

THE OCULAR
IMMUNOLOGY
AND UVEITIS
FOUNDATION

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



Spring/Summer 2009

My Life with Uveitis *By Renee' Molnar Guilford, CT*

In 1983 I was 9 years old. I woke up one morning with extreme blurred vision in my right eye. I could only see light and could barely make out faces. Being only 9 years old I thought something was in my eye. My mother closely looked but could not see anything. That same day we went directly to our ophthalmologist in Fairfield, CT. After the doctor did some tests he determined that I had an eye disease called uveitis. I remember the doctor asking to speak to my mother alone. I knew whatever uveitis was, it was bad. After further blood tests and several appointments with specialists in NY and Boston, I was told that I may also have something called JRA, Juvenile Rheumatoid Arthritis. The recommended course of treatment was steroid drops in both eyes. I was referred to Dr. Stephen Foster in Massachusetts. Unfortunately my family's health insurance plan would not cover the appointment, and we chose not to see him at that time.



Renee' with daughters Allie and Emmie

For 21 years of my life and under the care of ophthalmologists in Connecticut, I had inflammations, or "flare ups" just about every 4-6 weeks. I continued with steroid drops and was unaware of other treatment options. By age 11, I developed cataracts in both eyes. I was always a good patient and put in the drops as told by my local ophthalmologist. It was recommended that steroid eye drops were the best treatment at the time and in some cases still today. I never really truly worried about this disease because it seemed to me that it was pretty simple...have a flare, put in steroid eye drops. This theme carried on for 20 years.

When I was 29 years old I gave birth to the two most amazing little girls in the world, Allie and Emmie. They became my life, my joy and my utmost priority. When the girls were just a few months old, I kept thinking to myself that the quality of my night vision was poor and I was uncomfortable driving at night. I consulted with my eye doctor in CT on this matter and he agreed that cataract surgery would be a good option for me. When Allie and Emmie were a year old I had cataract surgery in my left eye. At first my vision was amazing, I had never seen so clearly without glasses in that eye. Unfortunately that did not last. After postoperative laser surgery my vision went from very good to horrible and my vision problem became very complicated and frightening. The inflammation was uncontrollable. Not only was I frightened that I would lose my vision, I was so scared that I would lose my independence and not be able to take care of my children.

After searching on websites and remembering the name Dr. Stephen Foster from childhood I connected with him through www.uveitis.org.

After a long and thorough visit at MERSI, I was told by Dr. Foster very clearly that if I did not get this disease under control, I could have serious issues down the road. He explained that I needed immunosuppressant drugs like methotrexate. When I heard this information I was shocked. All I could think about were my two 20 month old girls and how I would care for them? I wanted to fight this. So did Dr. Foster. He explained that "inflammation cannot be tolerated!" I agreed. I wanted to be able to live an independent life, wanted to watch my children dance, smile and grow up. I was on board with Dr. Foster's plan of attack 100%!

I have been treated by Dr. Foster at MERSI for over 2 years, traveling with my husband Chris from Connecticut every 4-6 weeks, and I am so proud to say that I have been in remission for more than 6 months...which is the longest I have ever gone without a flare in over 20 years! I am presently taking remicade infusions and methotrexate injections. These medications have not hindered my life in any way. I am forever thankful to OIUF for their research, education and online and in-person support services, and to Dr. Foster. If it were not for his passion, vigilance and expertise I would not have the quality of life that I have now.

Visit www.firstgiving.com/uveitis and view OIUF's new video featuring Renee's story.

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Calendar of Events

July 28, 2009

Support Group

Addressing concerns about OID/Uveitis

1:00-2:00PM

September 26, 2009

Walk for Vision

Cambridge, MA

October 11, 2009

Walk for Vision

Verona, NJ

November 14, 2009

Fourth Annual Physician Education Conference:

"New paradigms in the Treatment of Posterior Segment Disease"

November 17, 2009

Support Group

See what the doctor sees: The slit lamp exam

6:30-8:00PM

January, 12, 2010

Support Group

TBA

1:00-2:00PM

March 10, 2010

Support Group

TBA

6:30 - 8:30PM

April 27, 2010

Support Group

Addressing Concerns About OID/Uveitis

1:00-2:00PM

June 8, 2010

Support Group

Research Updates

6:30 - 8:30PM

Cut along the dotted line and retain for reference.



THE OCULAR IMMUNOLOGY AND UVEITIS FOUNDATION

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 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**

Walkers and Spirit Walkers:

Log on to

<http://www.firstgiving.com/uveitis>

**and create your own
fundraising web page**

Start making strides

NOW

**in Ocular Inflammatory
Disease research!**

Letter from Our President

Dear Friends,

Thanks to your continued commitment to our work, the last 6 months have been marked by significant milestones for the Foundation's education, research and support efforts.

New treatment options for patients with chronic ocular inflammatory disease are rapidly developing, due in part to the clinical research conducted through the Foundation here at MERSI. One such novel study treatment, has proven to be safe and effective in treating several of our patients with severe uveitis, whose disease remained difficult to manage using immunomodulatory therapy and steroid therapies.

For the first time this past May, OIUF was able to provide a travel grant to a first-year ophthalmology resident from West Virginia to present her paper on ocular inflammatory disease at the 2009 Annual Meeting of the Association for Research in Vision and Ophthalmology (ARVO) in Fort Lauderdale, Florida. This did not only represent an incredible opportunity for a rising physician to participate in this important meeting that she would otherwise be unable to attend, it signified the opportunity for 10,000 ophthalmologists from all over the world in attendance to gain needed knowledge about ocular inflammatory eye disease. On a similar note: I am pleased to report that all of OIUF's fellows currently completing their OIUF fellowships presented posters at this meeting as well this year. This incredibly able group of fellows bring hope to the future of treatment of ocular inflammatory disease worldwide and will be missed greatly at MERSI.

I was delighted to have my former fellow David Chu, MD, Associate Director of Cornea and External Ocular Diseases at the University of Medicine and Dentistry of New Jersey and Manfred Zierhut, MD, Ph.D., Associate Professor of Ophthalmology, at the University Eye Hospital in Tübingen, Germany as guest speakers in the seminars offered through our clinical fellowship program. Recent visiting professorships have taken me to Prague at the end of May where I was selected as "Honorary President" for the International Ocular Inflammation Society (IOIS) conference, where I organized a symposium devoted to "New and Emerging Therapies in Ocular Inflammation." In early June I had the opportunity to present on "New Immunomodulatory Therapies" for ocular inflammatory diseases at the annual French-American Ophthalmology Symposium, at the Mount Sinai School of Medicine and the New York Academy of Medicine. And on June 19th I was honored by the Weill Cornell Medical College of Ophthalmology by being chosen as the recipient of the John Milton McLean Medal in Ophthalmology.

Most recent statistics on our online uveitis support group show daily visits of 761, total posts of 62,808 and total visits of 3,187,946. We continue to work at finding new ways to reach out to all patients of all ages with ocular inflammatory disease and their family members. We offer the most up-to-date and valuable educational and support resources and we are pleased to now offer a support group section to this newsletter.

On behalf of the Ocular Immunology and Uveitis Foundation's Board of Directors, I thank each of you for your steadfast support and generosity - It is through donations both large and small that we are able to realize our mission.



C. Stephen Foster, M.D.

OIUF awards travel grant to ophthalmology resident to attend the ARVO 2009 Annual Meeting in Fort Lauderdale, Florida



Virginia Utz

Virginia Utz was awarded the first Ocular Immunology and Uveitis Foundation Travel Grant to present her research paper at the Association for Research in Vision and Ophthalmology (ARVO), the largest national eye research meeting held annually in Fort Lauderdale, Florida.

Her paper, titled "Innate Immunity of Staphylococcus aureus Keratitis" was presented at the Corneal Infection and Inflammation seminar. She appreciated the opportunity to attend multiple poster and paper presentations on inflammatory ocular disease and to learn about the recent and ongoing clinical treatment trials.

Virginia is currently a first-year ophthalmology resident at University Hospitals Eye Institute/Case Western Reserve University in Cleveland, OH. In addition to her clinical rotations, she has been working in the basic science laboratory of Dr. Eric Pearlman for the past year studying the innate immune response to corneal microbes. Virginia completed her undergraduate training at The College of Wooster in Wooster, OH with a major in biochemistry and a minor in religious studies. During her undergraduate training, she spent a semester in Tokyo, studying Japan's health care practices and completing an internship at a local hospital.

Virginia plans to pursue a clinical and research career in ocular inflammation and uveitis. She looks forward to serving the patients this Foundation honors and supports.

Uveitis Facts and Figures

- Destructive inflammatory diseases of the eye such as uveitis are the third leading cause of preventable blindness in developed countries.
- Each year uveitis affects more than 280,000 people and is the cause of 30,000 new cases of blindness in the United States. Historically, uveitis was considered a single disease entity; however, we now know that uveitis can be caused by autoimmune disorders, infections, malignancy, and exposure to toxins. There are approximately 85 causes of uveitis, although despite huge advances in current diagnostic techniques, 35-50% remain in the idiopathic category or unknown cause.
- Because the treatment and prognosis of various uveitic entities varies greatly, accurate diagnosis is imperative.
- The mean age of onset is 30.7 years (+/-15) and 5% to 10% of the cases occur in children under the age of 16. Uveitis in children blinds a larger percentage of those affected than in adults.



(From left:) Jerry Solomon, Nancy Kerrigan and Jay Jay French



(From left:) Dr. Foster, Carol Canner and Alison Justus



Live auction items included (pictured above) a beautifully designed Prada alligator tote and a cooking lesson with chef Julie Riven. Riven is also a food writer, stylist, and was co-author of the popular "Food" column in the Boston Sunday Globe for 17 years.

"I've worked with Dr. Foster for years and long admired his work. Obviously eye care is very important for me and my family. I am delighted to take part in this event."

**-Nancy Kerrigan,
Two-Time Olympic Medalist**



Foster Society Members
Patricia and Bruce Bartlett



(From left): Frances Foster with artists living with ocular inflammatory diseases, Nancy Rozen and Sara Scolnick

The Fourth Annual Through Their Eyes Art Auction

**Broad Institute, Cambridge, MA
Friday May 8th, 2009**

Thank you Stephen and Ronney Traynor, Quirk Auto Dealerships, Phillips Van-Heusen, Parrelli Optical, Roche Bros., Carberry's Bakery and Samuel Adams for making the Fourth Annual Through Their Eyes Art Auction possible! Supporters of the Ocular Immunology and Uveitis Foundation came out and enjoyed live music, hors d'oeuvres, cocktails and bid on amazing silent and live auction items to support Dr. Foster's research.

Jay Jay French, founding member of the heavy metal band Twisted Sister joined Nancy Kerrigan to share the role of Master of Ceremonies. OIUF would like to thank Marie Keep, Skinner Auctioneers and Appraisers, all of the sponsors, supporters, talented artists and volunteers for making this event such a great success!

"My daughter Samantha developed uveitis 9 years ago at age 6. I am extremely grateful to Dr. Foster for his knowledge and passion in keeping her eyesight near normal. It is my pleasure to do whatever I can to help Dr. Foster find a cure for inflammatory eye diseases."

**- Jay Jay French,
Founding Member, Twisted Sister**



Jay Jay French helps Marie Keep auction off his Pinkburst Signature guitar signed by all members of the band Twisted Sister and generously throws in tickets to a Twisted Sister concert and a guitar lesson!



Pictured above is "Dinghy Docky," Oil on Canvas, painted by Raymond Barton: a celebrated artist and patient of Dr. Foster's.



OIUF Board of Directors with Jay Jay French and Nancy Kerrigan, (from left:) Richard Rovner, Scott Evans, Dr. Foster, Daniel Quirk, Carole Clark, Carol Canner and Greg Hughes

Research Highlights

Allergan AKC Trial

A multi-center study, in which the purpose is to determine the efficacy and safety of Cyclosporine Ophthalmic Solution in patients with Atopic Keratoconjunctivitis (AKC), a bilateral, inflammatory external ocular disease. Whereas the current treatment for AKC focuses on controlling the symptoms of the disease, this study will investigate whether a medication like Cyclosporine, a potent immunosuppressant, will not only treat the symptoms, but stop the disease progression altogether.

Novartis - AIN457

A proof-of-concept study sponsored by Novartis, in which the purpose of the study is to determine the safety of AIN457 in patients with uveitis and to investigate whether an antibody like AIN457, which neutralizes the cytokine IL-17A, will safely reduce the intraocular inflammation associated with non-infectious uveitis. Data collected during Phase I of the trial is extremely promising and as a result, Novartis has amended the study protocol to allow more patients to enroll. MERSI has currently enrolled four patients and we are actively seeking more participants.

Novartis - AEB071

A new proof-of-concept study sponsored by Novartis, in which the purpose is to determine the safety and effectiveness of AEB071 in patients with uveitis. The study investigates whether an antibody like AEB071 that inhibits a category of enzymes called "Protein Kinase C" (PKC) can help to reduce macular edema associated with non-infectious intermediate uveitis, posterior uveitis, or panuveitis. This study is now open to enrollment.

SITE Study

This study is also a multi-center study (5 sites) across the USA, funded by the National Institutes of Health (NIH). It is a chart review study, not a clinical trial. The goal is to determine

whether the long term use of Systemic Immunosuppressive Therapy for Eye diseases leads to a higher risk of malignancy or death. Current data (published earlier by Dr. Foster) indicate that it does not. The SITE study will definitely answer this question, which people have been asking since the introduction of such therapy in the late 1970s by Dr. Foster. The idea is to 'pool' together all the patients from 5 centers across the United States, and to then analyze all of them together. Data will be complete in July 09.

EyeGate

EyeGate is the sponsor of a clinical trial where the study objective is to deliver an ophthalmic solution using the EyeGate® II Drug Delivery System in patients with non-infectious acute anterior segment uveitis. In this breakthrough concept, the drug (dexamethasone) is transmitted in a non-invasive manner by a non-painful electrical current. The creation of this delivery system was based on over 10 years of development. Four patients at MERSI have been treated using this innovative delivery system and we are currently seeking more participants. EyeGate is seeking regulatory approval of this delivery method in both the U.S. and Europe.

Merrimack Alpha Feto Protein

Merrimack Pharmaceuticals is evaluating the efficacy of a protein at treating Birdshot Retinochoriopathy and Sarcoid-related uveitis. This protein, known as alpha-feto protein, is only found in pregnant women.

All 16 patients are now completed with the drug and the follow-up visits. Primary data analysis is currently being conducted.

Lux Biosciences

Lux Biosciences have engineered a new immunomodulatory agent (LX211) which is chemically and mechanistically similar to cyclosporine A. These phase 3 clinical trials intend to evaluate the efficacy of this new drug for treating non-infectious uveitis

of various etiologies. The preliminary results are very exciting and we look forward to the results soon.

All the subjects from the MERSI site are complete. All 3 separate LUX clinical trial protocols are now closed and the final follow-up data is being collected and analyzed.

MUST

The Multicenter Uveitis Steroid Treatment study across the USA is funded by the National Institute of Health. The goal is to compare standard medical therapy (immunosuppressive pills taken by mouth) for uveitis with a recently approved steroid implant placed inside the eye (surgery), to see which therapy results in better control of uveitis, which therapy patients prefer, and which has fewer side effects. The steroid implant is the Retisert®, which was approved by the FDA in 2005. Dr. Foster was part of the original study that led to its approval, and some of our patients have had this treatment with good results.

We are no longer enrolling new subjects. Presently, we have 11 active participants undergoing follow-up visits and data are being collected.

ACCEPTED FOR PUBLICATION

- Atlas of Uveitis - Release date June 09
- A review of the Corneal Dystrophies – accepted for publication in Contemporary Ophthalmology
- Primary CNS Lymphoma with Intraocular Involvement (short review of: Grimm SA et al. Primary CNS lymphoma with intraocular involvement: International PCNSL Collaborative Group Report. Neurology 2008;71:1355-1360) - accepted for publication in Journal Watch Neurology
- Cyclophosphamide for ocular inflammatory diseases – accepted for publication in Ophthalmology

Continued on page 12

Uveitis Support Group

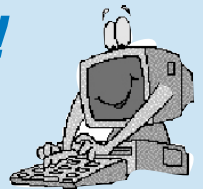
The Uveitis/OID Support Group is a patient education and mutual support resource founded in 1996 by Dr. Foster, Frances Foster MS, NP, John Hurley LICSW and patients of Dr. Foster. Our mission is to educate patients, their family members and friends, and the medical community about ocular inflammatory 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 Uveitis Guide. 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. 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.

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.



The group is committed to support, not criticism, and no medical advice is given unless the person has a medical degree to do so. Or if you just want to ask a question of an expert, go to our "Ask Dr. Foster" page.

Walk for Vision is back

Support Uveitis/OID Research while honoring your friends and family with Walk for Vision!

Last year the walk celebrated the proclamation of September 2008 by Governor Deval Patrick as **OCULAR INFLAMMATORY DISEASE AWARENESS MONTH** in the Commonwealth of Massachusetts.

The walk in Cambridge this year will take place on **Saturday, September 26th, 2009**, with registration starting at **10:30AM**. The Sonesta Hotel will be the site for the start and finish of the walk. The Sonesta Hotel is located on the banks of the Charles River in Cambridge. This year we will kick off the walk at 11:30AM with a brunch and featured talk by Dr. Foster. The 5K walk will start at 1:15PM with the usual walk route around the beautiful Charles River. Email Frances Foster at ffoster@mersi.us or call **617-621-6377 ext. 119** and look for the annual dedicated newsletter with registration information.

Do you live in The Tri State area and can't make it to Cambridge, MA this year?

Join Lauren Jacobs-Lazer in Verona Park for the Walk for Vision in Verona, New Jersey on October 11, 2009. Registration begins at 10:00AM and the 5K walk will begin at 11:00AM.

For more information please contact Lauren Jacobs-Lazer at WalkForVisionNJ@hotmail.com or call **(973) 476-0002**

You can start fundraising early by setting up your own fundraising page on our Firstgiving website. It is especially designed for this and one is able to make donations to you for the Foundation online. Get started at: www.firstgiving.com/uveitis

Systemic Treatment of Ocular Disease

C. Stephen Foster, M.D.

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

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

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

We believe that there is a better way, and, in fact, the "outcomes" study data show that this is so. Our philosophy at MERSI is to not tolerate even low-grade chronic uveitis, but also not to tolerate endless amounts of steroid use. We achieve this goal through a "stepladder" approach in aggressiveness of therapy. This class of drug, nonsteroidal anti-inflammatory drugs, is typified by aspirin, ibuprofen, naproxen, etc. Unless a patient has a contraindication to the use of such medications chronically by mouth (for example, history of peptic ulcer disease), we place the patient on prescription-strength nonsteroidal anti-inflammatory drugs, and then attempt to taper the topical steroid drops, expecting the oral nonsteroidal medication to keep the uveitis from recurring. This strategy, in our hands, is effective in approximately 70% of selected patients. In those 30% who do not respond to this strategy, we then advance to systemic immunosuppressive/immunomodulatory therapy, sometimes referred to as "chemotherapy." I place this word in quotation marks simply because it is not the kind of chemotherapy that most patients think of when they hear that word, i.e., cancer-type therapy. Rather, it is the type of chemotherapy typically used by rheumatologists in their care of patients with severe rheumatoid arthritis, and by dermatologists in their care of patients with severe psoriasis, or in their care of patients with certain blistering dermatitis diseases. This is the area in systemic drug therapy for ocular disease in which the vast majority of ophthalmologists are uncomfortable, primarily out of ignorance (and I do not mean that in a pejorative way, but rather in a factual way.) Ophthalmologists are not used to using these medications, and carry with them the "baggage" learned in medical school about the risks of immunosuppressive chemotherapy drugs, typically as they are used in solid organ transplant patients and in patients with malignant disease. And those risks are simply not the

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Uveitis Support Group

KIDS CORNER



Did you know:

- ☼ The first doctor to describe uveitis, Imhotep, lived in Egypt around 2640 BC. He was a physician and architect who helped build pyramids.
- ☼ 5% to 10% of all cases of uveitis occur in children under the age of 16.
- ☼ Doctors need a special microscope, called a **slit lamp**, to examine the inside of the eye.

What is a slit lamp?

Your eye doctor uses a special kind of microscope, called a slit lamp microscope, to look inside your eyes. For short, it is called a "slit lamp". The slit lamp has a beam of light that can be adjusted. By changing the width of the beam, the doctor can gather important details about your eyes.

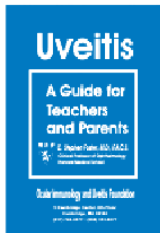
How does a slit lamp work?

The slit lamp sits on a movable table. You sit on a special chair. A slit lamp microscope works pretty much like your magnifying glass does. The doctor looks through the lens (eye piece) and sees a really BIG, magnified, image of your eye. The slit lamp has a bright light on it so your doctor can see the inside of your eye. The inside of your eye is normally dark, so the doctor needs a light to look inside.

Does it hurt to get examined with a slit lamp?

This is probably one of the things kids wonder about most. No. It does not hurt. Nothing touches your eye.

Parent's Corner



The school guide is available for free. Copies are available in the office or request a copy online at www.uveitis.org.

The Parent-Child conference will be back in the year 2010, please watch for dates. This is a wonderful day of events for children with uveitis and their parents. The kids have their day of activities filled with therapeutic art activities and fun with other kids going through the same experience as they are. Parents hear lectures on topics from latest treatments to coping and helping your child to chronic illness.

Documentaries for sale:

Pricing: \$20.00 per DVD. Extra charge for international shipping applies.

- 1. Uveitis: The Adult Experience.** The Adult Experience, features 3 adults (2 females and a male) who all got uveitis in adulthood. It 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: Color 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.us or call 617-494-1431 ext 112

Uveitis Support Group

**NEW
INITIATIVE**

The Ocular Immunology and Uveitis Foundation is developing chapters across the United States.

Each chapter formed will organize and host a variety of events such as a Walk for Vision or a dinner party to raise awareness and funds for critical ocular inflammatory disease research. Some chapters will also provide education and support group activities to patients and their family members.

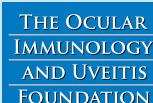
The first chapter we are developing is a Connecticut Chapter, which will be based in Glastonbury Connecticut, hometown to OIUF board member, Gregory Hughes. This chapter will host fun and successful fundraising events and provide needed support to individuals in our community living with ocular inflammatory disease. Greg welcomes the opportunity to answer any of your questions and encourages you to volunteer and or participate in chapter activities. He can be reached at gphughes2@cox.net.

If you would like to organize **a chapter in your area**, please contact the Foundation at **(617) 494-1431 ext. 112** or **OIUF@uveitis.org**.

Massachusetts Eye Research and Surgery Institution and the Ocular Immunology and Uveitis Foundation are now on Facebook!



Check out the Massachusetts Eye Research and Surgery Institution's Page on Facebook and become a Fan. You can receive updates about the latest news at MERSI and invite your friends to become fans to learn about all the services we offer.



Check out the Ocular Immunology and Uveitis Foundation's page on Facebook and become a Fan. Invite your friends to become fans as well to raise awareness and support for Ocular Inflammatory Diseases.



Systemic Treatment of Ocular Disease from Page 8

same as the risks associated with the low-dose, single-agent immunosuppressive chemotherapeutic programs that rheumatologists, dermatologists, and ocular immunologists use in their care of patients with non-malignant inflammatory disease. The potential for drug-induced "mischief" exists; but, used correctly, the likelihood of a significant drug-induced problem is quite small. The drugs, of course, must be managed by an individual who is, by virtue of training and experience, an expert in their use, in a patient who is responsible, keeps his or her appointments, etc.

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

The Foster Society

In 2008 the Ocular Immunology and Uveitis Foundation created the Foster Society to honor the generosity and vision of those individuals, foundations and corporations who support the mission of the Ocular Immunology and Uveitis Foundation.

**It is with much gratitude that we thank these donors for being part of this newly formed society.
(contributions of record from May, 2008 to May, 2009)**

Benefactor

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Dr. Michael Schmaltz
Wallace Stimpson
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William Terrell**

Research Highlights

Cont'd from page 6

- Conjunctival and lid inflammation in children – accepted for publication in Contemporary Ophthalmology
- Vogt-Koyanagi-Harada Syndrome associated with bilateral serous macular detachment responsive to immunomodulatory therapy – accepted for publication in Ophthalmic Surgery Lasers & Imaging
- Pterygia; Pathogenesis and the role of of subconjunctival bevacizumab – accepted for publication in Seminars in Ophthalmology
- Management of uveitis: Current concepts and modalities - accepted for publication in Contemporary Ophthalmology
- Azathioprine for Ocular Inflammatory Diseases – accepted for publication in American Journal of Ophthalmology
- Risk of overall and cancer mortality among patients with ocular inflammation treated with immunosuppressive therapy: retrospective cohort study – accepted for publication in British Medical Journal
- Intravitreal Bevacizumab in Refractory Uveitic Macular Edema: One year follow up - accepted for publication in European Journal of Ophthalmology

SUBMITTED PUBLICATIONS

- Current trend of therapy for the ocular manifestations of Adamantiades – Bechet's disease- submitted to Clinical Ophthalmology
- Pars Plana vitrectomy for pediatric uveitis: The Massachusetts Eye Research and Surgery Institution – submitted to Eye
- Pars plana vitrectomy versus immunomodulatory therapy for intermediate uveitis: A prospective, randomized pilot study - submitted to Ocular Immunology and Inflammation
- Stephen Johnson Syndrome in vitro organ culture – submitted to Archives of Ophthalmology
- Retinochoroiditis in patients with Langerhans Cell Histiocytosis – submitted to European Journal of Ophthalmology
- Non-steroidal Anti-Inflammatory Therapy and Recurrent Anterior Uveitis- Submitted to ACTA Ophthalmologica
- Mycophenolate mofetil as monotherapy in pediatric uveitis – submitted to Ophthalmology