

ROBERT L. AVERY, MD

TELL US ABOUT YOUR EXPERIENCE AS A CLINICAL INVESTIGATOR AT THE CALIFORNIA RETINA RESEARCH FOUNDATION. WHAT RESEARCH ARE YOU CURRENTLY WORKING ON THAT YOU FIND MOST PROMISING?

I had always intended to go into academics, but I ended up building a research-oriented private practice with a research foundation instead. We are currently involved in about 30 clinical trials. Many of these involve injections of either anti-VEGF agents, complement inhibitors, or steroids. Right now, though, the trials that are most interesting to me involve newer delivery methods. Not just the Port Delivery System (Genentech), but also stem cells for geographic atrophy and virus vectors to deliver genes that produce anti-VEGF agents. If these techniques are effective, they could lead to such a paradigm shift in our clinical treatment that I jokingly tell my patients that I am trying to put myself out of business.

WHAT WAS IT LIKE WORKING WITH ROBERT MACHEMER, MD?

Dr. Machemer was such an amazing man in many ways. I scrubbed in with him when he did his first retinal rotation for exudative age-related macular degeneration. Back in the 1990s, we had no good treatment options for many patients with central exudative age-related macular degeneration, but Dr. Machemer was willing to use his innovative mind and surgical skills to try to develop them. To a fellow, it seemed a bit radical to detach the retina, make a 360° giant retinal tear, rotate the retina, and then reattach it. Perfluorocarbon liquid was not approved at the time, so he used silicone oil to reattach the retina, which is something I'm not sure I could do now. He made his reputation with his gutsy surgical innovation developing vitrectomy in the 1960s, and he was still using it to try to advance the field 3 decades later.

WHAT IS THE MOST DAUNTING ASPECT OF BEING A RETINA SPECIALIST?

There are many great things about being a retina specialist. I have had the pleasure of living through tremendous changes in the ways we medically and surgically treat many conditions. There are still a few daunting aspects, however, including poor visual outcomes in some patients despite these great advances. I like to look at this problem as an opportunity that leaves more room for future research.

WHAT IN YOUR CAREER ARE YOU MOST PROUD OF?

I am most proud of building an academic private practice while at the same time making contributions to the development of anti-VEGF agents and their use. I went



Dr. Avery sailing with the Santa Barbara Yacht Club just after finishing a race.

from being a solo practitioner to having a 10-person retina practice located in a competitive but desirable location, without ever having lost a partner along the way. At the same time, I was involved in the discovery of VEGF's role in numerous eye diseases, helped pioneer the clinical use of bevacizumab (Avastin, Genentech) before ranibizumab (Lucentis, Genentech) was approved, studied the retinal penetration and pharmacokinetics of the major anti-VEGF agents, and helped evaluate their systemic safety. It's been fun to follow the impact that these agents have had on retinal treatments and outcomes.

IF YOU COULD LISTEN TO ONLY ONE SONG FOR THE REST OF YOUR LIFE, WHAT SONG WOULD YOU CHOOSE, AND WHY?

Now that's really a tough one. I listen to a lot of music, but if I only had a one song playlist for the rest of my life, I would pick a song that has not grown old to me, that I still like after many years. So it would be a classic, not a current song. I listen mostly to rock, and it would make sense for it to be a long song with both a soft and hard part, so I could listen to either part, depending upon my mood. Given my Southern roots, I guess I would pick "Free Bird," by Lynyrd Skynyrd, with its rock ballad beginning and guitar crescendo ending. ■

ROBERT L. AVERY, MD

- Founder and CEO of California Retina Consultants, Santa Barbara, California
- Associate Medical Editor, *Retina Today*
- bobave@gmail.com
- Financial disclosure: None acknowledged