

SERA's Hoskins Strengthens TN Ophthalmology Community

Only a few months into his two-year term as president of the Tennessee Academy of Ophthalmology, Dr. John C. Hoskins has made significant progress toward achieving his goal to strengthen the ophthalmology community in Tennessee. He helped reestablish the annual meeting where top practitioners deliver their latest research findings; where physicians exchange best practices; and where members focus on solutions to concerns central to the profession, such as hospital emergency room eye care.

"For years TNAO's annual gathering had been tied to the Tennessee Medical Association meeting. Over

Dr. Hiatt has inspired generations of ophthalmologists to adopt his caring attitude, exacting practice, and exceptional service. If we follow his lead, and that of others like him who have gone before us, it helps us all do our small part a little bit better.

time, participation fell off among ophthalmologists. However, for a couple of years, now, TNAO has entered into partnership with Alabama ophthalmologists to coordinate a regional meeting in Destin, Florida. And, it's working well," Hoskins says.

To build attendance, Dr. Hoskins has concentrated on promoting the honorable legacy of ophthalmology



John C. Hoskins, M.D.

in Tennessee. He proposed, and the membership supported, the new Roger L. Hiatt annual lectureship honoring the long time Tennessee ophthalmology leader and former TNAO president. Dr. Hiatt chaired UT Medical Center's ophthalmology department in Memphis for 25 years and now is emeritus professor.

"He is heroic in my mind," says Hoskins. "Dr. Hiatt went to the Philippines and for four years donated his time to train the

country's ophthalmologists. He also has provided financial support to promote TNAO annual meetings because he clearly understands the need for a strong alliance of eye care physicians," he says.

"Dr. Hiatt has inspired generations of ophthalmologists to adopt his caring attitude, exacting practice, and exceptional service," says Hoskins. "If we follow his lead, and that of others like him who have gone before us, it helps us all do our small part a little bit better. It helps us tackle any task placed before us, including the emergency eye care of our patients."

Dr. Hiatt wrote a history of ophthalmology in Tennessee that's posted online at www.eye.utmem.edu/history.

The first TNAO Hiatt lecturer spoke at this summer's annual meeting. University of Miami Professor Scheffer Tseng described advances in treatment, including amniotic membrane transplantation, for corneal and

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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>

E-Mail Address: mail@seretina.com

Southeastern Retina Associates Clinical Trials Program

Southeastern Retina Associates is proud of its participation in research studies demonstrating the highest professional standards and exemplary clinical practice. SERA physicians have been leading clinical trials for nearly 15 years!

In addition to the current trials detailed below, Southeastern Retina has participated in several landmark studies. Patient participation in trials has allowed the latest treatments, like Lucentis injections, to be become available to all patients who need treatment for advanced eye diseases.

Landmark studies include the ANCHOR and MARINA trials that led Lucentis, now a premier treatment of "wet" macular degeneration, to gain approval from the Food and Drug Administration.

Previous studies include the SST study (submacular surgery trials) in conjunction with the National Eye Institute and Johns Hopkins University. Southeastern Retina is also in a final phase of the AREDS2 trial, a study of the efficacy of Lutein in treating "dry" macular degeneration.

Southeastern Retina focuses on clinical trials that offer treatment to patients who often have no other options, such as those with dry AMD. The trials also target eye problems where treatment advancement is needed -- for instance, in the management of diabetic retinopathy.

Patient participation is voluntary. More than 75 patients now take part in SERA research trials that allow cutting edge research to become more widely available to all patients sooner.

Southeastern Retina Associates is committed to advancing medical care, and with the help of physicians and patients where SERA offices are located, together we can reach for the highest caliber of treatment for all members of our communities who have eye disorders.

SERA participates in numerous pivotal trials currently -- some are closed to enrollment and some, listed at the end of this article, are now open for enrollment. At this time, Southeastern Retina offers open enrollment in clinical trials for patients with macular degeneration, diabetes, or retinal vein occlusion. SERA physicians, in conjunction with the SERA Clinical Trials Coordinators, manage each patient's treatment.

SERA's Clinical Trials Coordinators are prepared to offer more information and address questions about

patient enrollment and participation. To ask about trials currently enrolling and the requirements to take part, call any of these SERA staff members:

- Knoxville - Tina Higdon (865-588-0811)
- and Charity Morris (865-579-3999);
- Chattanooga - Paula Clark (423-756-1002);
- Tri-Cities - Deanna Long (423-578-4364)
- and Jill Vermillion (423-578-4364).

Below are descriptions of currently enrolling clinical trials at Southeastern Retina. Refer to www.clinicaltrials.gov for additional information.

FOR PATIENTS WITH WET AGE-RELATED MACULAR DEGENERATION

COBALT: Patients with exudative (wet) AMD are eligible for this study. The study explores effectiveness of Lucentis injections versus bevasiranib injections on a 4, 8, or 12-week schedule.

CATT: In this comparative study for patients with subfoveal, neovascular AMD, patients receive either a fixed or variable schedule of Lucentis or Avastin injections over a 2-year period.

DENALI: The 24-month study assesses the safety and efficacy of PDT with Lucentis versus Lucentis in patients with Subfoveal Choroidal Neovascularization secondary to Age-Related Macular Degeneration.

OPHTHOTECH 2000: This study is for patients 50 years of age or older with Neovascular Age-Related Macular Degeneration. Intravitreal injections of Lucentis and ARC 1905 establish the patients' effectiveness and tolerability in a 6-month study.

FOR PATIENTS WITH RETINAL VEIN OCCLUSION

BRAVO: Patients with a branch retinal vein occlusion enroll in a 12-month study of the efficacy of Lucentis versus sham injections.

CRUISE: This study examines the use of Lucentis versus sham injections in treating central retinal vein occlusions over a 12-month period.

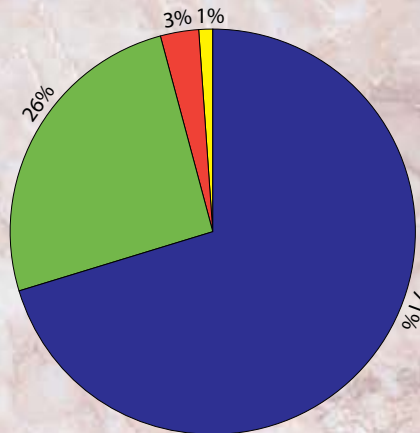
FOR PATIENTS WITH DIABETIC RETINOPATHY

DRCR: The study has several protocols available for patients with either diabetic retinopathy or diabetic macular edema. Its purpose is to examine the use of laser treatment and injections in the treatment of these two conditions. □

SERA Overall Patient Care Rating

Southeastern Retina Associates recently asked patients what they thought about SERA services. The results were overwhelmingly positive, and our physicians and staff want to share them with FUNDUS readers in percentages and a chart. SERA received responses to the mail-out survey from 1094 patients.

- 97% rated the overall care they received from SERA as excellent or very good.
- 94% said office locations are very convenient or convenient.
- 86% responded that their in-office wait time was appropriate.
- 96% think front office staff and doctor's assistants are courteous and efficient.
- 94% of patients give excellent or very good ratings to SERA doctors.



Excellent	71%
Very Good	26%
Okay	3%
Poor	1%

Low Vision Center Encourages and Empowers Patients

Please Remember the Low Vision Center in Your Annual Giving

Every physician is troubled that low vision levels in some patients cannot be medically improved. Fortunately, the Low Vision Center, with five locations in East Tennessee, is available to help low vision patients cope with their vision loss and enhance the precious little sight they have for as long as possible.

SERA has been the solid ground beneath the non-profit Low Vision Center since it was founded in 1997, both as primary referring institution and financial source. Referring physicians, patients, and philanthropists also have been essential sources of financial support through tax deductible contributions.

Dr. Bruce Gilliland, who holds his degree from the Southern College of Optometry, has been director from the beginning. His staff is small, but their impact is far-reaching. The Center accepts referrals from any physician and has served more than 6000 patients in the past decade. The central office is in Knoxville, at SERA's Weisgarber office. LVC also maintains satellite offices in Morristown, Johnson City, Chattanooga and Kingsport.

It's been said so often, but it's so true. Full-sighted
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Ophthalmology Community

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scleral degenerative conditions. Dr. Tseng is director of Tissue Tech Inc. and is a professor at the renowned Bascom Palmer Eye Institute. You can read more about Dr. Tseng's research at www.bpei.med.miami.edu.

Selection of the next Hiatt lecturer is now underway. Dr. Hiatt will be in Knoxville in January for a local TNAO chapter meeting at the Orangery restaurant. The next regional meeting will be held in July 2009.

Dr. Hoskins invites all interested physicians to join or renew their memberships in TNAO. And, he welcomes new ideas. Contact Dr. Hoskins by e-mail at hoskinsjc@aol.com or by phone at SERA, 865-588-0811. Read more about TNAO membership and the ophthalmology community in Tennessee at www.tneyemds.org/.

Dr. John C. Hoskins, senior partner in Southeastern Retina Associates, took office as the 52nd president of TNAO in January 2008. His term runs through Dec. 31, 2009. He also serves on the MD Leadership Council of the Tennessee Medical Association. Dr. Hoskins is Assistant Clinical Professor of Surgery at the University of Tennessee Medical Center in Knoxville. He earned a medical degree from the UT College of Medicine in Memphis and served an ophthalmology residency at the Brooke Army Medical Center in San Antonio. In Boston, he completed a retinal fellowship at Harvard University's Retina Associates and Massachusetts Eye & Ear Infirmary. □

SOUTHEASTERN RETINA ASSOCIATES

Low Vision Center

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people rarely think about life without quick access to the simple pleasures and necessities -- recognizing the face of a friend, watching a favorite sport, a movie or TV. And what about reading a book or newspaper, spotting a street sign or a destination on the side of a bus? Or seeing the face of a watch or the dials of a stove. Or simply signing a greeting card.

From small children to elderly adults and all ages between, LVC helps patients come to terms with moderate to severe vision loss -- to use optical devices and other means to enjoy a less frustrating daily round. When you hear Dr. Gilliland speak about his patients, he speaks of their emotional needs as much as their physical. He cares about how they adjust to decreasing sight. He cares about maximizing the sight they have and minimizing the effects of low vision on their quality of life.

If Dr. Gilliland could ask one thing of referring physicians, it would be to get their patients into a Low Vision Center location as early as possible in their treatment schedule. Patients with diabetes or macular degeneration are especially vulnerable to deteriorating vision, he says, and need counsel early on.

The earlier they begin training, the less emotional trauma they experience in learning to use optical devices to maintain their independence, safety and well-being, he says.

"We can't work medical miracles for our patients, but the sooner we introduce ourselves to them, the better we can support them

through the emotional roller coaster that awaits them as their vision decreases. We can help them understand the challenges they face."

During the first visit to LVC, a patient can expect a thorough evaluation and a plan of action that includes training to modify their activities, to use optical devices, to find state and local assistance, and how to join local support groups. A resource package includes information about books-on-tape and large print sources.

The Center prescribes and dispenses low-vision aids such as magnifiers, telescopes, spectacle microscopes, illumination sources, contrast enhancement aids, and electronic video magnifiers.

Another of the Center's goals is to educate the public on nutrition and exercise to maintain a level of health that supports strong vision.

Low vision affects close to 15 million people in the U.S. The few low vision rehab centers in operation serve large geographic areas. LVC offices serve East Tennesseans, but also serve referrals from southern Kentucky and Virginia, western North Carolina, and northern Georgia and Alabama.

Private insurance and Medicare pay for some services, but not all optical equipment. Funds raised through the annual spring LVC Volunteers for Vision 5K Run/Fun Walk help extend LVC services so that no one is turned away, says Dr. Gilliland. Donations are welcome. So are volunteers who can serve as patient mentors and office assistants.

For more information, e-mail the LVC staff at lowvisionknox@aol.com or call 865-522-2449. □

SOUTHEASTERN RETINA ASSOCIATES

328-A Cummings St. Abingdon, VA 24210 Phone (276) 623-5254

610 State Farm Rd., Suite A Boone, NC 28607

3185 West State St., Suite 2010 Bristol, TN 37620

Jarnigan Medical Center 7268 Jarnigan Rd., Suite 300 Chattanooga, TN 37421 Phone (423) 756-1002 FAX (423) 756-1004

979 E. Third St., Suite C-235 Chattanooga, TN 37403 Phone (423) 756-1002 FAX (423) 756-1004

2415 Chambliss Ave. NW Cleveland, TN 37311

15 Iris Lane Crossville, TN 38555

1008 Professional Blvd., Suite 5 Dalton, GA 30720

Johnson City Eye Center 110 Med Tech Parkway, Suite 1 Johnson City, TN 37604 Phone (423) 434-0853 FAX (423) 434-2943

2412 N. John B. Dennis Hwy Kingsport, TN 37660 Phone (423) 578-4364 FAX (865) 578-4372???

1124 E. Weisgarber Rd., Suite 207 Knoxville, TN 37909 Phone (865) 588-0811 FAX (865) 584-2153

2020 Kay Street Knoxville, TN 37920 Phone (865) 579-3999 FAX (865) 579-3987

1928 Alcoa Hwy., Suite 320 Knoxville, TN 37920 Phone (865) 522-5453 FAX (865) 544-6696

939 Emerald Ave., Suite 905 Knoxville, TN 37917 140 Capital Dr. Knoxville, TN 37922 Phone (865) 251-0727 FAX (865) 251-0728

628 Smithview Dr. Maryville, TN 37803

1447 W. Morris Blvd., Suite C Morristown, TN 37815

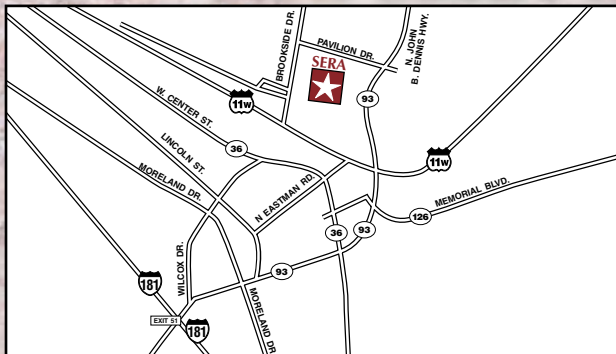
90 Vermont Ave. Oak Ridge, TN 37830 Phone (865) 482-3127

530 W. Ridge Road Wytheville, VA 24382

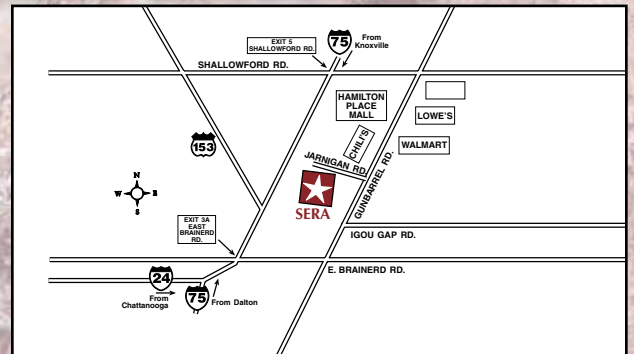
PHYSICIANS:

- John C. Hoskins, M.D.
Randall L. Funderburk, M.D.
Joseph M. Googe, Jr., M.D.
James H. Miller, Jr., M.D.
John L. Stone, M.D.
Joseph M. Gunn, M.D.
Tod A. McMillan, M.D.
Howard L. Cummings, M.D.
D. Allan Couch, M.D.
Stephen L. Perkins, M.D.
Richard I. Breazeale, M.D.
Nicholas G. Anderson, M.D.

New SERA Office Locations



2412 N. John B. Dennis Hwy, Kingsport, TN 37660
PHONE: 423-578-4364 FAX: 865-578-4372



Jarnigan Medical Center
7268 Jarnigan Road, Suite 300, Chattanooga, TN 37421
PHONE: 423-756-1002 FAX: 423-756-1004