

ASHKAN M. ABBEY, MD



What led you to a career as a retina specialist?

My first exposure to ophthalmology was through my father, a comprehensive ophthalmologist. I vividly recall eating dinner and watching recordings of his cataract surgeries as a child. He assumed I would follow in his footsteps, but I was determined not to because I wanted to distinguish myself in my career.

In medical school, I quickly realized that microsurgery was my passion. I tried to convince myself that I wanted to be a hand surgeon, mostly to avoid the obvious path toward ophthalmology. After completing an uninspiring orthopedic surgery rotation, however, I was forced to admit that ophthalmology was the natural fit for my interests and abilities.

During my ophthalmology residency, I was most drawn to retina because I found it to be the most nuanced, challenging, and consequential thing I could do with my hands. Giving patients their vision back is one of the most rewarding things I can imagine. I love that I get to do interesting work that I'm passionate about and see it translate directly into a vastly improved quality of life for those I treat.

What is it like being the principal investigator for clinical trials?

Being a principal investigator for clinical trials enriches my career in many ways. It's exciting to help advance new, potentially sight-saving therapies that may eventually benefit patients. It also allows me to work with and learn from my counterparts in industry and academia and to manage a team in a different way than in my regular clinical practice. It brings a group of people together who are excited to advance the field of retina, and it seems to inspire all of us.

How did you choose Texas as your place of practice?

I came to Texas for the opportunities that I felt only Texas Retina Associates (TRA) could provide. TRA allowed me the latitude to craft the type of practice that I always hoped to have—with clinical and surgical aspects, but also a focus on research. With the blessing of my partners, many of whom have served as mentors to me, we have grown the research department in many exciting ways over the last few years.

Texas is a wonderful place to practice. I'm fortunate to practice in both urban and rural areas. Our flagship office in Dallas allows me to see unmatched diversity in both patients and pathology, and I often am challenged by complex secondary and tertiary referrals. I also travel to a satellite office in Rockwall, a growing city that is close to many rural areas east of Dallas. These patients are appreciative of quality care that doesn't require them to drive hours into the city.



Dr. Abbey with his wife, Melody, and children, Theo (6) and Elliott (3).

What do you hope to accomplish in the next year?

I hope to continue to maximize the potential of our research department at TRA while providing the highest quality care to my patients. We have initiated many new studies in the past few years, and many of our patients have benefited from participating in them. I also look forward to attending several retina meetings in 2023. It is gratifying to share data while also engaging, collaborating, and learning from my friends and colleagues in the retina community.

What changes on the horizon do you look forward to in the field?

I am excited about the potential for more durable therapies that can reduce the treatment burden for our patients. The pipeline has several exciting options in various phases of development that could address this challenge. I am specifically excited about gene therapy that creates an "ocular biofactory" in the eye to deliver anti-VEGF protein continuously for an extended period (possibly a lifetime). I also welcome the potential development of sustained-release polymers that may require an injection every 4 to 6 months.

Finally, I am looking forward to having options for the treatment of geographic atrophy (GA). Although I am happy to see that multiple therapies involving complement inhibition have been shown to reduce the progression of GA, I would love to see continued advancement of stem cell therapy to potentially restore vision for our GA patients. ■

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- Financial disclosure: Consultant (Alcon, Alimera, Allergan/Abbvie, Eyepoint, Genentech/Roche, Outlook Therapeutics, RecensMedical, Regeneron); Equity/Stockholder (Outlook Therapeutics); Grant Support (Allergan/Abbvie, Eyepoint); Speaker (Alimera, Allergan/Abbvie, Biogen, Genentech/Roche, Regeneron)