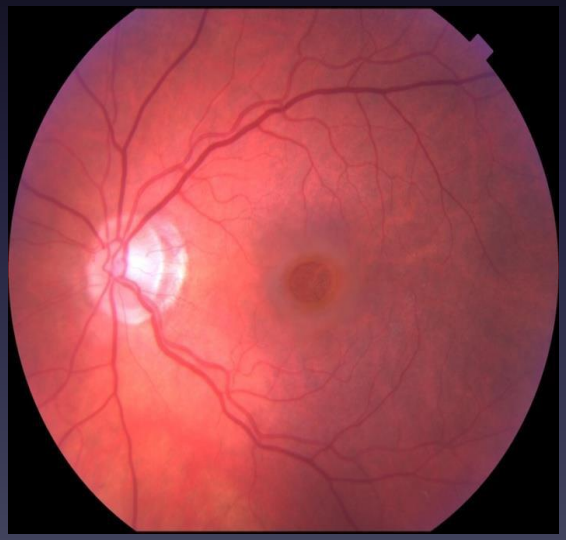
- High closure rate by vitrectomy with or without ILM peel (>90%)

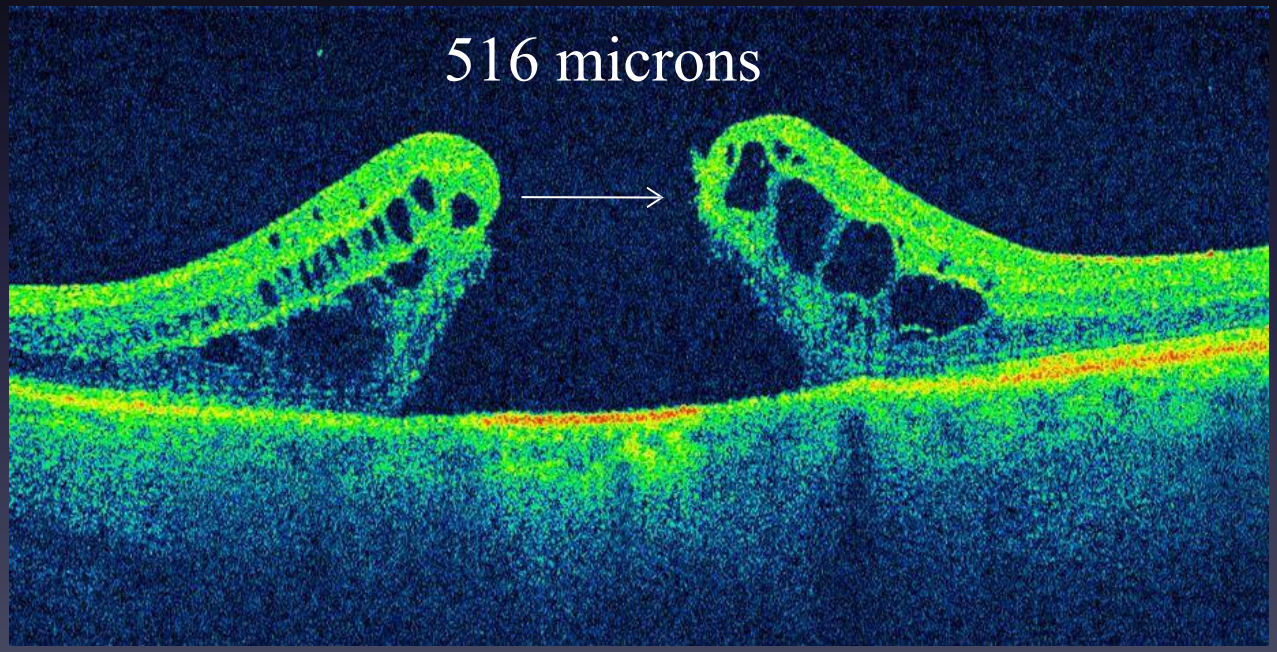


FTMH Classification

LARGE (> 400 microns)

- 50% OF FTMH at the time of diagnosis
- Vitrectomy with ILM peel 90-95% success rate
- Vitrectomy without ILM peel 75% success rate

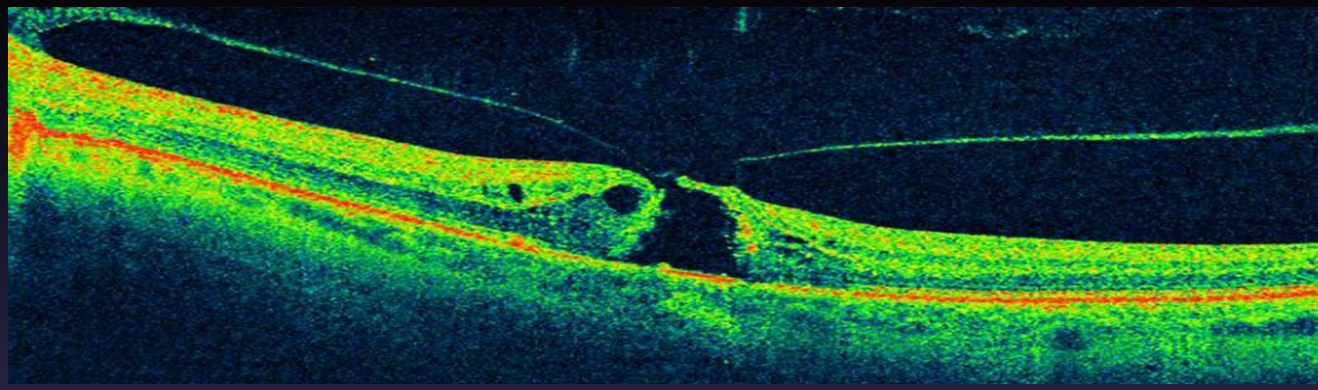




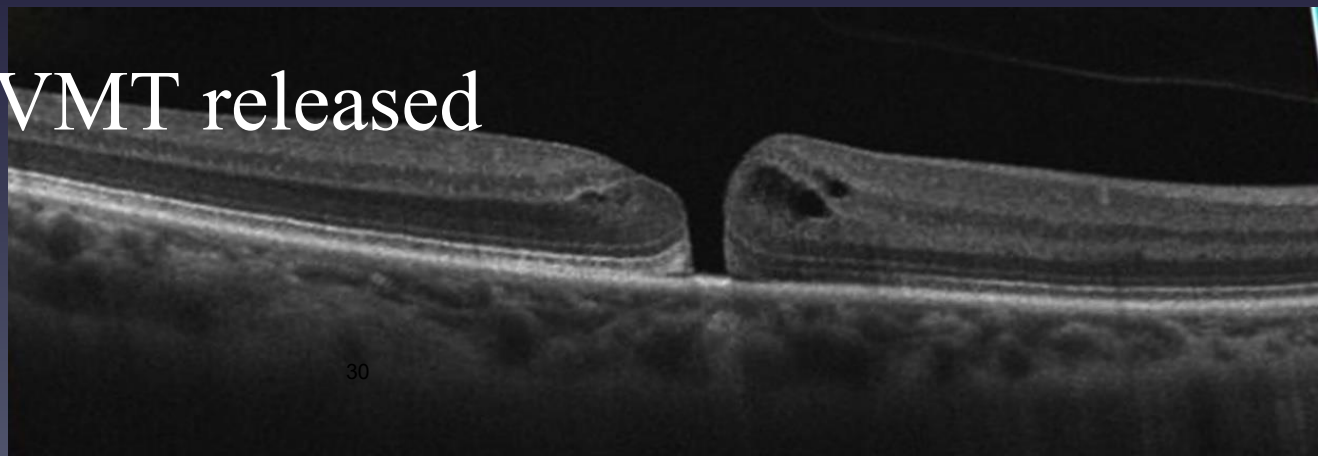
FTMH Classification

VMT Present or Absent

Small FTMH – VMT present



Small FTMH – VMT released



FTMH Classification

Primary vs Secondary

- *Primary* = due to VMT
  (formerly "idiopathic" macular hole)

- *Secondary*
  - Not initiated by VMA or VMT
  - Secondary to preexisting or concurrent condition or disease

FTMH Classification

Secondary FTMH

Pre-existing or concurrent condition or disease:

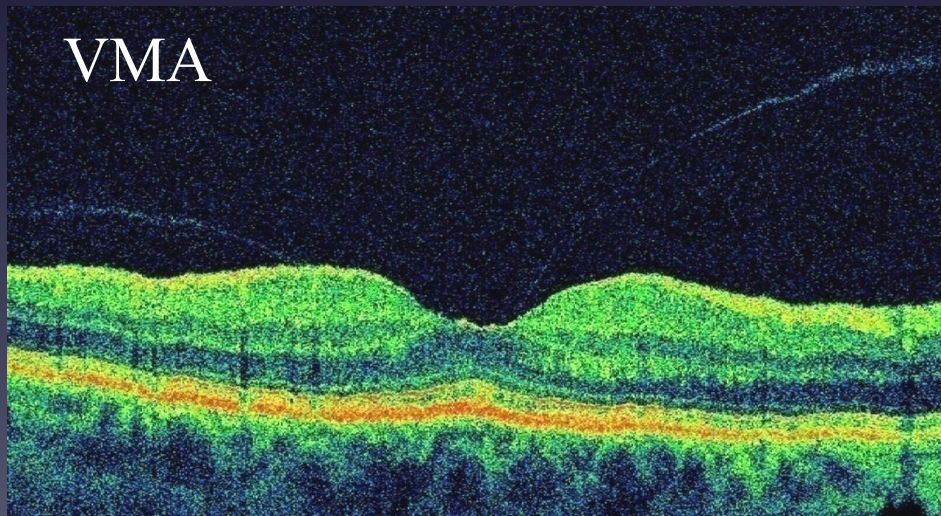
- Trauma
  - Blunt trauma
  - Lightning strike
  - Surgical procedure
- Myopia
- Macular edema
- Macular schisis
- Epiretinal membrane
- Choroidal neovascularization (CNV)

FTMH Classification

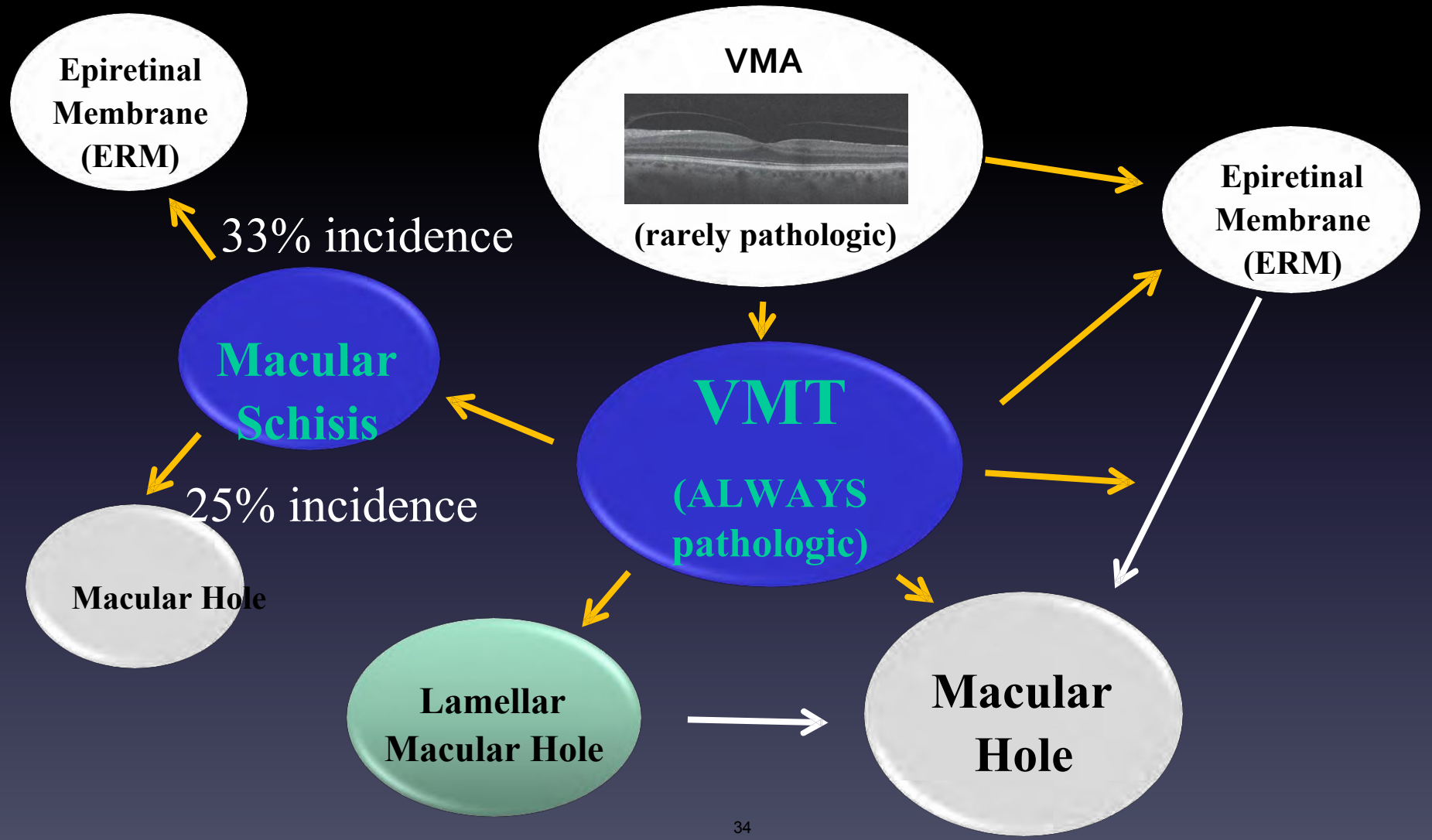
International Classification = No Stages
"Stage 0" = VMA

- VMA in contralateral eye of a patient with FTMH – that eye has a 42 % risk of going to FTMH within 2 years

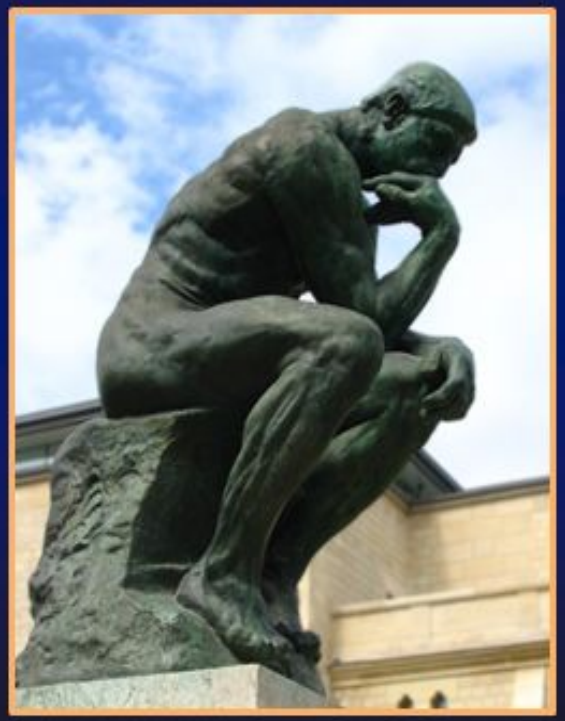
- If no VMA = 3 %

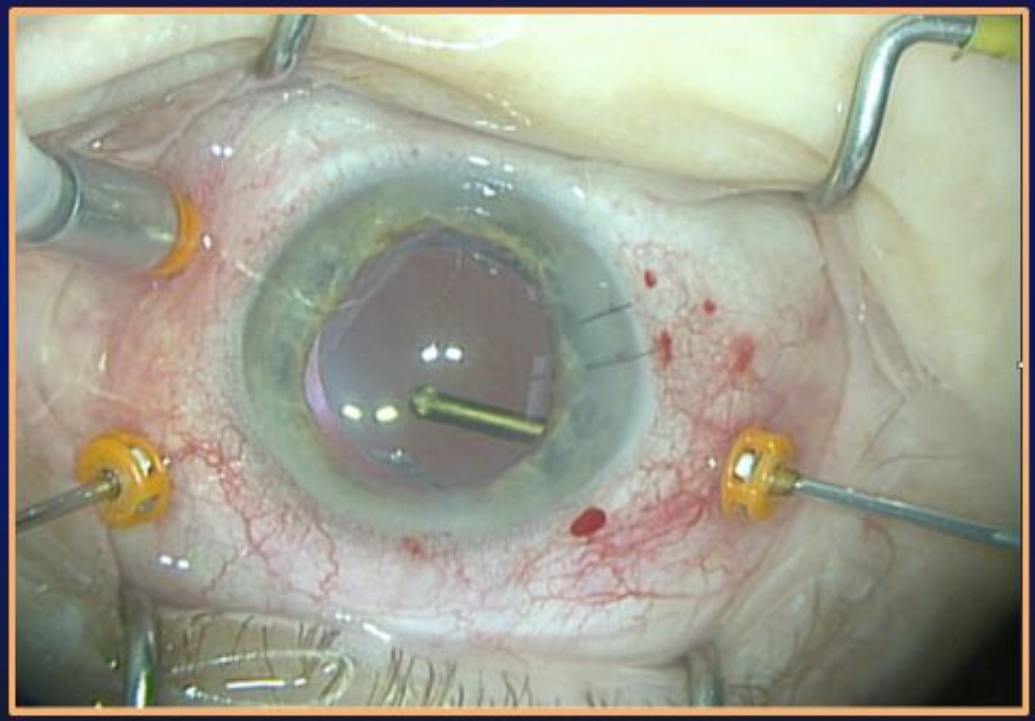


Vitreomacular Adhesion (VMA) Associated With Disease



Current Treatment Options





3

Jetrea
"chemical vitrectomy"

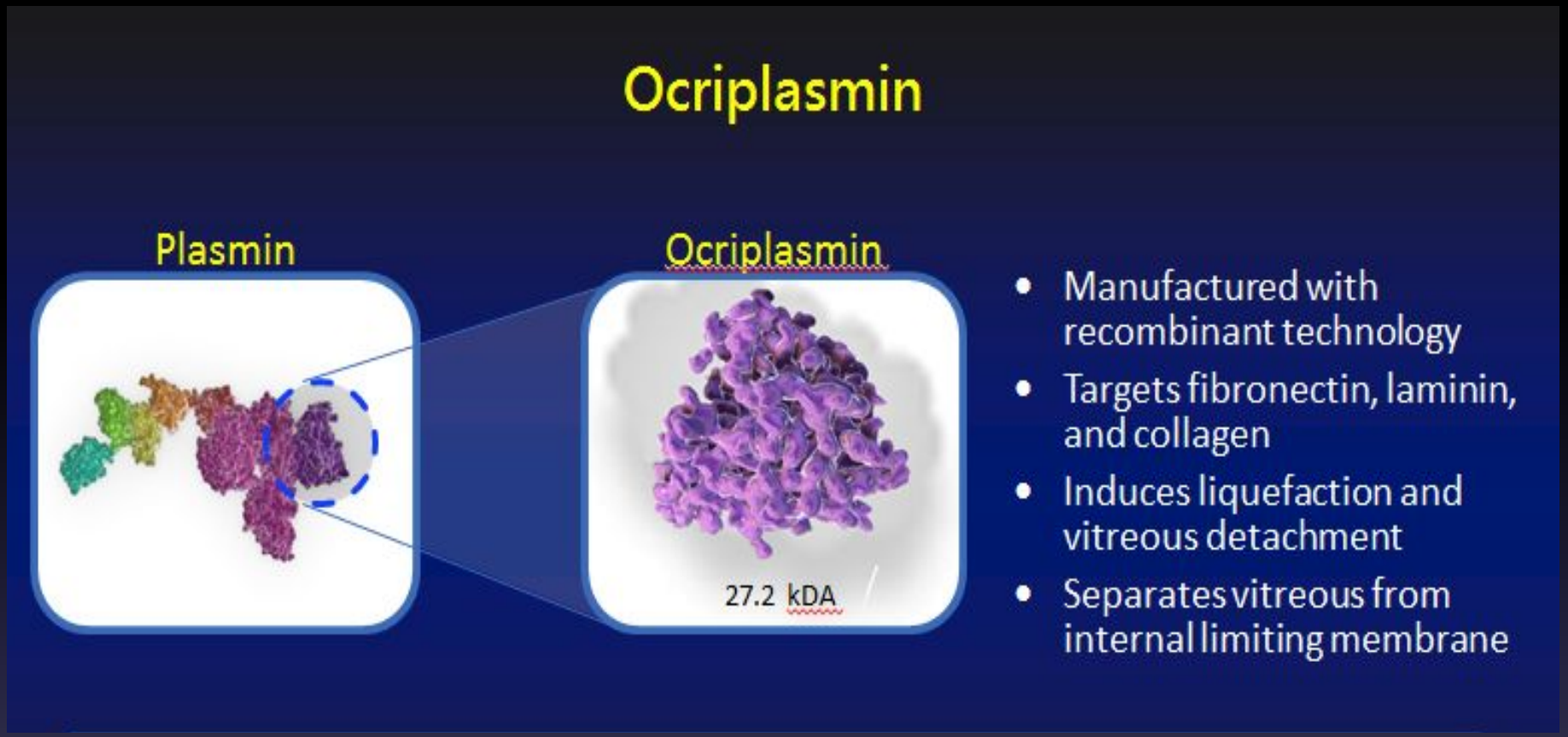
Thrombogenics

- Single intravitreal injection

- FDA approved in October, 2012 for treatment of symptomatic Vitreo-Macular Adhesion (VMA)
- Available for use since January, 2013

Rationale for Pharmacologic Treatment Option

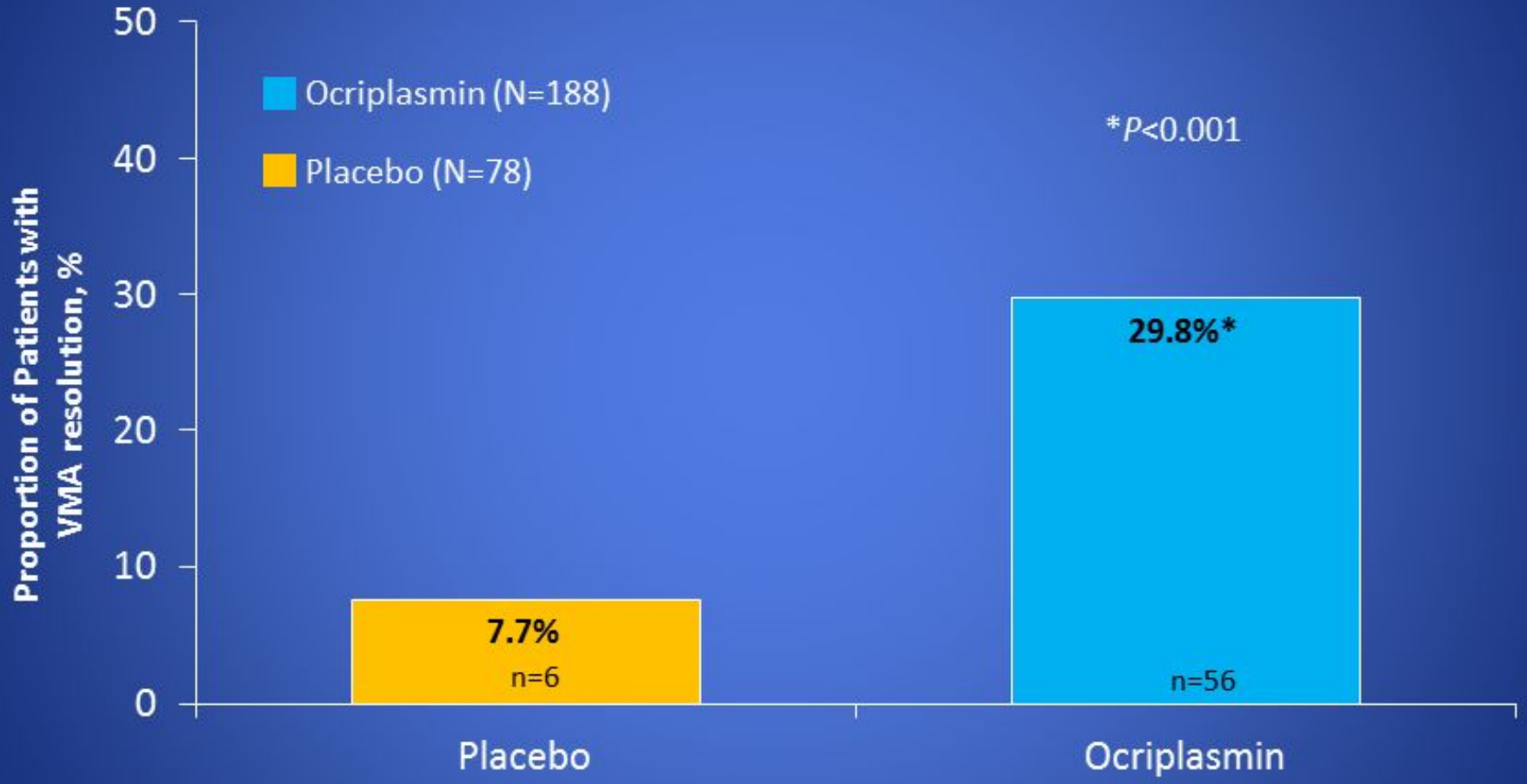
- Resolve the underlying condition
- Avoid risks and burdens of surgery
- Intervene earlier
- Reduce progression and damage
- Improved outcomes
- Reduce discomfort



MIVI-TRUST Trial

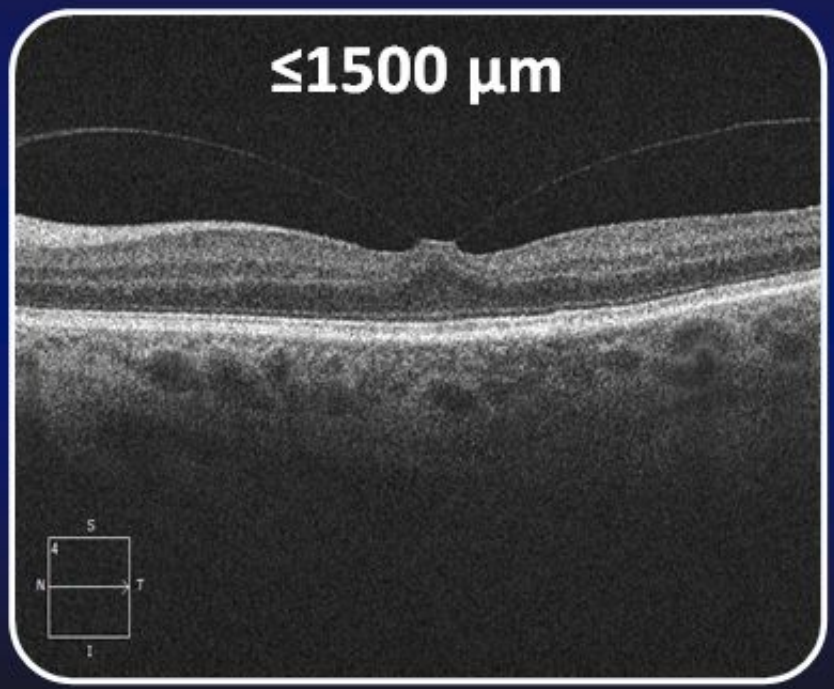
Microplasmin for Intravitreal Injection Traction Release without Surgical Treatment

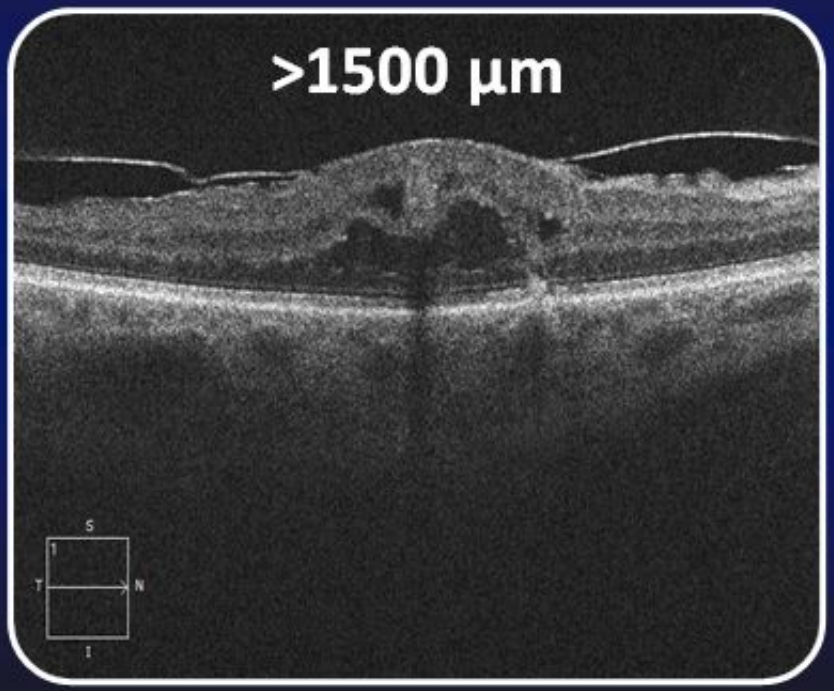
Proportion of VMT Patients With VMA Resolution at Day 28 (Without Vitrectomy)



Data on file. ThromboGenics, Inc. 2012.

Example OCT Images of VMT Patients: Size of Adhesions

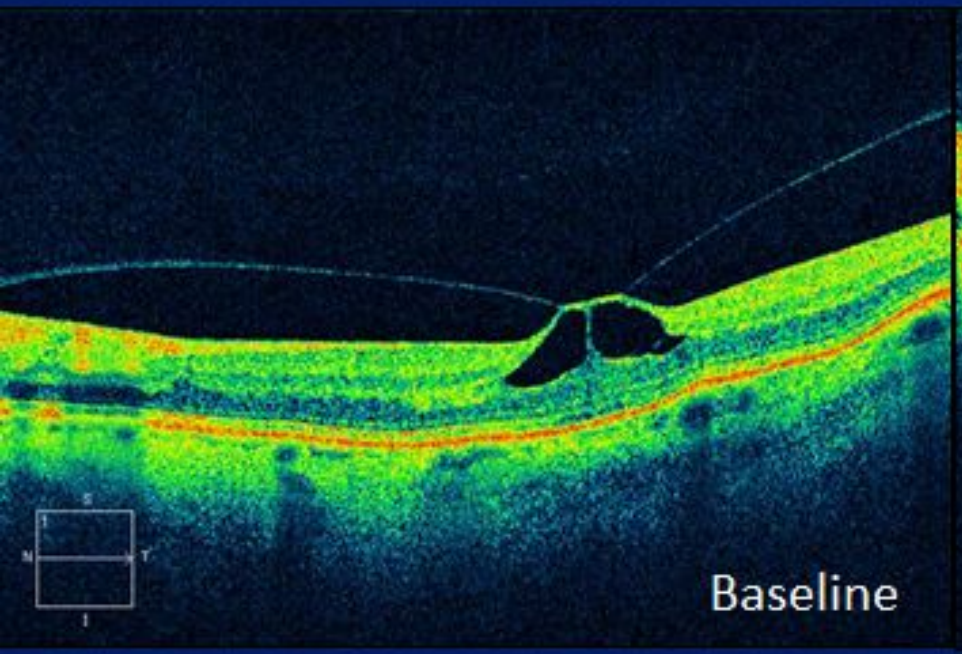


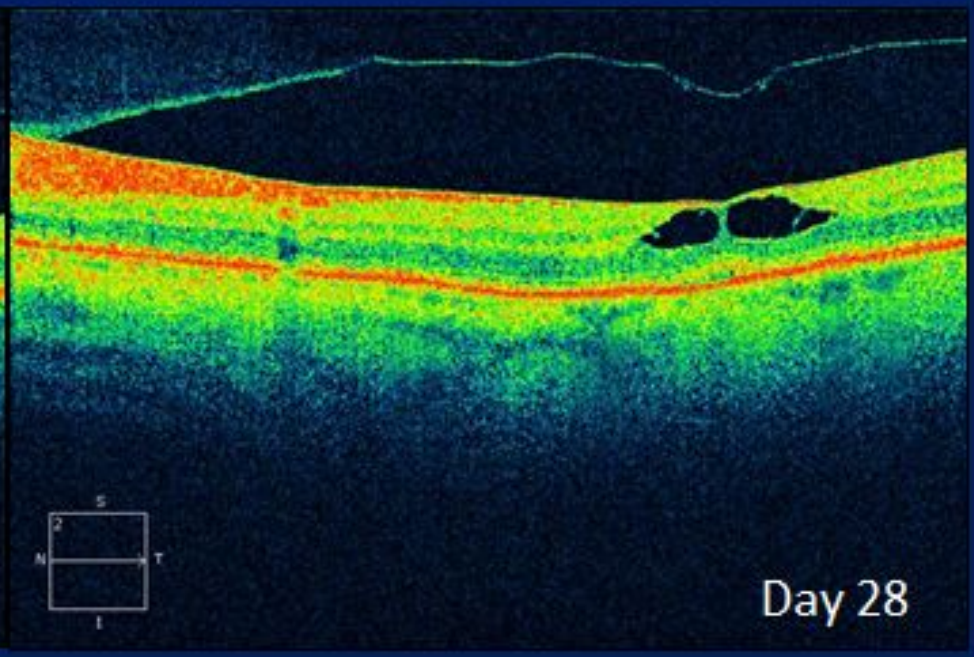


19

Case 1 Ocriplasmin Group

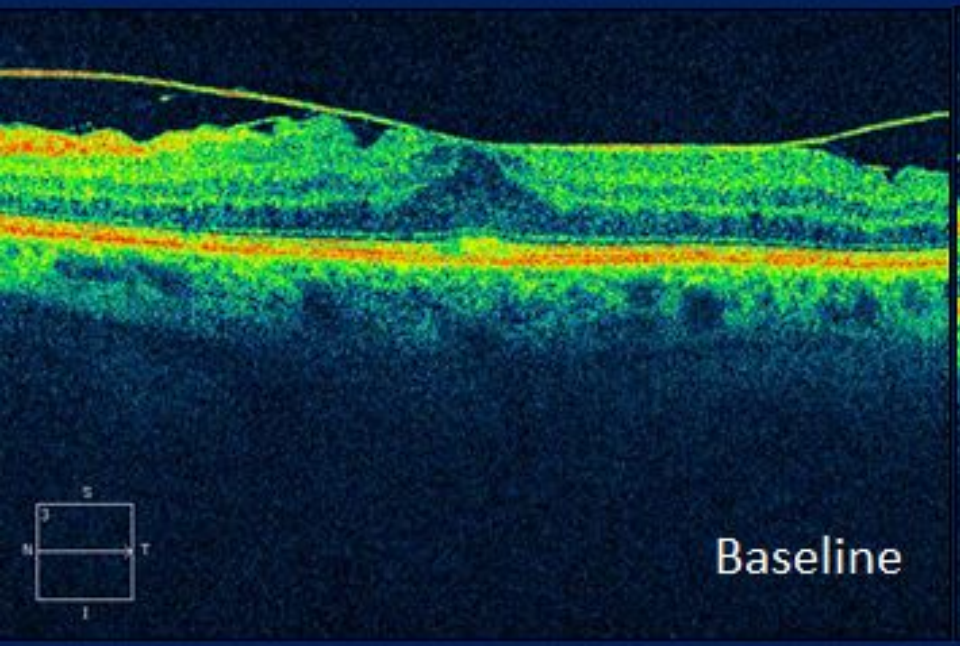
Focal VMA/VMT ≤ 1500 µm

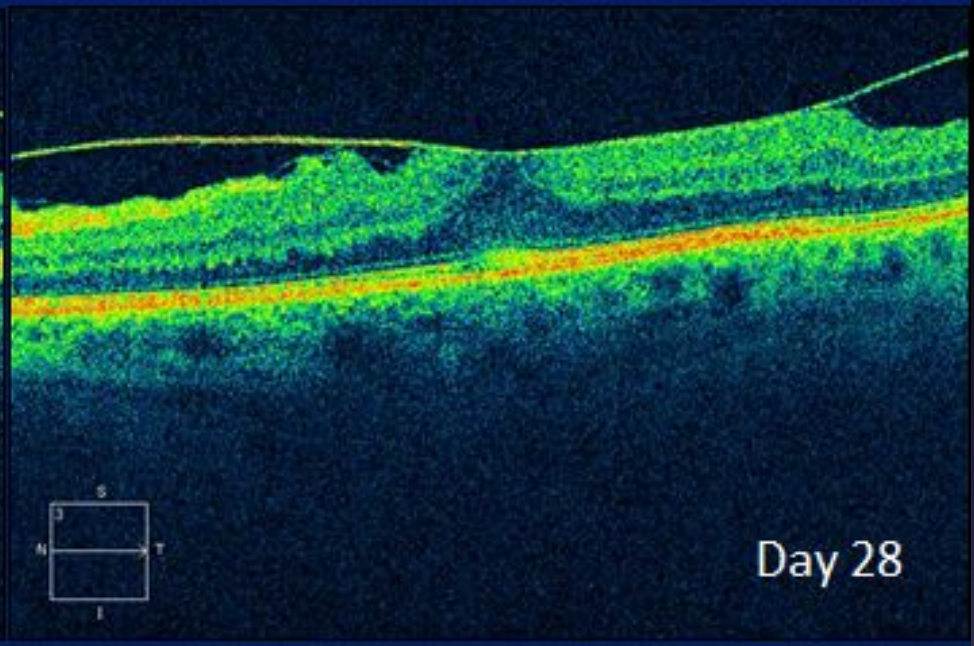




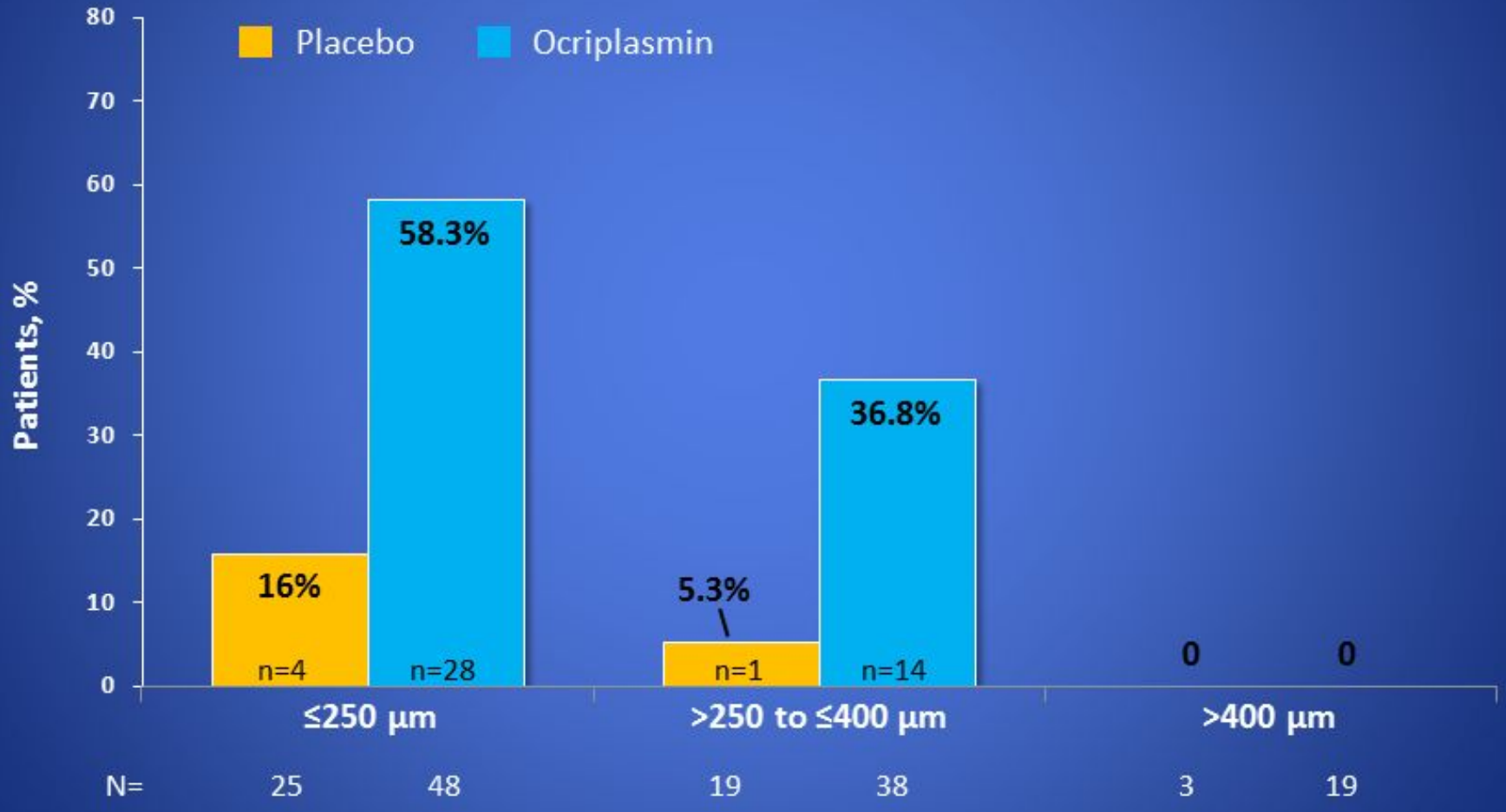
Case 3 Ocriplasmin Group

Broad VMA/VMT > 1500 µm



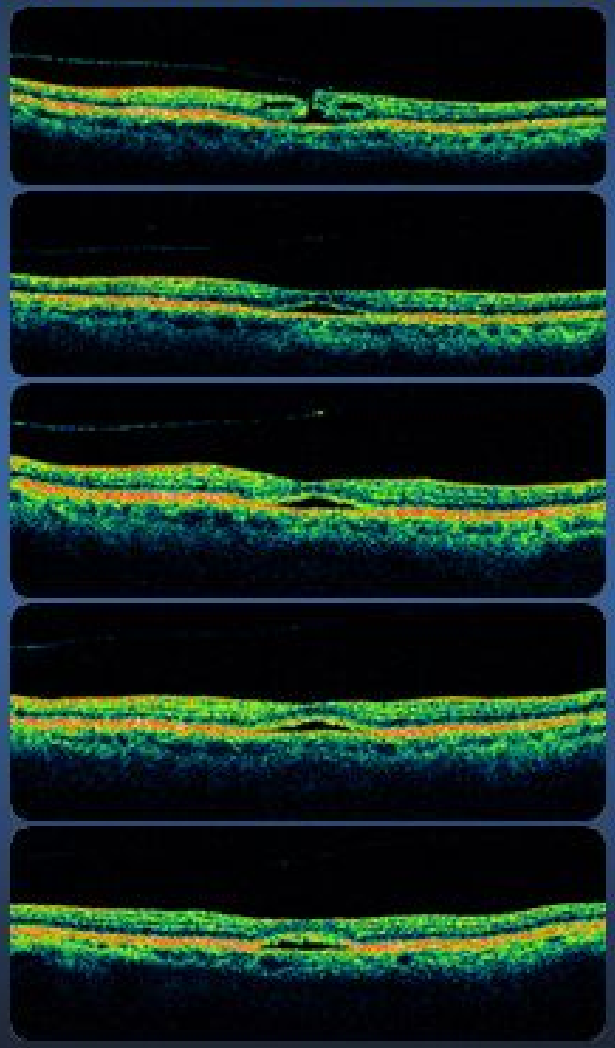


FTMH Closure at Day 28 (Without Vitrectomy) By FTMH Size at Baseline



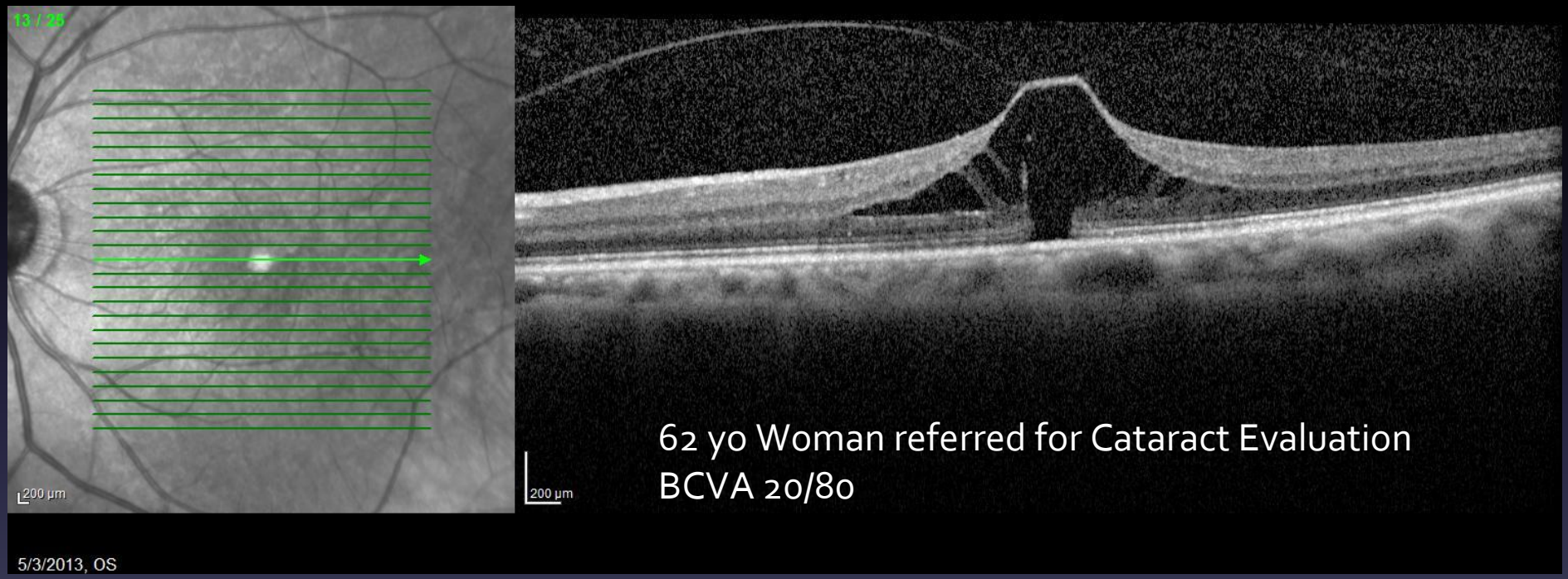
Data on file. ThromboGenics, Inc. 2012.

Case: Small (149 µm) FTMH With Ocriplasmin Treatment



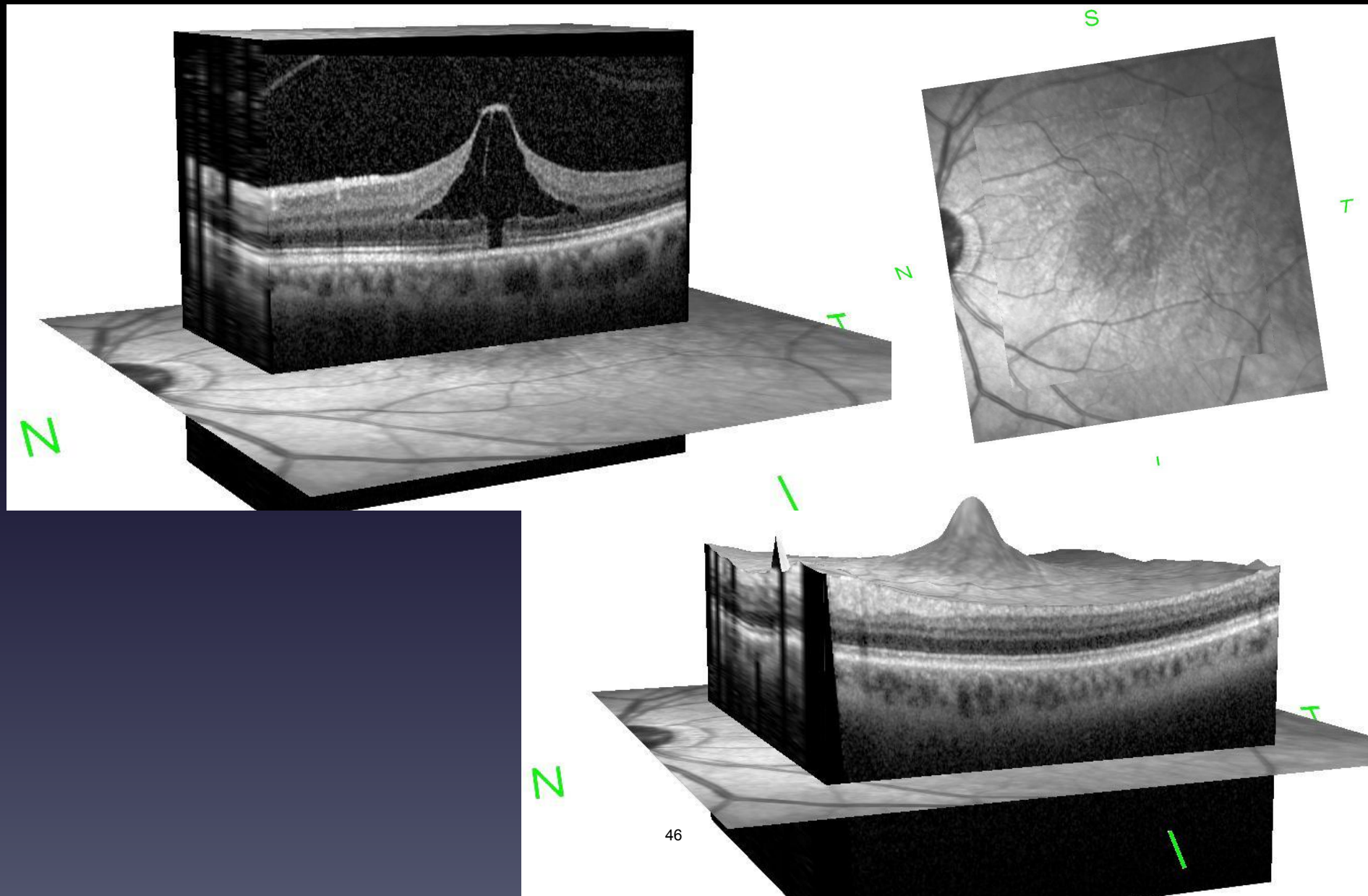
Data on file. ThromboGenics, Inc. 2012.

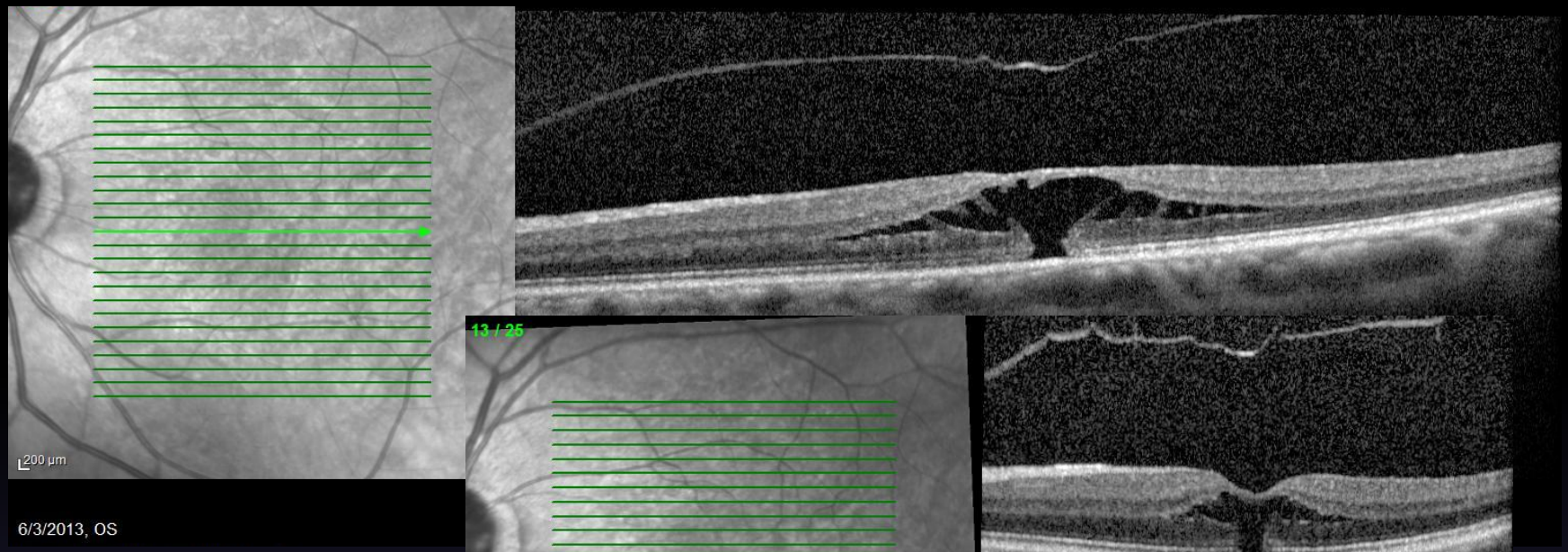
REAL WORLD EXPERIENCE



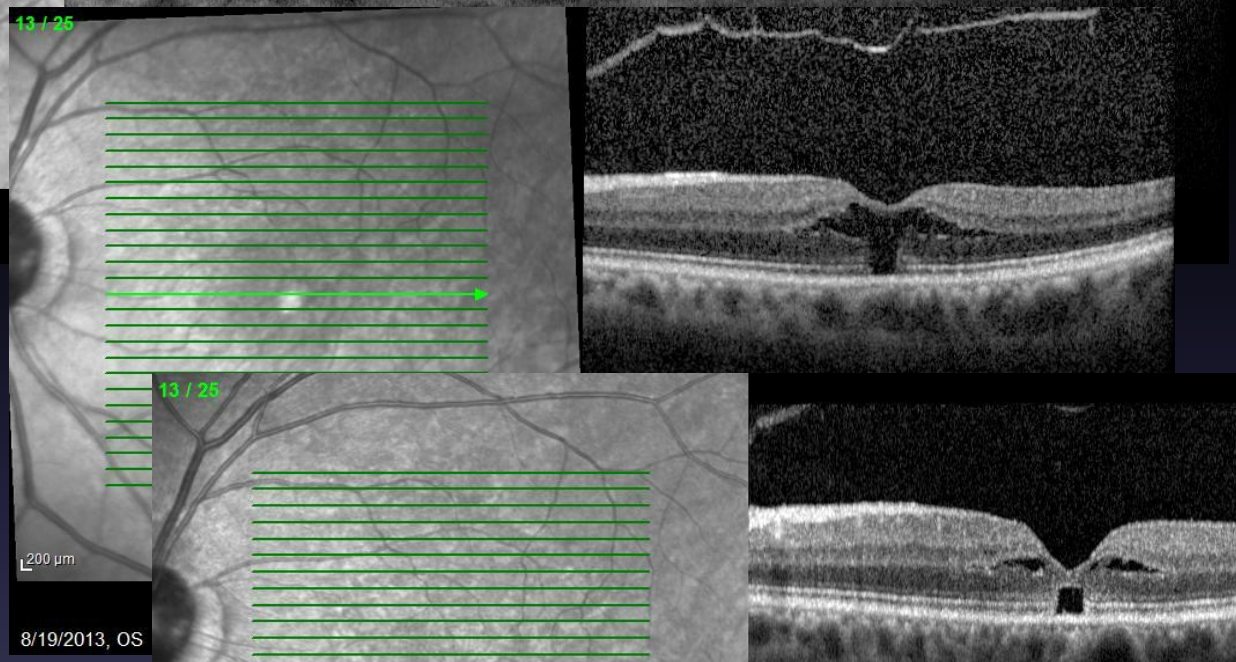
Small Macular Hole with VMT

3D Macula View

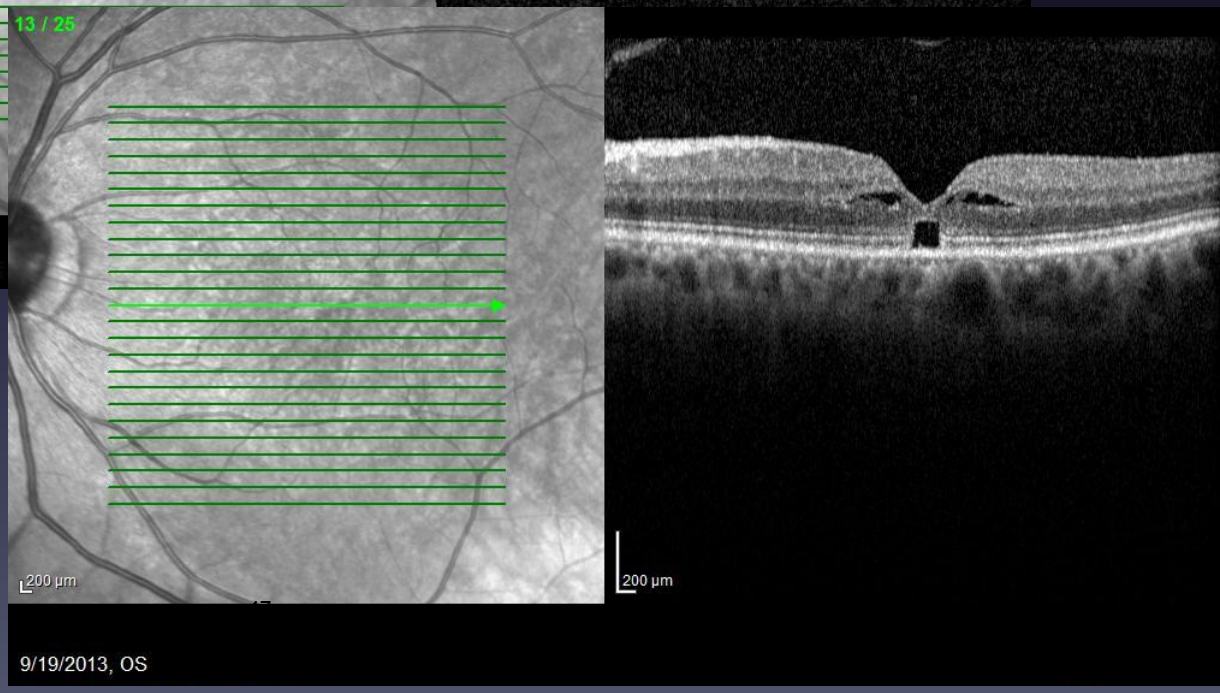




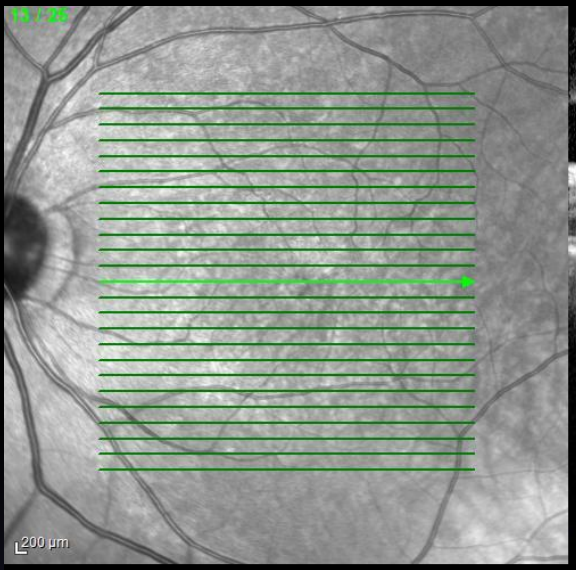
6/3/2013, OS

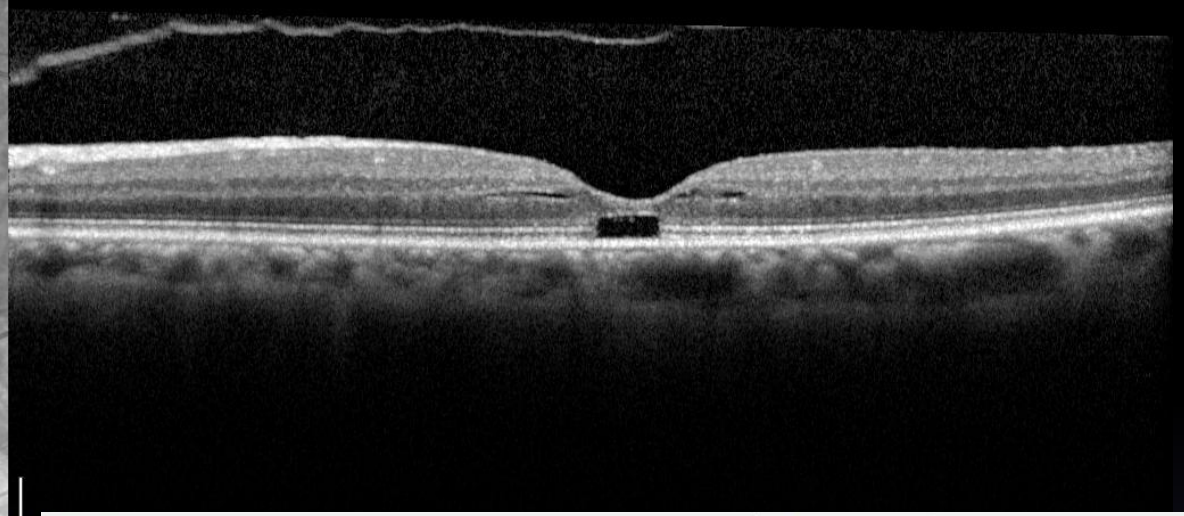


8/19/2013, OS

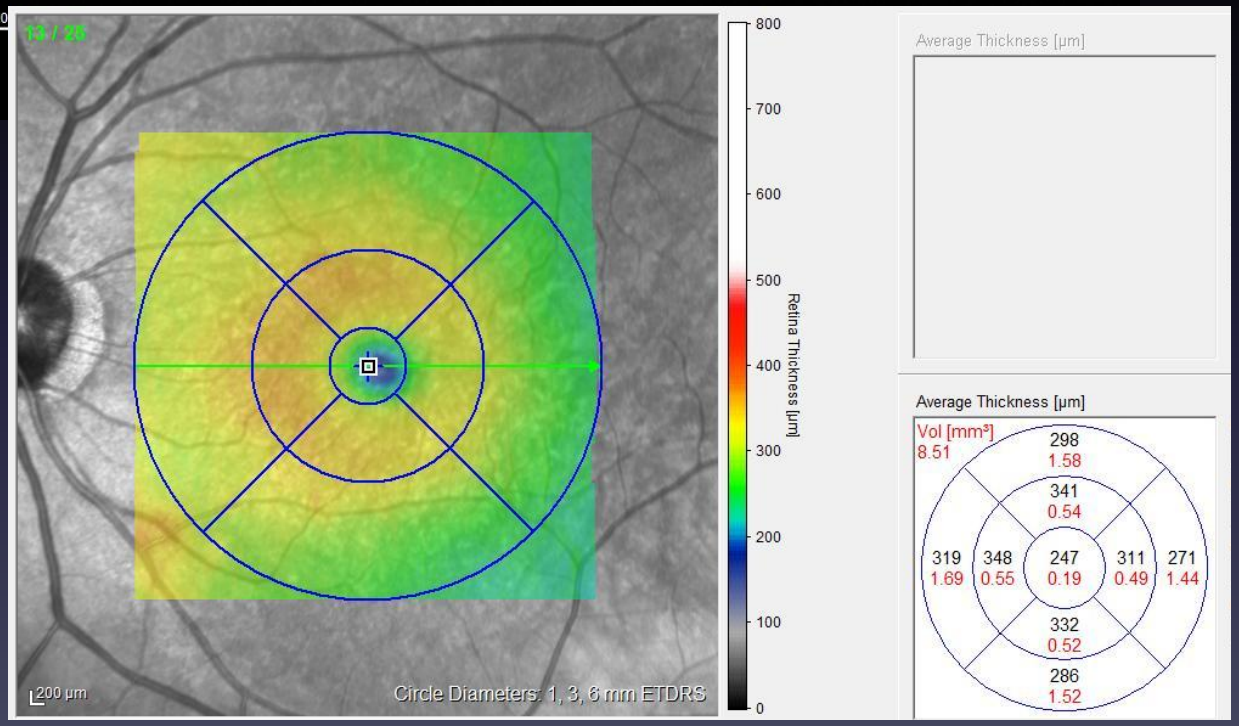


9/19/2013, OS



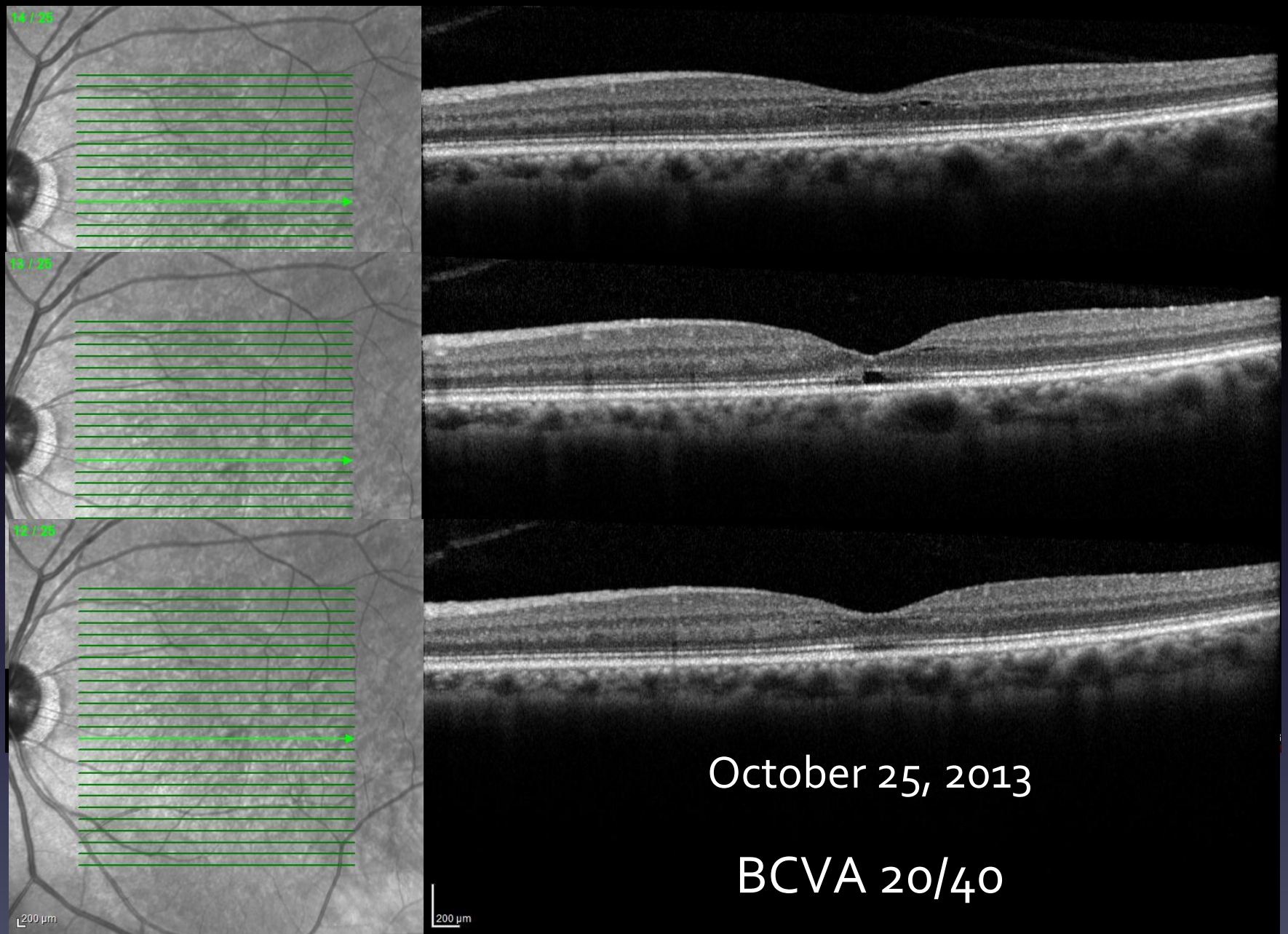


9/25/2013, OS



1 month after CE/IOL OS

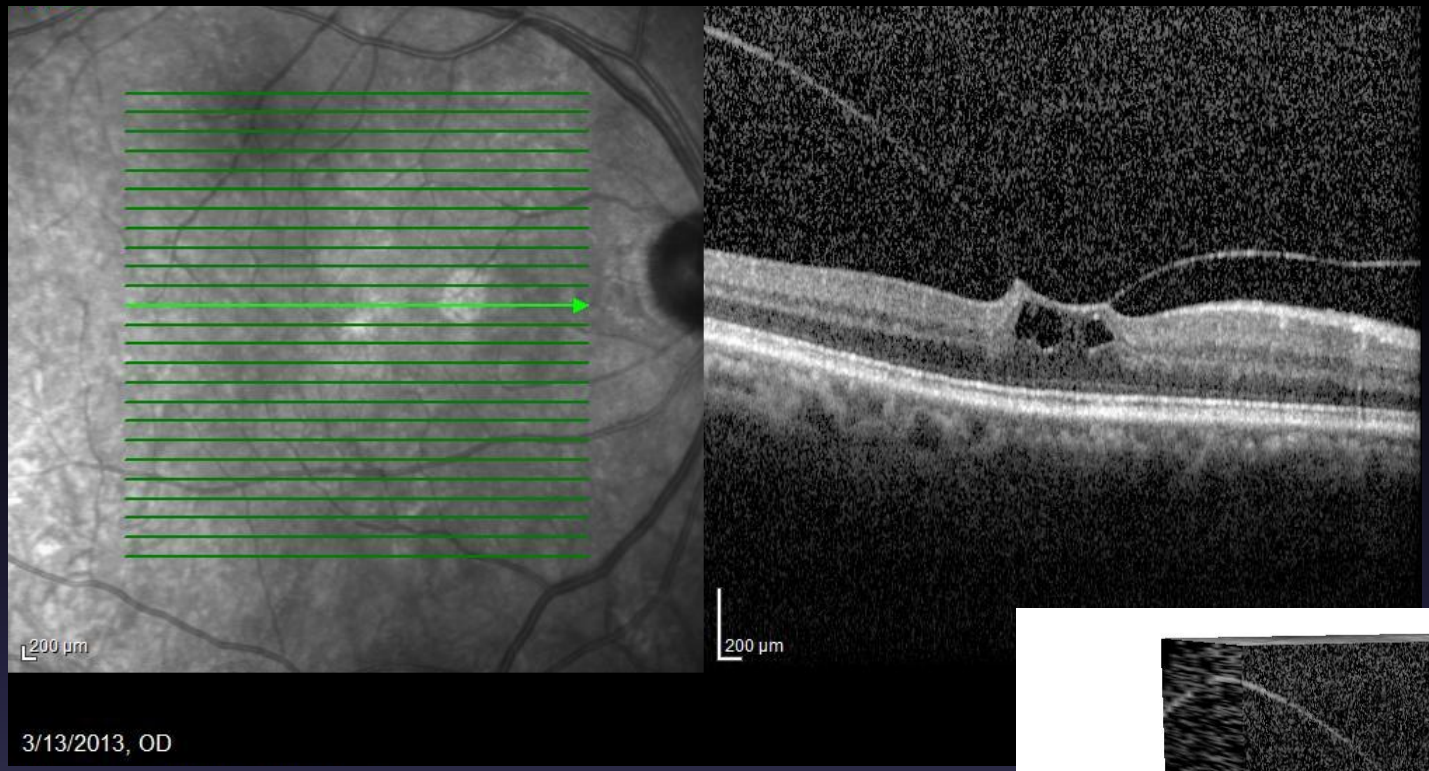
VA OS 20/50

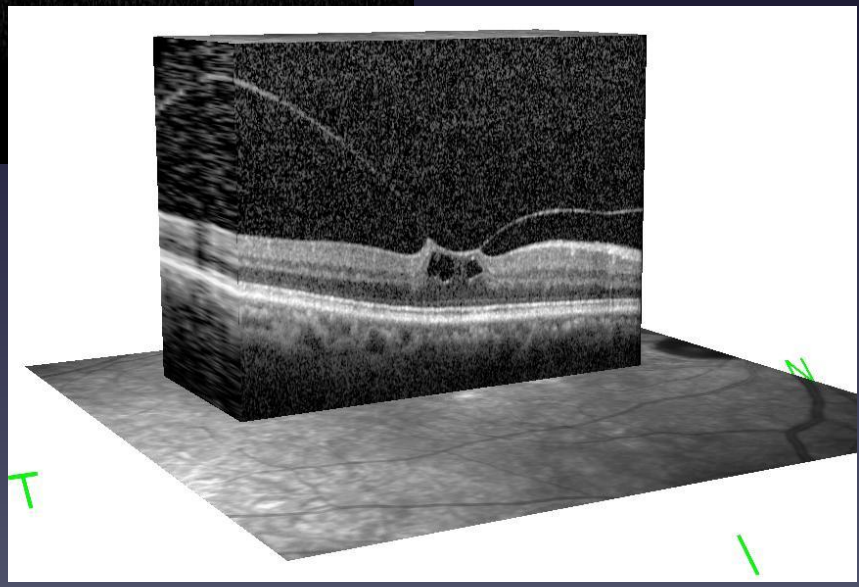


October 25, 2013

BCVA 20/40

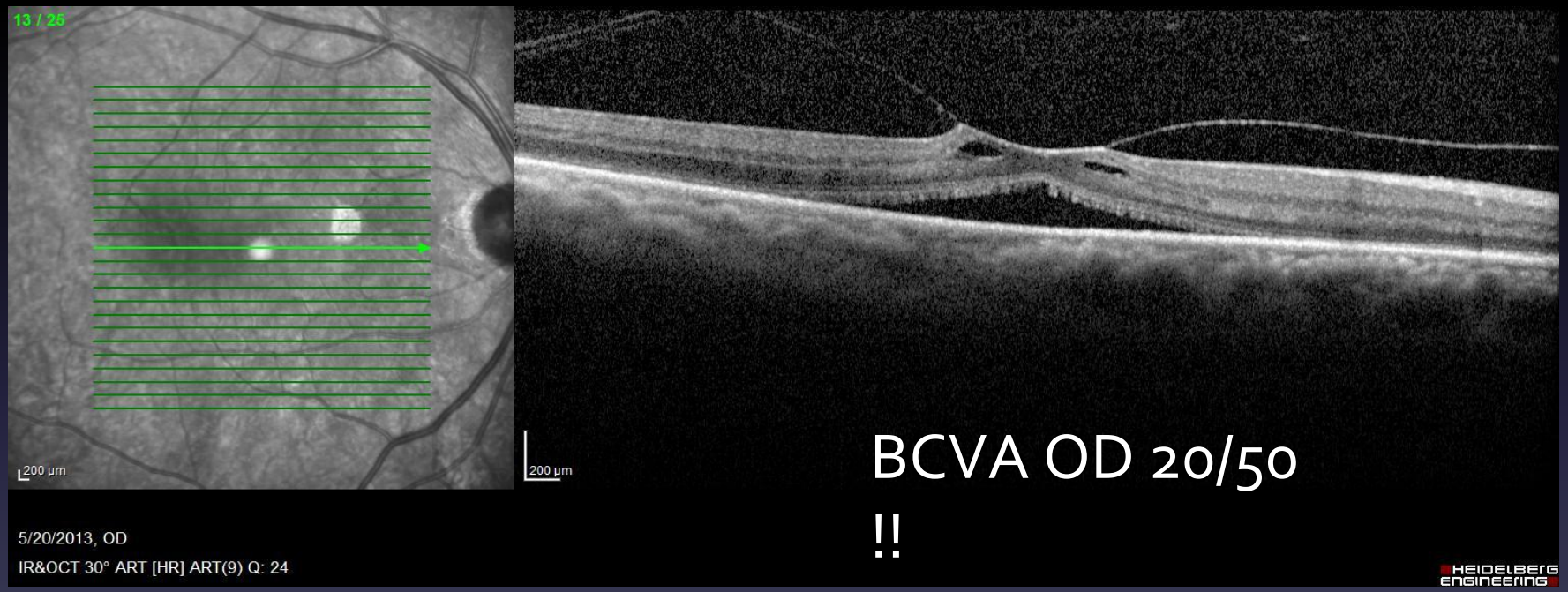
Patient Case 2 :





75 yo Man
BCVA OD
20/30

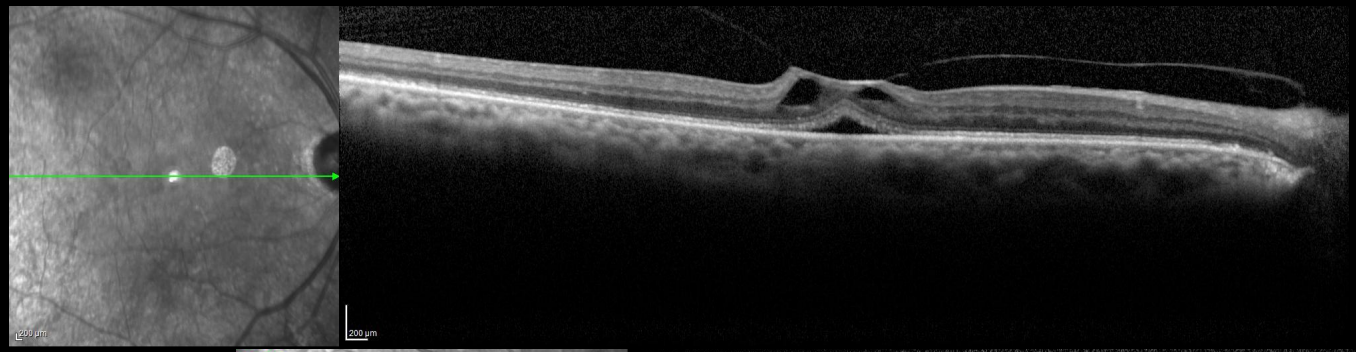
Jetrea OD on 5/13/13



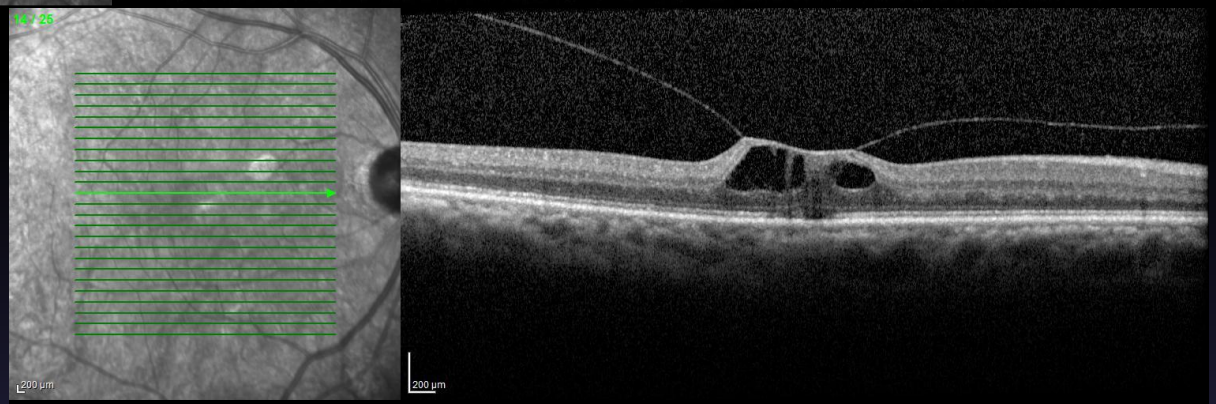
BCVA OD 20/50

!!

"Doctor, it is now more blurry! "



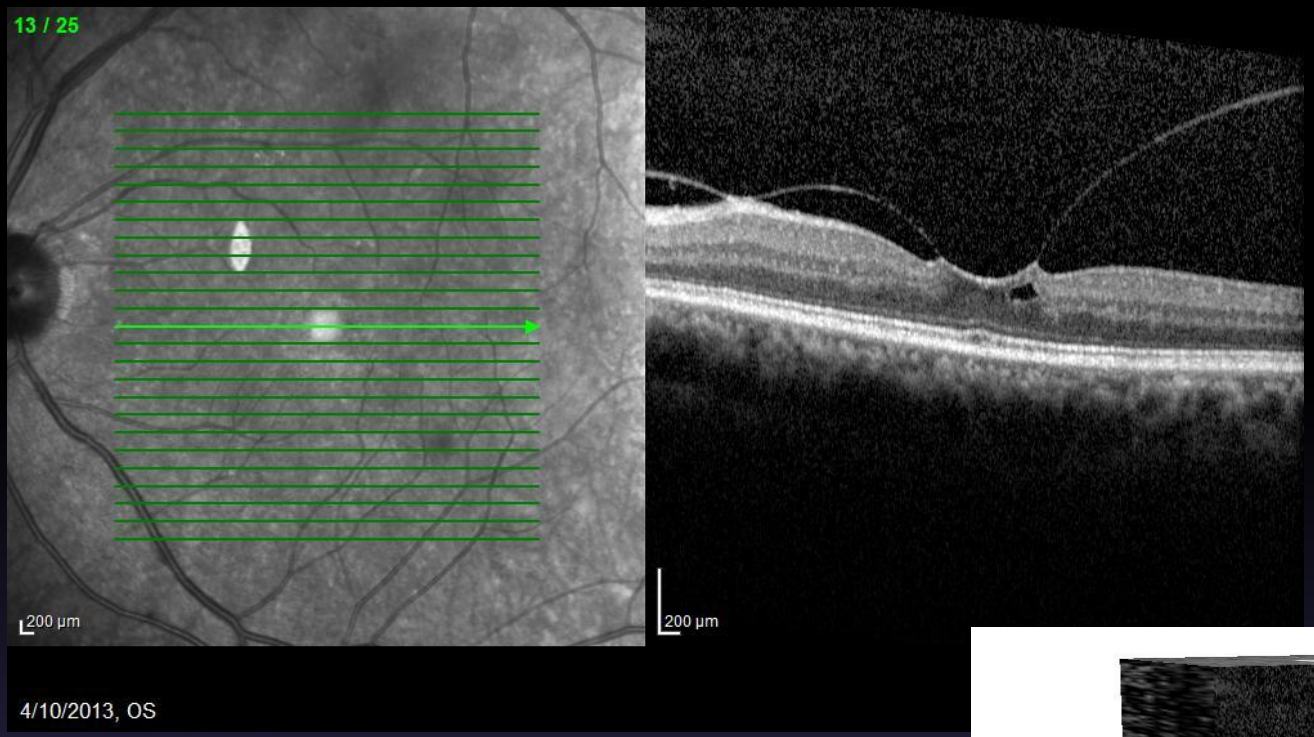
6/10/2013, OD
IR&OCT 30° ART [HR] ART(33) Q: 32



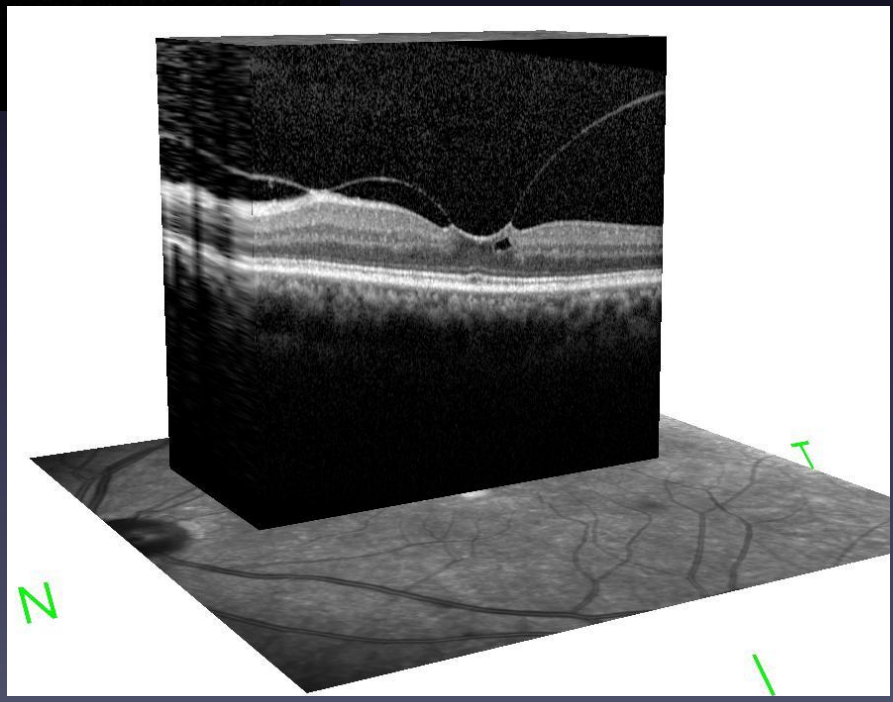
7/12/2013, OD
IR&OCT 30° ART [HR] ART(9) Q: 25

10/11/2013, OD
IR&OCT 30° ART [HR] ART(9) Q: 30

HEIDELBERG ENGINEERING



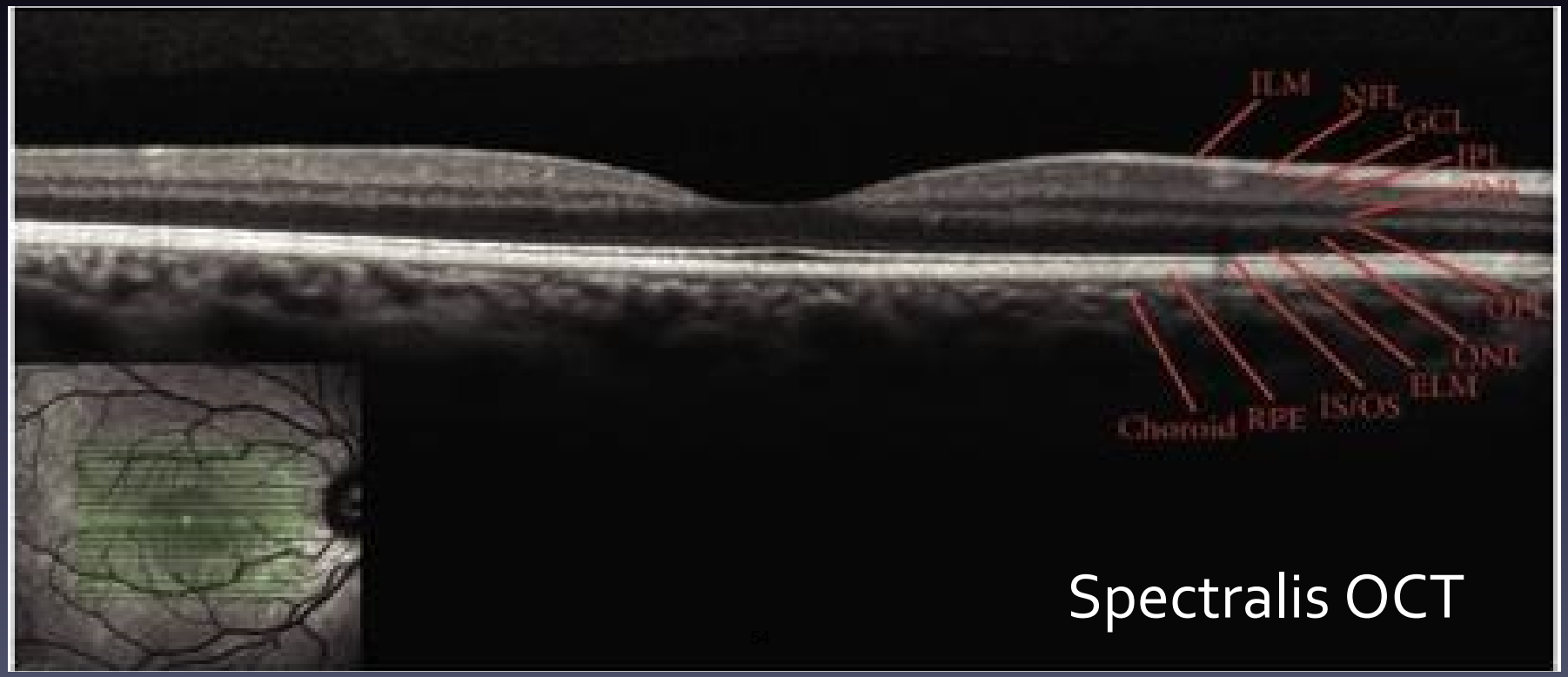
SAME PATIENT, LEFT EYE
BCVA 20/30



ILM Peeling

Internal Limiting Membrane:

- 2.5 micrometers thin membrane
- Semitransparent
- Provides surface for posterior hyaloid adhesion
- Allows fibrin and fibroblast migration



Impact on Cataract Tx

- Selection of lens
- Preoperative vs postoperative VA change
- Macular edema risk
- Which treatment first – retina vs cataract
- Time to surgery

Svetlana A. Pilyugina, MD

Cell: 650-387-5955
Email: Retinadr@me.com

Vitreo-Retinal Diseases and Surgery Specialist

BOARD CERTIFICATION/LICENSE

American Board of Ophthalmology — October, 2008
California State Medical License #A89078 — October, 2004

WORK EXPERIENCE

Director of Retina Division, Assil Eye Institute — 2013 - present
Private multispecialty group practice
Beverly Hills, Santa Monica, CA

Retinal Consultants of Southern California Medical Group — 2009 – 8/2014
Private group practice limited to diseases and surgery of the retina and vitreous
Santa Monica, Encino, Westlake Village, CA

Chief Editor, New Retinal Physician — 2013 - present
Supplement to Retinal Physician Journal, PentaVision LLC

EDUCATION

Surgical Vitreo-Retinal Fellowship — 2007 - 2009
University of California San Diego, La Jolla, CA

Ophthalmology Residency — 2004 - 2007
Stanford University Medical Center, Stanford, CA

Transitional Internship — 2003 - 2004
Santa Clara Valley Medical Center, Santa Clara, CA

Doctor of Medicine — 1998 - 2003
Stanford University School of Medicine, Stanford, CA

Bachelor of Science (Biology/Chemistry), *Summa Cum Laude* — 1995 - 1998
Southwestern University, Georgetown, TX

Great Books Program – interdisciplinary liberal arts curriculum — 1993 - 1995
St. John's College, Santa Fe, NM

PROFESSIONAL ASSOCIATIONS

American Society of Retina Specialists (ASRS)
Vit-Buckle Society
American Academy of Ophthalmology (AAO)
California Association of Eye Physicians and Surgeons (CAEPS)
Los Angeles Society of Ophthalmology (LASO)
Association for Research in Vision and Ophthalmology (ARVO)
Stanford Professional Women Association

ACADEMIC HONORS/AWARDS

Medical Scientist Scholar Fellowship, Stanford School of Medicine	2002
Stanford Medical Scholar, Stanford School of Medicine	2000
Traveling Scholar Research Fellowship, Stanford School of Medicine	1999
Phi Beta Kappa Honor Society	1998
Alpha Chi National College Honor Society (top 10% junior/senior class nationally)	1998
USA Today All-USA College Academic Team Nomination	1998
World of Knowledge Foundation Scholarship	1998
Undergraduate Research Scholarship, Southwestern University	1997
Premedical Studies Scholarship, Southwestern University	1996 - 97

PRESENTATIONS/POSTERS

Pilyugina SA, Granet D, Goldbaum M. Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase (LCHAD) Deficiency, Retinal Manifestations. Case report.	April, 2009
Pilyugina SA, Ferreyra H., Goldbaum M. Giant Macular Hole in Juvenile X-Linked Retinoschisis. Western Retina Study Club Meeting, San Diego, CA	March, 2009
Pilyugina SA, Goldbaum M. "OCT Features of Idiopathic Juxtafoveal Retinal Telangiectasis." San Diego Fluorescein Angiography Conference, La Jolla, CA	Dec, 2008
Pilyugina SA, Ferreyra H, Goldbaum M. "Coats-Like Retinitis Pigmentosa." Case Presentation. San Diego Fluorescein Angiography Conference. La Jolla, CA	Sept, 2008
Pilyugina SA, Freeman WR, Nigam N, Goldbaum M. "Verteporphin Photodynamic Therapy for ARMD- Associated Choroidal Neovascularization after Initial Treatment Course with Bevacizumab." Poster Session. ARVO Annual Meeting. Ft. Lauderdale, FL	April, 2008
Pilyugina SA, Goldbaum M. "Autofluorescence in Macular Dystrophy." Case presentation. San Diego Fluorescein Angiography Conference. La Jolla, CA	January, 2008
Pilyugina SA, Freedlander M. "Atypical Choroidal Nevus." Case presentation. San Diego Fluorescein Angiography Conference. La Jolla, CA	August, 2007
Pilyugina SA, Gariano R. "Retinal Vasculopathy, Unknown." Case presentation. Bay Area Fluorescein Angiography Conference. Palo Alto, CA	May, 2006
Pilyugina SA, Fischbein NR, Liao YJ, McCulley TJ. "Cranial Nerve Visualization with FIESTA Sequence." Poster Session. ARVO Annual Meeting. Ft. Lauderdale, FL	May, 2006
Pilyugina SA, Manche EE. "Prospective Evaluation of the Efficacy, Safety and Stability of the Artisan Phakic IOL for Extreme Myopia: Five-Year Follow Up." Paper session. ASCRS Annual Symposium. San Francisco, CA	March, 2006
Pilyugina SA, Chien F, Blumenkranz MS. "Retinal Pigment Epithelium Tear After	March, 2006

Intravitreal Avastin Injection." Case presentation. Western Retina Study Club Meeting. San Francisco, CA

Pilyugina SA, Manche EE. "Prospective evaluation of the Efficacy, Safety and Stability of the Artisan Phakic Intraocular Lens for Extreme Myopia." Paper session. ASCRS Annual Symposium. Washington, D.C. April, 2005

Pilyugina SA, Lavoie A, Huie P, Derr K, Smith AJ, Noolandi J, Waymouth RM, Ta CN. "In Vitro Epithelialization of a Synthetic Polymer for Generation of Corneal Onlay/Keratoprosthesis." Poster session. ARVO Annual Meeting. Fort Lauderdale, FL May, 2003

Pilyugina SA, Katzenstein D, Schapiro J. "HIV-related Knowledge, Attitudes and Practices of Health Care Workers in Odessa, Ukraine." Paper session. International Medicine Conference, Stanford University School of Medicine, Stanford, CA April, 2001

PUBLICATIONS

1. Pilyugina SA. Ocular Dietary Supplementation-Food for Thought. *New Retinal Physician*. May 2014

2. Pilyugina SA, Fischbein N, Liao YJ, McCulley TJ. Abducens Nerve Aplasia Visualization with Fast Imaging Employing Steady-State Acquisition (FIESTA) Sequence. *J Neuroophthalmol* 2007; 27: 127-8

3. Pilyugina SA, Moshfeghi DM, Goldsmith J, Kaiser PK. Macular Hole with Retinal Pigment Epithelium Hyperplasia Simulating Neoplasm. *Ophthalmic Surgery, Lasers and Imaging* 2006; 37(6):484-5

4. Pilyugina SA. Phakic Lens Concerns, Challenges and Successes. *Eye World*. March 2003.

5. Pilyugina SA. Artisan Phakic IOL Update. *Ophthalmology Times.* Article #3239. Pilyugina SA, Katzenstein D, Bergen M, Usichenko N, Schapiro J. HIV-Related Knowledge, Attitudes and Practices of Health Care Workers in Odessa, Ukraine. *Int Conf AIDS.* 2000 Jul 9-14; 13: abstract no. ThPeB5215

CLINICAL TRIALS

1. ORBIT Study: Ocriplasmin Research to Better Inform Treatment Study by ThromboGenics, Inc. Multicenter, prospective, observational study to assess clinical outcomes and safety of JETREA administered for the treatment of symptomatic vitreomacular adhesion

2. HARBOR Study: Phase III, multicenter, randomized study of safety and efficacy of 0.5mg and 2.0mg of Ranibizumab administered monthly or on as-needed basis for subfoveal neovascular ARMD

3. Age-Related Eye Disease Study 2 (AREDS 2): multicenter, randomized trial of Lutein, Zeaxanthin, and Omega-3 fatty acids in Age-Related Macular Degeneration

4. Diabetic Retinopathy Clinical Research Network (DRCRnet)

5. Epidemiology of Diabetes Interventions and Complications Study (EDIC)

RESEARCH EXPERIENCE

Clinical Research, Stanford Department of Ophthalmology 2007
PI: M.S. Blumenkranz, M.D., Professor and Chairman
Subject: *Primary Rhegmatogenous Detachment: Scleral Buckle vs. Pneumatic Retinopexy*

Clinical Research, Stanford Department of Ophthalmology 2006
PI: M.S. Blumenkranz, M.D., Professor and Chairman
Subject: *Modified Scleral Buckle: Extraconjunctival Approach*

Medical Scientist Scholars Fellowship, Stanford Department of Ophthalmology 2002 - 2003
PI: C.N. Ta, M.D., Assistant Professor, Program Director
Subject: *Epithelialization of a Synthetic Polymer for the Development of Corneal Onlay and Keratoprosthesis*

Clinical Research Assistant, Stanford School of Medicine/National Retina Institute, MD 2002
PI: S. Mansour, M.D., Clinical Professor, Department of Ophthalmology
Subject: *A Randomized Study Comparing the Safety and Efficacy of Two Doses of Intravitreal Triamcinolone Acetonide for Diabetic Macular Edema*

Clinical Research Assistant, Santa Clara Valley Medical Center, Santa Clara, CA 2002-2004
PI: R. Jariwalla, Ph.D., California Institute for Medical Research
S. Mansour, M.D., Clinical Professor, Department of Ophthalmology
Subject: *Immune Restoration by Lipoic Acid in AIDS Patients*
clinicaltrials.gov/show/NCT00033176

Traveling Scholars Fellowship, Stanford University School of Medicine 1999 - 2000
PI: J. Schapiro, M.D., Assistant Professor, Department of Infectious Diseases
D. Katzenstein, M.D., Professor, Department of Infectious Diseases
Subject: *HIV-Related Knowledge, Attitudes and Practices of Health Care Workers in Odessa, Ukraine*

TEACHING EXPERIENCE

Neuroanatomy Teaching Assistant, Stanford University School of Medicine 2000

Histology Teaching Assistant, Southwestern University 1998

VOLUNTEER EXPERIENCE

Jornada de Ojo, Ophthalmology Mission Trip, Santo Tomas, Guatemala September, 2006

Fluorescein Conference, Stanford Department of Ophthalmology, Stanford, CA 2005 - 2007
- Organized and coordinated monthly resident angiography conference

Mentor, Quest Scholar Summer Program, Stanford University Summer, 2002
- Counseled and provided career guidance for gifted low-income high school students

Volunteer, Arbor Free Clinic, Menlo Park, CA 1999-2003
- Provided free healthcare to medically underserved population in a student-run clinic

Admissions Committee Member, Stanford Medical School 1999-2000
- Conducted applicant interviews and reviewed applications

Physician Coordinator/Steering Committee Member, Arbor Free Clinic, Stanford, CA 1999-2000

Russian/Ukrainian Medical Interpreter, Stanford Medical Center 1999-2003

International Counselor/Interpreter for U.S. Human Rights and Rural Justice Center Summer, 1997
- Aided the US human rights campaign in Kiev and rural Ukraine

LANGUAGES

* Russian (native speaker) * Ukrainian (native speaker) * Spanish