

BEGINNING AT HOME, EXPANDING WORLDWIDE

Here in the U.S., we are fortunate to have many diagnostic and therapeutic techniques available for all types of eye cancers. Dr. Finger is responsible for many of these advancements, including the Finger Iridectomy Technique, Fingers' Slotted Plaques, Anti-VEGF treatment for radiation retinopathy, amongst others.

However, he recognized that many eye cancer sufferers around the world do not have access to these advancements. Ocular cancers are rare, and eye cancer specialists are even rarer. So, in 1998 Dr. Finger founded *The Eye Cancer Foundation* (ECF) with the goal to fund eye cancer research, training, and awareness.

Since then, the ECF has placed over 40 fellowship-trained eye cancer specialists in unserved countries around the world, established the first free online patient text and atlas, created the first online bulletin board for patients and funded research into cancer treatment.

Visit www.eyecancercure.com for more!



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DR. FINGER PROMOTES
INTERNATIONAL COOPERATION
IN
OPHTHALMIC ONCOLOGY



DO YOU SPEAK OCULAR TUMOR?

Chaired by Dr. Paul T. Finger, he assembled a committee of top ophthalmic specialists to work as the *AJCC-UICC Ophthalmic Oncology Task Force*. To ensure a broad range of specialists, Dr. Finger “internationalized” the committee, including over 58 members from around the world.

This committee had one driving goal: to design a clinically useful *Tumor-Node-Metastasis* (TNM) based classification “language” for ocular tumors. This first-of-its-kind classification system has become a universal language for all who diagnose and treat ocular tumors.

Not only does a universal classification system offer cancer staging for the patient, it also allows physicians to directly compare patient data. In the long run, a common “eye tumor” language helps us determine and differentiate treatment types as well as coordinate the efforts of researchers working for a cure.

Dr. Finger has since translated this staging system for the worlds’ *Union International for Cancer Control* (UICC), and thus offered it to the world. In order to get everyone to employ this new language, he has recruited all the major medical journals to require eye cancer researchers to use AJCC-UICC staging.

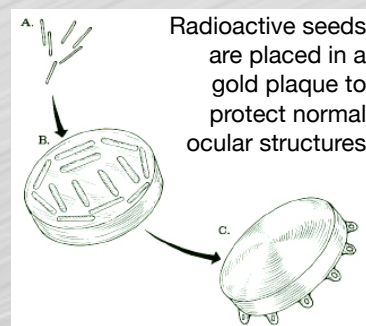
CONSENSUS GUIDELINES FOR EYE RADIATION THERAPY

Like the AJCC-UICC Task Force, Dr. Finger was asked to form an international committee for *The American Brachytherapy Society*. This committee of 50 eye and radiation physicians, established guidelines for ophthalmic plaque radiation therapy.

For example, this committee reached consensus that ophthalmic plaque radiation therapy is best performed in subspecialty brachytherapy centers, by fellowship trained eye cancer specialists.

Ultimately, the committee agreed that plaque brachytherapy is an effective eye and vision-sparing method to treat almost all patients with intraocular melanoma. Practitioners should be encouraged to use the open-access ABS-OOTF guidelines to enhance their practice.

Dr. Finger was also the first ophthalmic oncologist to participate in the AAPM TG-129 committee to develop guidelines for ophthalmic plaque dosimetry, construction and quality assurance. In that paper, he included a review of radiation for choroidal melanoma.



THE FIRST EYE CANCER WORKING DAY



In 2015, Dr. Finger organized a special meeting sponsored by The Eye Cancer Foundation. The first of its kind, this “Eye Cancer Working Day” was established to discuss projects that no one center or physician could accomplish alone or would be better carried out as a multi-center, international cooperation. It was the first of its kind. Ultimately, a majority of the worlds’ eye cancer specialists congregated at The Curie Institute, in Paris, France to raise the quality of care for all eye cancer patients.

At The First Eye Cancer Working Day, the worlds’ eye cancer specialists initiated international eye tumor registries, retinoblastoma outreach to unserved countries, the first collaborative open access surgical textbook, an outcomes reporting initiative, and a radiation side-effects reporting initiative.

Dr. Finger notes, “many strides in medicine were made, and in the future we will report on significant progress in these initiatives.”