"OIUF...making a visible difference"

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

Summer 2010

JIA Related Uveitis: A Family's Perspective *By Angie & Dan Wenger*

Our daughter Emma was diagnosed with Juvenile Arthritis 5 years ago at the age of 4. We first noticed that her right elbow was swollen and had a limited range of motion almost three months before a rheumatologist finally diagnosed her with juvenile arthritis. During that same time, Emma had been sent home from school for conjunctivitis (pink eye), and had been complaining of pain in her eyes and of seeing "sparklers" at bedtime. In hindsight, these were all symptoms of the inflammation already present and doing damage in her eyes.

Our rheumatologist referred us to a pediatric ophthamologist who had little experience with uveitis, and started Emma on a regimen of oral and topical steroids. To her credit, within a few weeks the doctor recognized that Emma's case was beyond her scope of care, and we were referred to a retinal specialist who remains a core part of Emma's medical team. By then, Emma's vision had deteriorated significantly from the combination of active inflammation and persistent steroid use. She was developing cataracts in both eyes that would need to be removed.

Emma's retinal specialist, Dr. Connor, quickly stepped her up to methotrexate to get the inflammation under control. After 6 months of treatment which included a series of steroid injections around her eyes, Emma's inflammation was still present and Dr. Connor recommended adding Remicade. As parents, we had already struggled with the decision to treat Emma with a medicine as strong as methotrexate. The thought of monthly infusions, and the potential risks and side effects of Remicade, seemed overwhelming.

As we tried to do our own research about uveitis and its treatment, we came across the Parents' message board at www.uveitis.org. The support, understanding and knowledge from other parents was invaluable; it was comforting to know that other parents had traveled the same road before us. Most importantly, we became convinced that we needed to seek Dr. Foster's opinion about Emma's care.

Our journey to Boston from Wisconsin was so valuable. Dr. Foster agreed with Dr. Connor's recommendation to add Remicade, and educated us on his protocol for a durable remission: two years, off all steroids, before trying to taper medications. We knew we were in for a long road ahead. Thankfully, the Remicade put Emma's uveitis into remission almost immediately. Once her eyes were quiet for three months, we returned to Boston for Dr. Foster to remove the cataracts and give Emma lens implants. That year, we made 7 trips to Boston, including two multi-week stays for her surgeries.

Since her surgeries, Emma's vision has consistently been 20/25. She needs a strong reading prescription, but can otherwise function very well without glasses. The inflammation in her eyes has not returned; unfortunately, we have been unable to taper her completely from her medications, as her arthritis symptoms have reoccurred.

Emma continues to make annual visits to Dr. Foster, and he remains an active part of her medical team by collaborating with her local doctors in deciding the best course of action for her care. When she had the onset of new arthritic symptoms that went unrecognized and untreated by her rheumatologist this past year, we turned to Dr. Foster for advice. He arranged a referral for Emma to visit a pediatric rheumatologist in Boston, whose second opinion led to a revised diagnosis. We ultimately chose to switch rheumatologists, and have found a local doctor who is consulting Dr. Foster in constructing a new treatment plan that addresses both her arthritis and her eyes.

Dr. Foster's responsiveness to our concerns and willingness to work with her local team of doctors cannot be overstated; his dedication to his patients is simply unparalled, and having local doctors who are willing to accept his input is absolutely necessary, even when it has meant changing doctors. In addition, events such as the pediatric uveitis conference have educated us about the latest treatment protocols while connecting Emma with other children battling the disease. We have no doubt that our treks to Boston have resulted in superior care for Emma and have preserved not only her eyesight, but her quality of life.

INSIDE THIS ISSUE

Calendar of Events

August 7, 2010
Childhood Uveitis Conference
For Parents, Children and Physicians
Cambridge, MA

August 21, 2010
Walk for Vision
Hartford, CT

September 25, 2010
The 2010 Summit on Anterior Segment Therapy
Cambridge, MA

October 9, 2010
Walk for Vision
Cambridge, MA

October 17, 2010
Walk for Vision
Verona, NJ

October 23, 2010
5th Annual Through Their Eyes Art Auction
Boston,MA

December 7, 2010
Support Group
Slit lamp
6:30 - 8:30pm

February 1, 2011
Support Group
Let's Talk About it
1:00 -2:00pm

April 12th, 2011
Support Group
TBA
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

C. Stephen Foster, M.D.

In 2005 I founded the Ocular Immunology and Uveitis Foundation with the hope of accomplishing my dream of making a difference in the lives of individuals with ocular inflammatory disease through promising research, education and support. Five years later, our labors continue and confidence in fulfilling our mission is confirmed through collaborative efforts of those who share this dream.

Current clinical research initiatives have been focused on posterior, intermediate and panuveitis as well as open-angle glaucoma and atopic keratoconjunctivitis. OIUF's research continues to be defined by the joint efforts of past and current fellows interested in a range of important research topics that are essential to the Foundation's mission with topics varying from Birdshot Retinochoroidopathy to Behcet's and Scleritis.

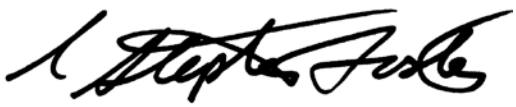
Most of the OIUF fellows from the 2009-2010 class were given the opportunity to present their important work in Ocular Inflammatory Disease and Immunology at the Association for Research in Vision and Ophthalmology (ARVO) annual meeting at the beginning of May. As you will see in this issue the Foundation had a larger presence this year at the conference. I was honored to be inducted this year at ARVO into the 2010 Class of distinguished Fellows for serving as a role model and mentor for "individuals pursuing careers in Vision and Ophthalmology", and encouraged by the attendance and the breadth of research presented at the (FOIS) Foster Ocular Immunology Society meeting held annually at ARVO.

At the end of March I had the opportunity to speak in London, England to a learned society at Gresham College on Uveitis: What it is, the History of its Therapy, and My Vision for the Future. I also participated in a lecture in Milan, Italy at a one day symposium called "Up to Date: Eye and Rheumatology". Other speaking engagements have included the mid year meeting of the American Academy Opthalmology (AAO) on April 22-23 and the American Ophthalmology Society(AOS) meeting in West Virginia on May 19th-20th.

As the cover story exemplifies from the point of view of a family successfully coping with their daughter's JIA related uveitis; collaboration amongst all involved physicians and family is of vital importance in properly treating this disease. I am therefore pleased that in addition to our annual physician Education Conference on September 25th, OIUF is also offering this summer a Symposium on Childhood Uveitis on August 7th for ophthalmologists, rheumatologists, pediatricians and parents.

I am filled with hope and optimism by the advancements in ocular inflammatory disease research education and the steadfast dedication of our growing community of collaborators that over the past five years have affirmed our path that would not be possible without your support.

With much gratitude,



C. Stephen Foster, MD



Rock & Bowl

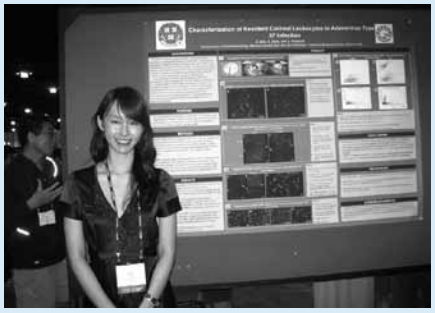
Lucky Strikes Lanes, Boston, MA
Monday April 12, 2010

The Ocular Immunology and Uveitis Foundation would like to give a heartfelt thanks to: Inspire Pharmaceuticals, Quirk Auto Dealerships, Paul Clark Volkswagen, Brevium, Risk Transfer Insurance Alliance, IOP, Inc., Lux Bio Sciences, Eye Techs/Eye Buzz, New York Life, Eagle Strategies, Markethatch, Nextgen, Eyegate, Ophthalmic Instrument Company, Surgisite Boston, Ista Pharmaceuticals and Ophthalmic Imaging Systems for helping us make this event a success. The fundraiser raised over $10K for the Foundation and took place during the American Society of Cataract and Refractive Surgeons (ASCRS) meeting which was held in Boston this year.

Treasurer of OIUF Scott Evans' band, Low Priority, played 3 sets of classic Rock for the over 300 guests in attendance, who enjoyed dancing to the music, (which included special guests from the Ophthalmology Community), as well as challenging MERSI staff to heated matches of bowling and billiards.




2010 ARVO Ocular Immunology and Uveitis Foundation Travel Grant Recipient Dagny Zhu



For Dagny Zhu a third year Harvard medical student, it would have been very difficult to attend the Associations for Research in Vision and Ophthalmology's (ARVO) National meeting in Fort Lauderdale without financial assistance. But with the OIUF Travel grant, she was afforded the opportunity to attend her first national poster presentation and to present her work on the role of resident bone marrow-derived cells in the cornea following adenoviral ocular infection.

Dagny was honored not only to meet and share her work with accomplished researchers in the field, but to also receive invaluable feedback on ways to improve her research technique.

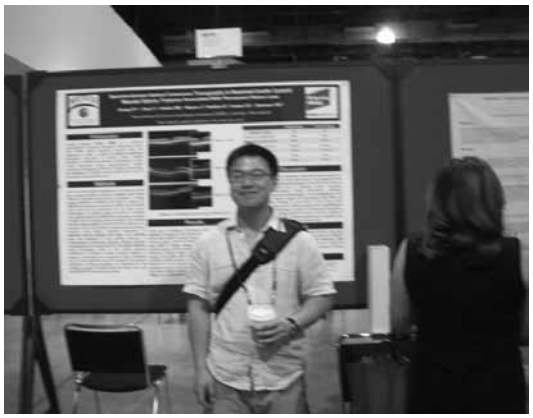
OIUF Clinical Fellow Raphael Rosenbaum, MD with poster presentation

OIUF at ARVO

May 2 -6, 2010
Fort Lauderdale , FL

OIUF staff exhibits and shares mission with meeting participants

FOIS Members, current OIUF fellows and collegues from around the world gather together each year to present and discuss the management of complex clinical cases in ocular inflammatory disease.



OIUF Research Fellow Peter Chang with Poster presentation

In 1995 Dr. Ron Neumann (pictured with Dr. Foster) former Fellow and one of the leading authorities in uveitis and ocular inflammatory diseases in Israel, recognized the need of bringing ophthalmologists who are involved in the care of patients with uveitis and ocular inflammatory disorders together once a year at the annual meetings of ARVO.

Research Highlights

Abbott –Adalimumab

2 multi-center international placebo-controlled trials will be starting up soon, sponsored by Abbott. Both trials are designed to investigate the efficacy and safety of the human anti-TNF monoclonal antibody adalimumab in adult subjects in the treatment of non-infectious intermediate-, posterior-, or pan-uveitis. One trial will enroll patients with controlled uveitis; the other trial will enroll patients with active uveitis. Enrollment is expected to begin July 2010

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. The study enrollment at MERSI is complete.

Johnson & Johnson, Glaucoma Study

The goal of any treatment for glaucoma or ocular hypertension is reduction of IOP through the use of ocular hypotensive medications. Data from several recent research studies suggest that patients may receive a therapeutic effect from fewer doses of medication. Johnson & Johnson is conducting a new multicenter study of the safety and intraocular pressure (IOP) lowering effect of daily Lumigan (bimatoprost ophthalmic solution) 0.03% in patients with elevated intraocular pressure, when treatment is administered once every other day, or every third day as compared with the typical once daily dosing regimen. This study is now open to enrolment and we are currently seeking patients with Open Angle Glaucoma or Ocular Hypertension.

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 the trial is extremely promising and as a result, Novartis has begun the process of submitting their New Drug Application for approval by the FDA.

Novartis AIN457 Quiescent and Active Uveitis Studies

Multi-Center, international placebo controlled studies sponsored by Novartis to determine the ability of the medication to induce remission in patients with active intraocular inflammation and maintain quiescence in patients whose disease is controlled, when compared with placebo or standard of care immunosuppressive therapy. The study medication for this trial is identical to that of the Novartis AIN457 trial with the only difference being the delivery method. The preliminary proof of concept trial studying the AIN457 antibody yielded promising data and has resulted in new studies which target specific ocular inflammatory diseases. These studies are open to enrollment at MERSI and we are actively seeking participants for both.

SITE Study

The study is 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 was 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 data was complete as of July 09 with the conclusion being: most commonly used immunosuppressive drugs do not seem to increase overall or cancer mortality. Our results suggesting that tumour necrosis factor inhibitors might increase mortality are less robust than the other findings; additional evidence is needed.

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 completion of a second trial and to FDA approval.

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. Lux Biosciences is currently seeking FDA approval.

MUST

The Multicenter Uveitis Steroid Treatment study across the USA is funded by the National Institutes 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 excellent results.

We are no longer enrolling new subjects. Presently, we have 9 active participants undergoing follow-up visits and data are being collected.

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. 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.

2010 Walk for Vision:

Supporting Uveitis/OID Research

Please help us save vision one step at a time and honor friends and family living with ocular inflammatory disease

Please join us in ....

Hartford, Connecticut

On August 21st for a walk around beautiful Bushnell Park in downtown Hartford. Registration begins at 10:00 am in the park, refreshments will be provided. The walk will be held from 11 am to 12 Noon For more information, call Greg Hughes at (860) 633-2472 or email at gphughes2@cox.net.

Cambridge, MA

On Saturday October 9, 2010 in Cambridge, MA for a 5k walk around the Charles River in Cambridge, MA. The event will kick off with a talk by Dr Foster and brunch at the Royal Sonesta Hotel in Cambridge, MA. Registration is at 10:30am and the walk begins at 12 Noon. To register visit our website at www.uveitis.org or email Frances Foster at ffoster@mersi.com or call the Foundation.

Verona, New Jersey

On Sunday, October 17, 2010 in Verona Park in Verona, New Jersey. Registration 10:15am, walk at 11:00am at the Verona Park Boathouse Verona, NJ. For more information visit http://www.uveitis.org/walkNJ/index.html . Contact Lauren Jacobs Lazar at (973) 476-0002 or walkforvisionnj@gmail.com.

New Uveitis Support Group in Connecticut

OIUF Connecticut Chapter Support Group
Location: The Gateway Medical Park, South
300 Western Blvd., Education Room
GLASTONBURY, CT

Contact Facilitator: Jennifer Wall at oiufchapterCT@uveitis.org or call 860-465-6231
Meetings are held every 4th Saturday of the Month
Visit www.uveits.org for meeting schedule.

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

Uveitis Support Group

Pediatric Uveitis

C. Stephen Foster, M.D.

Uveitis is the third leading cuase of blindness in America, and 5% to 10% of the cases occur in children under the age of 16. But uveitis in children blinds a larger percentage of those affected than in adults, since 40% of the cases occurring in children are posterior uveitis, compared to the 20% of posterior uveitic cases in the adult Uveitis population.

There are, at any one time, approximately 11,000 cases of Pediatric Uveitis in the United States, with 4,300 new cases occurring each year. Spread across the entire U.S. population, therefore, and across all offices of Ophthalmic practitioners, the likelihood that any one individual practitioner will care for a patient with Pediatric Uveitis is relatively small, and the likelihood that any single individual will have significant experience in caring for large numbers of cases over a long period of time is vanishingly small. This accounts, we believe, at least in part for the sub-optimal care that many of our children with Uveitis appear to be receiving, even in these “modern” times. The stakes are incredibly high, for the child, for the parents who will be faced with (usually) many years of dealing with this health problem in their child, and for society at large because of the life-time of dependence which occurs in those who eventually reap substantial visual handicap as the result of sub-optimal treatment.

We believe that current epidemiologic data emphasize two critically important goals in an effort to change the current prevalence of blindness caused by Pediatric Uveitis:

1. Repeatedly emphasizing to parents, Ophthalmic practitioners, especially Pediatricians, and school personnel the critical importance of routine (annual) vision screening for all children.
2. The critical importance of beating back the frontiers of general ignorance and mind sets, eliminating the all-too-common pronouncement by physicians to parents of a child with Pediatric Uveitis that:
    a. “He’ll (She’ll) out grow it.”
    b. “The drops will get him (her) through it.”
    c. “It’s just the eye; systemic therapy is not warranted.”

Statements (a) and (b) are true, but too often pull the doctor, and patient, and family into the seduction of nearly endless amounts of topical steroid therapy. It is generally true that the child will in fact “out grow” the Uveitis, i.e., that the Uveitis will no longer be a problem eventually. The pity is, however, that so often by the time the child “out grows it”, permanent structural damage to retina, optic nerve, or aqueous outflow pathways have already occurred, and the blinding consequences are now permanent. It is also true that for any individual episode of Uveitis, the steroid drops usually will get the patient through it. But the fact is that so many children with Pediatric Uveitis have recurrent episodes of Uveitis such that the cumulative damage caused by each episode of Uveitis and the steroid therapy for each episode eventually produces vision-robbing damage. And item (c) is simply the result of the common myopic viewpoint of Ophthalmologists: That it is just an eye problem, and therefore should simply be treated with eye medications. Nothing could be further from the truth! And unless and until large numbers of Ophthalmologists reframe this socially and epidemiologically important matter, the prevalence of blindness secondary to Pediatric Uveitis is not going to change.

KIDS CORNER

KID'S CLUB

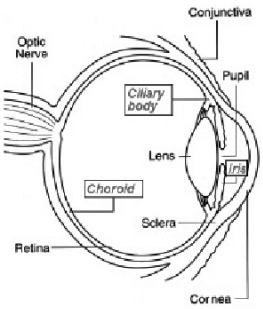
THE OCULAR IMMUNOLOGY AND UVEITIS FOUNDATION
www.uveitis.org

Did you know: What is Uveitis

EYE-brary

You can find the Eye-brary for kids online at www.uveitis.org on the kids page

U´VE-I-TIS



Uveitis is inflammation inside the eye, in one or more of the three parts of the middle layer of the eye called the "uvea." Uveitis is like having inflammation from a burn, but inside the eye.

The uvea, or "uveal tract," has three parts: the **iris, ciliary body**, and **choroid**.

Uvea is the Latin word for grape. If you could see it, this part of the eye might remind you of a grape; it is brown and round, with a "stem" formed by the optic nerve.

Itis is the Latin suffix for inflammation. Put the two words together:

uve + itis = "uveitis"

next

UVEAL TRACT

Uvea is the Latin word for grape. The term uveal tract has been given to the vascular middle layer of the eye because its structure is brown and spherical, and it resembles a grape, with the optic nerve forming the stalk.

The uveal tract is composed of iris, ciliary body, and choroid. Each of these components of the uvea has a unique histology, anatomy, and function. The uvea is the intermediate of the three coats of the eyeball, sandwiched between the sclera and the retina in its posterior (choroid) portion.

Anteriorly, the iris controls the amount of light that reaches the retina, whereas the ciliary body is primarily responsible for aqueous humor production. The ciliary muscle changes the curvature of the lens through the fibers of the zonular ligament. This makes the lens thicker so the eye can focus on nearby objects and thinner so the eye can focus on distant objects. The choroid is the sole blood supply to the avascular outer part of the retina. The highly vascularized tissues of the choroid can be affected by systemic as well as local disease processes. In this diagram, the structures of the uvea are shown in red.

Click and Learn

- **In the "Uveitis Glossary"** you can see pictures of the anatomy of the eye and look up words or terms that you want to know about. For example, this is the link to the term "**uveitis**."
- **How do blood cells fight disease**?
- **Eye anatomy**: How many parts of the eye can you name?

Uveitis Support Group

What Is Inflammation?

Inflammation is a characteristic reaction of tissues to injury or disease. It is marked by four signs: swelling, redness, heat, and pain.

Uveitis is inflammation inside the eye, like having inflammation from a burn, but inside the eye.

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.

Uveitis can be treated.

Doctors need a special microscope, called a slit lamp, to examine the inside of the eye.

Parent's Corner

Pediatric Conference:

The Parent-Child conference will be held August 7th, 2010. This is a wonderful day of events for children with Uveitis and their parents/guardians and siblings. The kids have their day of activities filled with therapeutic art activities and fun with other kids going through the same experience as them. Parents will hear lectures on topics from latest advances in Uveitis and also learn about how to help you and your child cope with a chronic illness. The Kids' conference will be restricted to children aged 12 and under. Appointments will be reserved for new and out of town patients on Friday afternoon. To register please contact Frances Foster at ffoster@mersi.com or visit our website www.uveitis.org

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 and 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

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, 2009 to May, 2010.)

Benefactor

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Dr. C. Stephen and Frances Foster

Patron Level

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Allergan
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www.uveitis.org

Research Highlights

Cont'd from page 6

ACCEPTED FOR PUBLICATION

- Microperimetry findings in Birdshot chorioretinopathy – accepted for publication in Canadian Journal of Ophthalmology
- Scleral Necrosis in a patient with congenital erythropoietic porphyria -accepted for publication in Cornea
- Keratoprosthesis in Autoimmune Disease – accepted for publication in Ocular Immunology and Inflammation
- Toxic epidermal necrolysis: A possible in vitro model - accepted for publication in Archives of Ophthalmology
- Pars Plana Vitrectomy versus immunomodulatory therapy for intermediate uveitis: A prospective, randomized pilot study - accepted for publication in Ocular Immunology and Inflammation
- Durezol (difluprednate ophthalmic emulsion 0.05%) compared to Pred Forte 1% ophthalmic suspension in the treatment of endogenous anterior uveitis - accepted for publication in Journal of Ocular Pharmacology and Therapeutics

SUBMITTED PUBLICATIONS

- PDS masquerading as acute anterior uveitis – submitted to Ocular Immunology and Inflammation
- Mycophenolate mofetil as monotherapy in pediatric uveitis – submitted to Eye
- Herpes Keratitis in a patient undergoing treatment with Mitomycin- C – submitted to Cornea
- The frequency of other autoimmune disorders in ocular cicatricial pemphigoid patients – submitted to Acta Ophthamologica
- Atypical Presentation of Von Hippel-Lindau Disease Masquerading as Recalcitrant Posterior Scleritis: a case report. VHL Disease Masked as Posterior Scleritis – submitted to Retina
- Systemic therapy with conventional and novel immunomodulatory agents for ocular inflammatory diseases – submitted to Ocular Immunology and Inflammation
- Unique immunohistochemical features of normal and chronically inflamed conjunctiva – submitted to American Journal of Pathology
- Recurrent conjunctivitis and scleritis secondary to coexistent conjunctival pemiphigus vulgaris and cryptic herpes simplex infection. A case report – submitted to Ocular Immunology and Inflammation