

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.

Clinical Professor of Ophthalmology Harvard Medical School



Winter 2013-2014

Fifth Grade Class Selects OIUF as 2013 Legacy Winner



Our journey began in November, 2007. Cameron, who was six years old, had just started kindergarten and was meeting his primary care physician for his yearly physical. During this time, the pediatrician observed something out of the ordinary with Cameron's right eye and strongly recommended that he be seen by an ophthalmologist for further evaluation. The ophthalmologist began his exam with an eye chart. With him being so young, the chart consisted of pictures instead of the standard letters. After covering Cameron's left eye and turning off the lights, they asked him what he saw. The nurse repeatedly asked Cameron what he observed and he finally answered with "you need to put something on the board for me to see." Clearly visible on the chart was a birthday cake, which was the size of the big E on the standard eye chart. With Cameron not being able to see the cake with his left eye covered, the nurse then turned on the light and removed the eye patch, allowing him use of both eyes. After seeing the cake, Cameron became excited and questioned how they knew his birthday was coming up.

It was during this visit we learned that our fight for vision had just begun. On that day, Cameron was diagnosed with a very advanced cataract in addition to uveitis. This local ophthalmologist immediately recognized the importance of immunosuppressive therapy and prescribed methotrexate in addition to eye drops to calm the inflammation. It was not until after further research did I realize how lucky we were that a local physician knew to take immediate, aggressive action and referred us to an ocular immunologist. At this point, only Cameron's right eye was affected, however, it was unknown when it began or how long the uveitis had been active. With no vision in Cameron's right eye, the doctors informed us that there may be permanent damage but reassured us they will be aggressively treating him for a positive end result.

After that initial visit, my quest for knowledge began. I wanted to learn everything I could so I would be able to know the right questions to ask and get Cameron the help he needed. One of the most informative websites I found was www.uveitis.org, the website of OIUF. The page called Kids Corner was especially helpful to Cameron, as he could see pictures and letters from kids going through the same unknown journey that he was.

In the months that followed, we saw every specialist imaginable in search of answers of how and why this happened to our son. We not only had a pediatrician but also added an ENT, immunologist, infectious disease, pediatric gastroenterologist, dermatologist, and rheumatologist. During our search and after countless tests, we were able to eliminate many reasons that were not the cause.

Helping Cameron became my full time job. Like many patients with uveitis and ocular inflammatory disease, Cameron has tried several treatments in addition to methotrexate and eye drops. By May 2013, he had undergone cataract surgery in both eyes, as well as multiple glaucoma surgeries. I cannot emphasize enough the importance of how working as a team with his doctors contributed to the success of Cameron's treatment. Throughout the years, not only did I have to fight our insurance company to pay for Cameron to see his doctors and for treatments that they felt were experimental, I also had to explain to his teachers and school what help Cameron may need in the classroom. Most people have never heard of uveitis or realize cataracts and glaucoma can occur in children. Although Cameron faces all of these issues on a daily basis, he wakes up every morning with a smile on his face, does well in school, and has dreams of being a doctor someday.

Last June, Cameron did his 5th grade Legacy Project on the Ocular Immunology and Uveitis Foundation. Each fifth grader must choose and research a Foundation and write a persuasive essay as to why his classmates should

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Calendar of Events

January 14, 2014

Support Group - Research Updates
MERSI - 6:30pm

March 11, 2014

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

April 29, 2014

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

June 10, 2014

Anniversary Meeting with Dr. Foster
MERSI - 6:30pm

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

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

Contact Alison Justus at ajustus@mersi.com to create your own online fundraising page in his or her honor.

Letter from Our President



C. Stephen Foster, M.D.

As we prepare to welcome in the New Year, I would like to take this opportunity to reflect upon what a year 2013 has been for OIUF. Since our last update in June, I continue to marvel at the outpouring of dedication and thoughtfulness shown by so many across the globe whose lives have been touched by the work of the Foundation. Cameron, a young boy from Florida with a stubborn case of uveitis, whom you read about on the front page, has never been a patient of mine yet chose OIUF for his class project and involved the entire fifth grade class at his school to support our work. I am always grateful when patients and their families support OIUF, but I must admit, I was profoundly touched upon reading Cameron's initiative to raise awareness for an organization whom he believed to hold his greatest chance for a cure.

We were blessed with beautiful weather for both the Boston Walk for Vision and the New Jersey/New York Walk for Vision. Frances and I made our first trip to Verona, NJ for the walk and were quite impressed with the grassroots effort and enthusiasm in the tri-state area. OIUF is indeed growing, thanks to the steadfast support of people like yourselves.

On September 28th, OIUF hosted the 2nd International Symposium on Birdshot Retinochoroidopathy. Patients and physicians from all over the world flew into Boston to attend an event entirely devoted to this rare form of posterior uveitis. A special thank you is in order to my longtime colleague and friend Phuc LeHoang, MD, PhD from France, who co-organized the event with me. Not only was I impressed by the number of patients and physicians who attended, but also by the number of former OIUF Fellows who took time away from their busy practices to come "home" to Massachusetts. I was thrilled my former students were able to hear the informative lectures by the impressive faculty.

Our small Auction that first took place in the waiting room at MERSI in 2006 grew into the 8th Annual Auction Benefit, An Evening Dedicated to Making a Visible Difference, held at the Mandarin Oriental Hotel in Boston on November 8th. What was once a small art show has turned into a significant fundraiser for the Foundation, as you will see in this newsletter.

Teaching has always held a special place in my heart and I was able to speak twice at the New England Ophthalmology Society conferences in 2013, as well as presenting at the Massachusetts General Hospital Rheumatology Grand Rounds. This upcoming February, I will be lecturing at the International Ocular Inflammation Society in Valencia, Spain as well as at the Cornea Symposium in Ft. Lauderdale this coming spring. I am also honored to be conferred by the French Academy of Surgeons in 2014.

None of these accomplishments on the path to fulfilling our mission would be possible without your generosity.

With sincerest best wishes for a Healthy and Happy New Year,

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

C. Stephen Foster, MD



Dr. Foster with former and current OIUF Fellows at the 2nd International Symposium on Birdshot Retinochoroidopathy

Where Are They Now?

Rajiv Shah, MD

As my career progressed, I realized that my pursuit of medical and surgical retina would be largely incomplete if I lacked the competency in ocular inflammatory disease. The realm of uveitis and ocular inflammatory disease categorically frustrates and intimidates many in the field of ophthalmology because of a lack of approaches beyond corticosteroids. In interviewing with Dr. Foster, I found the mentor who resonated my calling and who eschewed the traditional paradigms and brought advancement to the field of Ocular Immunology and a panacea to patients in need.



I was fortunate to take these many lessons learned from my Clinical Fellowship through OIUF at MERSI to the Wills Eye Hospital Retina Service as a medical and surgical retina fellow in 2011. I began my fellowship determined to provide the standard of care which I had learned at MERSI. At the time, one of my co-fellows warned me that “steroid sparing therapy would not work in this environment.” I found there was some truth to his words.

The early days were challenging as I tried to recreate the MERSI experience. I lacked the organized infrastructure to manage systemic immune-suppression efficiently and offering a different paradigm for treatment takes time to establish amongst patients, colleagues, and mentors. There were numerous nights when I was seeing uveitis patients long after everyone was gone from clinic. I must admit there were times of frustration as I put forth everything I had into trying to offer the best care. However, along this journey, I quickly accumulated the quiet successes which I knew my training with Dr. Foster through OIUF would provide. As the uveitis clinic grew, I realized in the faces of my patients as well as with the remission of their disease why this effort or sacrifice was worth it time and time again. I left Wills Eye with a heavy heart as I had to trust that the path I left each patient in the uveitis clinic would lead them to a better life in durable remission.

Moving to Kresge Eye Institute in Detroit, MI as a faculty member, I have found the same exciting environment, filled with patients in need, which drew me to MERSI and Wills Eye Hospital. Hereto I find myself in the same position trying to establish an ocular immunology and uveitis service alongside my medical and surgical retina practice. I find the same challenges of recreating the MERSI experience as before, but I have the faith that the sacrifice and effort are well worth the rewards in my patients’ lives.



The Fellowship Experience

Kyungmin Lee, MD

I was born in Daegu, South Korea. I attended medical school in Seoul and completed my Residency in Ophthalmology in Feb. 2010. After I finished my residency, I spent three years in a medical and surgical retinal fellowship. During my retinal fellowship, I saw many uveitis patients, as there was no specific specialist for uveitis in Korea and such patients were referred to retina clinics. During that fellowship, I felt like I was in the darkness without any lights. My only references to treat my patients were text books. Even though there were lots of treatments besides oral steroid in the text books, nobody had any experience with using them. I decided to ask my boss to let me learn more about uveitis and ocular inflammatory diseases. I searched all over the world to find the best place to learn. I chose to come to the United States to train under Dr. Foster because of his papers and clinical achievements. So, I contacted Dr. Foster and he accepted me to do a research fellowship at the Ocular Immunology and Uveitis Foundation.

I am learning each day, most importantly, Dr. Foster’s “never give up” policy and doing “whatever it takes” to achieve remission. Dr. Foster has trained his Fellows to think outside the box for a solution when others have given up. For the past six months, I have been exposed to a wide range of diseases and seen how severely ocular inflammatory disease can impact a patient’s life. Dr. Foster is often the last stop for many patients who are in danger of losing their vision. He taught me to truly appreciate OID and how ophthalmology goes well beyond the scope of the eye which was a “new horizon” of viewing this field of medicine. Additionally, I believe the uveitis.org website to be an excellent tool for both patients and physicians to increase their knowledge about ocular inflammation. I have yet to come across any websites like this.

Being in Cambridge and Boston at this time is one of the most precious gifts from God. I can enjoy the beautiful colors of fall in New England and I loved watching the Red Sox win the World Series and seeing the city’s joyful atmosphere. Above all, I am certain that spending time to learn from Dr. Foster and his colleagues is going to be one of the best experiences of my life both, professionally and personally. Through OIUF, I have been able to attend many lectures by world famous physicians and I will take what I have learned here with me to my own patients and colleagues when I travel back to Korea.

Walk for Vision 2013



Walk for Vision Boston

On a beautiful sunny day on August 25, 2013, OIUF held its annual Walk for Vision at the Royal Sonesta Hotel in Cambridge, MA. Walkers gathered for brunch at the hotel and listened to Dr. Foster's talk on "Curing Ocular Inflammatory Disease." Following a group photo, everyone set out for the 5k walk around the Charles River. Special thanks to Mix 104.1 for greeting us at the finish line with music, games, and prizes!



Walk for Vision New Jersey/New York

The Walk for Vision New Jersey/New York was held on a beautiful Sunday, September 22, 2013 at the Verona Park Boathouse in Verona, NJ. Dr. Foster and his wife, Frances, travelled from Massachusetts to participate and walk with supporters. Many thanks to Lauren Jacobs-Lazer, David Chu, MD, Sara Kim, Sylvia Stern, and Eileen Milton Fong for organizing the Walk. We are so grateful to Lauren's parents, who generously matched the first \$10,000 raised for the New Jersey/New York Walk for the third consecutive year!



Thank you to our sponsors, supporters and walkers:

STD Med, Quest Diagnostics, Spirus Medical, and Lions Eye Bank of New Jersey.

A huge thank you to walkers and supporters from across the country, who, from both walks, raised a combined total of \$120,000 for OIUF!

2nd International Symposium on Birdshot Retinochoroidopathy

On Saturday, September 28, 2013, OIUF hosted the 2nd International Symposium on Birdshot Retinochoroidopathy at the Boston Marriott Copley Place in Boston, MA. Over 100 families and physicians from across the globe flew in for this very special event dedicated solely to a rare form of posterior uveitis. Patients enjoyed a special break out session in which they learned about patient advocacy, current clinical trials, and coping with a chronic disease.



Faculty – Left to right: Jamie Metzinger, MS, MPH; Bahram Bodaghi, MD, PhD; Ralph Levinson, MD; Antoine Brézin, MD, PhD; Henry Kaplan, MD, FACS; Carl Herbort, MD, PhD; Phuc LeHoang, MD, PhD; C. Stephen Foster, MD, FACS, FACR; Frances Foster, MS, NP; missing, Albert Vitale, MD

COMING SOON!

**Not able to attend the
conference in person?**

**Look for our video online
at www.uveitis.org**



Patients and physicians listen to world renowned faculty



Faculty answer questions from patients



Phuc LeHoang, MD, PhD
with OIUF's Director of
Development, Alison Justus



Patients meet and offer support



OIUF's Clinical Research
Manager Jamie Metzinger speaks
at patient breakout session



Albert Vitale, MD speaks to
patients and physicians



Dagmar Cole, International Birdshot
Forum, Annie Folkard, Founder of Birdshot
Uveitis Society in the United Kingdom

Thank you to our sponsors: Bausch & Lomb, Santen, IOP Inc., Eyegate, Xoma, Michael and Jane Hoffman and Carl and Carol Canner and anonymous donors. Their generous support allowed us to create an unforgettable experience for the many families battling birdshot retinochoroidopathy.

8th Annual Auction Benefit: An Evening Dedicated to Making a Visible Difference

Friday, November 8, 2013 – The Mandarin Oriental Hotel, Boston, MA

Patients, families, and friends of OIUF enjoyed an Evening Dedicated to Making a Visible Difference at the Mandarin Oriental Hotel in Boston. A special thank you to Jill Scolnick and Tom and Sue Paulson for co-chairing the event. Jay Jay French was our Master of Ceremonies and Marie Keep of Skinner Auctioneers and Appraisers joined us for the 8th consecutive year as our Auctioneer. In addition to the silent and live auction, guests enjoyed a raffle and a game of “Heads of Tails” as additional fundraising activities. Our guest speaker and current OIUF Clinical Fellow, Ninani Kombo, MD shared the important role the fellowship program plays in erasing the deficit of ocular immunologists and increasing access to proper treatment for patients. Thank you to our sponsors and guests for raising over \$145,000 for OIUF, our highest amount yet for this event!



Jill Scolnick and her father, Stephen Scolnick



Master of Ceremonies Jay Jay French, Founder & Lead Guitarist of Twisted Sister



Frances and Dr. Foster participate in a game of “Heads and Tails” for Celtics Tickets



OIUF Board Member Andrea Patisteas, with daughter Mia, a uveitis patient, and family



Auctioneer Marie Keep asks attendees to raise their paddles to support OIUF’s Fellowship Program



OIUF Board Member Tom Paulson with wife Sue Paulson and family



Norman Bridwell, creator of Clifford the Big Red Dog donates original artwork and signed book



Sara Scolnick with Tony and Claudia Schwartz



Current OIUF Clinical Fellow Ninani Kombo, MD shares her fellowship experience

Thank you to our sponsors:

Platinum Level: Ronny and Stephen Traynor, Gold Level: Quirk Auto Dealers, Rosa and Marc Catalano, Silver: Spirus Medical, Blue Hills Bank, Bronze: Braver Technology, BMR Medical, Parrelli Optical

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 1350 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

Keratitis

What is keratitis?

Keratitis is inflammation of the cornea, the clear window of the front of the eye. The cornea is an incredibly unique tissue in the body, in that it is perfectly transparent, and allows light to pass through to help us see. It is incredibly fragile, and depends greatly on the mechanisms in place which protect it from the harsh outside environment. When the cornea becomes injured, or when forces external to the cornea drive inflammation around it, scarring can occur, which is often permanent – this is the number one cause of blindness in the world.

What are the symptoms of keratitis?

Decreased vision, often described as blurry or hazy, is a frequent complaint of patients with keratitis. When inflammation affects the front surface of the cornea, it is usually associated with tremendous sharp pain and light sensitivity, sometimes along with redness and tearing. Inflammation of deeper levels of the cornea may present with only blurring, but may equally threaten with permanent vision loss.

What causes keratitis?

There are many triggers of corneal inflammation, and the most frequent is infection, notably the herpes virus. Autoimmune diseases, particular those with components involving vasculitis, or inflammation of blood vessels, can cause inflammation especially around the outside edges of the cornea, known as peripheral keratitis. Additionally, problems such as dry eye and abnormal eyelid function, which lead to poor corneal health, can lead to keratitis by making the corneal more susceptible to infection or other types of inflammation. Contact lens abuse and poor lens hygiene are also common causes of corneal inflammation via secondary infection.

How does herpes cause keratitis?

Herpes is mostly known as the virus which causes painful sores in and around the mouth, as well as a sexually transmitted disease. It is actually quite common, with most people in a given population being exposed to it at some point in their life. Usually it lies dormant in nerves throughout the body, and can become “activated” during moments of illness, stress, or just bad luck. It travels through these nerves that can also connect to and affect several parts of the eye, including the cornea, and can cause devastating inflammation and scarring.

What other medical conditions are associated with keratitis?

Aside from herpes, bacterial and fungal infections can cause severe keratitis requiring aggressive treatment and sometimes surgery. Diseases which affect the eyelids, such as thyroid disease or rosacea, can lead to a compromised corneal surface, and secondary infection. Severe systemic allergies involving the eyes can also involve inflammation of the cornea. Auto-immune diseases, especially rheumatoid arthritis and types of vasculitis, can be a risk factor for developing keratitis and dangerous thinning of the cornea which may also require surgery.

How is keratitis diagnosed?

Keratitis is diagnosed by slit lamp examination by an ophthalmologist. History of illness and review of systems is always important in any inflammatory condition. The cause of keratitis, however, may need further work up, which may require blood work, culture of ocular fluid or tissue, or even biopsy.

What are the complications of keratitis?

Scarring is the most frequent complication, and this may result in severe decrease in vision if the scar is located centrally in the visual axis. Infectious keratitis that is not promptly treated can progress through the entire thickness of the cornea, or begin to involve neighboring sclera, possibly leading to spread of infection inside the eyeball or perforation, or both, and possible loss of the eye. Thinning of the peripheral edges of the cornea may lead to irregular astigmatism, and if severe, can also lead to perforation, which can also lead to infection, and possible loss of the eye.

What is the treatment for keratitis?

Aggressive eradication of infection is the most important step in treating infectious keratitis, which may involve around-the-clock use of antibiotic eye drops. Cycloplegic (dilating) drops can be used for relief from light sensitivity. Hospitalization is sometimes needed for those patients who are not able to properly administer drops themselves, or when systemic antibiotics are used. Viral keratitis is best treated with use of systemic antiviral medication, along with topical antiviral drops or ointment, and addition of corticosteroid drops once surface disease is resolved. Fungal keratitis is treated in a similar fashion, however, corticosteroids should never be used to help resolve inflammation or scarring in these cases.

Non-infectious keratitis is best treated with topical corticosteroid, with close observation when there is significant thinning to make sure the wound does not worsen. Use of steroids in ulcerative (thinning) keratitis is controversial for this reason; however the underlying cause for thinning – inflammation – must be kept in mind, and treated. Topical antibiotics are given when superficial corneal damage exists as prophylaxis against infection. Severe disease, especially that driven by known autoimmune disease, may require oral or intravenous corticosteroids or immunomodulatory therapy.

Surgical therapy may be useful in acute keratitis. Peripheral ulcerative keratitis may benefit from simple dissection of conjunctiva around the active inflammation. Corneal glue applied to severely thinned or perforated areas, along with a contact lens bandage, can help wounds regain structural integrity. Removal of superficial corneal layers may rid the burden of severe infection or scarring, however corneal transplant may be necessary for aggressive ulcers non-responsive to therapy or for central scarring left behind by treated keratitis. Some research is being done to see if a surgical method involving riboflavin and ultraviolet light may be helpful in treating corneal infections.



**Left to Right: John Lewis,
Dr. Foster and Amy Pollutro**

Dr. Foster receives his Bausch + Lomb Honorary Science Award after 53 years!

In Charleston, WV in 1960, a 17 year old Steve Foster, then a junior at Charleston High School, received the annual Bausch + Lomb Honorary Science Award. This prestigious award is distributed each year to approximately 6,000 participating high schools throughout the United States and several foreign countries. The University of Rochester sponsors this international program which recognizes outstanding academic achievement in science by high school juniors. Each participating high school selects one outstanding student to receive the award. The award, a bronze medal, is presented with a Certificate of Commendation from Bausch + Lomb. The award recognizes a student who has attained the highest scholastic standing in the field of science. Steve felt very honored to receive the award and was more motivated than ever to go to medical school to become a physician, just like his uncle.

However, Dr. Foster lost his medal, in all of the moving from place to place in his training. When Bausch & Lomb representatives learned of this, they made special arrangements for him to receive a replacement, without his knowledge. Representatives John Lewis and Amy Pollutro surprised Dr. Foster at MERSI with his new medal, 53 years later! Retrospectively, Dr. Foster's high school could not have chosen a better recipient. The award represents much of the hope for future advancement and serves as a model for analytical thought. Dr. Foster's achievements and contributions to the field of ophthalmology capture the true spirit of this award. It makes it 'all the more special' that his medical path quickly turned from cardiology to ophthalmology, the heart and soul of the company that awarded him his first of many honors throughout his career.

Spotlight on OIUF Board Member:

Rich Rovner

-How did you become involved with the OIUF board?

It started when I became a patient. I was first diagnosed with uveitis back in 2007 and very quickly became a patient of Dr. Foster's. From day one, I have been extremely impressed by the entire MERSI experience. I am always treated with respect, provided complete information, and feel like a true partner in my care with the fellows and with Dr. Foster. My condition eventually responded to the treatment and I've been successfully managing it, with the MERSI team, since then. After I was first treated, I went to the Annual Auction Benefit and learned a lot more about OIUF and the long-term vision of Dr. Foster. Knowing how much he helped me, and how devastating ocular immune diseases too often are, I wanted to help in any way that I could.



-With your interest in the auction, what was your favorite item you bid on over the years?

I'd have to say my favorite item was a catered dinner for friends in our home by Chef Brian Dunn. Brian came to the house and prepared a memorable full-course dinner for six of our friends. The food was wonderful, the company was enjoyable, and Brian was a gracious and giving guest host! Brian continues to give so much to OIUF and we are truly grateful for his efforts and dedication!

-What are you most excited about in terms of the future for OIUF?

An important aspect of the OIUF Mission is to "Erase the Deficit" of trained ocular immunologists around the world. What's exciting is that I can see this actually happening before our eyes! Every year, more and more trained fellows venture out into the world bringing their new found knowledge and experience from training at MERSI through OIUF, driven to treat and cure ocular inflammatory disease. We've seen fellows start their own dedicated practices to treating ocular inflammation. The fact that we are definitely making a difference by increasing the number of trained ocular immunologists all over the world is truly gratifying, and the future means even more, is truly gratifying.

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.

Fifth Grade Class Selects OIUF as 2013 Legacy Winner

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award his Foundation the donation of \$4,000. After fighting uveitis since Kindergarten, Cameron was finally ready to share his story with his friends, including why he missed more school than most children over the past years. Cameron was adamant that the foundation he chose was going to use the money to find a cure for "HIS" eye disease while raising awareness amongst his school community. After many rounds of voting, he was so proud when all of the fifth grade classes in his school chose his essay and he was able to donate the money the school had earned to OIUF. Cameron was amazed to see Jamie Metzinger, Clinical Research Manager at OIUF, fly all the way from Boston to see him and his classmates in Florida to accept the donation. He loved speaking with someone who knew all about uveitis and was thrilled to share a portion of his life with his friends that day.

Looking through Cameron's eyes has helped me find the strength and courage I need to move forward. Cameron's eyes are quiet right now on this current medication regimen and his vision is 20/20 with glasses. As time passes and my family keeps our positive attitudes, we will continue to believe in miracles and never give up hope that a cure will be in our future. We are forever grateful to know we are not alone with uveitis, thanks to the important research and support network through OIUF.



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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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