

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

Winter 2011-2012

Mia's Army



Our story began not even one year ago. On December 23rd, my 12-year-old daughter, Mia, told me the vision in her right eye was blurry. Even though Mia had gotten a new prescription in August, I assumed she needed a new pair of glasses because our family has a history of frequent prescription changes. Four days later Mia said, “my peripheral vision is fine, it’s just my central vision that is blurry.” That struck me as unusual so I began to think she had a detached retina.

The next morning I phoned our ophthalmologist’s office and obtained an appointment with a physician we had never met. He informed us that she had vitritis and some kind of lesion on her retina. He insisted she be seen the next day by the retinal specialist to make sure her retina was intact. He then informed us that the type of inflammation she had was often associated with a myriad of other autoimmune diseases. Because of this, he sent us to our pediatrician with a list of blood work that needed to be done that day. He was obviously concerned and wanted a jumpstart on a diagnosis, if there was one.

I went home that evening and began researching “vitritis.” Thanks to the power of the Internet, one page led to another and the term Uveitis was first introduced to me. As I started learning more about Uveitis, I discovered that most of the research led to Dr. Stephen Foster. I printed his website and carried it into our appointment with the retinal specialist the next day. The retinal specialist was a physician who only visited our practice once a week. When we arrived, we were informed that he had been overbooked and was already running behind schedule. It was unlikely we would be able to see him and we were advised to return the following Wednesday. We were prescribed Pred Forte drops for the week and were expected to comply with this suggestion. I come from a long line of people that don’t easily take no for an answer. I told them we wouldn’t leave the office until the specialist took 5 minutes to look at Mia’s eyes.

The staff could see that I was serious, so they convinced the retinal specialist to see us and begrudgingly, he came in. He performed a thorough examination and was concerned by what he saw. He felt that yet another specialist should see Mia.

Armed with the information I printed from the MERSI and OIUF websites, I asked if Dr. Foster would be the right physician to see Mia. Both the retinal specialist and the original ophthalmologist we saw said they knew of Dr. Foster and were quick to recommend him. I walked out of that office on December 29th, phoned MERSI, and spoke with the new patient coordinator. She explained to me that Dr. Foster was not in the office that day, however, she felt it was important that Mia be seen immediately. She was able to get Mia an appointment that afternoon with one of Dr. Foster’s associates, so we drove up to Cambridge.

We spent several hours at MERSI that day, marking the beginning of our journey. Mia has been diagnosed





Calendar of Events

November 8, 2011

Support Group
See What the Doctor Sees:
The Slit Lamp Exam Live
6:30pm

January 31, 2012

Support Group
Let's Talk About It
1:00pm

March 6, 2012

Support Group
Updates in Research
6:30pm

April 10, 2012

Support Group
Addressing Concerns Relating to Having an Eye
Inflammatory Disease
6:30pm

June 12, 2012

Support Group
Research Updates
C. Stephen Foster, MD
6:30pm

September 15, 2012

2012 Summit on Anterior Segment Therapy

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 achieving our mission.

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

**For more information please contact
Alison Justus at (617) 494-1431 x112
or email oiuf@uveitis.org**

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

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

Log on to: <http://www.firstgiving.com/uveitis>
and create a fundraising web page in his or her honor.

Letter from Our President



C. Stephen Foster, M.D.

It is hard to imagine everything that has transpired since OIUF was born six years ago. I am continuously amazed by the compassion, generosity, and energy which patients, family members, and physicians alike put into the Foundation to shape this once small idea into what it is today. The story of Mia's Army exemplifies that it truly does take an Army to combat ocular inflammatory disease; an insistent parent who won't take no for an answer, an educated local ophthalmologist who refers quickly before permanent damage is done, a team of specialists with the latest treatments available, a patient, young or old, who is willing to do whatever it takes to put out the fire of inflammation completely, and a support system of family and friends for the

patient to rely on during the fight.

As Mia's Army grows, so too does the Foundation. This November, OIUF will take its mission overseas. I will be lecturing in Kuwait and seeing patients with one of my former Fellows, Ghassan Zein, MD. I will also lecture in Beirut, Lebanon and visit the clinic of one of my former Chief Clinical Fellows, Rola Hamam, MD. MERSI Staff Physician David Hinkle, MD will travel to Goa, India to speak at the International Ocular Inflammation Society's annual meeting. Dr. Hinkle was also invited to speak at LV Prasad Eye Institute and L.C.H. SadHaram Eye Hospital in Hyderabad and a local eye hospital in Rajahmundry.

The Fellows who train at MERSI and conduct research through OIUF remain at the heart of the Foundation. This year boasts one of the largest classes, with three Clinical Fellows and eight Research Fellows/Observers, all from different parts of the globe and all of whom see patients with me during clinic hours and conduct their own research projects. These young physicians are the magnets that pull me to teach every day, be it in the clinic as they see firsthand the improvement in a patient's health, watching their eyes as they make the connection between how inflammation in the eyes affects the entire body, or hearing about their success as they leave Cambridge and begin their own careers as ocular immunologists.

As 2011 draws to a close and we plan ahead for the New Year, I look forward to what the future holds for the Foundation and for the physicians and patients who benefit from its resources. These resources would not be possible without the funds raised through efforts such as OIUF's Walk for Vision, Physician Education Conferences, and the annual Art Auction, all of which you will read about in this issue, as well as the generosity of each of you who contribute each year to the Annual Fund. I am so grateful to every one of you.

With sincerest best wishes,

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

C. Stephen Foster, MD



Dr. Foster and MERSI staff physicians with the Fellows Class of 2012

OIUF Fellowship Program – Shaping Today's Fellows into Tomorrow's Ocular Immunologists



Ana Suelves, MD

I was born in Valencia, Spain. I attended medical school in Valencia and completed my Residency in Ophthalmology in 2011. I chose to come to the United States to train under Dr. Foster because I love the uveitis field and ocular inflammation. It is an

unpopular field between ophthalmologists, probably because it demands an internal medicine and rheumatologic knowledge that not many are familiar with. And, why not go to the best place to learn a subject if you have the opportunity? So, I contacted Dr. Foster and he accepted me to do a formal year of research fellowship at MERSI and OIUF. I feel extremely lucky to be in Cambridge and I am sure this is going to be one of the best experiences of my life both in the professional and in the personal field. I am learning every second and most important, I am "connecting" the eye with the rest of the body.

The Ocular Immunology and Uveitis Foundation has greatly impacted me as a physician. I was flabbergasted the first time I attended a support group meeting through OIUF that involved both patients and physicians. In Europe, it is not very common to organize events for patients and physicians all together. It was a great experience and a lesson of coexistence that I experienced here with the MERSI and the OIUF family. I also use the uveitis.org website and believe it to be an excellent tool for both patients and physicians to increase their knowledge about ocular inflammation. I don't know of any other websites like this. I am so grateful to be able to spend time learning from Dr. Foster and his colleagues. Through the Foundation, I have been able to attend many lectures by world famous physicians and I will take what I have learned here with me as I begin my own career as an ophthalmologist.

**Upon her completion of the OIUF Fellowship program in June, 2011, Ana plans to return to Spain to practice ophthalmology with a focus on ocular immunology.*

John Mauro, DO

I can hardly believe over two years have passed since I completed my Clinical Fellowship with Dr. Foster at MERSI and OIUF. I have since moved back home to New York and have joined a private practice at North Shore Eye Care in Long Island, NY. Additionally, I spend time as an attending ophthalmologist teaching residents at the New York Eye and Ear Infirmary and Northport Veterans Administration Medical Center.



Not a day goes by where I do not think back to my training with Dr. Foster. Although I originally went to school to become a pharmacist, I soon realized this was not fulfilling my desire towards patient care and my track shifted to medical school and ophthalmology, which led me to Dr. Foster. During my fellowship, I was exposed to a wide range of diseases and I saw how severely ocular inflammatory disease can impact a patient's life. Dr. Foster is often the last stop on a long journey many patients must face to save their vision, or what I call "the last line of defense." Dr. Foster taught me to truly appreciate OID and how ophthalmology goes well beyond the scope of the eye. His famous "never give up" policy and doing "whatever it takes" to achieve remission is what I practice today, relentlessly pursuing new treatments to improve the lives of my patients and to save their sight.

Being in private practice for two years has made me realize the unbelievable lack of awareness and undertreating of patients with OID that, sadly, still exists today. I feel privileged and will always treasure the training that Dr. Foster has given me. By mentoring young ophthalmologists at the hospitals where I work, I hope to pass on the knowledge I received from Dr. Foster to help improve awareness of properly treating patients with OID. I will always treasure my time at MERSI and the Foundation and I recommend the program to any young ophthalmologist on the quest to preserve sight.

2011 Summit on Posterior Segment Disorders

On Saturday, September 10, 2011 OIUF held its 6th Annual Physician Education Conference: "The 2011 Summit on Posterior Segment Disorders" at the Royal Sonesta Hotel in Cambridge, MA. Ophthalmologists from the greater Boston area gathered together to hear lectures from world renowned physicians regarding topics such as posterior uveitis, macular degeneration, diabetic retinopathy, vitrectomy surgery, and giant cell arteritis.



Faculty- Left to right: Thomas Hedges III, MD; Caroline Bauman, MD, FRCSC; Jay Duker, MD; Paul Monach, MD, PhD; Dr. Foster; Olga Ceron, MD



Dr. Foster speaks with a colleague



Physicians took part in Q&A



Attendees enjoyed "Lunch with the Experts"

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 our society this year.

Benefactor

**Patricia & Bruce Bartlett
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Walk for Vision 2011



Walk for Vision Boston

On Sunday, August 21, 2011 OIUF held its annual Walk for Vision at the Royal Sonesta Hotel in Cambridge, MA. Walkers enjoyed a delicious brunch at the hotel and listened to Dr. Foster speak about OIUF before setting out for the 5K walk around the Charles River. Thank you to all of our Walkers in three states for raising over \$88,000, as well as to Quirk Auto Dealers for sponsoring the event. A special thank you to our top Boston Fundraiser, Mia Resendes and her team "Mia's Army" for raising over \$10,000!



Walk for Vision Connecticut

On Saturday, September 17, 2011 the Connecticut chapter of OIUF held their second annual Walk for Vision. The Connecticut Walk took place in West Hartford, CT and raised over \$8,000 for OIUF. A special thank you to Cindy Moore for organizing this event!



Walk for Vision New Jersey

On Sunday, October 16, 2011 the New Jersey Walk for Vision was held at the Verona Park Boathouse in Verona, NJ. Two hundred walkers raised over \$30,500 for OIUF. A huge thank you to Lauren Jacobs-Lazer for organizing the event! Additionally, Lauren's parents generously matched the first \$10,000 raised for the New Jersey Walk and we are so grateful for their support!



6th Annual Through Their Eyes: Art Auction

October 14, 2011 – The Liberty Hotel, Boston, MA

OIUF's annual Art Auction in Boston was a wonderful success. Patients, friends, family members, and supporters attended the event and raised over \$63,000. A special thank you to Tom and Sue Paulson, who co-chaired the event, as well as our sponsors: Rosa and Marc Catalano, Ronney and Stephen Traynor, Quirk Auto Dealers, PVH. Corp, Parrelli Optical, Cathy and Rich Powers, and Roche Bros. Our Auctioneer for the evening was Marie Keep from Skinner Auctioneers & Appraisers. Chris Collins, sports anchor from NECN, joined us for the second year as Master of Ceremonies.



OIUF Board of Directors



Kim Augustine shares her battle with uveitis



Dr. Foster with MERSI Staff Physician Stephen Anesi, MD and his wife, Darlene



Jay Jay French, founder of rock band Twisted Sister and father of Samantha French, a uveitis patient of Dr. Foster, presented the Foundation with a check of \$130,000. The money was raised through his Pinkburst Project, which included an auction of custom-made guitars and proceeds from a Twisted Sister benefit concert held last spring in NYC. Dr. Foster surprised Jay Jay when he presented him with the inaugural John and Samantha French Award for Inspirational Philanthropy.



Guests enjoy the evening



Co-Chairs Tom and Sue Paulson with family and friends



Artist Rhonda Pearle and her husband, Gary Perlmutter, MD

MERSI Welcomes Stephen Anesi, MD



Stephen Anesi, MD has joined the medical staff at MERSI. Dr. Anesi completed a year-long Clinical Fellowship in Ocular Immunology and Uveitis at MERSI in June, 2011, where he studied the diagnosis and treatment of all forms of ocular inflammatory disease, including uveitis, scleritis, keratitis, and ocular cicatricial pemphigoid. Dr. Anesi was born in Van Nuys, California and earned his Doctorate of Medicine in 2006 from the Keck School of Medicine at the University of Southern California. Upon completion of his Surgical Internship at UCLA Medical Center in 2007, he traveled east to Nassau University Medical Center in East Meadow, New York for his Residency in Ophthalmology. After completion of his residency in 2010, where he served as Chief Resident, Dr. Anesi traveled to Cambridge for his Fellowship in Ocular Immunology and Uveitis. Dr. Anesi will be seeing patients with ocular inflammatory disease, including uveitis and scleritis, as well as patients with cataract, glaucoma, dry eye disease, and general ophthalmology issues. He is a member of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons and has authored numerous articles regarding ocular inflammatory diseases.

Ocular Cicatricial Pemphigoid

C. Stephen Foster, M.D.

Ocular cicatricial pemphigoid is an autoimmune disease affecting the conjunctiva. You will remember, from the first Patient Information entry on this Web Site, that autoimmune diseases result from dysregulation of the patient's immune system, with the white blood cells becoming "confused" and beginning to attack not only germs but also part of the patient's own body. In rheumatoid arthritis, for example, the white blood cells become confused and begin to attack tissue in the patient's joints. In pemphigoid, the white blood cells attack skin and mucous membranes, particularly mucous membranes of the mouth, eyes, nose, throat, vagina, and rectum. Patients may or may not have more than one site affected by the disease, but 70% of the patients with cicatricial pemphigoid have eye involvement. And because this is a systemic autoimmune disease, it cannot be successfully treated, long-term, with simple topical (drops) therapy. It must be treated systemically, and typically with strategies that "cool down" the immune system, i.e., suppress the immune system sufficiently to stop the autoimmune process. Suppressing the immune system sufficiently to stop the autoimmune process for a short period (one to five years) is usually sufficient to induce permanent remission of the disease. If this is not done, then continued inflammation, continued scarring, and eventual blindness in both eyes usually occurs.

The immunosuppressive/immunomodulatory medication which has been found effective by dermatologists and by us in caring for patients with progressive cicatricial pemphigoid is not cancer chemotherapy-type medication that is associated with feeling sick all the time, losing hair, and running the risk of a lethal complication of the treatment itself. Used properly, by an individual who is, by virtue of both training and experience, an expert in the use of such medications, the medications are not only highly effective, but typically quite safe. We have published on this latter point and have shown that, in fact, the use of such medications in our hands is infinitely safer than is the long-term use of systemic cortisone-type medication.

The future holds great promise for patients with a variety of autoimmune diseases including cicatricial pemphigoid. We have identified the "susceptibility gene" for developing this disease, and we have identified the target antigen that gets attacked by the patient's white blood cells when a patient develops cicatricial pemphigoid. We are cloning the gene for that antigen, and hope to develop a diagnostic test which will enable diagnosis of the disease much earlier in its course. Additionally, we are highly optimistic that treatment strategies that re-educate the patient's white blood cells, enabling them to do their job of attacking and killing germs without attacking and damaging the patient's own body tissues is on the horizon.

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.

Can't attend a meeting? Get support online!

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

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

facebook

The Ocular Immunology and Uveitis Foundation reaches over 600 fans on Facebook! Are you one of them? Visit the OIUF page at www.facebook.com/ocularimmunologyanduveitisfoundation and click the "Like" button at the top of the page to receive the latest updates about our activities and photos of our recent events, including the Walk for Vision and the annual Art Auction. We have also created individual pages for uveitis and scleritis that offer information about these potentially blinding diseases. Visit these pages at www.facebook.com/uveitis and www.facebook.com/scleritis.



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

Resources:

Documentaries for sale:

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

1. **Uveitis: The Adult Experience.** Features 3 adults who all were diagnosed with uveitis in adulthood. 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: Colors for adults are red, blue, and combo blue mixed with red. Child sizes are combo color only. Bracelets are \$2.50. Discount offered if bought in bulk.

Monograph Books for Sale:

Childhood Uveitis Monograph developed from our Pediatric Uveitis Conference in 2010: \$50

Birdshot Monograph: \$50

If interested in our products, order online or email: ffoster@mersi.us or call 617-494-1431 ext 112



Join our online support group: www.uveitis.org/kids/club.htm

Kids Online Club

The Uveitis Support Group maintains a free, safe, moderated spot on the web where kids who visit this web site can interact with each other online. This online kids club is a safe way for kids to write to each other without giving out E-Mail addresses.

A password is required to take advantage of the club's safety features. Please visit our website at uveitis.org

- You will need to read the Children's Privacy Notice before enrolling
- To obtain a password, you will need to send an email to the webmaster. Please ask your parents first if it is OK to write to us. We will write back and help you get registered.

The Kids Club is moderated Liz Irvin, PhD, a member of the Uveitis/OLD Support Group, and C. Stephen Foster, M.D. Discussion is facilitated by our teen moderators, Demi and Lexi. Demi is from Pennsylvania and Lexi lives in Oregon. Come online and join us. It's lots of fun!

Mia's Army (continued from page 1)

with Pars Planitis and Retinal Vasculitis and started treatment immediately. Since that day she has taken Prednisone, been injected with Methotrexate and infused with Remicade. She is presently on Cyclosporine and CellCept, which must be taken on an empty stomach, one hour before or two hours after eating. This is not an easy regimen for a now 13-year-old with a voracious appetite.



For now, it is believed that her Uveitis is idiopathic but she has recently seen physicians who specialize in vasculitis and rheumatology in order to seek out the causes of new symptoms. The key to this journey is the fact that our ophthalmologist was educated about the need for specialty care. He was aware of the important research being done at the Ocular Immunology and Uveitis Foundation. Mia is an early intervention dream! I have read so many horror stories about people who are treated for years with no results and by the time they finally get to Dr. Foster, damage has already been done. We found him immediately. Our scary story is only that we are journeying on a path we never thought we would be on...thus our need to walk...and that's how "Mia's Army" began. We wanted to participate in OIUF's "Walk for Vision" to give back to the organization that welcomed us warmly on a cold winter day in December. Friends and family members enlisted in Mia's Army and joined us for the "Walk for Vision." The support of our family, friends and the people we have met through MERSI and OIUF, including Dr. Foster's Fellows, have gotten Mia past this scary road. Mia has complete trust in Dr. Foster. His demeanor and attentiveness bring comfort to her.

Mia recently told a friend that in the beginning Uveitis was like a mean bully pushing her around. Due to her support system, she has learned to make it a friend, a challenging one, but a friend nonetheless.

I urge others to involve themselves by supporting the groups and fundraisers that sustain the Ocular Immunology and Uveitis Foundation. It takes people like you and I to raise awareness and the necessary funds that are greatly needed to keep the Foundation's mission on track. Awareness of this orphan disease, coupled with Dr. Foster's persistence and insistence on achieving remission for his patients, is what will make Mia's journey a happy one.

Research Highlights

NOVARTIS AIN457 Trial The CAIN457A2208 study will test the safety and efficacy of a new investigational drug for the treatment of non-infectious uveitis. AIN457 is a selective antibody against Interleukin 17 (IL-17), which is thought to be one of the key players in ocular inflammation. The study has just completed an open label safety cohort of patients, which tested the safety and tolerability of a never before tested higher dose of AIN457. The study now continues to recruit a cohort of patients that will be treated in a double masked fashion and assigned to one of three arms, testing different doses and routes of administration (either IV or sub-Q) of AIN457.

SANTEN Sirolimus: This is a multinational, multicenter, randomized, double-masked study assessing the safety and efficacy of three doses of DE-109 (44 µg, 440 µg, 880 µg) administered every 2 months in subjects with active, non-infectious uveitis of the posterior segment of the eye. Approximately 500 subjects with active, non-infectious posterior, intermediate or panuveitis will be enrolled at approximately 150 sites.

MUST: The Multicenter Uveitis Steroid Treatment (MUST) study across the USA is funded by the National Institutes of Health. The goal is to compare standard medical therapy (immunosuppressive agents) for uveitis with a 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. The first phase of this study has been completed and the results have been accepted to be published in Ophthalmology. Currently, the study is in the second phase which is the long-term follow up of the patients enrolled in the first study.

LUX: Lux Biosciences have engineered a new immunomodulatory agent (voclosporin) which is chemically and mechanically 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. We are currently enrolling in this trial.

Abbott: Three multi-center international placebo controlled trials, sponsored by Abbott have recently started enrollment of patients. All three trials are designed to investigate the efficacy and safety of the human anti-TNF monoclonal antibody adalimumab in adult subjects in the treatment of noninfectious intermediate-, posterior-, or pan-uveitis. One trial is enrolling patients with controlled uveitis; the other trial is enrolling patients with active uveitis, while the third is an open-label trial in which patients can rollover into from the other two trials.

Accepted for Publication

- Cataract Surgery in Patients with History of uveitis – accepted to (Saudi Journal of Ophthalmology)
- The importance of recognizing juvenile idiopathic arthritis-associated uveitis and preventing blindness from it – accepted to (Arthritis Care and Research)
- Ocular Cicatricial Pemphigoid – accepted to (Up To Date)
- Immunosuppressants and biologic therapy – accepted as a book chapter contribution
- Systemic Therapy With Conventional and Novel Immunomodulatory Agents For Ocular Inflammatory Diseases– accepted to (Survey of Ophthalmology)
- Corticosteroid Sparing Agents; Philosophy of Treatment - accepted as a book chapter contribution
- Bilateral uveitis associated with fluoroquinolone therapy – accepted to (Cutaneous Ocular Toxicology)

Submitted for Publication

- Evaluation of Safety and Visual Outcome of Anterior Chamber Lens Implants in Patients With A History of Chronic Uveitis. A 5 year follow-up study – (Ophthalmology)
- Our experience in the use of infliximab in Behçet's disease with ocular involvement refractory to conventional therapy – (Ocular Immunology and Inflammation)

348 Glen Road
Weston, MA 02493
www.uveitis.org

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.

The photographs were taken from the MERSI archives, and will provide a unique resource for ophthalmologists world-wide to view various types of lesions caused by ocular inflammation as a result of roughly 100 different disorders, enabling them to more readily recognize and diagnose these diverse disorders.

Foster, C.S., Amorese, L., Dacey, M., Rosenbaum, R. Birdshot Retinochoroidopathy. 2010. Cost \$50.00.

Monograph from the Ocular Immunology and Uveitis Foundation's International Symposium on Birdshot Retinochoroidopathy held on October 4, 2008 at the Broad Institute in Cambridge, MA.

This monograph is based on the lectures delivered by the following experts in the field, Janet Davis, MD, David Hinkle, MD, Phuc Lehoang, MD, PhD, Robert Nussenblatt, MD, Aniki Rothova, MD, and Dr. Foster. It includes comprehensive information about this condition, including etiology, tests and treatment done for patients.

Foster, C.S., Anesi, S., Gonzalez, L., Palafox, S. Childhood Uveitis. 2011. Cost \$50.00

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

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

Order Publications directly from OIUF at www.uveitis.org