

# OIUF

THE OCULAR IMMUNOLOGY  
AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

## Ocular Immunology and Uveitis Foundation

### Massachusetts Eye Research and Surgery Institution

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

Clinical Professor of Ophthalmology Harvard Medical School



Fall/Winter 2016-17



**Natalie Knight (right) with her mom,  
volunteering at the 2016 Walk for Vision  
in Boston**

## Remission is Possible!

***My name is Natalie and I am 16 years old. When I was nineteen months old and living in Florida, I developed a fever, rash, and swollen wrist and knee. My parents thought I had caught a cold and got hurt on the playground at daycare, but the pediatrician ran tests and ordered x-rays. She personally called my mom at night to give her the news: I had Juvenile Idiopathic Arthritis (JIA), which is commonly called Juvenile Rheumatoid Arthritis. The diagnosis was a total shock to my parents, as they were both healthy and I was a seemingly healthy toddler. Nonetheless, the diagnosis was real and although we would continue to question as to why and how I developed JIA, this would never be answered.***

The pediatrician also told my parents that I needed to start seeing a pediatric ophthalmologist immediately and likely for the rest of my life because children with my disease often develop uveitis, a rare and dangerous inflammation of the inner eye.

My parents' heads were spinning with the news, but they did as they were told and got me to a pediatric rheumatologist for my arthritis and an ophthalmologist. Where I lived, there was no pediatric ophthalmologist so they had to call around to find an eye doctor who would see me. It was very hard for my parents and for me. I didn't understand anything that was going on, except I would tell people that I had "ouchies" and "boo-boos." I was in pain but too little to really explain things.

Uveitis is dangerous because, if left untreated, it can lead to blindness. The disease is insidious. Often there are no symptoms, and once a person feels pain, the damage is done and irreversible. The big problem with pediatric uveitis is that young children may not be old enough to speak or adequately communicate any vision problem or sense of pain, or little kids do not understand that such discomfort is abnormal, so they fail to tell adults. Therefore, it was so important for my parents to keep taking me to eye exams, to make sure that the uveitis would not sneak up on me.

My first ophthalmology visit was clear. Three months later, my second visit was clear. Three months after that, clear again. And again. My parents were wondering why they had to bother with return visits when my eyes had been fine for a year. At least they could focus on my JIA and try to control my inflammation which would subside and then develop in other joints. We also moved from Florida to New Jersey due to my dad's job and had to start over with insurance, physicians and treatments, which added to the challenges.

About a year after my JIA diagnosis, my ophthalmologist spotted inflammation in the anterior section of my eyes. I was three years old. My doctor prescribed eye drops, which helped control the uveitis but increased the pressure in my eyes and gave me glaucoma. I was switched to oral medication. The uveitis went quiet after 3 months but came back two months later. It would come and go, with rounds of drops and different medications.

When I was five, we moved to Massachusetts, again for my dad's job, and my mom took me to an ophthalmology practice that watched me carefully. The long-term use of eye drops was making my glaucoma worse and finally, my ophthalmologist told my mom that he thought I should switch to someone who specialized in this rare disease, Dr. Stephen Foster. To this day, my mom greatly appreciates the humility and consideration of that first doctor who was willing to refer me out, in recognition that I needed the specialized care that Dr. Foster and his associates could give me.

*Continued on page 9*



## Calendar of Events

### Thursday, January 5, 2017

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

### Tuesday, March 7, 2017

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

### Thursday, April 13, 2017

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

### April 28, 2017

*11th Annual Auction Benefit*  
 Mandarin Oriental Boston • Boston, MA  
 \*Tickets available on [www.uveitis.org](http://www.uveitis.org)

### Tuesday, June 6, 2017

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

### August 20, 2017

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

### October 15, 2017

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

Cut along the dotted line and retain for reference.



# OIUF

THE OCULAR IMMUNOLOGY  
 AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

## Our Mission

*The Ocular Immunology and Uveitis Foundation is a 501c(3), national non-profit, tax-exempt organization.*

*Our mission is to find cures for ocular inflammatory diseases, to erase the worldwide deficit of properly trained ocular immunologists, and to provide education and emotional support for those patients afflicted with ocular inflammatory disease.*

## How You Can Make A Visible Difference

*Your gifts and donations help the work of the Ocular Immunology and Uveitis Foundation in achieving our mission.*

*To help meet your philanthropic goals, OIUF accepts gifts of many types, including appreciated securities, bequests, real estate, qualified retirement and life income gifts.*

## Planning a wedding?

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

**For more information please contact Alison Justus at (781) 647-1431 x407 or email [oiuf@uveitis.org](mailto:oiuf@uveitis.org)**

**Please use the enclosed envelope for your donation**

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

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

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

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## Letter from Our President



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

As we welcome in a New Year, I would like to take the time to reflect on the many achievements the Foundation has made since our last update this past summer. In addition to a new a group of Fellows from all over the world, one of my former fellows, Dr. Peter Chang, whom many of you may remember from back in our days in Cambridge, MA has joined the practice at MERSI as an Attending physician and partner. He is a retina and uveitis specialist and in addition to treating patients with retinal and ocular inflammatory diseases, he, like Dr. Anesi, also participates in OIUF's research projects and helps oversee the training of the Fellows.

Both the Boston Walk for Vision, held in August, and the New Jersey/New York Walk for Vision in September, were successful, bringing out large crowds on beautiful days. I hope you will join us for these wonderful events in 2017.

In November I traveled to Hong Kong where I presented on "Preferred Practice Pattern for Treating Uveitis: The Mission is Remission" at the University of China, Hong Kong. I then traveled to South Korea, giving talks on "Non-Infectious Uveitis Therapy: Biologic Response Modifiers." It is always wonderful to see my former fellows in their homeland and this visit in South Korea was no different. Dr. Lee, who trained as an OIUF Research Fellow, is one of the few uveitis specialists in her country and it is a great sense of pride to see the great work she is providing to her patients.



**Former Research Fellow Kyungmin Lee, MD and Dr. Foster in Seoul, South Korea**

This fall we also held our annual physician education conference: 2016 Posterior Segment Summit, held in Waltham, MA. Physicians from across the Northeast attended the one day conference with esteemed faculty, including many of my former Fellows.

On April 28, 2017, we will hold our 11th Annual Auction Benefit, followed by our Pediatric Conference in the fall, which remains one of our most popular events. As you read Natalie's story, you will see that this is why we wake up every day and continue to push forward. She highlights a very important part of treating and managing juvenile idiopathic arthritis and uveitis: constant vigilance and the commitment to keeping appointments even when no signs or symptoms of disease are noticed by the patient or parent. Enormous amount of credit is due to her parents for staying the course and continuing to attend appointments, because, as you will read, it was only through those exams that trouble was spotted.

We see stories like Natalie's every day at MERSI. Through educational conferences, physicians who never received the proper training on uveitis and ocular inflammatory disease in Residency are able to recognize the severity of such conditions and refer to specialists when necessary, such as Natalie's local ophthalmologist did. Thanks to your continued support, we are able to fund these conferences and our Fellowship program to erase the deficit of properly trained ocular immunologists to ensure every child and adult, regardless of whether they live in New England or South Korea, has access to proper care. We are forever grateful and wish you health and happiness in the New Year.

With Sincerest Best Wishes,

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

C. Stephen Foster, MD

# Uveitic Glaucoma

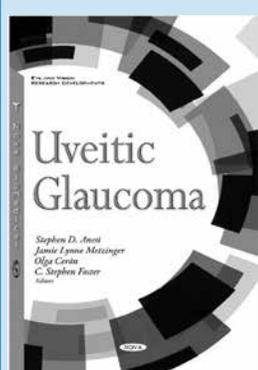
Stephen Anesi, MD

Uveitis is the third leading cause of preventable blindness in this country, but many people who suffer from this group of diseases lose their vision via other another mechanism – glaucoma. Glaucoma is the ‘sneak thief’ of vision, a blinding disease of the optic nerve, or the structure that connects your eye and brain and allows you to see. It causes irreversible vision loss which, at first, is usually completely unnoticed by the patient, asymptomatic, because it affects the ‘peripheral’ vision, but slowly progresses until significant central vision loss occurs. Glaucoma itself is actually a much more common disease than uveitis. It comes in many different forms, is seen on examination by the uveitis specialist, and is also monitored by specialized testing of optic nerve “structure” (OCT scan) and “function” (visual field testing), looking for signs of progression of optic nerve damage.

It is estimated that 2 million people worldwide have uveitis, and that the percentage of patients with uveitis who also have glaucoma ranges between 10 and 40%. Just as in non-uveitic glaucoma, uveitic glaucoma is more commonly seen in older patients. Some forms of uveitis are more prone to developing glaucoma, including both infectious causes, such as some types of virus associated uveitis, and non-infectious causes, like juvenile idiopathic arthritis associated uveitis. Sometimes, uveitic glaucoma occurs because of long-term dependence on steroid therapy, whether by oral medication or eye drops, vis-à-vis either poorly controlled inflammation or a distinct and significant rise in eye pressure caused by steroids themselves.

The most common reason why glaucoma causes vision loss is because of high pressure in the eye. It is primarily a problem with fluid balance in the eye which creates the pressure – “too much fluid in” or “not enough fluid out”. This imbalance is then treated by means to reduce this pressure such as eye drops or laser therapy, and less commonly surgery. Cardiovascular and metabolic diseases have also been thought to play a more prominent role in glaucoma, specifically hypertension and diabetes. But in uveitic glaucoma, several other factors may be in play, including scarring and poor blood flow due to chronic inflammation. Scarring may cause abnormalities in the “outflow” pathway of fluid from the eye, leading to higher pressure. Abnormal blood flow and blood vessel inflammation can also damage outflow pathways, but may also pose a threat to oxygen delivery to the retina and optic nerve (ischemia), which can also cause irreversible damage. At times, active inflammation is felt to be the cause of high eye pressure, as may happen in herpes simplex iritis – simply treating the inflammation causes the eye pressure to return to normal.

This is the reason why the treatment of uveitic glaucoma absolutely requires good control of ocular inflammation. Solid control of ocular inflammation can lessen the risk of perpetual vision loss from secondary glaucoma directly caused by or related to this inflammation – uveitic glaucoma. And this absolutely must be achieved off of all steroid, achieving “steroid free remission” of inflammation. The number of providers who understand this premise is thankfully growing, however there still exist providers who are overly concerned about the dangers of systemic therapy for uveitis and then continue to pour steroid drops on uveitis, keeping it “quiet”, only to let the resulting glaucoma ravage the eye. They do a great disservice to their patients. Better education of eye care providers, including uveitis and glaucoma specialists, about this blinding disease and the ramifications of improper therapy is vital to bridging the gaps in treatment that exist for many of these patients. Engaging in discussion of the problem by patients and providers, as well as further development of educational materials, will only help to spread awareness of uveitic glaucoma, and the special approach to treatment of this disease.



## Hot off the Press!

Uveitic Glaucoma provides an overview of the disease, as well as the pathophysiology, diagnosis, management, and an examination of the disease in specific populations. The term “uveitic glaucoma” is used to describe glaucoma associated with uveitis or ocular inflammation. It is an important, yet underappreciated condition, as uveitis and glaucoma separately account for a substantial proportion of cases of blindness worldwide. Their co-occurrence, however, provides an additional layer of complexity for patients and their treating ophthalmologists. In this publication, we emphasize a “hands-on” medical and surgical approach aimed at educating patients and practitioners with topic sections crafted in a concise, manageable way. Basic science concepts and disease pathophysiology, including chapters focused on aqueous humor dynamics,

disease classification, and normotensive uveitic glaucoma, are thoroughly reviewed. A comprehensive discussion of diagnosis, clinical management, and treatment is also included. The stepladder approach in treating the underlying disease, uveitis, is explained. Other topics of clinical interest, including pediatric uveitic glaucoma, uveitic glaucoma and pregnancy, and off-label medication use provide treatment and management guidance for special patient populations. This textbook is essential for both comprehensive ophthalmologists and specialists looking for more guidance in dealing with this complicated disease. It is available through purchase from the publisher with a link on our website at [www.uveitis.org](http://www.uveitis.org)



**2016 Posterior Segment Summit**  
 Saturday, November 12, 2016  
 Westin Waltham Boston  
 70 Third Avenue  
 Waltham, MA 02451

**Accreditation Statement**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Ametec and the Ocular Immunology and Uveitis Foundation (OIUF). Ametec is accredited by the ACCME to provide continuing medical education for physicians.

**Credit Designation Statement**

Ametec designates this activity for a maximum of 7.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# 2016 Posterior Segment Summit

On November 12th, physicians gathered from across the Northeast to attend the 2016 Posterior Segment Summit. The conference gathered a collection of the field's premier experts to highlight the most important advances in the diagnosis and management of diseases affecting the posterior segment of the eye. Several former OIUF fellows were not only on the Faculty, but also attended the conference. We are very grateful to our sponsors: abbvie, Alcon, Allergan, Audio Digest, Bausch & Lomb, Clearside Biomedical, Mallinckrodt Pharmaceuticals, pSivida, Santen, and Shire.



**Carol Shields, MD presents on Pediatric Uveitis Masqueraders**



**Peter Chang, MD presents on Diabetic Retinopathy**



**Stephen Anesi, MD presents on White Dot Syndrome**



**Faculty, from L to R: Stephen Anesi, MD; Caroline Baumal, MD; Carol Shields, MD; C. Stephen Foster, MD; Glenn Jaffe, MD; Rajiv Shah, MD; David Chu, MD; and Peter Chang, MD**



**Attendees listen to lectures**



**Physicians listen to lectures**



**Dr. Shields and Dr. Chang chat with a physician**

# Walk for Vision 2016

## Walk for Vision Boston

The Boston Walk was held on Sunday, August 21, 2016. Walkers enjoyed a brunch at the Hyatt Regency Cambridge hotel followed by a talk by Dr. Foster. After brunch, we were off on our 5k walk around the Charles River. Many thanks to our sponsors: Quirk Auto Dealers, Mallinckrodt Pharmaceuticals, abbvie, Braver Technologies, Quest Diagnostics, and EyeGate Pharma.



# Walk for Vision 2016

## Walk for Vision New Jersey/New York

The New Jersey/New York Walk was held on Sunday, September 25, 2016 at the Verona Park Boathouse in Verona, NJ. The event was organized by Lauren Jacobs-Lazer and her husband Adam Lazer, Tracy Grieco, David Chu, MD (Former Foster Fellow and Current OIUF Board Member), Eileen and Milton Fong, and Sylvia and David Stern. Many thanks to Lauren's parents who, for the sixth consecutive year, generously matched the first \$10,000 raised for the New Jersey/New York Walk and we are so grateful for their support!



# Uveitis Support Group

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

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

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

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

**In addition to the onsite meetings, the Uveitis/OID Support Group has an online support group and informational website for adults, parents, and kids. For more information, point your web browser to [www.uveitis.org](http://www.uveitis.org) and click on the Support Group links for a list of these wonderful and informative resources.**

**Or if you just want to ask a question of an expert, go to our "Ask Dr. Foster" page.**

## **facebook**

The [Ocular Immunology and Uveitis Foundation](http://www.facebook.com/ocularimmunologyanduveitisfoundation) reaches over 2500 fans on Facebook! Are you one of them? Visit the OIUF page at [www.facebook.com/ocularimmunologyanduveitisfoundation](http://www.facebook.com/ocularimmunologyanduveitisfoundation) and click the "Like" button at the top of the page to receive the latest updates about our activities and photos of our recent events, including the Walk for Vision and the annual Auction Benefit.

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



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



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

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

## **Monthly Giving**

Monthly giving to OIUF allows us to spend more of our resources on finding cures for ocular inflammatory diseases and less on administrative costs. Monthly giving is easy and secure. You choose the amount to give each month. You can change the amount or cancel at any time. Sign up today and help make a difference in the life of a patient with OID.



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



## Fellowship Spotlight

### Buraa Kubaisi, MD

My name is Dr. Buraa Kubaisi and I am a Syrian and American citizen from Michigan. I spent my childhood in Michigan and then went to Syria with my family, where I attended medical school. I returned to Michigan for several months for elective rotations at Henryford Hospital. I then pursued the field of ophthalmology overseas, completing residency at Eye Surgical Hospital in Damascus, Syria. It was a wonderful place to train and I gained a lot of experience in all sub-specialties of ophthalmology. However, my training in uveitis was lacking, as these patients would often be managed by retinal specialists, with treatment being limited to steroids. My only exposure to uveitis was at the American University of Beirut during my second year of residency, led by one of Dr. Stephen Foster's previous fellows. Since that time, I grew an appreciation for uveitis and considered pursuing additional training in this specialty

to provide standardized care to the people of Syria.

During my search, I came across MERSI, headed by Dr. Foster, the world-renowned leader in the field of uveitis. He graciously accepted my request to train under his mentorship for a year through the Ocular Immunology and Uveitis Fellowship program. I was pleased to work with all of the attendings, fellows, technicians, nurses, and amazing staff. My time here was incredible. I received more exposure to uveitis and ocular inflammatory diseases than I could have ever imagined, from diagnosis to management.

In addition, I had the opportunity to perform clinical research, publish our findings, and attend national meetings. I would like to express my gratitude towards Dr. Foster, as a friend and as a mentor, and also the staff here at MERSI and OIUF for making my experience here so rewarding. I have gained much during my time here and I know that this knowledge and experience will be critical in my success as an ocular immunology and uveitis specialist in the future. My hope is to apply what I've learned back in Syria one day. Thank you Dr. Foster, and thank you OIUF!

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## Remission is Possible! *Continued from page 1*

Dr. Foster saw me right away and took my situation seriously. He recommended an aggressive therapeutic plan, and my mom says she was very scared and nervous, worried that it might be too much for a child. She was worried about using immunosuppressive medications. It seemed scary to expose me to chemotherapy medications when I didn't have cancer and she was terrified, but she trusted Dr. Foster's judgment and did what he said.

I was too little and unable to swallow pills, so my mom would pulverize methotrexate pills and mix them in my food. I hated it. I could spot a tiny medicine speckle in cupcakes, cookies, ice cream, yogurt, and anything she tried to sneak it in. I would refuse the food or vomit it up so we switched to daily injections at home. I cried so much and really hated the shots, but took them. I also tried CellCept, but I had to stop because I developed a bad cough and felt sick. Finally, I took Remicade infusions for my persistent uveitis. The initial part of putting the port in my arm made me faint but once in, all was fine.

I still had energy after my infusions and led a very normal life. I'm so happy to tell you that my last Remicade infusion was five years ago and I am currently on no medications. I have been in remission and feel great! It has not been an easy ride because I have had a few hiccups along the way, but my uveitis has been quiet. Amazingly, so has my JIA.

To see me now, with very good eyesight and no long-term damage, you would never know of my journey. I am forever grateful that we got to Dr. Foster and Dr. Anesi so quickly and followed their treatment plan. While I still see my specialists once a year to be cautious, my conditions do not run my life. My parents never imagined that their two year old girl who struggled to go up the stairs would grow up to be a Dual County League All-Star in volleyball and that my vision would be what it is today. I wear glasses and contact lenses, like most everyone else. This past summer my mom and I volunteered at the OIUF Boston Walk for Vision. We are so grateful for the training of the Fellows and the care I have received.

To any kids going through tough times with uveitis, I know how you are feeling. We have a difficult cross to bear, but maybe my experience will give you hope because if you are able to read this, it means you probably are seeing a good specialist who will give you great medical care. That's the biggest challenge - finding expert care, and then trusting them with your vision. Hopefully everyone with this disease will be able to find specialists like I did, thanks to all the fellows that are trained through OIUF!

## Former OIUF Research Fellow Peter Y. Chang, MD now Associate Physician at MERSI



We are pleased to announce that former OIUF Research Fellow Peter Y. Chang, MD has joined the practice at MERSI as a Vitreoretinal Surgeon and Uveitis Specialist. Dr. Chang completed a two-year fellowship in Vitreoretinal Surgery in June 2016 at the Illinois Eye and Ear Infirmary in Chicago.

Dr. Chang attended Brown University and graduated with a Bachelor of Science degree in Biology in 2004. He then earned a Doctor of Medicine from Tufts University in 2008. After medical school, Dr. Chang pursued a two-year long research fellowship in Ocular Immunology and Uveitis at the Massachusetts Eye Research and Surgery Institution under Dr. Foster, where he was the Chief Research Fellow from 2009-2010. Upon completion of his medical internship at Mount Auburn Hospital in Cambridge, MA in 2011, he traveled to the New York Eye and Ear Infirmary of Mount Sinai in New York City for his residency in Ophthalmology, where he served as Chief Resident. After completion of his residency in 2014, Dr. Chang moved to Chicago for his fellowship in Vitreoretinal surgery.

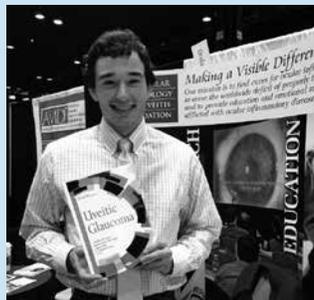
He is a member of the American Academy of Ophthalmology and the American Society of Retina Specialists and has authored numerous articles and book chapters regarding ocular inflammatory diseases and retinal disorders. In addition, Dr. Chang took part in the first implantation of Argus II Retinal Prosthesis in Chicago, and is working to bring the technology to Boston. He looks forward to teaching OIUF Fellows both clinically and surgically, as well as conducting research through the Foundation.

### AAO Meeting

The American Academy of Ophthalmology's Annual Meeting took place in Chicago in October, 2016. Dr. Foster and Dr. Anesi spoke at the Uveitis Subspecialty day on Saturday, October 15th, held every two years at the Academy. This day-long segment is dedicated to providing attendees with the latest updates in treatment and management of uveitis. On Saturday evening, the Foster Ocular Immunology Society (FOIS) held their meeting with dinner and case presentations. FOIS, founded by former Foster Fellows, brings together classes of Fellows to socialize and discuss complex cases. Our OIUF research coordinators also represented the Foundation well at our booth, answering questions about research and ongoing studies, as well as recruiting future Fellows.



Past and current Fellows gather at FOIS event



OIUF Research Coordinator Alex Schmidt promotes our latest book



Frances Foster and Dr. Foster with Douglas A. Jabs, MD the first lecturer of the C. Stephen Foster and Frances Foster Lecture on Uveitis & Immunology



Fellows gather at the OIUF booth



Research Fellows Dr. Nakhoul and Dr. Kubaisi take a selfie at the expo

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## Research Highlights

### Allergan 192023-091

The purpose of this study is to investigate the safety and effectiveness of two different dose strengths (10 µg or 15 µg) of the Bimatoprost Sustained Release (SR) implant, compared to treatment with Timolol 0.5% eye drops in lowering eye pressure in subjects with open angle glaucoma or high eye-pressure (ocular hypertension). Bimatoprost SR is a small biodegradable implant that is injected and sits in the anterior chamber of the eye releasing drug for 3-4 months. The study is controlled with randomized experimental, and positive control treatment groups. The study requires follow up appointments over a 22 month period.

### Bausch + Lomb 853

Bausch + Lomb 853 is an observational research study to evaluate the change from baseline of endothelial cell density in eyes treated with Retisert® (fluocinolone acetonide [FA] intravitreal implant) 0.59 mg. Eligible participants will visit the clinic for three (3) study visits in total. At the first visit, current and relevant medical, ophthalmic, and medication history will be collected after the subject reads and signs a written informed consent. Baseline specular microscopy will be performed. Within 30 days, the subject will return for implantation of the Retisert and any changes to medical, ophthalmic, and medication history will be recorded. Subjects will return for a third visit approximately one year after Retisert surgery. Any changes to medical, ophthalmic, and medication history will again be recorded. Subjects are sought that are scheduled for surgical placement of a Retisert in a previously unimplanted eye, who are willing and able to comply with all treatment and follow-up/study procedures and are able and willing to provide informed consent, or assent in the case of participants 12-18 years of age. Subjects will be excluded who have previously participated in B+L 440, are monocular (unable to detect hand motion at 6 feet in 1 eye), have history of ocular surgery in the study eye within 30 days prior to screening, or any type of intraocular drug delivery implant in the study eye. Additional inclusion and exclusion criteria apply.

### B+L 440

Bausch + Lomb 440 is a phase 4, multi-center study to investigate Fluocinolone Acetonide (FA) intravitreal implants (both the 0.59mg and 2.1mg) on corneal endothelial cell density. Patients with a FA intravitreal implant will visit clinic one (1) time for bilateral specular microscopy. Eligible participants will be asked for current and relevant medical, ophthalmic, and medication history after signing a written informed consent. Then, bilateral specular microscopy is used to determine endothelial cell density. The risks of endothelial cell specular microscopy are similar to the risks of an ophthalmic examination using an applanation tonometer (corneal abrasion, reaction to the anesthetic, etc.), and no additional risk is known. Participants of this study must be at least six years of age, have a Retisert (FA intravitreal implant) in only one eye for at least one year, be able and willing to provide informed consent (or assent in the case of subjects under 18 years) and be willing to comply with all study requirements. Subjects who are monocular and unable to detect hand motion at 6 feet in one eye, have known corneal dystrophy or corneal transplant, bilateral Retiserts (FA intravitreal implants), or history of ocular surgery in previous 30 days are not eligible to participate. Additional inclusion and exclusion criteria apply.

### EyeGate EGP-437-006

The EyeGate study is a multi-center phase 3 clinical trial designed to evaluate the safety and efficacy of iontophoretic dexamethasone phosphate ophthalmic solution for the treatment of non-infectious anterior uveitis as compared to prednisolone eye drops. This is a masked positively controlled trial. Patients in the experimental group receive three treatments of dexamethasone phosphate via a contact lens that provides a small electrical current that “pushes” the drug compound into the anterior chamber of the eye. Patients in the control group receive a sham iontophoresis treatment and take prednisolone eye drops, a current standard of care for anterior segment uveitis flares. The study requires six visits. Three within the first nine days for the iontophoresis sessions, followed by three follow up visits over the next two months. MERSI and OIUF previously participated in the phase II study of this treatment.

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## OIUF Research Reaches Global Scale

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

<b>Number of times our work has been cited</b>	<b>21,999</b>
<b>Number of times our work has been viewed/downloaded</b>	<b>18,546</b>



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AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

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www.uveitis.org

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## **[Publications of Interest to Physicians and Patients for Sale](#)**

***Foster, C.S., Bhatt, P., Yilmaz, T., Cervantes, R., Mauro, J. Atlas of Ocular Inflammatory Disease. 2009. Cost \$198.00***

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***Foster, C.S., Anesi, S., Gonzalez, L., Palafox, S. Childhood Uveitis. 2011. Cost \$30.00***

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

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

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

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

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