

"OIUF...making a visible difference"

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

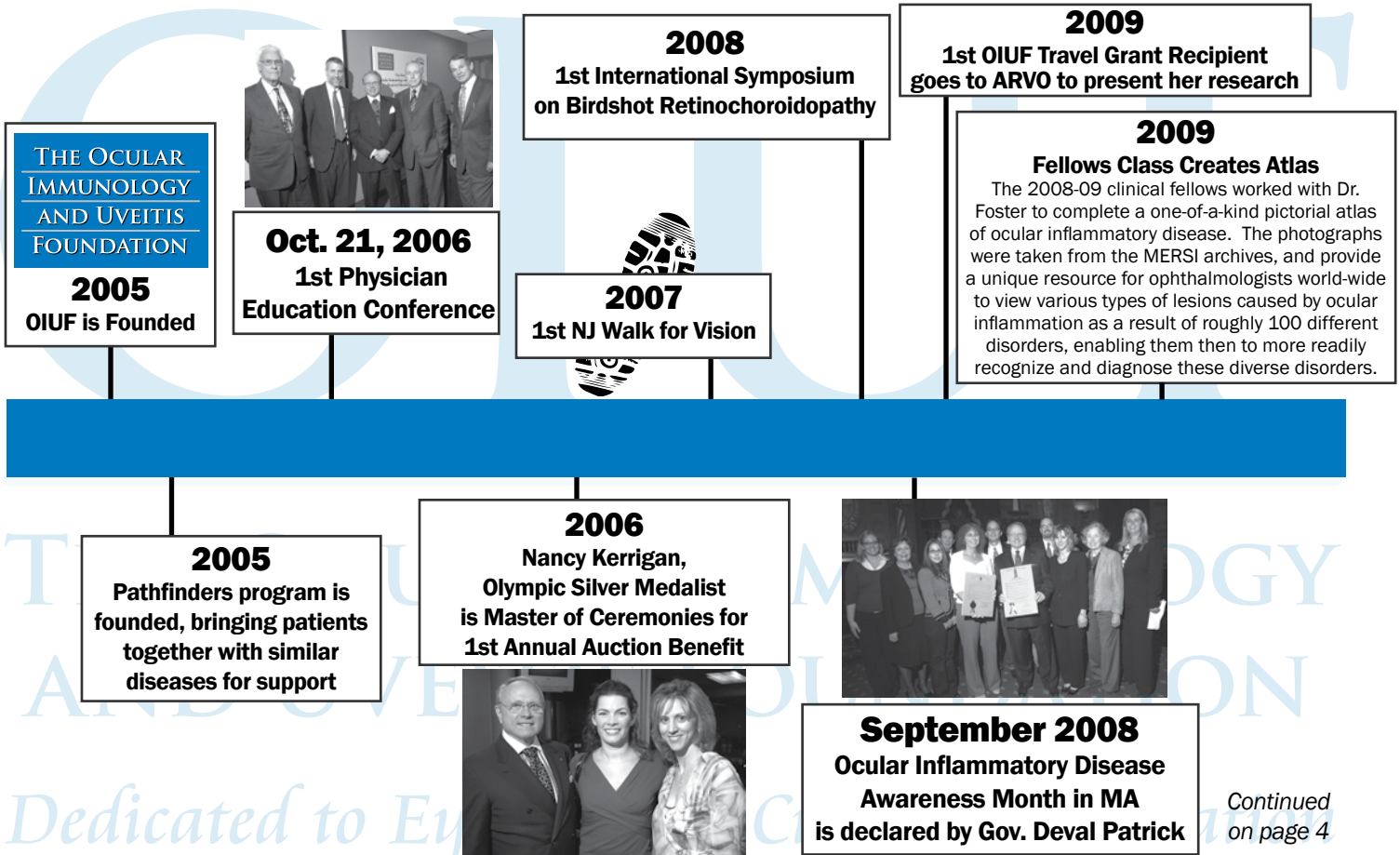
C. Stephen Foster, M.D., F.A.C.S., F.A.C.R., F.A.R.V.O.

Clinical Professor of Ophthalmology Harvard Medical School



Spring/Summer 2015

10 YEARS OF OIUF: THE BEGINNING



OIUF and MERSI are moving!

We have exciting news to announce! The Ocular Immunology and Uveitis Foundation, along with the Massachusetts Eye Research and Surgery Institution (MERSI) will be moving to Waltham, Massachusetts on June 2, 2015. OIUF has grown tremendously in the past ten years that we have been housed at MERSI in Cambridge. Our new space allows us to continue to grow our Fellowship training program, as plans are already underway to further the education of young physicians at OIUF. Within the past months, we have taken on six additional research projects. This is an extraordinary undertaking for our research coordinators and the new space (35% larger) will allow the expansion of our mission.

Please also know we fully understand the challenges that construction and increased parking fees have placed on our patients and staff during the recent years. Our new facility is located in a prime location with FREE parking! We are very excited for what this new chapter holds for OIUF and look forward to the years ahead. For directions to our new location in Waltham, please visit www.uveitis.org and follow us on Facebook, Twitter, and Instagram for updates as we make our move to Waltham.



Calendar of Events

August 23, 2015

Boston Walk for Vision
Hyatt Regency Cambridge
Cambridge, MA

September 2, 2015

2nd Annual Golf Tournament
Pinehills Golf Club
Plymouth, MA

October 11, 2015

NJ/NY Walk for Vision
Verona Park
Verona, NJ

Date TBA

OID/Uveitis Support Group Meeting

November 7, 2015

*Pediatric Uveitis Conference in
Conjunction with New York Eye
and Ear Infirmary*
Phillips Ambulatory Care Center (PACC)
Mount Sinai Beth Israel
New York, NY

April 29, 2016

Annual Auction Benefit
Space 57
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.

**For more information please contact
Alison Justus at (617) 494-1431 x112
or email 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**

Letter from Our President



C. Stephen Foster, M.D.

As I take a rare moment to pause and reflect in my office about what has transpired over the past decade, I find it difficult to find the words to express my amazement of what these past ten years have brought to this Foundation. When I founded OIUF in 2005, I dreamt of an organization in which research could be conducted to find cures for the sight-threatening diseases I see in my patients every day; where physicians could undergo training to learn how to properly treat patients and save their sight; and a way for patients to support each other on a journey they never asked to be on. That dream not only came true, but became so much more.

As you will read in this newsletter, we have achieved many accomplishments and milestones within the decade, all of which would not have been possible without your support. Patients, families, and physicians have come to get involved with the work of OIUF and to help in our mission. We have outgrown our space in Cambridge and will be moving to Waltham, Massachusetts on June 2, 2015, where we look forward to continuing our research, Fellowship training, and patient support services.

This past February, I travelled to Duke University for the annual Stephen and Frances Foster Lecture, this year given by Simon W. M. John, PhD, whose lecture you can view online at www.uveitis.org. The Fellows, OIUF staff, and myself made our annual trip to ARVO, where many of this year's Fellows presented research, as you will see in the following pages. Later this spring, I will be travelling to Saskatoon, Canada where I have been invited to speak at the University of Saskatchewan's Department of Ophthalmology Grand Rounds and to teach the residents throughout the day. In June, my speaking engagements will take me to Monaco, where I am humbled to be the President of Honor at the 2015 French American Ophthalmology Symposium. I will also present a talk entitled "21st Century: How the Treatment Algorithms Have Evolved." In September, the 13th Congress of the International Ocular Inflammation Society will take place in San Francisco, California. The event is jointly organized by the Foster Ocular Immunology Society and is the first time the meeting will take place in the United States. I very much look forward to participating in this meeting, along with MERSI Staff Physician and former Fellow Stephen Anesi, MD.

We have many events this summer and fall, with our annual Walk for Vision in Boston and New Jersey. In September, we hope you will join us in Plymouth, MA for our 2nd Annual Golf Tournament. In November, we will hold our next Pediatric Uveitis Conference in New York City, partnering with New York Eye and Ear Infirmary. We have moved our Annual Auction Benefit to the Spring, which will be held in April, 2016.

Thank you again for celebrating the Tenth Anniversary of OIUF with us. I look forward to joining you on our next decade as we continue to make strides to cure ocular inflammatory disease together.

With sincerest best wishes,

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

C. Stephen Foster, MD



**Dr. Foster and MERSI Staff Physician Stephen Anesi, MD
with this year's current Fellows**

10 YEARS OF OIUF: 2009-2013

2009

Dr. Foster and colleagues publish on the SITE Cohort report demonstrates the safety and efficacy of steroid sparing therapy for the treatment of ocular inflammatory disease, an approach championed by Dr. Foster for over 30 years, across multiple uveitis treatment centers

2011

Pinkburst Project raises over \$110,000 for OIUF



2010

1st Pediatric Conference held in Cambridge for physicians, patients, and families

2012

Dr. Foster and colleagues publish Curbside Consultation in Uveitis: 49 Clinical Questions, a popular series

2013

50 Countries Milestone reached: Fellows from 50 countries represented at OIUF

2010

Dr. Foster and colleagues publish a new treatment for Ocular Cicatricial Pemphigoid in Ophthalmology demonstrating the benefits of Rituximab and Immunoglobulin infusions in halting the progression of this blinding disease

2011

OIUF hosts the 2nd Uveitis Fellows Forum, bringing together Uveitis Fellows from across the nation

2012

Dr. Foster and colleagues publishes on among the largest reports on the characteristics and treatment of Scleritis in Ophthalmology

2012

Dr. Foster and colleagues release authoritative textbook Sclera 2nd Edition.

Continued on page 7

Dedicated to Eye Disease Cure and Education



Mark Dacey, MD
with his infusion nurse
Martha Schlimgen
at his practice in Parker, CO

Fellowship Update: Mark Dacey, MD

Dr. Mark Dacey completed his fellowship with Dr. Foster at MERSI in 2009-2010. He moved to Colorado after fellowship to treat uveitis in a part of the country in which there are few specialists and to spend time skiing Colorado's black diamond runs. In 2012, he became a partner with Colorado Retina Associates, the largest retina practice in the intermountain west, and he is a full-time uveitis specialist in a group of twelve physicians. Dr. Dacey sees 500-600 uveitis patients every month and is dedicated to treating many patients with systemic immunomodulatory medications, including having patients undergo intravenous infusion therapies in his offices. In addition to his private practice, Dr. Dacey has two clinics per month at the University of Colorado Department of Ophthalmology, where he has trained four residents who have gone on to subspecialty fellowship training in uveitis. He also runs a satellite clinic in Rapid City, South Dakota, where he sees patients from several states in the upper Midwest. Dr. Dacey sees patients from Colorado, Wyoming, Montana, North and South Dakota, Nebraska, Kansas, and New Mexico at his offices. He is also passionate about advancing the field of uveitis, having published several articles and currently serving as a principal investigator on five clinical research trials in uveitis. He and his wife have a two year old son named Will, who like Dr. Foster and Dr. Dacey, is already a huge Duke basketball fan.

2015 Association for Research and Vision in Ophthalmology (ARVO) Annual Meeting



2015 ARVO Travel Grant Award Recipient - Andrew Jerome

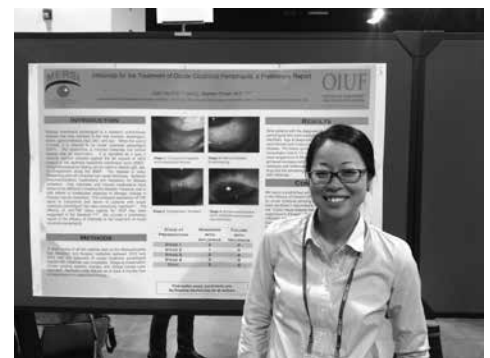
I want to express my deepest gratitude towards the Ocular Immunology and Uveitis Foundation for the generous travel grant to ARVO 2015. I was able to attend my first ARVO meeting and present my poster entitled: The Role of Vasoactive Intestinal Peptide (VIP) in Modulating Herpes Simplex Virus-1 (HSV-1) Induced Corneal Lesions. While attending ARVO, I was able to gather valuable insight and helpful feedback from experts in my field of study that will further research into understanding the mechanisms behind HSV-1 induced corneal blindness. Attending ARVO was a great life experience, and the wealth of research I was exposed to will surely make me a better researcher going forward.



Former Foster Fellows Peter Chang, MD and Armin Maghsoudlou, MD



Dr. Foster with Former Foster Fellow Paul Yang, MD who won the ARVO/ALCON Early Career Clinician Scientist Research Award this year!



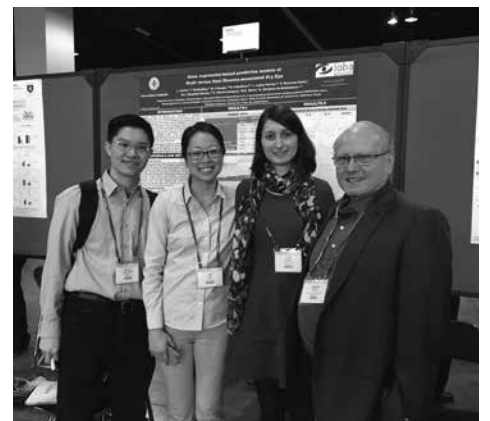
Joan Lee, DO presents her poster on "Infliximab for the Treatment of Ocular Cicatricial Pemphigoid, a Preliminary Report"



OIUF Director of Development Alison Justus stopped by Mark Dacey, MD's office in Parker, CO before heading to ARVO



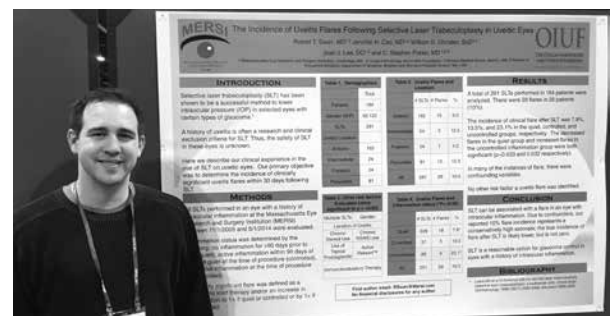
Former Foster Fellow Margarita Calogne, who trained with Dr. Foster in 1989 stopped by the booth for a visit!



Dr. Foster with current Fellows



Group Photo of Former Foster Fellows at the Foster Ocular Immunology Society (FOIS) Dinner held at ARVO and at the Annual Academy of Ophthalmology Meeting



Current Clinical Fellow Robert Swan, MD presents his poster on the "Incidence of Uveitis Flares Following Selective Laser Trabeculoplasty in Uveitic Eyes"

SAVE THE DATES

WALK FOR VISION:



BOSTON

Sunday, August 23, 2015

<http://WalkforVisionBoston.kintera.org>



NEW JERSEY/NEW YORK

Sunday, October 11, 2015

<http://WalkforVisionNewJersey.kintera.org>



2ND ANNUAL OIUF GOLF TOURNAMENT

Wednesday, September 2, 2015

Pinehills Golf Club

Plymouth, MA



PEDIATRIC UVEITIS CONFERENCE IN CONJUNCTION WITH NEW YORK EYE AND EAR INFIRMARY

Saturday, November 7, 2015

Phillips Ambulatory Care Center (PACC)

Mount Sinai Beth Israel

New York, NY



ANNUAL AUCTION BENEFIT

Friday, April 29, 2016

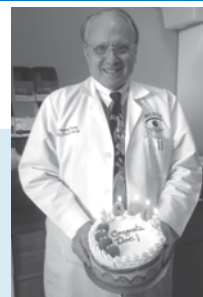
Space 57

Boston, MA

10 YEARS OF OIUF: 2013-2015 AND BEYOND

2013

Dr. Foster and colleagues publish among the largest cohorts of Birdshot Retinochoroidopathy demonstrating the efficacy of novel treatments



2013

Dr. Foster and colleagues release authoritative textbook Diagnosis and Treatment of Uveitis 2nd Edition

September 2014

2nd Twisted Sister Benefit Concert in NYC

2014

Dr. Foster publishes his 1,000th research article

2013

Over 100 Families/Physicians attend 2nd International Symposium on Birdshot Retinochoroidopathy



September 2014

Patient's family organizes 1st OIUF Golf Tournament and raises over \$125,000

July 2014

Dr. Foster appears on Fox and Friends with Twisted Sister to promote uveitis awareness



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2015

OIUF celebrates 10 years and moves to Waltham, MA

A. J. Pero



1959 - 2015



In Memoriam

AJ Pero 1959 - 2015

Our thoughts and prayers are with one of our greatest supporters, Twisted Sister, as they grieve the loss of band member AJ Pero, who passed away in March, 2015. Twisted Sister performed two benefit concerts in New York City, most recently last September, with proceeds benefiting OIUF. As many of you know, Twisted Sister's founder and lead guitarist, Jay Jay French, began advocating and fundraising for OIUF in 2011 because his daughter Samantha has uveitis. We are thankful for all of their dedication over the years and we wish AJ's loved ones peace in this difficult time.

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 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 2175 fans on Facebook! Are you one of them? Visit the OIUF page at 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 to join!



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



OIUF is now on Instagram! Follow us at [uiuf2020](https://www.instagram.com/uiuf2020)

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 for the protected password.

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 and 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.

If interested in our products, order online or email: ffoster@mersi.com or call 617-494-1431 ext 112

Systemic Treatment of Ocular Disease

C. Stephen Foster, M.D.

Most eye diseases which are treatable are treated with eye drops. In fact, the number of instances in which patients attending a general ophthalmologist's office might be prescribed a systemic medication (i.e., one which is taken, for example, by mouth) is vanishingly small. Perhaps because of this and other factors, most ophthalmologists eventually consider treating patients with an eye problem only rarely with systemic medication. And while this is usually perfectly appropriate, in some instances, such as in the care of patients with uveitis, we believe that to neglect strong consideration of systemic therapy for the condition is to ensure that no progress will be made in reducing the prevalence of blindness secondary to the disease. Indeed, the evidence on the subject of the uveitis is clear: the prevalence of blindness caused by this disease has not been reduced in the past thirty years; it remains the number three cause of preventable blindness in the United States.

Eye drops (steroids) remain the mainstay and cornerstone of treatment of patients with uveitis. But some patients with uveitis continue to have episodes of active inflammation each time the topical steroid drops are reduced and discontinued. All ophthalmologists realize that they cannot keep their patient with uveitis on topical steroids indefinitely; cataract is a guaranteed side effect from the chronic use of steroid eye drops; glaucoma is a significant possibility from such use; and increased susceptibility to eye infections, including those from herpes simplex virus, is also a risk. The all too frequent scenario, therefore, is:

Treatment of the uveitis with steroid drops, resolution of the uveitis, tapering and discontinuation of the steroid drops, recurrence of the uveitis, reinstitution of steroid eye drop therapy, etc.

We believe that there is a better way, and, in fact, the "outcomes" study data show that this is so. Our philosophy, over the past two decades has been to not tolerate even low grade chronic uveitis, but also not to tolerate endless amounts of steroid use. We achieve this goal through a "stepladder" approach in aggressiveness of therapy. The next "step" on this stepladder, after topical steroids, is oral nonsteroidal anti-inflammatory drug therapy. This class of drug, nonsteroidal anti-inflammatory drugs, is typified by aspirin, ibuprofen, naproxen, etc. Unless a patient has a contraindication to the use of such medications chronically by mouth (for example, history of peptic ulcer disease), we place the patient on prescription-strength nonsteroidal anti-inflammatory drugs, and then attempt to taper the topical steroid drops, expecting the oral nonsteroidal medication to keep the uveitis from recurring. This strategy, in our hands, is effective in approximately 70% of selected patients. In those 30% who do not respond to this strategy, we then advance to systemic immunosuppressive/immunomodulatory therapy, sometimes referred to as "chemotherapy." I place this word in quotation marks simply because it is not the kind of chemotherapy that most patients think of when they hear that word, i.e., cancer-type therapy. Rather, it is the type of chemotherapy typically used by rheumatologists in their care of patients with severe rheumatoid arthritis, and by dermatologists in their care of patients with severe psoriasis, or in their care of patients with certain blistering dermatitis diseases. This is the area in systemic drug therapy for ocular disease in which the vast majority of ophthalmologists are uncomfortable, primarily out of ignorance (and I do not mean that in a pejorative way, but rather in a factual way.) Ophthalmologists are not used to using these medications, and carry with them the "baggage" learned in Medical School about the risks of immunosuppressive chemotherapy drugs, typically as they are used in solid organ transplant patients and in patients with malignant disease. And those risks are simply not the same as the risks associated with the low-dose, single-agent immunosuppressive chemotherapeutic programs that rheumatologists, dermatologists, and ocular immunologists use in their care of patients with non-malignant inflammatory disease. The potential for drug-induced "mischief" exists; but, used correctly, the likelihood of a significant drug-induced problem is quite small. The drugs, of course, must be managed by an individual who is, by virtue of training and experience, an expert in their use, in a patient who is responsible, keeps his or her appointments, etc.

We believe that unless or until increasing numbers of ophthalmologists embrace the idea of systemic therapy for certain blinding ocular diseases, the prevalence of blindness from such diseases will go unchanged, as it has over the past 30 years.

2014-15 OIUF Clinical Fellow Update



Joan Lee, DO, Robert Swan, MD, and Jenn Cao, MD

As our time with our three Clinical Fellows comes to a close, they share below, in their own words, what this Fellowship year has meant to them.

Jenn Cao, MD

I would like to use this opportunity to thank Dr. Foster and the staff for the opportunity to complete a one year fellowship in uveitis and ocular immunology. Most importantly, I would like to express my great appreciation to the wonderful patients for welcoming us fellows to participate in the care of your complex diseases that often spans beyond just the eyes. I have been cognizant that my time here is but a “blip” in your long journey to durable remission, and thus even more grateful for the openness to which you have allowed me to peer into

your eyes and your stories. I will cherish the lifelong friends and relationships that have been built this year. This unique fellowship, under the direction of Dr. Foster, has broadened my knowledge base, my courage, my humility, and my determination to care for complex ocular diseases both medically and surgically. This summer, I look forward to joining the faculty at the University of Texas Southwestern Medical School in Dallas, Texas as their first fellowship-trained uveitis specialist.

Robert Swan, MD

What a year! I want to make the most of this limited space, not just to tell you about me, but also to tell you about yourselves as patients. There is strength in each of you as individuals and much more so as a collective. While on my own journey this year, I have watched each of you on yours: some at the beginning, some in the middle, and some well into remission. I have understood the amount of faith you place in us. As I tried to be a source of support in the exam room, I saw how effectively you supported each other in the waiting room. Thanks to each of you, Dr. Foster, Dr. Anesi, and everyone that is part of MERSI and OIUF, I have a working knowledge of inflammation and the medications needed to treat it. I have confidence in the stepladder approach and the goal of a durable steroid-free remission. Equally important, I am aware of the many ways that patients with ocular inflammation can be connected to each other and know that you will welcome, support, and guide the patients whom I refer to your online support groups. From here, my wife and I will be starting positions in Syracuse, NY. While there I will share what I have learned to the patients under my care, the residents under my supervision and any colleague who will listen. I know we will all be better for it. Thank you for allowing me to be a part of your care.

Joan Lee, DO

During my interview for Fellowship at OIUF, I watched as the current fellows scurried around with a sense of urgency. The patient’s cases were difficult yet somehow diagnoses were made. Looking back now on this year, I see that I became one of those fellows dashing around clinic, trying to keep up with Dr. Foster’s pace. I struggled with the complexities of the patient cases but slowly began to find my way as the months passed by. I became familiar and fond of the patients and really appreciated how they openly shared their stories with me. Even though they were here for care, they rooted the fellows on and even gave me pointers on how to impress Dr. Foster. I was surrounded by bright, hard-working staff, technicians, and co-fellows, each of whom I learned from. I often wondered how Dr. Foster does what he does so well. One afternoon after reading slides in the laboratory with Dr. Zhao, I think he gave me a hint. He pulled me aside, looked me in the eye and asked me to promise him that I would always do whatever it takes to make sure that my patients were taken care of in the future. I have certainly learned a lot this year about ocular inflammation and uveitis but in a field that is so complicated and mysterious, Dr. Foster’s words will always resonate with me and I hope to keep my word on the promise that I made that day as I move back to New Jersey to start practicing uveitis on my own.

Research Highlights

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.

Clearside Biomedical:

Since triamcinolone acetonide (TA) has previously demonstrated that it can be beneficial for the treatment of uveitis, Clearside Biomedical, Inc. has developed a proprietary formulation of triamcinolone acetonide injectable suspension (CLS-TA) along with a technique to deliver drugs directly to the choroid through a microinjection procedure. The primary objective of this study is to determine the safety and efficacy of CLS-TA in treating patients with macular edema following non-infectious uveitis. Patients who are at least 18 years of age with active macular edema and a history of non-infectious uveitis, including anterior, intermediate, posterior or panuveitis, currently in remission may be eligible for this study. Subjects will be randomized in a 1:1 ratio to receive a single injection of CLS-TA, 4 mg in a volume of 100 µL or CLS-TA, 0.8 mg in a volume of 100 µL. The study design includes 5 clinic visits over roughly two months. Study procedures include a standard ophthalmology exam, blood testing, vital signs, and other visual assessments.

XOMA 133:

XOMA has been testing gevokizumab, a monoclonal antibody that binds strongly to interleukin-1B (IL-1B), a pro-inflammatory cytokine shown to be involved in

non-infectious uveitis and other auto-inflammatory diseases. The objective of this study is to assess the efficacy and safety of gevokizumab in treating Behçet's disease uveitis (BDU). Subjects with characteristics of Behçet's disease consistent with International Study Group Criteria for Behçet's disease who are at least 18 years of age and meet either of the following criteria may be eligible to enroll into this study: 1) Subjects who are currently experiencing an active ocular inflammatory episode and for whom in the opinion of the Investigator it is appropriate to receive systemic immunomodulatory treatment; or 2) Subjects whose ocular inflammation is currently controlled and for whom in the opinion of the Investigator it is appropriate to receive an alternative systemic immunomodulatory treatment. The study is composed of two parts, an open-label and a double-masked treatment period, with a total duration of 9-12 months. The open-label period of the study will help determine the efficacy of gevokizumab, and the masked-treatment period of the study will compare the efficacy of gevokizumab to placebo. Study procedures include vital signs, blood testing, standard ophthalmic exams and other visual testing.

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 4-12 week follow-up period. 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.

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 6 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.



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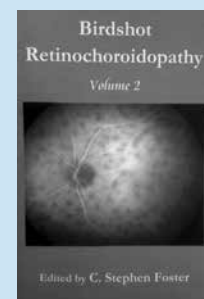
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Hot off the Press – New Publication!

**THE MONOGRAPH FROM THE 2ND INTERNATIONAL SYMPOSIUM
ON BIRDSHOT RETINOCHOROIDOPATHY IS NOW AVAILABLE FOR
PURCHASE!**

This monograph is based on lectures delivered at symposium held in Boston on September 28, 2013. Please visit our online store at www.uveitis.org for more information!



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. Eglar 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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