

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 2014



Rhana Ghaoui

A Healthy Balance

By Rana Ghaoui

In 2008, the white part of my left eye started getting red. I felt severe pain on the left side of my face. I would get home from work and immediately lie down, tossing and turning, wincing from the severity of the pain. I saw a general ophthalmologist in New York who put me on a high dose of prednisone, hoping that would kill the inflammation. I remember not being able to sleep from the prednisone for about 2 months, yet the inflammation and the redness kept getting worse. I was experiencing my first scleritis flare up. My doctor was stumped, so he referred me to a uveitis specialist in New York. This specialist prescribed CellCept, which unfortunately left craters of embarrassing cystic acne on my face and back – with no impact on my scleritis.

My friends and family in Australia and Lebanon were getting worried about my eyesight and they frantically searched for other specialists I could visit overseas. My grandfather told his ophthalmologist in Lebanon about my condition. This Lebanese physician knew of a famous specialist in the United States he could refer me to and asked that I call him immediately to discuss my condition and get the name of the American eye specialist. He urged me to fly out to see Dr. Foster immediately – he called him the “master of all masters.”

The first time I met Dr. Foster he asked me to walk into his office for a chat. I remember him holding my hand and telling me something I will never forget: “I have saved many eyes, I will save yours.” I teared up and I knew then that I was in good hands. Dr. Foster and his entire team are always so encouraging. I flew to Boston every 4 weeks to see him and made sure that all my doctors in New York were in step with Dr. Foster’s instructions regarding my new treatment. I began taking Humira as I weaned off of the CellCept and the prednisone. My symptoms improved, my eye stabilized within a few months, and I was off of the Humira within two years.

For six years, I was healthy and happy and my scleritis was inactive. Then, in April of last year, I started seeing redness in my left eye. My New York ophthalmologist thought it was a viral infection, given that I’ve had many of those in the past. It was also the beginning of the Spring allergy season. I was put on drops but the redness would not go away and I was now feeling pain behind my eye. I called up the specialist again about 4 weeks after my first visit but he was away on vacation so I arranged to see his Fellow. The Fellow diagnosed it as scleritis. I did not want to believe it. Getting scleritis again was the last thing I needed.

As I walked home that day feeling defeated and choked up with disappointment, I reflected on my experience with scleritis. I remembered a flight back to New York after one particular visit with Dr. Foster. I marveled at the beautiful landscape of New York City as the plane passed over it on its way to land at La Guardia. I remembered how grateful I felt to have been given the gift of sight and the once-in-a-lifetime opportunity to call New York City my home. I held onto that image and feeling and decided that yes, I do have a serious flare up, but no matter what, I will rise above it. I knew that I had to see Dr. Foster again. I called MERSI to schedule an emergency appointment and, even though his schedule was loaded with patients, his staff graciously fit me in.

Dr. Foster’s diagnosis in April was that the scleritis had indeed returned in my left eye. The news during a follow up visit in May was worse. The inflammation in the left eye was not under control. In fact, it had spread to the iris of the right eye. Dr. Foster also noted that I was presenting a severe Rosacea flare up, which might also have been contributing to the inflammation in the right eye. I couldn’t hold back the tears when I saw the close up

Continued on page 9



Calendar of Events

August 24, 2014

Boston Walk for Vision

Hyatt Regency Cambridge, Cambridge, MA

September 5, 2014

Twisted Sister Benefit Concert

Best Buy Theatre, New York City

September 8, 2014

OIUF Golf Tournament

LeBaron Hills Country Club, Lakeville, MA

September 13, 2014

Crash Course in OID Symposium

Royal Sonesta Hotel, Cambridge, MA

October 12, 2014

NJ/NY Walk for Vision

Verona Park, Verona, NJ

November 7, 2014

9th Annual Auction Benefit

Mandarin Oriental Hotel, Boston, MA

Date TBA

Natural Healing with

Rana Ghaoui, Holistic Health Coach

Uveitis/OID Support Group Meeting

Time TBA

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 any seasoned professor will tell you, there is nothing more gratifying than watching your students succeed. This holds true for both my current and previous Fellows, whether it be watching a young Fellow “get it” with regards to connecting the eye with a deeper systemic disease in a patient, seeing my former Fellow’s name listed as the Director of Uveitis Service at a prestigious hospital, or traveling halfway across the globe to see the homeland of a former Fellow share his knowledge to treat his native countrymen. It never gets old, and I am lucky to have witnessed all of the above within these past months.

In February, my wife Frances and I traveled to Valencia, Spain where I was a Guest Lecturer at the 12th International Ocular Inflammation Society Congress and had the pleasure of seeing my former Fellows present to their colleagues. This meeting, held every two years, will take place in the San Francisco in 2016 and will be the first to be held in the United States. In March, I traveled to the New York Eye and Ear Infirmary as a Grand Rounds Invited Speaker and had the wonderful opportunity to catch up with several of my former students, as seen in the photo below.

This year’s class of Fellows is truly remarkable in their devotion to the study of ocular inflammatory disease. Nine posters by my students were accepted for the annual Association in Research in Vision and Ophthalmology (ARVO) meeting in Orlando in May, including research by former Fellow and MERSI staff physician Stephen Anesi, MD. Following ARVO, Frances and I headed overseas to Riga, Latvia, where I presented to both Latvian and Russian physicians on ocular immunology. We then travelled to Ireland where I gave the Mooney Lecture at the Irish College of Ophthalmologists Annual Conference and met with former Fellows Drs. William Power and Michael Gallagher, who practice and teach in Dublin.

In this Newsletter, you will see information about our annual Walk for Vision, physician education conference, and Auction Benefit. Additionally, Twisted Sister will be holding another benefit concert for OIUF this September on Broadway in New York City. STD Med, with the help of Executive Vice President Andrea Patisteas, who is also a Board Member of OIUF, has organized a golf tournament to help support our mission, and Rana Ghouri, a patient from New York who is also a holistic health coach, has offered her services to speak at a special support group surrounding stress management and natural healing, a topic that patients ask about quite often in connection with reducing inflammation.

All of this, the training of future ocular immunologists, the research conducted here on a daily basis, the support offered to patients suffering from ocular inflammatory diseases, none of it would be possible without the continued support from people like yourselves doing extraordinary things. On behalf of the Fellows whose training you help support and the patients whose sight you help save, thank you for your dedication to our mission.

Warmest regards,

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

C. Stephen Foster, MD



Dr. Foster reunites with former Fellows at New York Eye and Ear this Spring (From left: Peter Chang, MD; Dr. Foster; C. Michael Samson, MD; John Mauro, DO)



Where Are They Now: Former OIUF Clinical Fellow Jonathan Kruh, MD

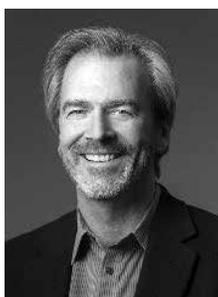
When I embarked on my journey to Boston, I knew that my fellowship at MERSI would alter my life in an unimaginable way. Immediately, I was taken under the guidance of the great Dr. Stephen Foster. The days at MERSI were long and always busy, but filled with new and interesting experiences and wonderful patients. I learned much during my time at MERSI, both clinically and surgically. In my “spare time,” I worked on multiple research projects with the aid of funding through the Ocular Uveitis and Immunology Foundation.

One such study focused on patients with advanced corneal disease and the Boston Keratoprosthesis. As important as it is for one to become a well-trained clinician, Dr. Foster taught me that it was equally important to approach the practice of medicine with an inquisitive and thoughtful mind. It is our duty as physicians to continue to search for answers and solutions to the most complex of uveitis cases.

Upon the completion of my fellowship with Dr. Foster, went on to continue my training with a secondary fellowship at the Boston Eye Group. The specific focus of study throughout that year was cornea and ocular surface disease. In the summer of 2013, I was finally ready to begin my career and accepted a faculty position as the Director of Uveitis and Cornea, at New York Medical College – Jamaica Hospital Medical Center. Being able to provide care as a uveitis specialist in such a dense urban area has been a wonderful experience thus far. At Jamaica Hospital Medical Center I work closely with ophthalmology residents to teach them the importance of proper treatment of uveitis and the importance of steroid-free remission. Additionally, I also work in private practice at Comprehensive Ophthalmology. In this multi-specialty practice I also serve as both a uveitis and cornea specialist.

As I reflect back on my time at MERSI, I hold a deep appreciation and understanding for what it means to be a uveitis and ocular immunologist. To me, it means that no matter how dire the medical situation, I am in it for the long-haul with my patient. It is an honor for my patients to allow me to be their partner in their quest for remission. It is a job that is not to be taken lightly, and always to be cherished.

Former Fellow Dr. Albert Vitale Joins OIUF Board of Directors



In February, 2014, OIUF welcomed its newest Board Member, Dr. Albert Vitale. Dr. Vitale is the Clinical Professor of Ophthalmology and Visual Sciences, Member of the Vitreoretinal Division and Director of the Uveitis Division at the John A. Moran Eye Center at the University of Utah in Salt Lake City, Utah. He attended Stanford University as an undergrad and then New York Medical College. Following an internal medicine internship at the University Health Centers of Pittsburgh and a residency in ophthalmology at St. Vincent's Hospital and Medical Center, he completed fellowship training in ocular immunology and uveitis at the Massachusetts Eye and Ear Infirmary, under Dr. Foster, and a vitreoretinal fellowship at the Retina Specialists of Boston.

Before coming to the Moran Eye Center, Dr. Vitale established the first Uveitis Division at the King Khaled Eye Specialist Hospital in Saudi Arabia, and also served as the Senior Vitreoretinal Consultant.

At the Moran Eye Center, Dr. Vitale's clinical practice encompasses the medical and surgical treatment of complex ocular inflammatory disease and vitreoretinal pathology. Dr. Vitale has incorporated his research into clinic and is also involved in giving retinal care to the indigent and underserved in Utah as Medical Director for the Fourth Street Homeless Clinic.

Dr. Vitale coauthored the 'Diagnosis & Treatment of Uveitis' textbooks with Dr. Foster, of which the 2nd edition was recently published and is available for purchase on www.uveitis.org. Dr. Vitale was also a member of the faculty of OIUF's 2nd International Symposium on Birdshot Retinochoroidopathy, held in Boston last September. We are delighted to have Dr. Vitale's continued involvement with OIUF and the talent he brings to the Board.

2014 Association for Research and Vision in Ophthalmology (ARVO) Annual Meeting



2014 Ocular Immunology and Uveitis Foundation Travel Grant Recipient - Elizabeth Shen

Thanks to the Ocular Immunology and Uveitis Foundation Travel Grant, I was able to attend my first annual ARVO meeting and present my research. It was a privilege to give a paper presentation on “Uveitic macular edema outcomes: results of a randomized clinical trial.” These results will contribute to the limited studies we currently have on systemic immunosuppressive therapy for uveitic macular edema. I enjoyed the opportunity to engage with uveitis experts in the field and learn from their own insights. ARVO provided me with a glimpse of the breadth of research areas in the field of ophthalmology and piqued new interests of my own.



2014 Stephen and Frances B. Foster Travel Grant Recipient – David New, PhD

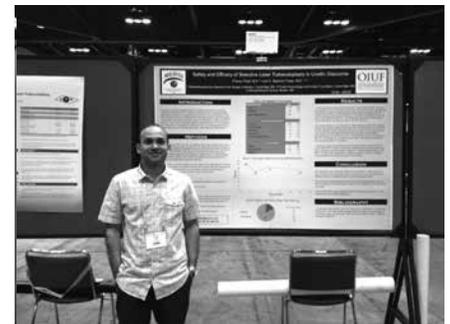
I would like to express my sincere gratitude to the C. Stephen and Frances B. Foster Foundation for awarding me a travel grant to participate in ARVO 2014. I am honored to receive the support of this esteemed organization. Attendance at ARVO 2014 allowed me to present our recent novel discoveries regarding the role of auto-immunity of age-related macular degeneration (AMD), a disease which is the leading cause of blindness in the American elderly population. The ARVO annual meeting is an incredibly important and enjoyable opportunity to establish new collaborations, share ideas and to learn from leading vision scientists from all over the world. With continued support such as this, we are daily progressing in our endeavor toward improved treatments and a cure.



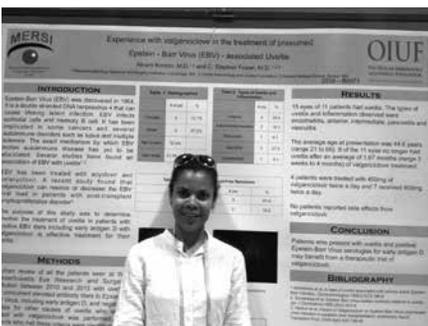
Research Fellow Asima Bajwa with Dr. Foster, and their poster on Combination Therapy of Intravenous Immunoglobulin and Rituximab for Recalcitrant Ocular Cicatricial Pemphigoid



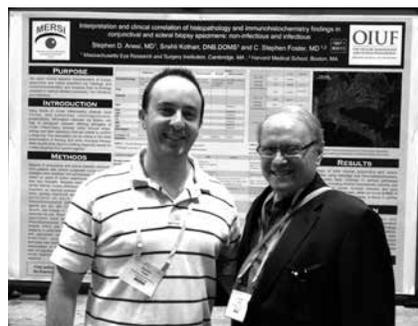
Frances and Dr. Foster gather with OIUF's Director of Development, Alison Justus, and former Fellows at the OIUF booth



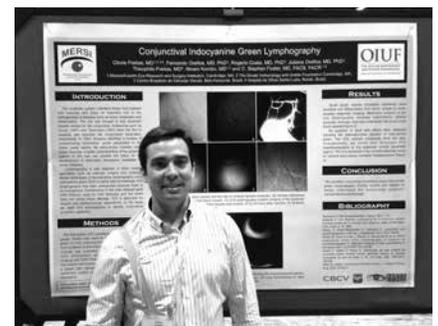
Current Clinical Fellow Pranav Patel, MD presents his poster on Safety and Efficacy of Selective Laser Trabeculoplasty in Uveitic Glaucoma



Current Clinical Fellow Ninani Kombo, MD presents her research on Experience with Valganciclovir in the Treatment of Presumed Epstein-Barr Virus (EBV) – associated Uveitis



MERSI Staff physicians Stephen Anesi, MD and Dr. Foster with their poster on Interpretation and clinical correlation of histopathology and immunohistochemistry findings in conjunctival and scleral biopsy specimens; non-infectious and infectious.



Current Research Fellow Clovis Freitas, MD presents his poster on Conjunctival Indocyanine Green Lymphography

SAVE THE DATES

WALK FOR VISION:



BOSTON

Sunday, August 24, 2014



NEW JERSEY

Sunday, October 12, 2014



TWISTED SISTER BENEFIT CONCERT

*Friday, September 5, 2014
Best Buy Theatre
New York, NY*



OIUF GOLF TOURNAMENT

*Monday, September 8, 2014
LeBaron Hills Country Club
Lakeville, MA*

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To register for the Boston Walk, visit:

<http://WalkforVisionBoston.kintera.org>

To Register for the NY/NJ Walk, visit:

<http://WalkforVisionNewJersey.kintera.org>

For more information, visit www.uveitis.org

SAVE THE DATES



CRASH COURSE IN OID

*Saturday, September 13, 2014
The Royal Sonesta Hotel
Cambridge, MA*



AN EVENING DEDICATED TO MAKING A VISIBLE DIFFERENCE: 9TH ANNUAL AUCTION BENEFIT

*Friday, November 7, 2014
The Mandarin Oriental
Boston, MA*



Patient Gives Back by Establishing Fellowship Fundraiser Initiative

Birdshot Retinochorioidopathy (BSRC) is a rare form of uveitis which many ophthalmologists have little or no experience in diagnosing or treating. Unfortunately, even after reaching a diagnosis, many ophthalmologists are unfamiliar with treatment options which involve immunomodulating medications (IMT) and decline to treat patients, referring the BSRC patient to an ophthalmologist with experience in birdshot and IMT treatments. This is an undue burden for many patients, often requiring long distance travel several times per year to get treatment. It is therefore critical to expand the number of ophthalmologists who are able to accurately diagnosis birdshot and understand IMT treatments so patients may be treated locally. Dagmar Cole has experienced this herself. She was diagnosed with idiopathic uveitis in 1991 and treated only with high doses of steroids. Her uveitis returned in 1999 resulting in leakage in both eyes and a severe retinal tear. Seven ophthalmologists and three months later, she found herself in front of Dr. Foster. He correctly diagnosed her birdshot and identified an IMT treatment which has resulted in a durable remission.

OIUF has made tremendous contributions in the diagnosis, treatment, and education of birdshot, including hosting two International Symposiums exclusively devoted to BSRC, most recently in 2013. The 2013 conference may be viewed online, free of charge, for those who could not attend at www.uvetis.org. Dagmar states, "On behalf of all patients diagnosed with birdshot and ocular inflammatory disease, we can give thanks and pay it forward by working together to raise funds for an OIUF Fellowship." This Fellowship must include education in the diagnosis of, and treatment of, BSRC. The amount needed for this fellowship is \$125,000. She adds "although this would be a burden for an individual, working together, we can achieve this goal. If only 500 people donated \$250.00, the full fellowship would be funded." To donate directly to this fund, please contact Alison Justus at ajustus@mersi.com

Uveitis Support Group

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

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

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

Can't attend a meeting? Get support online!

In addition to the onsite meetings, the Uveitis/OID Support Group has an online support group and informational website for adults, parents, and kids. For more information, point your web browser to www.uveitis.org 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](http://www.facebook.com/ocularimmunologyanduveitisfoundation) reaches over 1600 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>

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

Association of Ocular Inflammatory Disease with Inflammatory Bowel Disease

C. Stephen Foster, M.D.

Even more surprising than the association between arthritis and eye inflammation, at least to some people, is the association between bowel inflammation and eye inflammation. But history tells us that such an association exists. This may be true not only in infectious inflammatory bowel disease, as in the case of Whipple's disease, but also in inflammatory bowel disease generally considered to be autoimmune. For example, approximately 5% of patients who develop ulcerative colitis will experience episodes of recurrent uveitis; some patients with ulcerative colitis will develop other ocular inflammation such as scleritis or episcleritis. And an even greater association exists between Crohn's disease (regional ileitis) and ocular inflammation. Interestingly, the "activity" of the inflammation in the eye and the inflammation in the gut rarely are concurrent, i.e., the inflammatory bowel disease may be under excellent control, but uveitis may be extremely troublesome, and vice versa, the eye may not have any difficulty at all, while the patient is having major flare-ups of inflammatory bowel disease. Additionally, one of the more effective medications for control of the inflammatory bowel disease activity, Sulfasalazine, has proven to be, in our hands and in those of others, particularly disappointing in controlling the recurrent episodes of uveitis in patients with inflammatory bowel disease-associated uveitis. Patients with IBD-associated uveitis generally required one of the immunomodulatory medications, such as Methotrexate, Azathioprine, or Cyclosporin.

In contrast, patients with "irritable bowel syndrome" associated uveitis can often be managed with topical therapy or with sulfasalazine or an oral non-steroidal anti-inflammatory agent without the need of an immunosuppressant/immunomodulatory agent. The exact connection between "irritable bowel syndrome" (as opposed to inflammatory bowel disease), and uveitis is not well proven, but it has been the strong clinical impression of many experts of uveitis that such an association exists.

A Healthy Balance

from page 1

pictures of my eyes. I thought to myself and even raised the question with Dr. Foster, "Where have I gone wrong?" As a health coach with "Live HEALTHfully," I coach people through their Rheumatoid Arthritis and Multiple Sclerosis symptoms. I ate a clean diet and kept fit through yoga and Pilates. Both Dr. Foster and my ophthalmologist in New York linked my scleritis to the Juvenile Idiopathic Arthritis I was diagnosed with at age 15, but that had since been in remission and I had no symptoms of arthritis elsewhere in my body, so why was the inflammation in my eyes and my face worsening? Why was this happening to me?

I had a feeling the inflammation was not going to go away unless I started doing things a little differently. The lesson here: There was more I could do. I had to accept where I was, what was happening to my health, and how to manage those imbalances. There is more to health than diet and exercise; I had to manage my chronic stress which likely contributed to my physical symptoms. I work as a full time management consultant, a health coach, an Arthritis Exercise Instructor and, at the time, I was also undertaking further health coaching studies and training to become a yoga teacher. I was travelling for work every week. I was constantly running around and never seemed to slow down, not even on weekends. I skimped on my sleep so I could fit in my workload. I hardly had any time for 'me' or for 'fun' in the few months leading up to the diagnosis and, on the rare occasion that I did take time out, I would feel guilty about it – all of this was leaving me ragged.

I now aim to get 8 hours of sleep a night and have enlisted the help of family and friends. I am thankful to report my arthritis and scleritis are currently in remission, thanks to immunosuppressive therapy and a healthy, balanced lifestyle.

Rana, a Holistic Health Coach, will be leading a support group this Fall on stress reduction and nutrition for patients with ocular inflammatory disorders. Visit www.uveitis.org for more information!

2013-14 OIUF Clinical Fellow Update



As graduation season approaches, we prepare to say farewell at the end of June to our three Clinical Fellows (Left to Right): Ninani Kombo, MD; Pranav Patel, MD; and Ayesha Hossain, MD. The past year has certainly been a memorable one for our Fellows, as you will see in their own words below.

Ninani Kombo, MD

I have spent the past year at MERSI learning a tremendous amount and have been exposed to a multitude of rare and complex ocular disorders. Under the tutelage of the physicians at MERSI, 3 valuable lessons stand out in particular: 1) Treat the patient not just the eye; 2) Investigate thoroughly; and 3) Never give up and always do things to the best of your ability. These sentiments are particularly true with stubborn cases of ocular inflammation, and I know I will revert back to these lessons in my future career.

I have built amazing friendships with people from diverse backgrounds and different parts of the world. My gratitude goes out to Dr. Foster and Mrs. Foster for their continued commitment to training future ocular immunologists. Thank you to all the staff at OIUF for their support and guidance. I will be forever indebted to all the patients at MERSI for teaching me everything uveitis and ocular inflammatory disease. On August 1, 2014, I will begin a position as an Associate Physician at the Yale Department of Ophthalmology and Visual Sciences.

Pranav Patel, MD

I first came to MERSI to interview based on a recommendation from Dr. Foster's previous fellow whom I worked with in my residency. I was quite impressed by the complexity of problems the patients presented with. I also saw how Dr. Foster created an academic style of teaching in a private practice setting and thought how exciting it would be to learn in such a unique environment, it must be the best of both worlds in one place! Although I originally decided to take the journey to become a uveitis and ocular immunology specialist, along the path of this year, I also developed the skills to manage complex glaucoma, cornea, cataracts, and retinal problems. There is no other uveitis Fellowship program that offers all this exposure to other ophthalmological conditions that I know of. I like to think of this as a "uveitis plus" Fellowship.

What I have loved the most about this long journey of medical training is meeting brilliant people and making lifelong friends and OIUF is no exception. I enjoyed the opportunity to work side by side with my colleagues who come from across the world to train with Dr. Foster and I have learned a great deal about ophthalmology and medicine from their perspectives. The knowledge I have gained during my time here will help me make a positive impact on my future patients.

Ayesha Hossain, MD

While interviewing at different fellowship programs across the United States, I sought a unique opportunity to simultaneously broaden my experiences and years of practice and deepen and diversify my specialization in ophthalmology. I found this unique opportunity in Cambridge, at the Massachusetts Eye Research and Surgery Institution (MERSI). During a year-long fellowship with Dr. C. Stephen Foster, I have encountered etiologies across the ophthalmic spectrum, ranging from those commonly found in routine eye exams, to the most challenging cases of glaucoma, to advanced corneal diseases requiring the placement of a Boston keratoprosthesis, to the rarest of retinal and uveitic conditions. In doing so, I have not only clinically and surgically treated ocular cases from an ophthalmologist's perspective, but I have also learned to approach medical mysteries from an internist's and a rheumatologist's perspectives – thus, focusing not only on the eyes, but also on the individual as a whole. The Ocular Immunology and Uveitis Foundation's (OIUF) Fellowship program has enabled me to develop as a researcher, as a clinician, and as a surgeon. I am confident that my broad and deep Fellowship experiences with Dr. Foster, the staff at MERSI/OIUF, and the patients from throughout the world, have prepared me well for a productive career in ophthalmology and ocular immunology.

Research Highlights

Novartis LFG:

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

pSivida

The purpose of this study is to determine if a Fluocinolone Acetonide Intravitreal insert (FAI insert), as an experimental drug, is safe and effective in the possible treatment of one form of uveitis known as chronic non-infectious uveitis that affects the posterior part (back) of the eye. A tiny insert was developed to be injected into the eye and deliver small amounts of the steroid Fluocinolone Acetonide. This FAI insert is experimental, which means it has not been approved for sale in the United States by the U.S. Food and Drug Administration (FDA) for the treatment of non-infectious posterior uveitis. The drug in the insert, Fluocinolone Acetonide, is currently used in a surgical implant, Retisert, which is approved by the FDA to treat non-infectious posterior uveitis. The FAI insert has been designed to provide local steroid therapy to the eye for an extended period of time with the goal of preventing the recurrence of uveitis in the eye. Patients will be randomized to receive either a sham injection or the FAI insert and will be observed for three years following treatment. This is a phase 3, multi-national, multi-center, randomized, masked, controlled study.

XOMA:

XOMA has begun testing of Gevokizumab, a monoclonal antibody that binds strongly to interleukin-1 β (IL-1 β), a pro-inflammatory cytokine shown to be involved in non-infectious uveitis including Behcet's uveitis,

cardiovascular disease, and other auto-inflammatory diseases. By binding to IL-1 β , gevokizumab inhibits the activation of the IL-1 receptor, thereby modulating the cellular signaling events that produce inflammation. Gevokizumab has potential for the treatment of non-anterior, non-infectious forms of uveitis, inflammation of the heavily vascularized layer of the eye. People with these types of uveitis may experience decreased vision, pain, light sensitivity and floaters. Uveitis can lead to permanent vision loss. The inflammation that leads to non-infectious uveitis has been shown to be IL-1 mediated. Patients with active and inactive uveitis may be eligible for this trial.

Santen Sirolimus DE-109 Injectable Study

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 12 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.

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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 \$50.00

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

This monograph is based on the lectures delivered by the following experts in the field, Janis Arnold, David Chu, MD, David Hinkle, MD, C. 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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