

Oncology Specialist Provides Extraordinary Diagnostic Treatment Options for SERA's Ocular Cancer Patients

Although it is common professional practice for retinal specialists to complete one- or two-year fellowships after their ophthalmology residencies, only a handful in the whole country have sought out and served in oncology programs.

Southeastern Retina Associates is fortunate to have on staff one of a small group of ophthalmic oncology specialists in the country, Dr. Brett Gerwin. "Retina training gives me a different perspective, and I'm happy to bring my ocular cancer training to the



Brett D. Gerwin, M.D.

premier retinal practice in East Tennessee," he says. Dr. Gerwin completed two years of fellowship training in vitreoretinal medicine and surgery in 2009 followed by an appointment to the Tumori Foundation's Ocular and Orbital Oncology Fellowship. He completed an additional year of training in ophthalmic cancer. This extensive experience has made him extraordinarily qualified to serve Tennessee cancer patients.

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Perkins Shares Time and Skills with Needy Patients in Milagro

For four years now, one of Southeastern Retina Associate's Knoxville area ophthalmologists, Dr. Stephen L. Perkins, has spent a week supporting the work of physicians at a medical clinic in Milagro, Ecuador. His latest trip was last May.

Several years ago, with extraordinary support and encouragement, he says, from his wife, Kelley, and children, Josh and Camryn, Dr. Perkins began searching for a way to share his time and skills through medical ministry. He researched sponsoring agencies on the Internet and sought advice from his extensive network of professional colleagues.

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Medical Ministry International operates hospitals worldwide and sends American physicians to underprivileged areas for one- or two-week stays. Pictured is the MMI Clinic in Milagro, Ecuador where SERA's Dr. Stephen Perkins served.

Chattanooga Area: 1-800-365-0105
Knoxville Area: 1-888-566-9738
Tri-Cities Area: 1-888-773-7287

World Wide Web Address: <http://www.tennesseeretina.com>

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Patients in Milagro

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Perkins is a graduate of Duke University Medical School and served an internship at the University of Virginia. He held a retinal fellowship at the Medical College of Wisconsin.

“I could serve somewhere in a general capacity, but as a retina specialist I wanted to find a niche outside the U.S. where I could use the skills I’m fortunate to have to their maximum utility. I couldn’t find any agencies advertising for retina specialists, but I happened to call Medical Ministry International, and they suggested I contact Dr. Robin Rios, physician-in-charge of the MMI clinic in Milagro. He and I determined that my visit to his clinic was feasible and worthwhile,” Perkins says.

Milagro means *miracle* in Spanish and the city’s population is slightly more than 180,000. Nearby is Guayaquil, Ecuador’s largest city, population around 2 million. Ecuador is located on the northwest coast of South America, bordered by Colombia, Peru, and the Pacific Ocean.

“Many Milagro citizens are very poor and some live in squalor. Their medical needs are overwhelming. The MMI staff offers general care, but no specialized services. Visiting American physicians add that dimension,” says Dr. Perkins. “Dr. Rios is Ecuadorian and happens to be an ophthalmologist who speaks English quite well. Since I don’t speak Spanish very well, we



Dr. Robin Rios (seated), MMI Clinic physician in Milagro, Ecuador, and SERA ophthalmologist Dr. Stephen Perkins (standing) during retinal surgery.

were able to collaborate immediately and smoothly on patient care,” says Dr. Perkins.

“During my visits, I trained Dr. Rios in retina treatments, so he could provide laser surgeries, or sometimes injections of medicines, in my absence. I collaborated with another retina specialist, Dr. Steve Petty, from Denver. By alternating our visits, our goal was to offer Dr. Rios more intense training than either of us could provide alone.”

One of the most common retina problems in Ecuador is bleeding from the retina into the vitreous (the normally clear gel in the middle of the eye) from complications of untreated diabetes and high blood pressure. Removing a portion of this blood accomplishes two things: first, it dramatically helps the patient see better; second, it allows the doctor to

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Current Clinical Research Trials at SERA

Over the past 15 years, more than 800 SERA patients have volunteered to participate in SERA’s clinical trials program. To ask about requirements to take part, patients or referring physicians may call any of SERA’s Clinical Trials Coordinators listed below.

Knoxville:	Chattanooga:	Tri-Cities:
Charity Morris	Paula Clark	Deanna Long
865-579-3999	423-756-1002	423-782-1327

Below are descriptions of clinical trials in progress (enrolling or following) at Southeastern Retina Associates’ East Tennessee locations. Get more information at clinicaltrials.gov

ALCON C-09-067 (TRI-CITIES)

– Now Enrolling

Controlled, double masked, randomized, Multi-Center study to evaluate AL-78898A as a treatment of exudative age related macular degeneration.

AREDS2 (KNOXVILLE)

– In Progress, Enrollment Closed

Age-Related Eye Disease Study 2 (AREDS2) is a multi-center, randomized trial designed to assess the effects of oral supplementation of macular xanthophylls (lutein and zeaxanthin) and/or long-chain omega-3 fatty acids (docosahexaenoic acid, or DHA and eicosapentaenoic acid, or EPA) on the progression to advanced age-related macular degeneration (AMD). The study also will assess whether forms of the AREDS nutritional supplement with reduced zinc and/or no beta-carotene works as well as the original supplement in reducing the risk of progression to advanced AMD. More info: areds2.org

CATT (KNOXVILLE)

– In Progress, Enrollment Closed

CATT (Comparison of Age-related Macular Degeneration Treatment Trials) is sponsored by the

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Ocular Cancer Patients

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He joined SERA's practice in the summer of 2010, working out of the Chattanooga office. He encourages a multidisciplinary approach to patient care for ophthalmic tumors, pulling together teams of medical, radiology, pathology, and oncology specialists.

"The most common cancer we've seen so far in our Tennessee patients has been a type of melanoma that affects the pigmented tissue within the eye, but we provide care for a host of other tumors, including conjunctival, eyelid, and orbital tumors. I'm encouraging primary care physicians and primary eye care providers to involve SERA in early diagnosis of ocular cancers," Dr. Gerwin says.

He worked with Dr. Devron H. Char, M.D., one of the country's foremost ocular cancer research physicians and director of the Tumori Foundation, located in the California Pacific Medical Center in San Francisco. The Foundation is dedicated to understanding and treating cancers of the eye and conducting clinical trials for experimental diagnosis and treatment methods.

As a SERA physician, Dr. Gerwin remains in close touch with the creative edge of ocular oncology research. "Just within the last year a procedure has become available that produces a molecular analysis of tumor tissue from a fine needle biopsy," he says. "That test can predict quite accurately which patients' cancers might metastasize.

"A brand new, super-selective intra-arterial chemotherapy is now available for children with retinoblastoma. A catheter can be threaded through the carotid artery and up to the eye where chemotherapy is delivered directly to the cancer. Done in combination with interventional neuroradiology, it works very well. This focused therapy can spare children systemic chemotherapy.

"SERA patients have access to the latest radiation treatments such as plaque radiotherapy and intensity modulated radiation therapy (IMRT). Soon we will have a brand new cyber knife available to patients in Chattanooga.

"For patients with orbital and adnexal lymphoma, a new treatment is monoclonal immunochemotherapy. Rituximab is one of these newer drugs that can be used in the treatment of orbital adnexal lymphoma. Additionally, topical chemotherapy is showing good success for treating conjunctival carcinoma, both as a primary treatment option and as an adjunctive agent along with surgery.

"These and other new treatment capabilities will enhance the care we are able to provide and should improve outcomes for patients."

Diagnostics also play an important role in the work-up of ophthalmic cancer patients. Already in use in SERA offices throughout East Tennessee are digital fluorescein angiography, spectral domain OCT, A- and B- scan ultrasonography, and ultrasound biomicroscopy (UBM). □

Clinical Trials

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National Eye Institute and compares four treatment plans for wet age-related macular degeneration (AMD). The latest treatments include drug injections directly into the eye.

Avastin and Lucentis have both proven to slow vision loss and sometimes improve vision. However, the current study will determine if Avastin® is more effective, less effective, or the same as Lucentis®.

Read more at <http://www.med.upenn.edu/cpob/studies/CATT.shtml> OR <http://clinicaltrials.gov/ct2/show/NCT00593450>

DRCR (KNOXVILLE, TRI-CITIES)

– Now Enrolling

Diabetic Retinopathy Clinical Research Network (DRCR.net) facilitates multicenter clinical research of diabetic retinopathy, diabetic macular edema and

associated conditions. DRCR studies examine the use of laser treatment and injections. Several protocols are available. The studies are funded by the National Eye Institute, a part of the federal government National Institutes of Health. More info: DRCR.net

POSURDEX (KNOXVILLE)

– In Progress, Enrollment Closed

The Posurdex study, sponsored by Allergan, Inc., will evaluate the safety and efficacy of the intravitreal dexamethasone implant in the study eye of vitrectomized subjects with diabetic macular edema.

THROMBOGENICS TG-MV-005 (TRI-CITIES)

– In Progress

A randomized, sham injection controlled, double-masked, multicenter trial of Ocriplasim Intravitreal Injection for treatments of focal vitreomacular adhesion in subjects with exudative age related macular degeneration. □

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- Stephen L. Perkins, M.D.
- Richard I. Breazeale, M.D.
- Nicholas G. Anderson, M.D.
- Brett D. Gerwin, M.D.

SOUTHEASTERN RETINA ASSOCIATES

Patients in Milagro

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see into the eye and apply much needed laser therapy to keep the eye from bleeding further.
“With the laser training Dr. Petty and I have been able to provide, Dr. Rios can help a significant number of patients with this common retinal condition.”

A newly trained retina specialist, Dr. David Zaballos, joined Dr. Rios part-time in the summer of 2009. “Obviously, this is an incredible benefit,” says Dr. Perkins. “During my last two visits, I worked with Dr. Zaballos to further enhance his training by reviewing cases and consulting about his patients’ care and treatment.”

Virtually all of the equipment needed to perform retina surgery was donated, and during their separate visits Drs. Petty and Perkins set up a functional operating room. The process took more than three years. MMI relies on donations of used equipment that is functional but deemed obsolete in the U.S. or Canada.

“Early on in my association with the ministry, I had to borrow equipment and then bring it back home with me. Then, Knoxville’s Tennessee Valley Eye Center gave a substantial donation of used equipment. I am so grateful to Susan Sams and Denise Snow from TVEC who helped us find supplies through different vendors and have come up with creative ways with limited resources to help pull together an effective operating room at the clinic,” says Dr. Perkins.

The fact that Drs. Petty and Perkins were so successful in creating a proper operating environment is a likely factor that allowed Dr. Zaballos to easily join Dr. Rios at the clinic.

“At this point,” says Dr. Perkins, “we have passed the torch of retina care in Milagro. I do not have immediate plans to return to the clinic, though I may do so if further needs arise. I have found the experience very rewarding and will look forward to similar opportunities.

“Without question the best part of every trip was taking care of the patients – they are very grateful and very friendly,” he says.

- MMI operates hospitals worldwide and
- sends American physicians to underprivileged areas for one- or two-week stays. It’s a
- Christian organization whose goal is to spread
- the gospel while ministering to health needs.
- Dr. Perkins says he appreciates both goals, and
- likes their model -- to enable the people to run
- their own clinics.

- “I encourage other medical professionals
- to do something like this. The need is tremendous. It doesn’t matter what your specialty
- is, there’s a place in the world where you can
- serve. And in the missions setting there are no
- reimbursement entanglements. I pay my own
- way, and that simplifies everything. I’m grateful
- that I’m able to donate my time and skills.”

- To read more about Medical Ministry
- International go to <http://www.mmint.org/> □

**SERA Opens Four
New Offices**

- The move to stand-alone locations in
- Crossville and Oak Ridge, a brand new
- office in Fort Payne, AL, and a new location
- for the Dalton, GA, office make specialized
- retinal care more accessible for our patients.

- The new office addresses and phone numbers are:

- **Crossville (moved from a shared office to our own location)**
- 1051 Genesis Road, Suite 103
- Crossville, TN 38555
- Phone: 931-337-0522
- **Fort Payne (brand new office)**
- 2202 Jordan Road SW, Suite 500
- Fort Payne, AL 35967
- Phone: 423-756-1002
- **Dalton (new location)**
- 1506 N. Thornton Avenue, Suite C
- Dalton, GA 30720
- Phone: 423-756-1002
- **Oak Ridge (moved from a shared office to our own location)**
- Victory Centre
- 575 Oak Ridge Turnpike, Suite 202
- Oak Ridge, TN 37830
- Phone: 865-482-3127