

# 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



Winter 2016

## Cheers to OIUF

By Danna Burkett

Almost 11 years ago a few of my friends and I were jogging around the neighborhood and talking about how tired we were of rushing around at Christmas giving each other tamales, candles, and baking banana bread. What we really wanted to do is just all be together! We decided to have a party and pick a charity each year and have everyone bring a check in a sealed envelope for whatever amount they feel comfortable with. It saves all the stress of running around shopping for gifts that nobody really needs. Whoever is hosting the party that year has the honor of picking the charity. As host of the 10th Annual Party, named Cheers to Charity, I felt it was my turn to give back to a place near and dear to my heart: the Ocular Immunology and Uveitis Foundation.



Back row right to left-Chris Mizell, Betsy Austin, Susanna Kane, Allison Callender, Danna Burkett, Dana Burke & Shelly Thomas  
Front Row-Susan Cravens & Charlotte Hickey

Eight years ago, I was diagnosed with Birdshot Retinochoroidopathy. After seeing numerous doctors and taking various medications, my condition was not improving. I read an article Dr. Foster wrote on Birdshot and knew right away I had to travel to MERSI in Massachusetts to see him for a consult. He is truly the “Captain driving the ship” with regards to my care and my local doctors in Texas were excited and very willing to work with him. The treatment plan he developed went well and I am so grateful to have a local team of physicians who work in collaboration with him.

While I was excited to host the party last year, I was also slightly apprehensive as to how my extended circle of friends would react to hearing my connection to the Foundation. My close friends were aware of my diagnosis, but not everyone. After all, nobody can even pronounce Birdshot’s full name, let alone understand its capacity for potential blindness. It’s also an invisible illness and I’m not in pain, so for me personally, it was just easier to not explain everything to everyone. I remember one close friend saying “I can’t believe you’re doing this, you don’t even talk about your eyes.” My response was easy: “How can I not give back to something that helped me so much?”



Cindy Holmes, Danna Burkett, Dana Burke

The party was a huge success. A month later, my close friends accompanied me to Massachusetts to see Dr. Foster. I am pleased to report I am no longer on any medications, including infusions! I truly do not know where I'd be without Dr. Foster and the research the Foundation has done today. In fact, I told him that at my last visit to MERSI in January, 2015, with grateful tears streaming down my face. Later that day, my friends and I were thrilled to give \$15,600 to OIUF from the Cheers to Charity party. Despite the harsh winters, Boston is such a beautiful city. My girlfriends and I had a wonderful weekend and thanks to OIUF, I was so blessed to see it.



## Calendar of Events

### February 2, 2016

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

### April 5, 2016

Support Group – Special Guest: Dr. Anesi  
MERSI - 6pm

### April 29, 2016

10th Annual Auction Benefit  
Space 57  
Boston, MA

\*Tickets available on [www.uveitis.org](http://www.uveitis.org)

### June 7, 2016

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

### August 21, 2016

Boston Walk for Vision  
Hyatt Regency Cambridge  
Cambridge, MA

### September 25, 2016

NJ/NY Walk for Vision  
Verona Park Boathouse  
Verona, NJ

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.

**Planning a wedding? In Lieu of favors, consider a donation to OIUF!**

For more information please contact Alison Justus at (781) 647-1431  
or email [oiuf@uveitis.org](mailto:oiuf@uveitis.org)

Please use the enclosed envelope for your donation

*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.**

As 2015 comes to an end, I have to pause and reflect on all we have accomplished in the past year, specifically the past six months since our last update. OIUF and MERISI moved from Cambridge, MA to our current location in Waltham, MA in June 2015. This was indeed an enormous undertaking and we have adapted into our new space, which is 35% larger, quite quickly. To help manage the additional research projects we have taken on, OIUF hired a third research coordinator. I am so pleased with the growth and increasing interest in research given to the field of ocular inflammatory disease.

A notable accomplishment of this year is the publication of *The Ocular Immunology and Uveitis Foundation Preferred Practice Patterns of Uveitis Management*. As you will read about, this was many years in the making and our hope, as this treatment method has always been, is it will have a profound impact on improving the number of patients with uveitis who will eventually be cured from this disease, off all medications.

This Fall proved to be incredibly busy for the Foundation. In September, I traveled to San Francisco, CA for the International Ocular Inflammation Society (IOIS) Meeting. The meeting, held every two years, was co-hosted by the Foster Ocular Immunology Society (FOIS). IOIS always chooses an organization in the host country to co-host the Meeting. It is an immense honor to be chosen to co-host this event, the first time it was ever held in the United States. You can only imagine my pride when an organization, founded solely by my former students, was asked to take on this responsibility. Reuniting with them all in San Francisco and watching many of them present their latest findings on ocular inflammatory disease was a very proud moment.

The Walk for Vision was another successful event, both in Boston and New Jersey, as you will see in the pages ahead. I then traveled to New York City for our Pediatric Uveitis Conference, held in collaboration with the New York Eye and Ear Infirmary of Mount Sinai. It was a wonderful event, with physicians and patients flying in from across North America to attend. Later that month, I traveled to Las Vegas, NV for the Annual Academy of Ophthalmology Meeting, speaking at the Cornea Subspecialty Day. I also taught two courses on cornea and uveitis. Additionally, I continue to serve as an Executive Member of the American Uveitis Society. I was recently asked to be the Special Guest Speaker of the Brazilian Uveitis Society in Belo Horizonte in 2017. This coming Spring, we will hold our 10<sup>th</sup> Annual Auction Benefit on Friday, April 29, 2016. I hope you will join us for this special occasion.

The publications, events, and conferences would not be possible without your continued support. On behalf of the Fellows who are able to learn how to properly manage these diseases and most importantly, the patients who benefit from their teachings and research, I wish you a very Healthy and Happy New Year.

With Sincerest Best Wishes,

A handwritten signature in black ink, appearing to read "Stephen Foster".

C. Stephen Foster, MD



**Dr. Foster with former Foster Fellows at the Pediatric Conference in NYC on November 7th**

**L to R: C. Michael Samson, MD; Judit Baffi, MD; Claudia Castiblanco, MD; David Chu, MD; Stephen Anesi, MD; and C. Stephen Foster, MD**

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## Ocular Manifestations of Systemic Lupus Erythematosus

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

Systemic lupus erythematosus (SLE) is a chronic, systemic autoimmune disease, particularly prevalent in women, probably with a genetic predisposition with "triggering" from contact from an environmental stimulus, resulting in the production of pathogenic autoantibodies and immune complexes which produce the pathologic features of the disease. SLE has protean manifestations, and is difficult to diagnose in its early stages of evolution. The diagnosis can be definitively established if 4 of the 11 American College of Rheumatology criteria are met, serially or simultaneously. Although ocular inflammation may be a manifestation of SLE (indeed, may be the initial clinical obvious one), the ocular lesions **are not** included among the 11 criteria; we believe this is an oversight and believe, further, that inclusion of ocular inflammation among the diagnostic criteria for SLE would enable earlier establishment of the diagnosis and earlier therapeutic intervention in some instances.

Corneal manifestations of SLE are confined primarily to ocular surface epitheliopathy secondary to keratoconjunctivitis sicca, and stromal keratitis (rare), particularly peripheral and segmental. In our 47 patients with SLE which we have analyzed, 16 had corneal complications, 62.5% secondary to keratoconjunctivitis sicca, and the rest secondary to the lupus disease activity itself.

Episcleritis or scleritis may also occur as a consequence of SLE, and scleritis is a reasonably accurate guide to the presence of significant systemic activity in the SLE patient; it will resolve only with adequate control of the disease activity and will not respond to topical therapy. One of our 94 patients with episcleritis had SLE, and 7 of the 172 patients with scleritis of whom we have reported had SLE. Systemic nonsteroid anti-inflammatory drug therapy was necessary to eliminate the SLE episcleritis, unlike the usual situation in patients with idiopathic episcleritis. Systemic hydroxychloroquine was also effective.

Retinal involvement is the most common ocular manifestation of SLE after keratoconjunctivitis sicca. Additionally, the presence of active SLE retinal vasculopathy is an extremely accurate guide to the presence of systemic disease activity, occult or overt. Additionally, life-table survival estimates have shown decreased survival in patients with SLE retinopathy, compared to SLE patients without retinopathy. Retinal lesions in SLE patients, therefore, are of critical importance, both visually and prognostically. Lupus retinopathy should alert the clinician to the likelihood of ocular and systemic vasculitis lesions meriting aggressive systemic therapy. Retinal vasculitis appears early in the development of lupus retinopathy, and evident on fluorescein angiography. Sub-clinical macular edema and intraretinal hemorrhages and cotton wool spots follow, and these latter changes may be indistinguishable from hypertensive retinopathy, and it may be impossible for the clinician to decide whether the retinal lesions are secondary to hypertension or to SLE immune complex vasculitis. Aggressive therapy for the hypertension and the SLE systemic disease activity is associated with a dramatic decrease in retinal lesions in such patients and improves the patient's overall prognosis. The appearance of SLE retinopathy is associated with central nervous system lupus in particular. Additionally, 5% to 10% of patients with SLE retinopathy will develop large vessel disease and the presence of anti-phospholipid antibodies, anticardiolipin antibodies. Corticosteroid and Heparinization may be critical in treatment of this form of lupus retinopathy. Finally, choroidopathy can occur in patients with SLE, with resultant serous retinal detachment.

# Walk for Vision 2015



## Walk for Vision Boston

The Boston Walk was held on Sunday, August 23, 2015. Walkers enjoyed a brunch at the Hyatt Regency Cambridge hotel followed by a talk by Dr. Foster. After brunch, we were off on our 5k walk around the Charles River.



## Walk for Vision New Jersey/New York

The New Jersey/New York Walk was held on Sunday, October 11, 2015 at the Verona Park Boathouse in Verona, NJ. Dr. Foster and Mrs. Foster traveled from Boston for the event, organized by Lauren Jacobs-Lazer, David Chu, MD (Former Foster Fellow and Current OIUF Board Member), Eileen and Milton Fong, and Sylvia Stern. Many thanks to Lauren's parents who, for the fifth consecutive year, generously matched the first \$10,000 raised for the New Jersey/New York Walk and we are so grateful for their support!



**Thank you to our walk sponsors: Aldeyra Therapeutics, Braver Technology, Mallinckrodt Pharmaceuticals, Quirk Auto Dealers, Quest Diagnostics.**

**A huge thank you to walkers and supporters from across the country!**

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## IOIS and FOIS Meeting

The 13th International Ocular Inflammation Society Congress and Third Assembly of Ocular Inflammation Societies was held in San Francisco, CA September 25-27, 2015. The Congress was organized by the IOIS and hosted by the Foster Ocular Immunology Society (FOIS). It is the first time that the IOIS Congress was held in the United States. FOIS, which was founded by former Fellows of Dr. Foster, wishing to remain actively involved in the field of ocular immunology, were honored to serve as hosts at such a prestigious meeting.



**Dr. Foster and current and former Fellows gather at a special FOIS dinner during the conference**



**The OIUF Clinical Fellows Class of 2011 re-unites in San Francisco: From left to right: Khayyam Durrani, MD; Rajiv Shah, MD; and Stephen Anesi, MD, who is currently a Staff Physician at MERSI.**



**Dr. Foster lectures at IOIS**



**L to R: Dr. Buckley, Jillian Ream, Duke Eye Center Development Officer; Frances Foster, Dr. Foster**

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## Spreading the OIUF Mission to Duke

Dr. and Mrs. Foster have taken the OIUF mission to increase education and awareness of ocular inflammatory disease to another level. As many of you know, Dr. Foster has a long history with Duke University receiving his Bachelor of Science degree in Chemistry from Duke University with Distinction and Phi Beta in 1965 and his Doctor of Medicine degree from Duke University Medical Center in 1969, being elected to Alpha Omega Alpha. He has also had a longstanding relationship with the Department of Ophthalmology with many visits as lecturing Professor.

Dr. Foster and his wife, Frances, in 2010 endowed The Stephen and Frances Foster Lectureship at Duke's Department of Ophthalmology. The lectureship is dedicated to the subject of ocular inflammatory diseases and is given annually at the Department of Ophthalmology. Dr. Foster gave the initial lecture in 2011 and has attended the annual lecture ever since with esteemed colleagues in the field such as Dr. Nussenblatt from NIH, Dr. Cousins from Duke, Dr. Neiderkorn from University of Texas, Dr. Simon John from Tufts University and Dr. Henry Kaplan from the University of Louisville giving subsequent lectures.

Yet, this alone was not enough. The Fosters wanted to replicate the standard of excellence and philosophy of care for treating patients with ocular inflammatory disease (OID) in which they established at OIUF through MERSI, a center dedicated to the treatment of all aspects of ocular inflammatory disease, from the front of the eye all the way back to the retina and optic nerve. Trainees from the OIUF based fellowship at MERSI have now populated increasing numbers of ophthalmology departments all around the world, with some now occupying positions as Chairman of departments. The Fosters continue to fund the Foundation (OIUF) very generously every year. And to continue this effort of education they have endowed a professorship at Duke University Eye Center. This past August, as part of the planning to fill the professorship, the Chairman of the Department of Ophthalmology at Duke University, Edward Buckley, MD visited MERSI to observe the OIUF and MERSI philosophy of care of patients with OID. Dr. Terry Kim, Professor of Ophthalmology from Duke, will also visit MERSI in December to strengthen the MERSI/OIUF-Duke relationship and collaboration. With lectureship and endowment, Dr. and Mrs. Foster hope to continue to spread the mission of proper treatment of ocular inflammatory disease in order to prevent blindness and to increase access to care for patients afflicted with OID.



# 2015 Symposium on Causes/Predictors of Childhood Uveitis:

*What Pediatricians, Rheumatologists, Ophthalmologists and Caregivers Need to Know!*

The 2015 Symposium on Causes/Predictors of Childhood Uveitis: What Pediatricians, Rheumatologists, Ophthalmologists, and Caregivers Need to Know was held on Saturday, November 7th at the Phillips Ambulatory Care Center at Mount Sinai Beth Israel in New York, NY. This special conference was in collaboration with New York Eye and Ear Infirmary of Mount Sinai in New York and brought together a collection of the best clinicians/leaders to educate and advance the knowledge and care of childhood uveitis to both physicians and parents. There was also a special program for children.



**Faculty: L to R: Dr. Sanjay Kedhar, MD; David Chu, MD; Barbara Gordon, LCSW, MSW, MAT; C. Michael Samson, MD; Jennifer Weiss, MD; C. Stephen Foster, MD; Stephen Anesi, MD**



**Children creating the "Marvelous Mosaic Project"**



**The children created art therapy books "The World as I See It"**



**The children work on art therapy projects**



**Dr. Foster explains complications of JIA associated uveitis**



**Dr. Samson speaks with a caregiver**



**Through the Looking Glass, Kaleidoscope Making**



**The children talk about life with uveitis**



**Dr. Foster joins the children for part of their presentation**

# 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 Waltham, 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 2300 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 Auction Benefit.

**New Teen Support Group on Facebook!** Kids 14 and older are welcome to join this private group for teens with ocular inflammatory disease. Email Ashley Floreen at [afloreen@mersi.com](mailto:afloreen@mersi.com) to join!



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



OIUF is on Instagram! Follow us at [oiuf2020](https://www.instagram.com/oiuf2020)

**The Kids Club is back!** Check out our updated online support group for kids 13 and under. Email adult moderator Liz Irvin at [eirvin@comcast.net](mailto:eirvin@comcast.net) for the protected password.

## **Announcing the Santen Fellowship**

Santen Pharmaceutical is now a Fellowship Partner through their support of our Fellowship program.

We are incredibly grateful for their support of our dedication to erase the deficit of properly trained ocular immunologists and look forward to this partnership and the opportunities it will provide for future physicians.



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## Faces of Philanthropy

Throughout 2015, we have seen many people take the initiative in helping make a difference for the Ocular Immunology and Uveitis Foundation. These individuals have used their talent and expertise in many different ways. We are so appreciative for their continued time and dedication to our mission and we hope their work will inspire others to help the Foundation grow and help us find a cure for ocular inflammatory disease.

### Joe Roy

My name is Joe Roy and I am a long time patient of Dr. Foster. After spending many sessions in the infusion center, I noticed I was in need of something to help me pass the time and take my mind away from the treatments. Surely, I could not be the only one in need of entertainment. After some research, I found a special online for a six-pack of Kindle Fire Tablets. This would be a perfect solution to helping the time of an infusion fly by. Patients would be able to download movies, games, books, as well as access support group information. Additionally, the kindle allows the font size to be adjusted according to a patient's visual needs. I am so thankful for everyone at MERSI and the research conducted at OIUF. This is the least I can do and I hope the kindles will bring a few smiles to the infusion room that many of us know too well.



### Steffan DiGeorge

I wanted to get involved with the Foundation because of my wife, Jennifer. She was diagnosed with Ocular Cicatricial Pemphigoid (OCP) and I can see how it affects her every day. When we first went to MERSI and met Dr. Foster and his team; they were nothing short of amazing. They took the time to educate and reassure my wife and myself that they would do everything in their power to treat her disease. I went to work the very next day to speak with all of the Tresca brothers and explained my wife's diagnosis and what we learned about the research

and support being done at OIUF. I asked if we could make a truck in support of Jennifer and what the Foundation does and they jumped at the opportunity to support such a great organization. My main goal to get the cement mixer was to spread the word and raise public awareness, which all of the Tresca trucks do for various foundations. When you see Tresca Brothers cement mixer Truck Number 243 on the road, beep and wave, that's me!

### Joe Masciarelli

I have been asked why I chose to support OIUF and why I decided to be involved with the Foundation. I didn't choose it, the Foundation chose me. In June, 2015, I organized a team to compete in the New England Tough Mudder competition in Vermont. This fundraiser gave me the opportunity to raise awareness about uveitis. The money raised goes towards research and education, in the hopes the disease will be recognized sooner, sparing others from being misdiagnosed which could lead to blindness. We will be doing the Tough Mudder again in June 2016. If anyone is interested in joining or supporting us, please feel free to contact me at Joe1mush@aol.com. Together we can continue to raise funds in support of the great work OIUF is doing.



Joe, second from the left



### Mia Resendes

I chose to do a second golf tournament because it's a simple and relaxing sport that allowed many different people to donate, either through playing golf or through sponsorship opportunities, while also spending a nice day on a beautiful golf course. Seeing everybody lined up at registration gave me an overwhelming sense of support. Their willingness to give only launches mine even further. I love the Foundation I am part of because the people they are trying to help are patients like myself. As I thanked the participants at dinner that evening, I was already thinking of what my next fundraiser might be.

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## Research Highlights

### Now Enrolling at OIUf:

#### \*\*\*NEW\*\*\* B+L 440

This study will evaluate the impact of Fluocinolone Acetonide (FA) intravitreal implants on corneal endothelial cell density. Patients who meet the criteria will visit the clinic one time for bilateral specular microscopy. Eligible participants will be asked for current and relevant medical, ophthalmic, and medication history after signing a written informed consent. Then, bilateral specular microscopy is used to determine endothelial cell density. The risks of endothelial cell specular microscopy is similar to the risks of an ophthalmic examination using applanation tonometer (corneal abrasion, reaction to the anesthetic, etc.), and no additional risk is known.

### Trials for Anterior Uveitis

#### Aciont

The purpose of this study is to determine the safety, efficacy and tolerability of DSP-Visulex in patients with acute non-infectious anterior uveitis. The Visulex-passive system (Visulex-P) is a non-invasive drug delivery platform for treating sight threatening diseases. Aciont, Inc. is developing a non-preserved, solution formulation of dexamethasone sodium phosphate (DSP) to be used together with the Visulex™ ocular applicator called DSP-Visulex. The DSP-Visulex is administered topically onto the eye for 5 minutes per treatment with a planned treatment frequency of once per week. Male and female subjects, at least 18 years of age, who are diagnosed with acute non-infectious anterior uveitis in one or both eyes, may be eligible for this study. Subjects will be consecutively enrolled to either 8% or 15% DSP-Visulex and placebo eye drops or V-Visulex with prednisolone acetate 1% drops which will serve as a control. In addition, all groups will receive cyclopentolate eye drops. The study will last 28 days and will include 6 clinic visits. Study procedures include a standard ophthalmology examination, fluorescein/lissamine green staining, and other visual assessments.

#### Aldeyra

Because aldehydes can lead to inflammation, Aldeyra is testing an eye-drop formulation containing an aldehyde trap (NS2). Eligible patients will be > 18 and < 85 years old with non-infectious anterior uveitis. Patients will be monitored for safety and efficacy during 5 study visits over the course of 8 weeks. Patients will be randomized 1:1:1 to receive NS2 ophthalmic drops (0.5%), NS2 ophthalmic drops (0.5%) and Pred Forte ® (1%) and Pred Forte ® (1%). Study procedures include a standard ophthalmology exam, blood testing, ocular photos and questionnaires.

### Trials for Posterior Uveitis

#### Santen Sakura

This study, sponsored by Santen, Inc., aims to assess the safety and efficacy of intravitreal injections of DE-109 for the treatment of active, non-infectious posterior uveitis. This study is multi-national, and aims to enroll approximately 500 patients across 150 sites. This study

has three groups of varying dose administration size; no eligible patients will receive a placebo in this study.

Eligible patients will have non-infectious uveitis of the posterior eye, will be 18 years or older, and will have to meet certain inflammation criteria. Certain conditions will exclude patients from this study, such as ocular lymphoma, uncontrolled glaucoma, certain drugs and devices (pending a specified wash-out period), and significant ocular diseases, like diabetic retinopathy, wet age-related macular degeneration.

The duration of this study is 6 months. This is comprised of a screening period, treatment period, and then a safety follow-up. Drug is in the form of intravitreal injections; standard ophthalmic exams are part of each treatment phase exam (about once a month). Additional tests are necessary at the initiation and termination of the study – personal surveys, blood testing, fundus photography, fluorescein angiography, and optical coherence tomography. The dosing amount is randomly selected.

#### Novartis

This study examines the effect of intravitreal LFG316 on patients with noninfectious intermediate, posterior, or panuveitis or with chorioretinal lesions due to noninfectious uveitis. It is an open-label design; patients will know which dose they are receiving. Males and females between the ages of 18 and 65 are targeted for enrollment of this small study.

Eligible patients will be 18 to 65 years old, and will have to meet certain inflammation criteria. Certain conditions will exclude patients from this study, such as specific medications and history of retinal detachment.

The duration of this study is 85 days. This is comprised of a screening period, treatment period, and then a safety follow-up. Drug is in the form of intravitreal injections. Standard ophthalmic exams are part of each exam (about once a month). Additional tests are necessary at the initiation and termination of the study – blood testing, fluorescein angiography, and best corrected visual acuity. The dosing is randomly selected. Patients who respond to treatment will have the opportunity to extend their participation for up to 281 days.

### Trials for Neurotrophic Keratitis

#### Dompé

The primary objective of this study, sponsored by Dompé, is to evaluate the efficacy of 20 µg/ml of recombinant human nerve growth factor (rhNGF) eye drops solution (formulation containing anti-oxidant) in treating patients with stage 2 and 3 neurotrophic keratitis (NK). The study consists of an 8 week double-masked treatment period followed by a 6 month follow-up period consisting of three visits. Eligible patients with stage 2 or 3 NK who are at least 18 years of age will be randomized 1:1 to the active treatment arm or vehicle control arm six times a day. Study procedures include a standard ophthalmology exam, vital signs, blood testing, corneal fluorescein staining and other visual tests.

## OIUF Publishes Landmark Treatment Practices for Uveitis

*The Ocular Immunology and Uveitis Foundation Preferred Practice Patterns of Uveitis Management* was published this past summer. This White Paper describes in detail C. Stephen Foster, MD's "Stepladder" approach to treatment of uveitis (although such steps are often employed for other forms of ocular inflammatory diseases). This publication marks a milestone in Dr. Foster's career, in addition to carrying huge implications for patients by establishing a standard of care practiced by Dr. Foster for so many years. OIUF's Development and Outreach Associate, Ashley Floreen, sat down with Dr. Foster to speak with him about the importance of this publication.

**Ashley Floreen:** What makes your approach to treatment stand out from others?

**C. Stephen Foster, MD:** The approach stems from my background, which is in immunology and internal medicine, specifically how the immune system can be re-regulated. This is not the typical background of an ophthalmologist. Most approaches to treatment of uveitis only seek to treat active inflammation and are simply not aggressive enough to achieve a cure for their patients.

**AF:** Why haven't other physicians adopted this treatment as mainstream treatment of care if it is so successful?

**CSF:** Ignorance, having not been taught about this approach in medical school. Many ophthalmologists fear the side effects they witnessed in medical school dealing with cancer chemotherapy. Using chemotherapy to modulate an overactive immune system to a normal one actually has nothing to do with cancer chemo.

**AF:** Aren't you worried about side effects from such aggressive treatments?

**CSF:** Not at all. 40 years of experience and the ability to use these medications safely, through close monitoring of patients is key. In fact, there is less toxicity with the proper use of immunosuppressive medications than keeping a patient continuously on steroids.

**AF:** What is your main goal of this paper?

**CSF:** Cure; durable remission off all medication. There is a huge difference between controlling inflammation and curing a patient. My goal has always been to cure patients off all medications, including steroids, and in remission. This is possible in a large majority of my patients.

**AF:** Do you think other physicians will follow your recommendations after reading this paper?

**CSF:** I can't make any predictions; I only have hope.

*If you would like to obtain a copy of *The Ocular Immunology and Uveitis Foundation Preferred Practice Patterns of Uveitis Management*, please email OIUF Research Coordinator Halea Meese at [Hmeese@mersi.com](mailto:Hmeese@mersi.com).*

## 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>17,826</b>
<b>Number of times our work has been viewed/downloaded</b>	<b>10,458</b>

## The Fellowship Experience – Pranav Patel, MD



Since completing my Fellowship at MERSI through OIUF in 2014 I have conquered two milestones in my life. I began my first job as an ophthalmologist in September, 2014 at Katzen Eye Group, the largest private multispecialty eye practice in Baltimore, Maryland. Completing this Fellowship in uveitis through OIUF has helped me bring a much needed area of expertise to my practice and the Baltimore region. Working at a large eye practice has allowed me to build a uveitis and a comprehensive practice rather quickly. I could not be happier at this stage in my life and I partly owe that to my experience as an OIUF Clinical Fellow and the training I received. My second milestone took place in December 2014, when I was married to my beautiful wife, Ami Shah!

# OIUF

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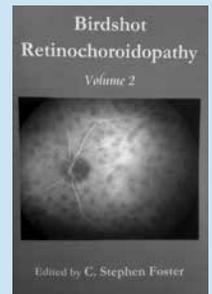
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*This monograph is based on the lectures delivered by the following experts in the field, Janis Arnold, David Chu, MD, David Hinkle, MD, C. Eglia Rabinovich, MD, MPH, C. Michael Samson, MD, MBA, H. Nida Sen, MD, MCHc, Howard H. Tessler, MD, Patrick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

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