

# OIUF

THE OCULAR IMMUNOLOGY  
AND UVEITIS FOUNDATION  
*Dedicated to Eye Disease Cure and Education*

## Ocular Immunology and Uveitis Foundation

### Massachusetts Eye Research and Surgery Institution

C. Stephen Foster, M.D., F.A.C.S., F.A.C.R., F.A.R.V.O.

Clinical Professor of Ophthalmology Harvard Medical School



Fall/Winter 2017-18

## Patient Testimonials

OIUF's commitment to treating OID using a whole body approach, as well as creating a network of trained ocular immunologists, sets us apart from any other Ocular inflammatory disease foundation. The following testimonials shed light on the spectrum of unique cases of uveitis and ocular inflammatory disease that we see here in Waltham, where the Foundation is based and around the country, where other OIUF trained physicians reside—every case tells a story. And Bill, Erin, and Steven's stories represent hopeful standards at the differing stages of care.



### Erin Cleveland

Erin Cleveland, now a wife and mother, was first diagnosed with uveitis and began seeing Dr. Foster when she was in the 7th grade. Erin's story begins at the National Institute of Health, where they recognized something peculiar about her flare ups—there was not anything routine about Erin's case and they advised Erin and her mother that a referral to a uveitis specialist was the best option: a decision that Erin is still benefiting from to this day. Not willing to accept a role of passivity, Erin's mother became an active participant in her daughter's struggle with uveitis, researching the different avenues to assess the best path that the NIH had laid out for them. Her research brought her to Dr. Foster.

As a young girl, Erin remembers the direct approach that Dr. Foster brought to her visits; he was honest about Erin's disease and wanted her to understand the situation and the treatment he would employ: “Dr. Foster was a straight to the point kind of guy, and so, it was scary at first. But you know that Dr. Foster is taking care of you. I knew that he had a plan and understood what he was doing. My parents trusted him, and I trusted him as well.”

Dr. Foster started Erin on an aggressive treatment plan with Methotrexate. This road, paved by Dr. Foster, was not a smooth one for Erin, and, despite its powerful sway over her uveitis, the Methotrexate provided plenty of bumps along the way. The high dosage of Methotrexate caused Erin to lose weight and to become sick. Erin found herself a regular in the nurses' office. However, Erin trusted Dr. Foster's treatment approach and fought on. She was vigilant in keeping up with the treatments and she explained that, while difficult, the medication was key to achieving remission. Since middle school, she has only experienced a “couple flare ups.” Looking back on her treatment, Erin now realizes the importance of the NIH “being able to refer me to someone else” and that a “key to success” is trusting the plan set out by the doctors. She also emphasized that it is key to keep your doctors informed about your health: “you have to be vigilant about your medications and about notifying your doctor about flare ups, so that they can help you take care of it as soon as possible.” Now Erin is able to move on. As a new mother, she is now moving forward on a new path—that perhaps will bring its own bumps along the way—but with clear vision, knowing that uveitis will no longer shroud her way moving forward.

### Bill Martin

Bill Martin, an 84-year-old gentleman from Minnesota, was diagnosed with retinitis, caused by disseminated form of toxoplasmosis, an infectious cause. Fortunately, Bill was referred to OIUF trained, Colorado based Ophthalmologist, Dr. Mark Dacey, This referral saved the vision in his left eye. From the very start, Bill and his

*Continued on page 9*



## Calendar of Events

### Tuesday, January 9, 2018

*Let's Talk About It*  
 Uveitis/OID Support Group Meeting  
 1:00pm - 2:00pm  
 MERSI • Waltham, MA

### Tuesday, March 6, 2018

*Let's Talk About It*  
 Uveitis/OID Support Group Meeting  
 1:00pm - 2:00pm  
 MERSI • Waltham, MA

### April 21, 2018

*Physician Education Conference:*  
*Uveitis Crash Course*  
 830am- 4pm  
 Royal Sonesta, Boston, MA

### Tuesday, June 5, 2018

Uveitis/OID Support Group Meeting  
 6pm - 8pm  
 MERSI • Waltham, MA

### August 19, 2018

*Boston Walk for Vision*  
 Hyatt Regency Cambridge • Cambridge, MA

### September 16, 2018

*NJ/NY Walk for Vision*  
 Verona Park Boat house • Verona, NJ

### November 10, 2018

*12th Annual Auction benefit*  
 Location TBD, Boston, MA

Cut along the dotted line and retain for reference.



# OIUF

THE OCULAR IMMUNOLOGY  
 AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

## 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.*

## “Share the Love” this holiday season



*Purchase a Subaru from a Quirk Auto Dealership through January 2nd and OIUF will receive a donation as a beneficiary of “The Subaru Hometown Share the Love event”.*

**Looking for a way to honor a loved one this holiday season?**

*Contact Alison Justus at [ajustus@mersi.com](mailto:ajustus@mersi.com)*

*to create your own online fundraising page in his or her honor.*

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## Letter from Our President



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

This year we continue to successfully fulfill our mission of changing the future of treatment of ocular inflammatory disease. Erin, Bill, and Steven’s stories are not only inspiring, but are also indicative of what a streamlined process and the uveitis specialist community at large are capable of. Their progress, however, is not treated as isolated instances. They represent the full spectrum of our mission at OIUF. While we strive to ensure that every patient is cured—as we often say, “remission is the mission”—every patient also presents an opportunity to learn and to contribute to the knowledge base on uveitis and ocular inflammatory disease. As we progress and educate the medical community, we strive to make every case, no matter how far along, treatable. While, ideally, we hope to see more early diagnosed patients like Erin to help stamp out diseases in their early stages, when older patients, like Bill and Steven, come either with a sudden flare up or are already in a later, undiagnosed stage of uveitis, we will also be prepared to treat them and pursue a means to salvage or recover their vision.

In order to accomplish our goals, my colleagues and I continue to both educate the medical community at large and train ocular immunologists. Which is why the expansion of our “Symposium on Causes of Uveitis,” my own role as an educator, and the OIUF Fellowship training program are so important. This past year, I also had the privilege to speak at other national and international conferences: including the IOIS meeting in Lausanne, Switzerland this past October and the AAO conference in New Orleans this past November. Continuing to spread the knowledge base and awareness of uveitis is vital to improving our treatment success rate.

The seeds of information and awareness that we have sown in future ocular immunologists and fellows and current physicians through every class, conference, and meeting are blooming and we, more than ever, are yielding the fruits of our labor. One must look no further than Dr. Victor Perez, who later next March, will be awarded the “Frances and Stephen Foster Professor of Ophthalmology” chair—whose office will, of course, be in the newly constructed “Frances and Stephen Foster Center for Ocular Immunology” at Duke University. With the help of Dr. Perez and Duke University, this center will help us continue to make strides in ocular immunology and uveitis. And the continued success of the Fellowship training program is manifested through the example of Boon—an excellent doctor who has followed in the footsteps of past Thai OIUF fellows and is an active participant in improving care in Thailand. We hope to continue to spread awareness and train specialists across the world—to truly provide the best quality of care from Boston to Bangkok.

I must also thank everyone who has made contributions to OIUF this year. Whether participating in our Walk for Vision, giving donations, or offering emotional support, you have helped us spread awareness and improve our medical care more than you will ever know—none of our success is possible without your contributions. I look forward to partnering with you as we continue to make progress in our fight against ocular inflammatory disease.

With sincerest best wishes,

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

C. Stephen Foster

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## MD Spotlight

### Victor Perez, MD

Originally from Puerto Rico, Dr. Victor L. Perez has long been a friend and associate of OIUF. In 2000, after his residency in Ophthalmology at Massachusetts Eye and Ear Infirmary (MEEI) of Harvard Medical School, Dr. Perez began an ocular immunology and cornea fellowship with Dr. Foster, who at the time was full time faculty on cornea service and founder and director of uveitis service at MEEI. After learning under Dr. Foster at MEEI for two years, he branched out, establishing himself as a premiere expert in the field of ocular immunology and cornea. Perez, not only has a reputation as an outstanding practicing doctor, but has also entrenched himself in the front lines in the education and forefront of the exchange of information and ideas in Ophthalmology. Serving as a professor at many highly respected institutions—including Department Ophthalmology, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University and University of Miami Miller School of Medicine. He also is editor in chief of “Current Ophthalmology Reports” since 2001.



Now, Perez is making another step forward, adding yet another impressive professorship and putting himself again in a position at the forefront of the Ophthalmology field. Perez joined Duke Ophthalmology in September 2017 as Professor of Ophthalmology. He is an established clinician-scientist investigator in the field of ocular immunology and ocular surface diseases and will be the director of Duke Eye Center’s newly launched Foster Center for Ocular Immunology. The center, which will be located on the Eye Center’s main campus in Durham, and will publicly launch in April 2018.

Additionally, the process is underway to appoint him with the Stephen and Frances Foster Professorship at Duke University. The holder will be a scholar of true eminence and excellence in the field of ocular immunology and inflammation. An announcement of the appointment of the Foster Professorship, approved by Duke University’s Board of Trustees, is expected in April of 2018 with the appointment becoming effective on July 1, 2018. Through OIUF’s growth and Perez’s own astounding success, the two have stood side by side in promoting better treatment and awareness of Uveitis and other optical inflammatory diseases.

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## Fellow Spotlight:



### Dr. Boonsiri Hunchangsith, MD

Dr. Boonsiri Hunchangsith, or Boon, as she is called by her many friends around the office, began her OIUF Fellowship at MERSI in July of this past year from Thailand. Before coming to OIUF, Boon received a fellowship from the Department of Ophthalmology at Siriraj hospital in Bangkok, where she worked under former OIUF fellows, Dr. Nattaporn Tesavibul and Dr. Pitipol Choopong. Here, Boon initially became interested in Uveitis. The disease’s dangerous complexity fascinated Boon, and she was, thereafter, determined to both improve the quality and availability of Uveitis treatment in Thailand, and to become a Uveitis specialist herself. Boon’s arrival at MERSI is not only an acknowledgement of her own incredible talent as a doctor, but also an indication of OIUF’s growing presence in Thailand and south east Asia—a manifestation of the medical and Uveitis specialist community at work, promoting the exchange of information worldwide to improve the quality of care from Boston to Bangkok.

With an unwavering resolve to learn as much as she can during her time here, Boon, describing her excitement as she prepared to fly to the United States, remarked: “I was so excited to come here and to learn under Dr. Foster—it was really a step up from just reading his textbooks and publications!” However, it was not just being under Dr. Foster’s tutelage that, as Boon explains, makes the Fellowship program so special, but also MERSI itself, as a hub of Uveitis care and the wide variety of patients it receives: “There is so much to learn from the patients here. There are so many different and unique cases of Uveitis from birdshot to OCP that it really helped me to figure out what treatments to use at what dosage in which situation. I feel that I have bettered my understanding of a wide variety of scenarios since I’ve been here. Also, Dr. Anesi and Dr. Chang have been very helpful, teaching me that building a positive relationship between patients and physicians is just as important as giving excellent medical care.”

Boon has been a tremendous addition to the OIUF team, and while sometimes homesick, she says the work community and video chatting helps her feel as much at home as she can: “Everyone, including all the technicians and fellows in the office are so friendly—plus whenever I feel homesick, I’m still able to cook a lot of my Thai favorites, and my family and friends in Bangkok are only a facetime away!”

# 2017 Symposium on Causes/Predictors of Uveitis: What Ophthalmologists, Rheumatologists, Pediatricians, and Caregivers Need to Know!

On Saturday October 7th at the Westin Waltham Boston, the biannual OIUF Symposium on Causes/Predictors of Uveitis met to discuss “what Ophthalmologists, Rheumatologists, Pediatricians, and Caregivers need to know” about diagnosing, treating, and the day to day care of Uveitis. In previous years the Symposium concentrated just on Pediatrics; however, as the reach of OIUF grows, so too has the scope of the Symposium of Causes/Predictors of Uveitis. While the endeavor of early diagnosis and treatment of pediatric Uveitis remains a focus of the Symposium, adult Uveitis and the potential options, from both the perspective of physicians and parents in the instance of late diagnosis were also outlined and explored.

The Symposium was headlined by a robust lineup of talks from Physicians of various backgrounds and experience. The symposium strived to not only broaden the spectrum of **what** it addressed, but also to offer a broader perspective of **how** to address and manage Uveitis. Equally important as diagnosing and treating Uveitis is how caregivers and patients approach the treatment, and—especially with children—mentally cope with Uveitis and the difficult journey that comes with it. Thus, in conjunction with the meeting, the concurrent patient-only Support Group for children was run by Social Worker, Amanda Lassiter and Art Therapist, Keri Wallko- Henry to help the children work on developing good coping skills.

**Thank you to our sponsors: Santen, Sun Ophthalmics, EyeGate Pharma, AbbVie, Audio Digest, The Lego Company & Cindy Moore. A special thank you to the Revolution FMO and Patrick & Laura Hoffman for their generous contributions to this symposium in honor of Douglas Clancy.**



**General research and personal struggle stood side by side as Dr. Anesi and Sonya Cordon gave testament to the necessity of proper care of Uveitis in young children**



**From left to right, Stephen Anesi, MD, Peter Chang, MD, Stephen Foster, MD, Laura Amorese – O’Connell, MD, Barbara J. Gordon, LCSW, MSW, Nida Sen, MD, MHSC, and David Chu, MD**



**Children benefitted from various therapeutic activities, including relaxation exercises and mask making.**



**“Playing Dr. Foster” while examining each other’s eyes with the slit lamp.**



**Angel Cordon, with his parents, Sonya and Norbin.**



**Former OIUF fellow, Laura Amorese O’Connell, MD gives the Rheumatologist’s perspective**

# Walk for Vision 2017

## Walk for Vision Boston

On Sunday, August 20th, 2017 OIUF held the annual Walk for Vision around the Charles River, and the event was once more welcomed with perfect summer weather. Following the walk was a delicious lunch at the Hyatt Regency Cambridge on Memorial Drive. This year, Dr. Stephen Anesi, Dr. Peter Chang and 2016-2017 Clinical Fellow Dr. Karen Small all spoke and gave testimony to the incredible strides OIUF has made because of the steps these walkers have taken to forward our mission through fundraising and building awareness.

**We are grateful to our sponsors for making the 2018 Walk for Vision in Boston Possible: Eyegate Pharma, Mallinckrodt Pharmaceuticals and Braver Technology. A big thank you to AbbVie, our presenting sponsor.**



# Walk for Vision 2017

## Walk for Vision New Jersey/New York

Sunday, October 15<sup>th</sup>, 2017 marked the 10<sup>th</sup> annual Walk for Vision in New Jersey around the Verona Park Boathouse in Verona, New Jersey. Many thanks to Lauren Jacobs Lazer and her family for a decade of dedication and tremendous fundraising success. Additionally, we are grateful to OIUF Board member David Chu, MD, Sylvia Stern, Tracy Grieco and Milton & Eileen Fong for their help in organizing the walk.



*Happy Anniversary!*

**2007**  **2017**

*Walk for Vision NJ/NY*



# 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 LISCW, 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: our in person support group meetings, as well as resources on the OIUF website (uveitis.org)—featuring a support group page for adults, parents, and children, parent/teacher guides, and a Guide to Ocular Inflammatory disease. Our multifarious support system runs on the generous contributions to the Foundation from our support group members and their family and friends.

Every year, we hold six support group meetings. The meetings are committed to emotional support. Negativity has no place in our circle, and medical advice is given only to those who seek it and only from physicians and medical professionals. Refer to the event calendar under the “patients” tab on uveitis.org to find out the time of our next meeting. Come by, have a slice of pizza, and join the discussion!

## Uveitis Parent Support Group:

Having a child with uveitis is difficult; the frequent doctors' visits and emotional strain is debilitating. If you are interested in joining a support group specific for parents, please contact Alison Justus: [Ajustus@mersi.com](mailto:Ajustus@mersi.com).

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

In addition to the onsite meetings, the Uveitis/OID Support Group is also online! Visit [uveitis.org](http://uveitis.org) to access information on both adult and child uveitis, as well as links to other resources under the “Support Group” tab. Join our online community—never feel alone in your or your loved one's fight against uveitis or OID!

## facebook

Do you want to stay up to date on the day to day of OIUF? Or maybe you're Dr. Foster's biggest fan? Then visit OIUF page and click that like button! Search for Ocular Immunology and Uveitis Foundation and be the first to know about our activities, photos, and recent events! The Ocular and Immunology and Uveitis Foundation reaches over 3000 fans on Facebook—become one of them!



OIUF is on Twitter!  
Follow us @Uveitis1



OIUF is on Instagram!  
Follow us @OIUF2020

OIUF's OID guides are now available in the Amazon Kindle Store! *Uveitis: A Guide for Teacher's and Parents* aims to assist parents and teachers in understanding uveitis as a disease and in how to help support those children—both inside and outside of the classroom—who are diagnosed with uveitis. *A Guide to Ocular Inflammatory Disease* is a practical and concise reference that provides a clear overview of ocular inflammatory diseases. A description of diagnostic features, treatment options and support groups is presented. This book is intended for all levels.

## Monthly Giving

Monthly giving helps OIUF focus more of its resources on finding cures of ocular inflammatory diseases. Monthly giving is easy and secure. You choose your own monthly amount and have the freedom to alter or cancel your giving at any time. Sign up and help make a difference in the fight against ocular inflammatory diseases.



Sign up today at <https://sna.etapestry.com/prod/Main2.jsp>

## Patient Testimonials *Continued from page 1*



local eye doctor “knew something was happening” as his vision in the eye deteriorated. In two months, his left eye had gone from 20/30 vision to 20/150. After a misdiagnosis with an autoimmune disease and a viral infection, Bill realized he needed to see a specialist “My doctor referred me to Dr. Dacey and I was very fortunate to have him. [At first,] I didn’t know what to expect or what was going to happen.” After meeting with Dr. Dacey, he and Bill created a treatment plan to fight to restore his vision. Bill mentioned, that just by the way Dr. Dacey and his team carried themselves, he could recognize their skill and knowledge: “I had confidence in these guys that they knew what they were doing. We had a plan and I just kept doing what I needed to do.”

Thanks to treatments of Bactrim, Clindamycin, steroids, and PRP laser barricade, Bill has been in remission for the past five months. He was two weeks away from losing vision completely in his left eye, and now his vision is almost fully restored to the 20/30-40 range. Bill remarks, that, at first, he accepted the seemingly inevitable loss of vision, thinking “what is—is, and, what comes out—is what comes out.” While his vision is slightly worse than before the disease, Bill is happy with the end result: “Dr. Dacey was able to stop the destruction. I did lose some vision, but he was able to help me live with it, and now I can move on.” Moving on is not something that most patients with Bill’s condition are able to do according to Dr. Dacey: “most patients in the literature have severely limited vision with this diagnosis,” but with his care and Bill’s resilience, his vision was able to be restored; an unprecedented success that will hopefully be more than an asterisk in medical journals, but, rather, the standard itself.

### Steven Genova

Steven Genova, a small business owner, had always had a clean bill of health. However in January 2017, he developed Myocarditis and suffered sudden heart failure, leaving him in the ICU at Beth Israel Deaconess Medical Center for three weeks. Even under the watchful eye of an ICU, Steven’s health continued to falter and the source of this unforeseen heart failure evaded the doctors—leading them to fear the worst. With his health in jeopardy and its cause a shrouded mystery, Steven was referred to Dr. Peter Chang to address the appearance of eye floaters, one of the many symptoms he was experiencing.



Dr. Chang, after running tests, was able to pinpoint a diagnosis of “Toxoplasma,” a type of infection in the eye which, Dr. Chang explained, was the underlying cause of Steven’s medical predicament: “After my examination, biopsies, testing, and even more biopsies, it turned out he had Toxoplasma. The Toxoplasma most likely caused his heart failure in the first place.” Steven, though “relieved” to finally have a diagnosis, also described the anxiety of facing his next steps: “I’m very thankful for Dr. Chang’s thoughtfulness and tenacity to diagnose me, but when he told me that I needed surgery, I was scared about my vision, [how it would affect my day to day life], and if I could still run my business.”

Dr. Chang wasted no time scheduling Steven’s surgeries after recognizing the severity of the situation: “It is extremely rare for Toxoplasma to cause heart failure in an immunocompetent patient, let alone bilateral Panuveitis.” Now that Steven’s mystery is solved, Dr. Chang and he push forward to keep his eyes and heart healthy. Steven’s life remains extremely busy but instead of doctor’s appointments, he is back to business and working—taking advantage of his reformed health.



### Conclusion

While three entirely different scenarios, Erin, Bill, Steven’s treatment processes demonstrate the importance of timely referral and having a network of well trained doctors. As awareness of uveitis continues to grow, we endeavor to see that every child is as lucky as Erin and gets the proper treatment as early as possible, and that in scenarios with older patients like Bill and Steven, that doctors are able to quickly recognize and refer, before any serious damage is done.

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# Treatment Algorithm for Juvenile Idiopathic Arthritis-Associated Iridocyclitis

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

Great progress has been made during the latter half of this century in the care of patients with iridocyclitis associated with juvenile idiopathic arthritis. The most major advance was the development of corticosteroids for systemic and ophthalmic use just after the mid-way point of this century, and the second major advance came through the admonitions of Jacobs and Spalter of New York and of Kanski in London for the routine screening biomicroscopic examination of youngsters with the pauciarticular form of JIA, screening for occult active intraocular inflammation, since the eyes of such patients commonly appear normal to the casual observer, and since the patients are often young and do not notice or express to parents small changes which are slowly developing as a result of active inflammation.

Still, even today, 12% of pauciarticular JIA children go blind as a result of the consequences of low grade chronic intraocular inflammation; and these children are typically under the longitudinal care of ophthalmologists. The reason for this sad fact is the “tolerance” of so many ophthalmologists for low grade inflammation. In their defense, they are simply trying to “do no harm,” and so are trying not to overuse corticosteroids in their goal to treat the uveitis, trying to avoid the development of corticosteroid-induced side effects such as cataract and glaucoma. The vision-robbing consequences of the ophthalmologist-tolerated low grade uveitis occur extremely slowly, typically over a period of four to eight years. The end result is clear, and the literature is replete with testimony to the deleterious consequences of such “tolerance” of low grade uveitis: maculopathy, with macular edema, macular cysts, epiretinal membrane, optic neuropathy, and cyclitic membranes.

The major deterrent hampering ophthalmologists from advancing to more aggressive therapy in the quest for total abolition of all active inflammation is the fear of producing drug-induced problems. This is understandable, particularly since ophthalmologists use immunomodulatory agents so infrequently, and have little reason to keep abreast of data regarding immunomodulatory agent-induced side effects when agents are used in the low dose technique typically employed in the care of patients with non-lethal, non-malignant diseases, and when they are used as single agents, rather than in a polypharmacologic way in the care, for example, of patients with solid organ transplants. The truth is, used properly, non-steroidal inflammatory agents and the immunomodulatory agents have considerably less prevalence of significant drug-induced mischief than do systemic corticosteroids.

We have strongly advocated the philosophy of no active inflammation in children with JIA associated iridocyclitis. Further, we have suggested a step ladder algorithm approach in aggressiveness to achieve that goal of total abolition of all active inflammation. We advocate beginning in the usual way, with steroid therapy. Topical steroids, regional injection steroids, and even systemic steroids may be appropriate in the care a patient with JIA-associated iridocyclitis. If the patient’s uveitis continues to recur every time the steroids are withdrawn, we suggest then moving on to chronic use of an oral non-steroidal anti-inflammatory agent. Tolectin and Naprosyn appear to be the ones which pediatric rheumatologists use the most, but the choice and dosage for any given pediatric patient should be made by the pediatrician or the pediatric rheumatologist.

If the patient’s uveitis continues to recur despite the use, chronically of an oral non-steroidal anti-inflammatory agent every time the steroids are withdrawn, then we would advocate moving along to low dose once a week methotrexate therapy. This therapy has a splendid track record, both in efficacy and in safety, in the hands of rheumatologists caring for children with the joint manifestations of JIA. Our experience has been identical with respect to caring for the ocular inflammation consequences of JIA. It is true that the potential for drug-induced pathema exists, and therefore the level of physician involvement in longitudinal monitoring, the need for the hematologic studies, is greater once the commitment is made for use of any systemic immunomodulatory agent. In rare instances we find some other immunomodulator other than methotrexate, will be required to achieve the goal of total quiescence, but the number of instances in which this arises is quite small.

We believe that further reduction in the prevalence of blindness secondary to uveitis which occurs in patients with juvenile idiopathic arthritis will depend entirely on the increasing awareness of the effectiveness of this therapeutic algorithm and the willingness of increasing numbers of ophthalmologists and rheumatologists alike to employ such a philosophy and algorithm.

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## Research Highlights

### **Aldeyra ADX-102\_UV-005**

With their ADX-102 Ophthalmic Solution (0.5%), Aldeyra Therapeutics, Inc. is seeking to better treat non-infectious anterior uveitis. Patients in this phase 3 trial will be randomized 1:1 and receive either the ADX-102 product or simply the vehicle for this solution. Aldeyra will gather information on the safety and efficacy of their treatment in regards to the anterior chamber cell count and the symptoms of anterior uveitis over the course of this approximately five week trial. Subjects between the ages of 18 and 85 will have seven visits throughout the course of the study and will undergo a variety of testing. ADX-102 (0.5%) has previously been shown to be safe in other non-infectious anterior uveitis patients who were treated topically four times per day.

### **EyeGate EGP-437-006**

The EyeGate study is a multi-center phase 3 clinical trial designed to evaluate the safety and efficacy of iontophoretic dexamethasone phosphate ophthalmic solution for the treatment of non-infectious anterior uveitis as compared to prednisolone eye drops. This is a masked, positively controlled trial. Patients in the experimental group receive three treatments of dexamethasone phosphate via a contact lens that provides a small electrical current that “pushes” the drug compound into the anterior chamber of the eye. Patients in the control group

receive a sham iontophoresis treatment and take prednisolone eye drops, a current standard of care for anterior segment uveitis flares. The study requires six visits. Three within the first nine days for the iontophoresis sessions, followed by three follow up visits over the next two months. MERSI and OIUF previously participated in the phase II study of this treatment. Enrollment will be reopening this July.

### **Bausch and Lomb (440)**

This change from baseline clinical trial seeks to determine the changes in corneal endothelial cell density in eyes treated with a Retisert Implant (fluocinolone acetonide, 0.59 mg). Patients 12 years of age and older who have received an intravitreal Retisert implantation are eligible for this study. Patients will come in to clinic one year post Retisert surgery to receive imaging (Specular Microscopy).

### **Mallinckrodt H.P Acthar Gel**

This open label, prospective study seeks to determine the efficacy and safety of H.P. Acthar Gel, a corticotropin injection for the treatment of non-infectious retinal vasculitis. This is an FDA approved drug that is labeled for treatment of various diagnosis. Patients that are enrolled in this study will self-inject Acthar two times a week. Patients will also receive normal visits at MERSI with a fluorescein angiogram every scheduled study visit to follow the efficacy of the treatment.

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## OIUF Research Reaches Global Scale

OIUF receives weekly updates from ResearchGate regarding statistics surrounding the number of times our research has been viewed, cited, and downloaded. While the results have always been quite astounding, Dr. Foster has been ranked the most read author and the most downloaded researcher in his field multiple times in the past several months. We have shared the latest total numbers below. Thank you again for your continued support in allowing physicians and patients from across the world to access the novel discoveries conducted at OIUF each day.

<b>Number of times our work has been cited</b>	<b>25,834</b>
<b>Number of times our work has been viewed/downloaded</b>	<b>27,397</b>



THE OCULAR IMMUNOLOGY  
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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., Anesi, S., Gonzalez, L., Palafox, S. Childhood Uveitis. 2011. Cost \$30.00***

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 C. Stephen Foster, MD.*

***Foster CS. Birdshot Retinochoroidopathy Volume Two. 2013. Cost \$30.00***

This Monograph is based on lectures delivered from the 2nd International Symposium on Birdshot Retinochoroidopathy held in Boston on September 28, 2013.

***Anesi, SD; Metzinger, JL; Ceron, O; Foster, CS. Uveitic Glaucoma. 2016. Cost \$144.00***

Uveitic Glaucoma provides an overview of the disease, as well as the pathophysiology, diagnosis, management, and an examination of the disease in specific populations. The term "uveitic glaucoma" is used to describe glaucoma associated with uveitis or ocular inflammation. In this publication, we emphasize a "hands-on" medical and surgical approach aimed at educating patients and practitioners with topic sections crafted in a concise, manageable way. This textbook is essential for both comprehensive ophthalmologists and specialists looking for more guidance in dealing with this complicated disease.

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