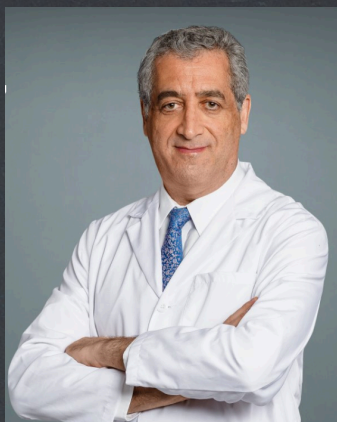


About Dr. Paul T. Finger



An internationally recognized eye cancer specialist, Dr. Finger has pioneered the use of many diagnostic and therapeutic techniques.

Founder and Director of The New York Eye Cancer Center, it is here where he

treats patients who have ocular and orbital tumors. He is also the Founding Director of The Ocular Tumor Services at The New York Eye and Ear Infirmary of Mount Sinai where he performs surgeries and volunteers his time to teach medical students, residents and fellows on a weekly basis.

Over the course of more than thirty years, Dr. Finger has consistently published critical information, lectured at local, national, and international meetings, and invented new techniques in order to preserve his patient's vision and ensure their utmost comfort.



For more information about Dr. Finger's research and results, visit www.eyecancer.com

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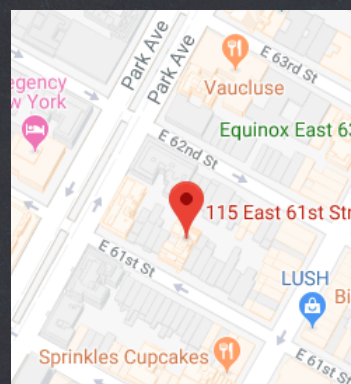
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Dr. Finger's ORCID

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Dr. Finger's Staging Techniques

*Classifying Radiation
Retinopathy & Choroidal
Melanoma*

The Finger Classification of Radiation Retinopathy

Dr. Finger created the first classification system for radiation retinal damage. It stages risk for radiation-related vision loss.

Stage 1: Peripheral retinal damage: excellent central vision and a good visual prognosis (mild risk).

Stage 2: When there are signs that radiation damage has extended into the macula, the risk for vision loss is greater. (moderate risk)

Stage 3: When new abnormal blood vessels are growing in the retinal (retinal neovascularisation), it suggests there exists a profound ischemic drive and thus has poor visual prognosis (severe risk).

Stage 4: A combination of any findings of the previous stages plus vitreous hemorrhage, profound of retinal ischemia and iris neovascularisation. This stage has extremely poor prognosis for vision and increased risk of secondary glaucoma and enucleation.

Melanoma Staging

Chair of the Ophthalmic Oncology Task Force for the AJCC and UICC Eye Cancer Staging Systems, Dr. Finger assembled and empowered multinational committees of eye cancer specialists to write evidence-based comprehensive guidelines for oncology. Such TNM staging serves as a language to insure all doctors understand the extent of each patients disease. For example, this AJCC table that defines the T-stage risk for choroidal melanoma metastasis based on tumor size.

FINGER CLASSIFICATION OF RADIATION RETINOPATHY					
Stage	Sign	Symptom	Location	Best viewed by	Risk of vision loss
1	Cottonwool spots	None	Extramacular	Ophthalmoscopy	Mild
	Retinal hemorrhages	None	Extramacular	Ophthalmoscopy	Mild
	Retinal micro-aneurysms	None	Extramacular	Ophthalmoscopy	Mild
	Ghost vessels	None	Extramacular	Ophthalmoscopy	Mild
	Exudate	None	Extramacular	Ophthalmoscopy	Mild
	Uveal effusion	None	Extramacular	Ophthalmoscopy	Mild
	Chorioretinal atrophy	None	Extramacular	Ophthalmoscopy	Mild
	Choroidopathy	None	Extramacular	Angiography	Mild
	Retinal ischemia (< 5 DA)	None	Extramacular	Angiography	Mild
2	Above Findings	None	Macular	Both	Moderate
3	Any combination of the above plus				
	Retinal Neovascularization	Vision loss	Extramacular	Angiography	Severe
	Macular edema—new onset	Vision loss	Macular	Angiography	Severe
4	Any combination of the above plus				
	Vitreous hemorrhage	Vision loss	Vitreous	Ophthalmoscopy	Severe
	Retinal ischemia (\geq 5 DA)	Vision loss	Extramacular and macular	Angiography	Severe

DA: disc areas.
Vision loss must be related to associated sign(s).

AMERICAN JOINT COMMITTEE ON CANCER							
Tumor, Node, Metastasis (TMN) Based Classification System for Tumor Staging							
Thickness (mm)	> 15	4					
	12.1 -15.0	3				4	4
	9.1 - 12.0	3	3	3	3	3	4
	6.1 - 9.0	2	2	2	2	3	4
	3.1 - 6.0	1	1	1	2	2	3
	\leq 3.0	1	1	1	1	2	2
		\leq 3.0	3.1-6.0	6.1-9.0	9.1-12.0	12.1-15.0	15.1-18.0
		Largest Basal Diameter (mm)					
		\geq 18.0					