

## A Family Affair



RJ Powers, with his family, graduates from Johns Hopkins University in remission

Our story began over nine years ago, but my wife Cathy and I remember it like it was yesterday. During February school break in 2003, we were on vacation in Vermont with our two sons RJ, who was twelve at the time, and Matthew, who was eight. After a few days of hiking and swimming, we woke up on Thursday morning to find that RJ's eyes were completely red and he was having difficulty seeing. Of course, we thought at first it was merely conjunctivitis and we headed home early to get RJ to his pediatrician. His doctor saw him right away and prescribed medication for bacterial conjunctivitis. The first prescription drops didn't work so we went back the next day and the doctor changed the medication to treat the viral form of conjunctivitis. As it turned out, it wasn't conjunctivitis at all, so the second set of drops also produced no results. It was now Sunday, three days into red eyes and blurry vision and RJ was not any better. We called the doctor and thankfully, he met my wife and RJ at his office. But as he re-examined RJ, he quickly realized RJ's case was beyond his expertise and advised us to see a specialist.

On Wednesday, six days after the initial symptoms began, we met Dr. Foster for the first time. RJ's vision had worsened to the point where he could not read the large 'E' on the chart. Dr. Foster diagnosed RJ with uveitis and explained that we needed to reduce the inflammation quickly with steroid drops. When I asked what caused this disease, he said we will run tests to determine if any underlying disease is present, but in some cases a factor is never identified. Although there are perhaps as many as eighty-five known causes of uveitis, RJ's initial work up revealed his uveitis was idiopathic, meaning there is no known cause. At this point, Cathy and I had more questions than answers. We were worried about RJ. Could his brother get it? How did this happen? Perhaps the most difficult part was trying to hide the anxiety and fright my wife and I felt from our son. Little did we know that we were about to begin a long and hard journey to recovery.

RJ remained on steroid drops throughout the next few visits with Dr. Foster. While there was some improvement, the inflammation was never completely abolished. Dr. Foster then approached us with another option: injecting steroids directly into the eye. With a lot of bravery, RJ agreed to the shot and we returned home, hoping the steroid injection would work. Unfortunately, that was not the case. As it is known that long-term use of steroids will eventually cause damage to the eye and must not be used forever, Dr. Foster stated it was time we moved along to immunosuppressive chemotherapy. We began methotrexate and brought RJ to see Dr. Foster for blood test monitoring and eye exams every six weeks, our fingers crossed that this medication would cure our son. It did not. Our next option was CellCept, which is a pill that must be taken on an empty stomach. These drug names are not scary now, but back then, we were terrified. These were powerful drugs used for serious medical conditions. But we trusted Dr. Foster and he explained how he was using them and that the idea would be to re-train RJ's immune system to stop it from attacking his eyes. RJ took CellCept for roughly two years. Miraculously, it worked to reduce the active cells and eventually put him into remission. We are truly blessed.

RJ's success story is a tribute to Dr. Foster and his passion and dedication towards helping patients with uveitis and other eye diseases. Hearing Dr. Foster speak at OIUF events is enlightening; you can just feel the impact he has on other people's lives and the love and passion he has towards what he does. His hard work is the reason why my family decided to get involved with the Foundation. Each year we support the Walk for Vision and the Art Auction and I volunteer as much as possible for OIUF. It is my way to give back for something that is truly invaluable: my son's eyesight. After listening to other patients' stories over the years, my wife and I realize how lucky we are that RJ was seen by Dr. Foster within a week of experiencing his first symptoms. Sadly, this is not often the case as many patients can go years before receiving proper care due to the lack of ocular immunologists that exist today. We hope one day, with the help of the Ocular Immunology and Uveitis Foundation's Fellowship program, this deficit will be eliminated.

After a long battle with uveitis, RJ went off to college in remission and off all medication. This May, he graduated from Johns Hopkins University with a Bachelor's Degree in Biomedical Engineering and a Master's Degree in Applied Mathematics and Statistics. RJ recently accepted a position at QUANTICS as a Technical Programmer where he will be doing design, coding, and implementation of mathematical models. It is astounding to look back at when this story began nine years ago to when my son could not read the large E, and this month I saw him graduate with both a bachelor's and a master's degree. This never would have been possible without the help of Dr. Foster and for that we are eternally grateful.



## Calendar of Events

**August 26, 2012**

*Walk for Vision*  
Boston, MA

**September 29, 2012**

*Symposium on Childhood Uveitis*  
Cambridge, MA

**October 16, 2012**

*Support Group – Let’s Talk About It*  
MERSI – 1:00pm - 2:00pm

**November 2, 2012**

*7th Annual Through Their Eyes: Art Auction*  
Boston, MA

**January 8, 2013**

*Support Group – Slit Lamp*  
MERSI - 6:30pm

**March 5, 2013**

*Support Group - Let’s Talk About It*  
MERSI – 1:00pm – 2:00pm

**April 16, 2013**

*Support Group – TBA*  
MERSI – 6:30pm

**June 11, 2013**

*Support Group – Anniversary Meeting*  
MERSI – 6:30pm

Cut along the dotted line and retain for reference.



**THE OCULAR  
IMMUNOLOGY  
AND UVEITIS  
FOUNDATION**

## Our Mission

The Ocular Immunology and Uveitis Foundation is a 501c(3), national non-profit, tax-exempt organization. Our mission is to find cures for ocular inflammatory diseases, to erase the worldwide deficit of properly trained ocular immunologists, and to provide education and emotional support for those patients afflicted with ocular inflammatory disease.

## How You Can Make A Visible Difference

Your gifts and donations help the work of the Ocular Immunology and Uveitis Foundation in achieving our mission.

To help meet your philanthropic goals, OIUF accepts gifts of many types, including appreciated securities, bequests, real estate, qualified retirement and life income gifts.

**For more information please contact Alison Justus at (617) 494-1431 x112 or email [oiuf@uveitis.org](mailto:oiuf@uveitis.org)**

**Please use the enclosed envelope for your donation**

## OIUF is going green!

If you would like to receive this newsletter via email, please contact Alison Justus at [ajustus@mersi.com](mailto:ajustus@mersi.com)

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# Letter from Our President



**C. Stephen Foster, M.D.**

It is hard to believe we are about to close a chapter on yet another incredibly talented class of Fellows. I am so impressed with the level of dedication each physician has shown to the clinic as well as their own research projects conducted through the Foundation. This hard work was exemplified in Ft. Lauderdale, Florida at the annual meeting of the Association for Research and Vision in Ophthalmology (ARVO) where eight of the Fellows' posters were accepted for presentation. This is truly a remarkable feat and I am very proud of what they have accomplished. I am excited to see their work continued as they begin their careers and I look forward to the new class of Fellows joining us in July.

2012 proves to be very busy for the Foundation, as I have been fortunate enough to take our mission across country and internationally, through speaking engagements in Squaw Valley, CA as well as speaking in Los Angeles for a conference on pediatric uveitis. In April, I traveled to Paris, France as an Invited Lecturer at the 118th gathering of la Société Française d'Ophthalmologie. Recently, I have been able to reach out to local ophthalmologists by presenting at two meetings of the New England Ophthalmology Society (NEOS) in the hope to bring awareness to properly treating ocular inflammatory diseases. Additionally, it was wonderful to meet many of my patients at the International Pemphigus Pemphigoid Annual Meeting, held in Boston this past May. After presenting on ocular cicatricial pemphigoid, there was time for small group discussions on how this dreadful disease affects the eyes and it was touching to see many of my patients interacting with one another for support.

Our three Clinical Fellows also had the opportunity to travel to San Francisco, CA for the annual Uveitis Fellows Forum, which brings together all of the Clinical Fellows in the American University of Professors of Ophthalmology compliant uveitis fellowship programs from across the country. They were able to make connections with future colleagues as well as present research projects and case studies. While it is a wonderful way to stay connected with uveitis Fellows, it serves as a reminder of how terribly small the number of properly trained ocular immunologists is in relation to those of other ophthalmological specialties. There are currently 339 positions available for Clinical Fellows through the AUPO Fellowship Compliance Committee. Only 17 of those positions, or 5%, consist of Uveitis Fellows. Three of those seventeen Uveitis Fellows are trained at MERSI through OIUF.

I speak for the Foundation and for our Fellows when I say how thankful we are for the continued support we have received from patients, families, and companies in working together to ensure the mission of OIUF is reached on a global scale. Be sure to visit our new website, [www.uveitis.org](http://www.uveitis.org), which launched February 1, 2012 for the latest information on our Walk for Vision this summer, and see how easy it is to build a team on line to help in the cause. Also note our Symposium on Childhood Uveitis in September, and our Art Auction in November. We hope you will join us for these events as we raise awareness and make a visible difference.

With sincerest best wishes,

A handwritten signature in black ink that reads "C. Stephen Foster, MD".

C. Stephen Foster, MD



Dr. Foster and Foster Fellows at 2012 FOIS dinner at ARVO Meeting

# The Founding of FOIS

Throughout this edition of the OIUF newsletter, it is clear that the education and training of Fellows is a major priority of the Foundation. While it is natural to expect some degree of friendship and familiarity to come out of spending a year in a clinical setting with colleagues, there is something unique about the bond of those who have completed a Fellowship under the training of Dr. Foster. Seventeen years ago, Virender Sangwan, MD, who traveled from India to train with Dr. Foster, recognized the need to preserve and promote the camaraderie that exists between Fellows who are now practicing the methods and teachings learned from their time with Dr. Foster.

One year at ARVO, Dr. Sangwan, along with Ron Neumann, MD, a former Foster Fellow from Israel, put the wheels in motion to form the Foster Ocular Immunology Society (FOIS). They wished for a formal gathering at ARVO of past Fellows involved in the care of patients with uveitis and ocular inflammatory disorders to come together once a year to discuss the treatment and management of highly complex clinical cases in a less formal setting that so often exists during meetings of other societies or associations. Dr. Neumann states “Many of us fellows, upon traveling back to our own home lands, were basically alone in caring for these complex patients - we were also quite young just leaving the fellowship. We realized the fellowship was a place for development of real friendship and personal commitment for many of us. It was therefore only natural for us to seek for an opportunity to meet and discuss the challenges we faced back home.” And thus from these sentiments, FOIS was born.



**Ana Suelves, MD presents her research at the 2012 FOIS Meeting at ARVO**

so does the support and friendship of Fellows, either thirty years past fellowship or those just beginning their careers as ocular immunologists. Dr. Sangwan states “I am proud of what we have been able to achieve in just a short time. I always look forward to these meetings as I would be meeting friends from so many countries.”

FOIS is a charitable organization dedicated to the furtherance of knowledge, through research, clinical study, and education, of ocular inflammation and immunology. Memberships to FOIS are limited to individuals who have completed a fellowship in ocular immunology with Dr. Foster and other distinguished clinician scientists are invited to join.



**FOIS co-founder Virender Sangwan, MD visits with current Fellows at OIUF booth. Left to Right: Alaa Radwan, MD; Dr. Sangwan; Cheryl Arcinue, MD; Diana Pachon, MD**

The Society has grown exponentially in the past decades, with the formal founding of FOIS in 2003. Drs Sangwan and Neumann named the Society in honor of Dr. C. Stephen Foster, for his contribution to the field of ocular immunology and uveitis. Today, FOIS meets biannually at ARVO as well as the American Academy of Ophthalmology’s Annual Meeting. As the number of ophthalmologists trained under Dr. Foster grows,

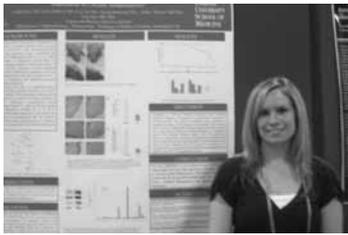


**Past and Current Foster Fellows gather at 2012 FOIS Meeting at ARVO**

***It costs \$100,000 to produce a “Foster Fellow.”  
Your gift can help considerably in building an endowment for such training  
to erase the deficit of properly trained ocular immunologists that sadly exists today.***

# 2012 ARVO National Meeting

## 2012 Ocular Immunology and Uveitis Foundation Travel Grant Recipient, Callah West

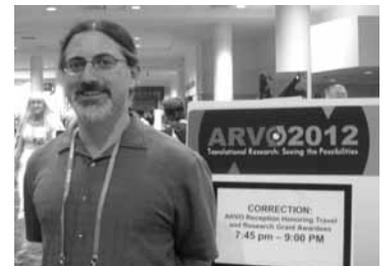


Pursuing a Masters in Medical and Molecular Genetics at Indiana University while working full-time as a research technician, Callah West has little time to do much of anything, but she was more than happy to take time out of her busy schedule to travel to Ft. Lauderdale, FL to present her research at the ARVO National Meeting. Callah greatly enjoyed the opportunity to meet people from all over the globe working on similar projects and stated that "while I knew the work I was doing was important, I didn't realize how much of a clinical impact the blepharitis research I am working on could have. After completing my Master's degree I'm planning to apply to medical school so it is especially rewarding to know that I'm working in a subject area that could make a huge impact in the quality of people's lives."

Callah is very thankful for the opportunity to attend ARVO and wants to thank the Ocular Immunology and Uveitis Foundation for making this experience possible.

## 2012 Stephen and Frances B Foster Travel Grant Recipient, Aaron Sullivan

Being awarded the Stephen and Frances B Foster Travel grant was an incredible honor for Aaron. This generous sponsorship allowed him to travel to the meeting to share his findings into the mechanisms bacteria use to penetrate the epithelial barrier of the eye. He states "While there, I met some of the top ocular immunologists in the world and had a chance to expand my knowledge about the field. The trip to ARVO 2012 was an inspiration for me. I am now full of new ideas and I have established a multitude of new connections which should be very helpful in accomplishing my future goals." Aaron is very grateful for this wonderful opportunity.



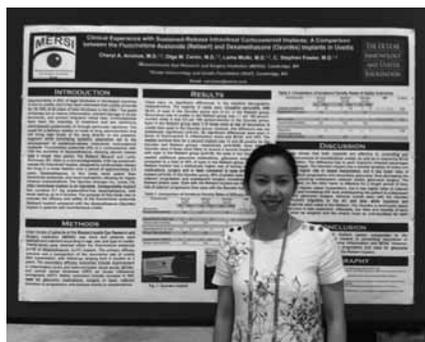
**Current Fellow Diana Pachon, MD speaks to potential new fellows from Argentina about her experience with OIUF**



**Former Chief Clinical Fellow Rajiv Shah, MD; OIUF Director of Development Alison Justus, with OIUF Board Member Peter Netland, MD at OIUF booth**



**Current Fellow Paul Yang, MD poses with FOIS co-founder Ron Neumann, MD**



**Current Fellow Cheryl Arcinue, MD presents her poster on Clinical Experience With Sustained-Release Intravitreal Corticosteroid Implants: A Comparison Between The Fluocinolone Acetonide (Retisert) And Dexamethasone (Ozurdex) Implants in Uveitis**



**Fellows Jonathan Kruh, MD and Sana Siddique, MD at the OIUF Booth**



**Current Fellow Alaa Radwan, MD presents his poster on Risk Factors associated with Relapse of Birdshot Retinochorioidopathy**

# SAVE THE DATES

## **WALK FOR VISION BOSTON**

**Sunday, August 26, 2012**

**Royal Sonesta Hotel**

**On the Banks of Charles River**

**Cambridge, MA**

**Registration begins at 10:30am**

**Walk begins at 1:15pm**

*Create your own fundraising page at*

<https://sna.etapestry.com/fundraiser/OcularImmunologyandUveitis/WalkforVisionBoston/>  
*and spread the word! Set a goal and email friends and family about your page. You can also add your fundraising page to your Facebook profile. The 40 dollar registration fee is waived if you raise 50 dollars or more!*



## **CHILDHOOD UVEITIS SYMPOSIUM**

**Saturday, September 29, 2012**

**For Physicians, Parents and Children**

**Marriott Cambridge Hotel & MERSI**

**Cambridge, MA**

**8:00am-1:00pm**

## **7TH ANNUAL THROUGH THEIR EYES:**

### **ART AUCTION BENEFIT**

**Friday, November 2, 2012**

**The Liberty Hotel**

**Boston, MA**

**7:00pm-10:00pm**



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## MERSI Updates



Stephen Anesi, MD

### Stephen Anesi, MD now Full-Time Physician at MERSI

Stephen Anesi, MD, a former Foster Fellow, joined the medical staff at MERSI as a part-time physician in September, 2011. In July 2012, he will transition to full-time as David Hinkle, MD, leaves MERSI for a two year sabbatical as he participates in a Fellowship in vitreo-retinal surgery with Retina Consultants in Albany, NY. Dr. Hinkle will be returning to MERSI in Summer 2014. Dr. Hinkle's patients will be transitioned over to Dr. Anesi during this time. We wish Dr. Hinkle the best of luck in his new training!

### Former Fellow David Chu, MD opens MERSI in New Jersey

As an ophthalmology resident at New York Medical College, I found that my most interesting and challenging cases involved patients with uveitis. I was intrigued by their complexity and decided to devote time to learning more about the latest research and developments in the care of patients with ocular inflammatory diseases. This led me to apply for a fellowship in uveitis and I was invited by Dr. Stephen Foster to visit his practice. I went to Boston and spent a day meeting Dr. Foster and his fellows, even attending a clinic session with them. In that brief time, I felt that his fellowship offered something special, and I was thrilled when I later learned that I matched with his fellowship program.



David Chu, MD with Dr. Foster at recent FOIS Meeting

The year I spent in Boston as a Clinical Fellow of the Ocular Immunology Service has had a great impact on my career. The fellowship was an unparalleled opportunity for me, to work with Dr. Foster and to enjoy the camaraderie of working with the other fellows in the program. I gained instruction in the pathophysiology of uveitis and other ocular inflammatory diseases, as well as the opportunity to learn their latest cutting edge treatments. I also learned to appreciate the importance of research in furthering our knowledge of ocular immunology. Together, the knowledge I acquired, the discipline I learned and the friends I made have all remained with me as components of my current daily professional life.

Since leaving Boston, I have been a faculty member of the New Jersey Medical School in Newark, New Jersey. To date, I have mentored over 70 residents and fellows, I have a clinical practice involving both the medical and surgical care of patients with uveitis, and I have written research papers and lectured extensively on the clinical and research aspects of ocular immunology. With every house officer I teach, every patient I see, every paper I write and every lecture I give, I know my contributions are based on what I learned from my time with Dr. Foster.

Seven months ago, I transitioned my patient care to the Metropolitan Eye Research and Surgery Institute, MERSI, in Palisades Park, New Jersey. Remembering the importance and impact of all I had learned during my time as a fellow, I named my practice in honor of and in collaboration with Dr. Foster's MERSI, as well as OIUF, in Cambridge, Massachusetts. For many years prior to starting MERSI in New Jersey, I have collaborated extensively with Dr. Erik Letko, also a Foster Fellow, Scott Evans, COO from MERSI in Cambridge, Massachusetts, Sara Kim, CEO of SK Management Consulting, and with Dr. Foster, and I hope to continue this partnership to further the mission of MERSI in caring for patients with uveitis, researching possible cures, educating other doctors and patients in the treatment of ocular inflammatory diseases and possibly establishing a chapter of OIUF in New Jersey.

### MERSI now operating a CLIA-Certified Immunopathology Lab

We are currently accepting specimens to be processed and analyzed from across the country and abroad. For more information and instructions to send specimens, please email Scott Evans at [sevans@mersi.com](mailto:sevans@mersi.com)

# Uveitis Support Group

The Uveitis/OID Support Group is a patient education and mutual support resource founded in 1996 by Dr. Foster, Frances Foster MS, NP, John Hurley LICSW, and patients of Dr. Foster. Our mission is to educate patients, their family members and friends, and the medical community about ocular inflammatory disease and to facilitate the exchange of information, emotional support, and mutual aid between members. We are also deeply committed to raising funds to support research related to the causes and effective treatment of uveitis/OID.

Please take advantage of all our free services in this upcoming year: support group meetings; online support groups for kids and adults; the website with a support group page for adults, parents, and children; parent/teacher guide; and A Guide to Ocular Inflammatory Disease. Our support group runs on generous contributions to the support group under the Foundation from our members, their family and friends.

We have six support group meetings a year. The meetings are committed to support, not criticism, and no medical advice is given unless the person has a medical degree to do so. All meetings are based at the Massachusetts Eye Research and Surgery Institution (MERSI) in Cambridge, Massachusetts. The time of each meeting varies to try to meet the needs of our members with some occurring in the day and others in the evening. Please see the event calendar for the next upcoming meeting.

## **Can't attend a meeting? Get support online!**

**In addition to the onsite meetings, the Uveitis/OID Support Group has an online support group and informational website for adults, parents, and kids. For more information, point your web browser to [www.uveitis.org](http://www.uveitis.org) and click on the Support Group links for a list of these wonderful and informative resources.**

**Or if you just want to ask a question of an expert, go to our "Ask Dr. Foster" page.**

## **facebook**

The Ocular Immunology and Uveitis Foundation reaches over 750 fans on Facebook! Are you one of them? Visit the OIUF page at [www.facebook.com/ocularimmunologyanduveitisfoundation](http://www.facebook.com/ocularimmunologyanduveitisfoundation) and click the "Like" button at the top of the page to receive the latest updates about our activities and photos of our recent events, including the Walk for Vision and the annual Art Auction. We have also created individual pages for uveitis and scleritis that offer information about these potentially blinding diseases. Visit these pages at [www.facebook.com/uveitis](http://www.facebook.com/uveitis) and [www.facebook.com/scleritis](http://www.facebook.com/scleritis).



OIUF is now on Twitter! Follow us at <http://twitter.com/#!/uveitis1>

## **Resources:**

### **Documentaries for sale:**

Pricing: \$20.00 per DVD. Extra charge for international shipping applies.

- 1. Uveitis: The Adult Experience.** Features 3 adults who all were diagnosed with uveitis in adulthood. It talks about their treatment, coping, and outcomes to care.
- 2. Growing Up with Uveitis: The Child's Experience.** Features 3 females who have uveitis related to juvenile arthritis and their different experiences and treatments as well as outcomes related to their particular types of treatments.

### **Free guides:**

**A Guide to Ocular Inflammatory Disease (OID):** Discusses different types of OID, causes, and treatment step ladder.

**A Guide for Teachers and Parents:** Gives an overview of uveitis, effects on vision, and tips to employ to help children adapt in school.

**Bracelets:** adult or child sizes: Colors for adults are red, blue, and combo blue mixed with red. Child sizes are combo color only. Bracelets are \$2.50. Discount offered if bought in bulk.

### **Monograph Books for Sale:**

**Childhood Uveitis Monograph developed from our Pediatric Uveitis Conference in 2010: \$50**

**Birdshot Monograph: \$50**

*If interested in our products, order online or email: [ffoster@mersi.us](mailto:ffoster@mersi.us) or call 617-494-1431 ext 112*

# Ocular Autoimmune Disease: An Introduction

**C. Stephen Foster, M.D.**

The immune system, ordinarily in the "business" of protecting us from harm, generally protecting us from germs and cancer cells, can become deranged, disregulated, with the result being an immune attack on part of our own body. This state of affairs is termed autoimmunity, or immune attack against self.

A number of autoimmune diseases exist, the most famous perhaps being rheumatoid arthritis. In rheumatoid arthritis the white blood cells of the immune system become disregulated or "confused" and begin to attack the individual's joints. A number of autoimmune diseases exist in which the eye or various parts of the eye may be attacked by the white blood cells. Often the autoimmune disease is systemic, i.e., a variety of organs throughout the body system are being attacked. Examples of such diseases include rheumatoid arthritis, systemic lupus erythematosus, polyarteritis nodosa, relapsing polychondritis, Wegener's granulomatosis, scleroderma, Behcet's disease, Reiter's disease, inflammatory bowel disease (ulcerative colitis and Crohn's disease) and ankylosing spondylitis.

The eye may be affected as a target of immune inflammatory attack in any of these diseases. The eye may, however, in certain instances be the specific and only target affected by certain autoimmune diseases. Some such diseases include ocular cicatricial pemphigoid, Mooren's corneal ulcer, and various forms of uveitis.

Regardless of the form of autoimmunity, any autoimmune disease affecting the eye will require systemic (e.g., oral as opposed to local, topical, ocular) therapy; the components of the immune system reside not in the eye, but rather are systemic, and therefore, regulation of those components will require systemic therapy. Such therapy is typically designed to suppress the overly aggressive immune system, allowing the body to eventually re-regulate itself, with the result often being that after the patient has been kept on systemic medications to suppress the inappropriate immune response for a finite length of time (for example, one year), medication can then be tapered and stopped without recurrence of the autoimmune attack. Sometimes resumption of the attack does occur, in which case the patient must be re-treated.

Ophthalmologists in general are not accustomed to treating patients systemically, and in particular, are not trained to use immunosuppressive drugs in order to control autoimmune phenomena. Many ophthalmologists, however, realize that such treatment is appropriate and indicated for the aforementioned problems, and therefore, the ophthalmologist will collaborate with a chemotherapist who will take responsibility for monitoring and managing the patient's systemic therapy, while the ophthalmologist monitors the progress of the ocular manifestation of the autoimmune attack (inflammation).

In most instances, this collaboration between ophthalmologist and chemotherapist works very well, and our experience in helping ophthalmologists to establish such collaborations and to effectively treat patients with autoimmune diseases affecting the eye has been gratifyingly successful in almost every country around the globe. This represents a major change from just 15 years ago, when many patients still lost all use of one or both eyes from the ravages of improperly treated autoimmune disease affecting the eye.

Our hope for the future is for more selective treatment strategies for specific autoimmune diseases. For example, we have identified a specific protein target for the autoimmune disease, ocular cicatricial pemphigoid. We are cloning the gene for that protein, and expect to begin experiments within 24 months on a strategy that would re-regulate patients' immune systems to that protein without the use of immunosuppressant drugs. It is entirely possible that similar strategies can be applied effectively in other autoimmune ocular diseases. Indeed, a study recently completed by us in collaboration with the researchers at the National Eye Institute in Bethesda, Maryland, indicated that such strategies could, at the very least, reduce the total amount of medication required to keep autoimmune inflammation affecting the retina under control.

Future installments in this section of our Web site will address specific autoimmune eye diseases and will provide additional information and education for patients regarding ocular inflammation and ocular immunology.

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## 2011-2012 Fellowship Update

As graduation season approaches, we prepare to say farewell at the end of June to our three Clinical Fellows: Khayyam Durrani, MD; Jonathan Kruh, MD; and Paul Yang, MD. The past year has been filled with memories for our Fellows, as you will see in their own words, below.



Left to right: Dr. Kruh, Dr. Durrani and Dr. Yang

### **Khayyam Durrani, MD**

This fellowship program offers a unique learning experience with exposure to a wealth of patients who have otherwise rarely-seen disease entities referred from across the globe. Additionally, training under Dr. Foster allows a Fellow to gain abundant surgical experience, ranging from routine cataract surgeries to complex vitrectomies, biopsies, and glaucoma care. I was also drawn to the notion of administering most immunomodulatory therapies in the same facility, which is quite rare in the ophthalmology field.

My favorite part of the Fellowship Program has been working with a large team of fellows from diverse backgrounds, but with a similar interest in ophthalmology and uveitis. Together we learned what I believe is the most valuable part of the Fellowship program: Treat the patient as a whole, focusing not only on the eyes, but the entire body, and to ‘never quit.’

In July 2012, I will begin training in Cornea and External Disease at the Wilmer Eye Institute at Johns Hopkins, to focus on immune-mediated diseases of the external eye and anterior segment.

### **Paul Yang, MD**

I chose the Ocular Immunology and Uveitis Fellowship Program not only because Dr. Foster is one of the foremost experts and leading minds in the world in ocular immunology, but the clinical and surgical volume at MERSI is second to none. In fact, it is the only ocular immunology fellowship that emphasizes strong surgical training as a component of the curriculum. It is the only practice of its kind in the world, privately owned and operated, and academically stimulating with funding support for myriad clinical research opportunities. In addition, there is ample opportunity to work closely with visiting international research fellows, which further enriches the experience and builds life-long collaborations and friendships.

My training here in Cambridge has allowed me to develop confidence, independence, and expertise with respect to the medical and surgical management of complex ocular inflammatory disorders which I will take with me in my future career as an ocular immunologist.

### **Jonathan Kruh, MD**

For me, the decision to pursue the OIUF Fellowship was simple: there is just no other place like it. The program offers exposure to complex clinical cases, as well as surgical experience. Additionally, the “think-tank” culture that Dr. Foster has created at MERSI is extraordinary. It supports the cultivation of building a strong bridge between the clinical and research experience. There are many different facets of the MERSI experience that make it both unique and rewarding. For me, it has been the daily intellectual stimulation with which I have most enjoyed. Every day at MERSI is filled with a challenging patient population with a wide array of pathology. Each case is uniquely addressed, including the clinical exam, ancillary testing, and the treatment plan. No two cases are the same, thus there is never truly a daily “routine.”

After completing the fellowship program, I will graduate with a firm foundation in clinical knowledge, as well as surgical techniques for treating ocular inflammatory disease. I feel that this experience as a Clinical Fellow has been invaluable and the skills I will be taking with me are priceless. In July 2012, I will be pursuing a 1 year fellowship in Cornea and Refractive Surgery at the Boston Eye Group. Upon completion of this program, I will combine my varied skills that I have learned from MERSI and OIUF and begin practicing in a setting where I can be most utilized. My goal is to be able to provide world-class care and treatment to all patients with ocular inflammatory disease.

## Research Highlights

### **Novartis LFG:**

This study will assess the safety, tolerability and effect of intravitreal LFG316 in patients with active Multifocal Choroiditis and Panuveitis. Eligible patients will be 18 to 65 years old, have active multifocal choroiditis, as evidenced by vitritis in the study eye of 2+ or more, and a visual acuity score of 60 letters or less. The study evaluations include blood tests, visual assessments, vital signs, and a standard ophthalmology examination.

### **LUX:**

Lux Biosciences have engineered a new immunomodulatory agent (voclosporin) which is chemically and mechanically similar to cyclosporine A. These phase 3 clinical trials intend to evaluate the efficacy of this new drug for treating non-infectious uveitis of various etiologies. The preliminary results are very exciting and we look forward to the completion of a second trial and to FDA approval. We are currently enrolling in this trial.

### **MUST:**

The Multicenter Uveitis Steroid Treatment (MUST) study across the USA is funded by the National Institutes of Health. The goal is to compare standard medical therapy (immunosuppressive agents) for uveitis with a steroid implant placed inside the eye (surgery), to see which therapy results in better control of uveitis, which therapy patients prefer, and which has fewer side effects. The steroid implant is the Retisert®, which was approved by

the FDA in 2005. Dr. Foster was part of the original study that led to its approval, and some of our patients have had this treatment with excellent results. The first phase of this study has been completed and the results have been accepted to be published in Ophthalmology. Currently, the study is in the second phase which is the long-term follow up of the patients enrolled in the first study.

### **Abbott:**

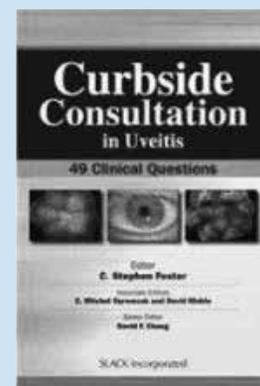
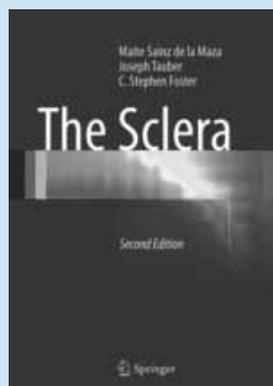
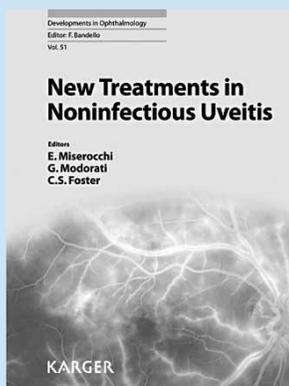
Three multi-center international placebo controlled trials, sponsored by Abbott have recently started enrollment of patients. All three trials are designed to investigate the efficacy and safety of the human anti-TNF monoclonal antibody adalimumab in adult subjects in the treatment of noninfectious intermediate-, posterior-, or pan-uveitis. One trial is enrolling patients with controlled uveitis; the other trial is enrolling patients with active uveitis, while the third is an open-label trial in which patients can rollover into from the other two trials.

### **Eyegate:**

This study aims to evaluate the safety and efficacy of Iontophoretic Dexamethasone Phosphate Ophthalmic Solution, compared to Prednisolone Acetate Ophthalmic Suspension (1%) in patients with non-infectious anterior segment uveitis. Please note: If you are experiencing symptoms that you believe to be an active flare-up of anterior uveitis, please contact us before you start treating any symptoms, including using steroid drops.

## **Hot off the Press – New Publications!**

Dr. Foster has published three books in the past six months. All three are available for purchase by their respective publishers. Don't miss out on this great opportunity! You may also visit our store online for links at <http://www.uveitis.org/store/category/books>



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### **Publications of Interest to Physicians and Patients for Sale:**

**Foster, C.S., Bhatt, P., Yilmaz, T., Cervantes, R., Mauro, J. Atlas of Ocular Inflammatory Disease. 2009. Cost \$198.00**

The photographs were taken from the MERSI archives and will provide a unique resource for ophthalmologists world-wide to view various types of lesions caused by ocular inflammation as a result of roughly 100 different disorders, enabling them to more readily recognize and diagnose these diverse disorders.

**Foster, C.S., Amorese, L., Dacey, M., Rosenbaum, R. Birdshot Retinochoroidopathy. 2010. Cost \$50.00**

Monograph from the Ocular Immunology and Uveitis Foundation's International Symposium on Birdshot Retinochoroidopathy held on October 4, 2008 at the Broad Institute in Cambridge, MA.

*This monograph is based on the lectures delivered by the following experts in the field, Janet Davis, MD, David Hinkle, MD, Phuc Lehoang, MD, PhD, Robert Nussenblatt, MD, Aniki Rothova, MD, and Dr. Foster. It includes comprehensive information about this condition, including etiology, tests and treatment done for patients.*

**Foster, C.S., Anesi, S., Gonzalez, L., Palafox, S. Childhood Uveitis. 2011. Cost \$50.00**

Monograph from the Ocular Immunology and Uveitis Foundation's Symposium on Childhood Uveitis held on August 7, 2010 in Cambridge, MA.

*This monograph is based on the lectures delivered by the following experts in the field, Janis Arnold, David Chu, MD, David Hinkle, MD, C. Eglia Rabinovich, MD, MPH, C. Michael Samson, MD, MBA, H. Nida Sen, MD, MCHc, Howard H. Tessler, MD, Patrick Whelan, MD, PhD, and Dr. Foster.*

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