

**DR. FINGER,
INTERNATIONAL
EXPERT IN EYE
RADIATION
THERAPY**

Dr. Finger was the first to realize that the newer, safer, and more efficient palladium-103 seeds could be used for his choroidal melanoma patients. Since that time he has written his early, 7-year and 11-year results as well as Pd¹⁰³ plaque treatment for iris melanoma.

Dr. Finger published side-by-side research comparisons between palladium-103 and iodine-125 typically showing superior intraocular radiation distributions for palladium-103. Dr. Finger has also published long-term patient results with fewer side-effects than other kinds of eye plaque treatments (for choroidal and iris melanoma). Before Dr. Finger's developed palladium-103 plaque therapy, eye cancer specialists used eye plaques that typically delivered higher doses of radiation to the macula or optic nerve. Dr. Finger discovered that the softer radiation from palladium-103 plaques destroy the eye tumor, reduce collateral damage and thereby allows for vision preservation with or without anti-VEGF therapy.



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**SPECIAL EYE
PLAQUES FOR
IRIS AND OPTIC
NERVE
MELANOMAS**

CHOROIDAL MELANOMAS NEAR, TOUCHING OR COVERING THE NERVE

EYE PLAQUES

Dr. Finger is an internationally recognized leader in eye radiation therapy. In fact, he wrote the first comprehensive "Survey" review article on all aspects of radiation therapy for intraocular "choroidal" melanoma.

Upon invitation from the American Brachytherapy Society and the American Association of Physicists in Medicine, Dr. Finger created the world's first multicenter, international task force to create consensus guidelines for eye plaque radiation therapy.

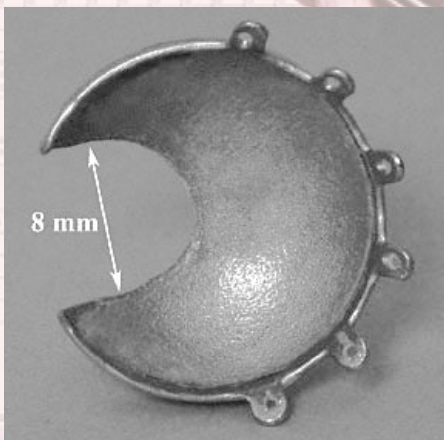
Dr. Finger wants you to know that, "eye plaque radiation is the most widely used treatment for choroidal melanoma."

To minimize complications and maximize tumor destruction, Dr. Finger typically uses palladium-103 seeds in gold eye plaque carriers. In that he he wants to maximize patients results; Dr. Finger personally supervises each plaques construction, prescribes the radiation dose for the tumor and places each eye plaque during surgery.

Dr. Finger posts his rates of local tumor control and his patients vision on his website: <https://eyecancer.com/our-approach/doctor-reported-outcomes/>

Dr. Finger wasn't satisfied with the world-wide rates of tumor destruction when eye cancer specialists put standard shaped plaques on eyes when the cancer was near, touching or covering the optic nerve head. Dr. Finger realized that as it comes out of the back of the eye, the optic nerve widens and thus prevents standard eye plaques from covering the entire tumor.

In 2005, he invented "**Fingers' Slotted Plaques.**" These specially designed plaques completely surround and radiate the entire tumor. After 12-years, published in the AJO, Dr. Fingers technique found to destroy over 98% of these more difficult-to-treat cancers.



IRIS MELANOMAS

Melanomas that grow in the iris used to be treated by surgical removal. However, this surgery required much of the normal iris to be removed. Those patients were left with a giant non-functional pupil. The normal pupil keeps light out and prevents glare, so patients with post-surgical iris defects usually suffer from glare or double vision. In addition, iris surgeries carry a risk of intraocular infection, hemorrhage, cataract and loss of vision.

In 1989, Dr. Finger was the first to introduce eye plaque therapy for resectable (removable) iris melanomas. He knew that the cornea would tolerate the radiation, stay clear and that the pupil would be saved. In addition, placing the device on the outside of the eye all but eliminates the risks of intraocular infection and hemorrhage.

Dr. Finger knew that leaving the iris intact would look better and preserve the pupils anti-glare function. Over the years, he has published his results finding clear corneas and no infections, hemorrhages or glaucoma. He did find that most patients develop a radiation cataract and that **NO** patient has suffered radiation retina damage. Dr. Finger notes, "once the cataract is repaired vision is usually excellent."