

# OIUF

THE OCULAR IMMUNOLOGY  
AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

## Ocular Immunology and Uveitis Foundation

### Massachusetts Eye Research and Surgery Institution

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

Clinical Professor of Ophthalmology Harvard Medical School



Spring/Summer 2017



## I Spy with My Messed Up Eye

Hi. My name is Nolan Smagula, and I see Dr. Foster for my uveitis. I live in NH and I just finished 7th grade. A couple of weeks after my 10th birthday, I woke up with really red eyes that were gritty and dry feeling. My parents thought I had pink eye or conjunctivitis, so they took me to see my pediatrician. He thought I had a bacterial infection, and put me on medicine, and told me to come back in 10 days if my eyes didn't clear. My right eye got better, but my left eye stayed red. We went back to my pediatrician, who referred me to a local eye doctor. The eye doctor diagnosed me with uveitis and put me on steroid drops, but they didn't help. I then went to see an ophthalmologist who works with kids. She took one look in my eyes and told me I needed to go see a uveitis specialist named Dr. Foster. She knew of his work with uveitis, and the work that OIUF does at MERSI and said that's where I needed to be.

My first appointment was scheduled for the day after Christmas that year. I wanted to stay home and enjoy my Christmas presents like any kid would, but we headed out in the dark morning for an 8am appointment at MERSI. I went through a lot of tests, ranging from people looking into my eyes through microscopes, to getting my eye pressure tested, to getting eye scans, to having 16 giant (or at least they seemed giant) vials of blood taken out of my arm.

After all of that we met with Dr. Foster, and he told me I had a leaky optic nerve, vasculitis, and inflammation in my eye. That was a lot to take, but he patted me on the shoulder and said that he was going fix my eye.

From there a pattern developed, where we'd go to MERSI once a month for visits, but never on Mondays because those are surgery days for Dr. Foster. I told my mom to be sure NOT to make an appointment on Mondays...I'm all set with surgery, thank you very much!!! No thanks. My appointments went like this: I'd go to the blood lab for just two vials of blood to be drawn by the vampires, or at least that's what Dr. Foster calls them. After that I see the techs, who check my vision and measure my eye pressure. After that we see a fellow who, through the support of OIUF, is a doctor training to be like Dr. Foster, who will examine my eyes, count the number of inflamed cells they see, and make recommendations about staying the course I'm on, or switching up treatments. After they look into my eyes Dr. Foster comes in and takes a look, and asks the fellow what they think, and they talk about it.

We've tried a few different medicines over the past three and a half years. We started on Methotrexate and continually upped the dose over time to me needing injections once a week at home. I was really nervous about getting regular shots, but Dr. Foster himself took me into the lab and showed me how easy and quick it was and he trained my dad how to do shots. We added another drug, cyclosporine to the mix. I call that one the hot dog pill, because it looks like a mini hot dog. So far so good, I wasn't feeling sick or tired by any of these drugs.

We had to move onto new drugs though, because my uveitis wasn't getting better. My cell counts were pretty steady, and I sometimes saw floaters with my left eye.

I had seen people wheeling around infusion carts in the office, and it freaked me out a little bit, and I didn't want to do that. At one of our earlier visits I had asked my mom if I would have to do that, and she said "probably not." But, guess what? That was the next step, so I had to find a way to come to grips with it. The new drug Dr. Foster recommended was Remicade, and I was really nervous leading up to my first infusion day. The infusion lasted two hours and while I was hooked up, I made the usual rounds. By the time that was done my infusion was done, and it was time to go home. While I can't say I love them, I learned that infusions are not that bad if you have to have them. We also got into the habit of going out to dinner after each appointment, where we'd take turns playing "I Spy" and finding things in the restaurant for each other to guess. I started joking that "I spy, with my messed up little eye." My parents were looking at me kind of funny when I said that, but hey, you have to have a sense of humor sometimes, right?

*Continued on page 4*



## Calendar of Events

**August 1, 2017**

Support Group Meeting  
MERSI - Waltham, MA

**August 20, 2017**

Boston Walk for Vision  
Hyatt Regency Cambridge

**September 28, 2017**

Support Group Meeting  
MERSI - Waltham, MA

**October 7, 2017**

Symposium on Causes of Uveitis:  
What Ophthalmologists, Rheumatologists,  
Pediatricians, and Caregivers  
Need to Know!

Westin Waltham Boston

**October 15, 2017**

NJ/NY Walk for Vision  
Verona Park Boathouse - Verona, NJ

**November 9, 2017**

Support Group Meeting  
MERSI - Waltham, MA

**Fall 2018**

12th Annual Auction Benefit

Cut along the dotted line and retain for reference.



# OIUF

THE OCULAR IMMUNOLOGY  
AND UVEITIS FOUNDATION

*Dedicated to Eye Disease Cure and Education*

## Our Mission

The Ocular Immunology and Uveitis Foundation is a 501c(3), national non-profit, tax-exempt organization. Our mission is to find cures for ocular inflammatory diseases, to erase the worldwide deficit of properly trained ocular immunologists, and to provide education and emotional support for those patients afflicted with ocular inflammatory disease.

## How You Can Make A Visible Difference

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

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

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

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

*Wedding Bells are Ringing!*



**Congratulations!** Are you one of many happy couples planning a wedding this time of year?

Instead of traditional favors, consider a donation to the Ocular Immunology and Uveitis Foundation and begin your marriage with a gift of sight!

For information on how to make a donation, contact Alison Justus, Director of Development and Programs, at [ajustus@mersi.com](mailto:ajustus@mersi.com)

**[www.uveitis.org](http://www.uveitis.org)**

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# Letter from Our President



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

I've spied a lot of "messed up eyes," as young Nolan calls them, in my 40 year career, but the key point to remember is that many of those eyes can be CURED. Yes, cured. That has always been my goal. In remission, off all steroids. Now, as you will see in Nolan's case, the process for many patients can take years. The recipe involves an ophthalmologist who has Fellowship training in uveitis and knows when to move along to another medication and not to give up when inflammation remains, a patient who is not afraid to dive in and do whatever it takes to achieve that goal, and family members who are supportive of this mission.

Equally as important in that recipe, is the future generation of ocular immunologists. Young Nolan resides in New Hampshire. While he and his parents are spared a 4-hour car ride or even a plane ticket to a uveitis specialist, many patients do not have that luxury. The worldwide deficit of properly trained ocular immunologists cannot be understated. That is why we have made it a fundamental part of the mission of OIUF to erase this deficit through our Fellowship training program and through educational conferences, such as our "Symposium on Causes of Uveitis: What Ophthalmologists, Rheumatologists, Pediatricians, and Caregivers Need to Know!" which takes place in October in Waltham, MA. This conference is a day-long symposium solely dedicated to pediatric uveitis for physicians, parents, and children.

It is also why I continue to teach locally, nationally, and internationally. In July, I will be teaching the uveitis and immunology sections of the Lancaster Course in Ophthalmology at Colby College in Maine. In September, I will travel to Italy to speak at the European Vitreo-Retinal Society (EVRS) to deliver the "EVRS Lecture" during their Annual Meeting. In October, I will travel to Switzerland to lecture, followed by the annual American Academy of Ophthalmology Meeting in New Orleans in November. I am hopeful that these meetings may spark the interest of other ophthalmologists to seek Fellowship training in uveitis.

One of the highlights of this past spring was attending the induction of one of my former Fellows, Dr. Quan Nguyen, in Hot Springs, VA for the American Ophthalmological Society meeting. He has done extraordinary work and, as any teacher can relate, watching your students' achievements is an experience that never gets old. The same is true as I walk through the exhibition hall at the Association for Research in Vision and Ophthalmology (ARVO) Meeting, as I did in May, where Fellows present their research from the past year. Their work is the future of ocular immunology.

Also this spring, the Foundation held its 11th Annual Auction Benefit: An Evening Dedicated to Making a Visible Difference in Boston, MA. I invite you to join us for the Walk for Vision this summer in Boston and this fall and in New Jersey. Both walks are wonderful days for patients and loved ones to join forces against ocular inflammatory disease.

As always, thank you for your generosity. It is because of such support we are able to fund the research and Fellowship training program to continue to spot and cure those "messed up eyes."

With sincerest best wishes

A handwritten signature in black ink, appearing to read "C. Stephen Foster". The signature is fluid and cursive.

C. Stephen Foster, MD



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## I Spy with My Messed Up Eye *(continued from page 1)*

After a while we learned the Remicade wasn't working, and Dr. Foster came in during one office visit and told me that I was "at the top of the heap." My parents and I were not sure what that meant, but Dr. Foster said he and his partners and fellows had been reviewing my case, and that I am the top of the heap of unusual. You don't hear that every day.

He said that my bloodwork didn't show anything that gave them a hint at why I had uveitis, and that the drugs I was on were not reducing the inflammation or other issues I was having, and I was on quite a mix of medicines. We were about a year and a half in at that point. He gave me two options: surgery to take out some fluid from my eye to test it for some type of infection, or get a second opinion down at the National Institute of Health in Maryland. Because I was terrified of surgery and because my parents wanted to be thorough, we planned the trip to NIH. In Maryland, they looked at my medical records, and at my eyes, and did more blood testing.....and agreed with everything Dr. Foster found. They recommended surgery to test the fluid in my eye, and maybe a switch to a different drug.

We brought that information back to Dr. Foster, and went with both. At our next visit, Dr. Foster took out his phone and looked at his calendar, and asked which Monday worked best for us. Monday? No, not a Monday, I thought. Dr. Foster does surgery on Mondays. Ugghghghhhh.

My mom and dad had a lot of questions about surgery, and Dr. Foster took time to talk to us about it. I was still stuck on the fact that I'd have to see Dr. Foster on Monday. First I didn't want to have to have shots, then I didn't want to wheel the stand around with the bag connected to my arm, and worse, I definitely didn't want to have surgery.

It's kind of amazing how all the steps I was afraid of came true in this process, but my mom and dad both told me it had to be done so we could figure this out. I knew Dr. Foster was the best doctor for this, and I knew I needed to do something, but boy, was I scared. I was terrified about surgery.

I found out that both of my favorite OIUF Fellows at the time, Dr. Joan Lee and Dr. Jenn Cao were going to be there for the surgery. They came to visit me and tease me, and tried to help me relax while I was waiting for my turn. Dr. Foster came over too and talked with me, and prescribed some medicine to make me relax. I was worried that it wasn't going to work, but I finally started to relax. I don't remember much other than my mom giving me a kiss on the head while I laid on the table under bright lights, and then waking up to her holding a blue popsicle out for me. Surgery seemed quick, and all too quickly I was back at school to finish out the school year.

The test results started coming back, and everything was negative. I guess I was still at the top of the heap. We started another drug and started to see some progress, but not enough. More recently we have switched to Actemra, and finally it looks like the cells in my eye are fewer, my optic nerve is better, and my vasculitis is getting better. The Actemra infusions are just an hour, whereas Remicade was two hours, so it's pretty quick.

I sometimes feel pretty unlucky to have uveitis, particularly stubborn uveitis, because I have to remember to take pills every day, a shot once a week, and eye drops a couple times a day, and have an infusion once a month. I also don't like to have to go to the doctor's office so often.

But, I also feel very lucky my uveitis specialist, Dr. Foster, and his staff are so close by, and it has not changed my life much. I know many people fly from all over the country and the globe to go to the doctor and see the doctors there because there are not enough specialists near their houses, so for me a simple car ride down once a month seems easy. We should have more uveitis specialists so people don't have to fly to go to the doctor, which is part of the mission of OIUF.

I remind myself that things could be worse, and my parents always remind me that everyone has something they are dealing with, big or small, and that I am not alone. It is how you decide to deal with these things that make a difference. I am also happy to know that the information that the doctors learn from me can be used to help other people, including kids like me, who are going through this. The research OIUF does can hopefully help other kids across the world.

Luckily none of the medicines affect my everyday life, and I have been lucky to be a pretty normal kid, with parents nagging me about homework, getting good grades, cleaning my room, and all the other normal stuff. I have been active in sports, and like to hang out with my friends.

My hope is for remission, and my parents are committed to making sure we do what we need to do to help me keep my vision, and still letting me be a kid and grow up with a pretty normal day to day life.

I want to thank Dr. Foster and all of the Fellows who participate in the Fellowship program at OIUF. They've allowed me to keep my sight, thanks to the knowledge and the science that has been gained by the people at OIUF.

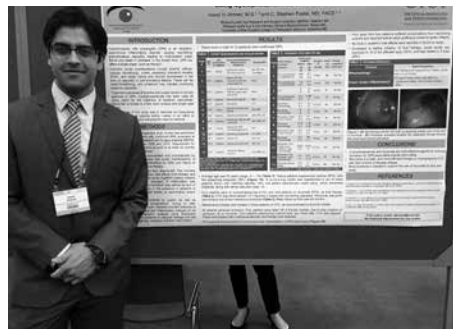


# 2017 Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting

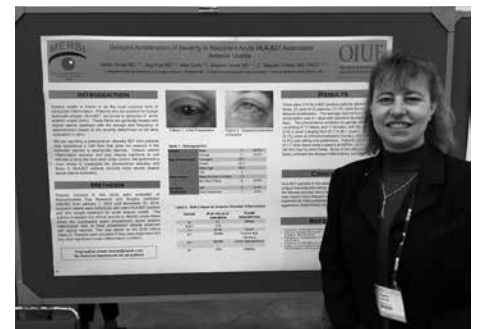
In May, our Fellows travel to the annual ARVO Meeting in Baltimore, MD where they presented their research from the past year.



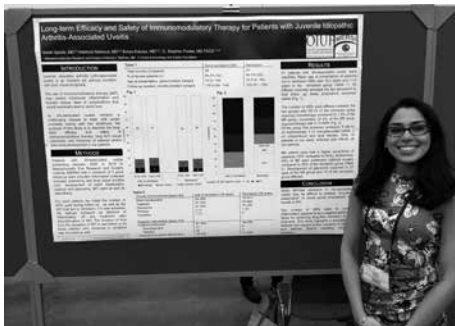
Research Coordinator Alex Schmidt with Fellows at the OIUF booth



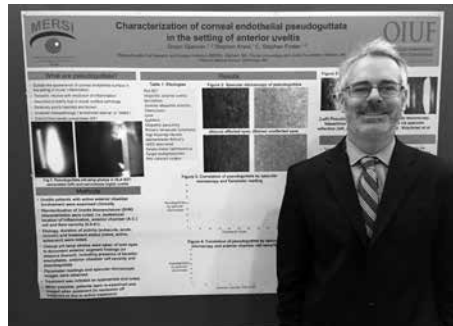
OIUF Fellow Aseef Ahmed presents his research on "Treatment of Scleritis and Uveitis in Patients with Granulomatosis with Polyangiitis using Cyclophosphamide or Rituximab"



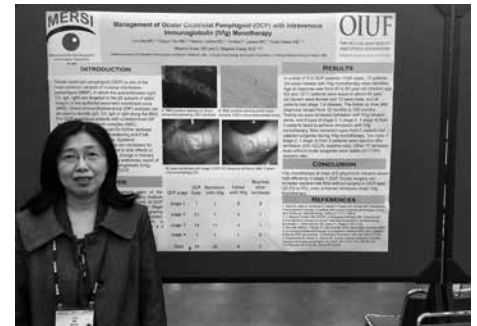
OIUF Fellow Karen Small, MD presents her research on "Delayed Acceleration of Severity in Recurrent Acute HLA-B27 Associated Anterior Uveitis"



OIUF Fellow Sarah Syeda, MD presents her research on "Long-Term Efficacy and Safety of Immunomodulatory Therapy For Patients with Juvenile Idiopathic Arthritis-Associated Uveitis"



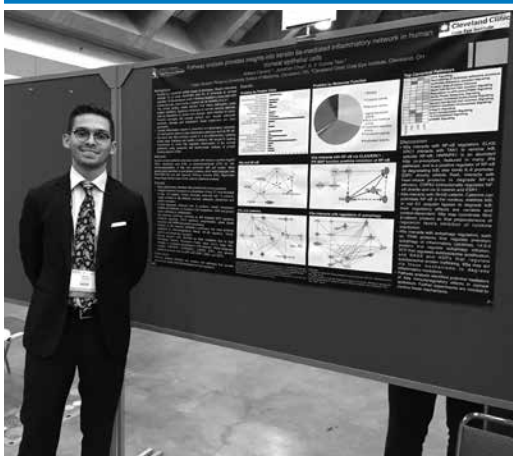
OIUF Fellow Doran Spencer, MD presents his research on "Characterization of Corneal Endothelial Pseudoguttata in the setting of Anterior Uveitis"



OIUF Fellow Lina Ma, MD presents her research on "Management of Ocular Cicatricial Pemphigoid (OCP) with Intravenous Immunoglobulin (IVIg) Monotherapy"



Former Fellows gathered at the Foster Ocular Immunology Society (FOIS) Dinner



## 2017 ARVO OIUF Travel Grant Recipient - William Carrera

My experience at ARVO was rewarding and informative, thanks to the Ocular Immunology and Uveitis Foundation's travel grant. I was able to share my work on the immuno-regulatory mechanisms of keratin within the cornea, and also received great interest and valuable suggestions and feedback from several colleagues about potential next steps to delve deeper into the regulatory mechanisms that my preliminary work has begun to identify. I also had the opportunity to meet many of my wonderful colleagues and form useful connections for potential future collaborations.

As I am a medical student, my funding for travel was limited, and OIUF's generous funding was crucial towards allowing me to attend the conference and share my work with my peers. I am very much looking forward to my next visit to ARVO in the future. Again, I would like to thank you deeply for your generosity.



# SAVE THE DATES

## WALK FOR VISION:



### **BOSTON**

*Sunday, August 20, 2017  
Hyatt Regency Cambridge  
Boston, MA*

<https://walkforvision.rallybound.org/boston>



### **NEW JERSEY/NEW YORK**

*Sunday, October 15, 2017  
Verona Park Boathouse  
Verona, NJ*

<https://walkforvision.rallybound.org/njny>



### **12<sup>TH</sup> ANNUAL AUCTION BENEFIT**

*Fall 2018  
Boston, MA*

### **SYMPOSIUM ON CAUSES OF UVEITIS:**

*What Ophthalmologists, Rheumatologists,  
Pediatricians, and Caregivers Need to Know!*

*Saturday, October 7, 2017*

*Westin Waltham Boston  
Waltham, MA*



# 11th Annual Auction Benefit

On Friday, April 28, 2017 OIUF held its 11th Annual Auction Benefit: An Evening Dedicated to Making A Visible Difference at the Mandarin Oriental Boston. Guests enjoyed cocktails and hors d'oeuvres while bidding on Silent Auction items and then proceeded to the Program and Live Auction. Many thanks to our Event Co-Chairs, Dr. Peter Chang and his wife Liz, for their dedication, as well as Rich Terrio, our Auctioneer, of Auction Knights. 7th Grader Nolan Smagula stole the show when he bravely shared his long journey with uveitis. His story truly exemplifies Dr. Foster's motto of doing "Whatever it Takes" to achieve remission. Our sincere gratitude to our volunteers, sponsors, and guests, who all helped raise over \$100,000 for the Foundation.



**Auction Co-Chairs Dr. Peter Chang and his wife Liz**



**Dr. Foster and his wife, Frances**



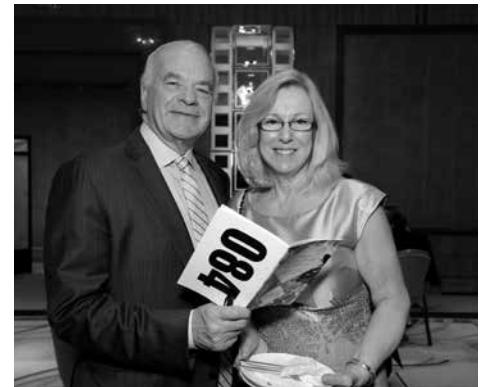
**Former OIUF Fellows Stephen Anesi MD, (L) now Partner at MERSI, and David Chu, MD with Jay Jay French, Lead Guitarist and Founding Member of Twisted Sister**



**Dr. Foster looks on as 7th Grader Nolan Smagula shares his battle with uveitis**



**Supporters traveled from across the country to attend the Benefit**



**Daniel and Mary Jo Quirk of Quirk Auto Dealers**



**OIUF volunteer Rich Powers with his wife, OIUF Board Member Cathy Powers, and friends**



**OIUF Fellows and Research Coordinators pose for a photo**



**Board Member Andrea Patisteas, second from left, with her daughter Mia who has uveitis, and their family**

# Uveitis Support Group

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

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

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

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

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

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

## **facebook**

**The Ocular Immunology and Uveitis Foundation** reaches over 2800 fans on Facebook! Are you one of them? Visit the OIUF page at [www.facebook.com/ocularimmunologyanduveitisfoundation](http://www.facebook.com/ocularimmunologyanduveitisfoundation) and click the "Like" button at the top of the page to receive the latest updates about our activities and photos of our recent events, including the Walk for Vision and the annual Auction Benefit.

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



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



OIUF is on Instagram! Follow us at [uiuf2020](https://www.instagram.com/uiuf2020)

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

## **Monthly Giving**

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



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



# Sarcoidosis and the Eye

**Stephen Anesi, MD**

Sarcoidosis, or “sarcoid”, is one of the many causes of ocular inflammation, and one many patients have never before heard of. It is a systemic autoinflammatory disease that can affect multiple parts of the body and cause varying levels of inflammation. Many with sarcoid actually have no idea because it can be completely asymptomatic. However, it may manifest in severe systemic inflammation, or lead to secondary complications, that can be debilitating or even life-threatening, requiring aggressive anti-inflammatory or immunomodulatory therapy to control. Celebrities known to have sarcoid include famed Boston Celtic Bill Russell, as well as comedian Bernie Mac, who eventually succumbed to pneumonia thought to have arisen after developing scarring from repeated bouts of lung inflammation brought on by sarcoid.

Sarcoid was first described in the late 1800s by dermatologists, and the name was derived from the disease’s similarity to nodular skin disease called sarcoma. It is typically diagnosed between the ages of 20 to 40, sometimes later between 40 and 60, and women are affected more frequently than men. It is thought that between 10 and 40 people per 100,000 are diagnosed in the U.S. yearly. Some ethnicities have a higher risk of the disease, especially African-Americans, but also patients of Scandinavian descent. Family members of patients with sarcoid have a higher risk of having the disease. The cause is still unknown, but like many other auto-inflammatory diseases, it may be caused by an immune trigger (i.e. infection) in a genetically predisposed individual.

Diagnosis is often by accident, with many patients having incidental findings on imaging like X-rays or CT scans of their chest for other reasons. There is no specific confirmatory lab test for sarcoid, but rather the disease is diagnosed based on a combination of suggestive findings on clinical exam and diagnostic testing, with tissue biopsy being the most definitive of the latter. Systemic symptoms, when present, are often non-specific, and can include fatigue, joint pains, shortness of breath or cough, gastrointestinal disturbances, headache and other neurologic changes. Findings can include rash, enlarged glands and lymph nodes, skin nodules, enlarged liver, arrhythmias, and focal neurologic changes.

Sarcoid can affect the eye in different ways, but most commonly causes uveitis of various forms. Other manifestations can affect the conjunctiva, sclera, cornea, lacrimal gland, and other tissues in the space surrounding the eye (the orbit). Symptoms may include redness, pain, light sensitivity, blurring, floaters, flashing lights, or deep eye pain worsened with eye movement. Secondary complications may arise like inflammatory cataract, glaucoma, and pupillary scarring that may require surgical attention. Vision loss from sarcoid in some cases can be permanent.

Unfortunately, sarcoid is a great mimicker of other disease, so many other things must also be ruled out before a diagnosis of sarcoid is made. The ophthalmologist will use laboratory evaluation and in-office imaging studies, and may ask for chest CT scan as well. Sometimes a biopsy of lung findings helps to confirm the diagnosis. Once diagnosis is made, or even if strongly suspected, a therapeutic strategy can then be devised. But in doing this, the uveitis specialist must be cognizant of whether there are extraocular findings present, and, especially if they are significant or life-threatening as when the heart or central nervous system are involved, must team up with the appropriate consulting specialist (i.e. pulmonologist, cardiologist, neurologist, etc.) to manage those features of the disease, emergently if necessary.

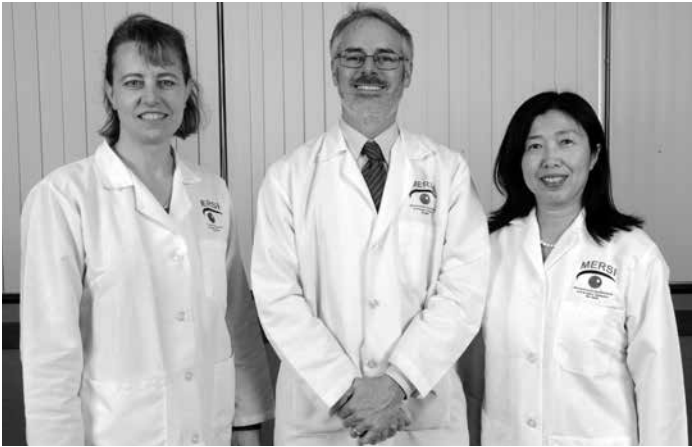
Thankfully, the disease is typically very treatable, especially when the diagnosis is caught early on, and significant vision loss or other potentially life-threatening problems can be avoided with proper and timely therapy. Inactive ocular disease with asymptomatic skin or chest findings may be observed without therapy. Active inflammation is typically quieted using steroid via drops, pills, IV, or injections in or around the eye - at times, a response to this form of therapy can also aid in diagnosis. Chronic inflammation must then be addressed via use of anti-inflammatory medications, ranging from more modest drugs such as NSAIDs (ibuprofen, etc) to more potent chemotherapy or biologic medications - methotrexate and infliximab (Remicade®) are particularly effective. If extraocular disease is not present or at least benign, local therapy with long-acting intraocular steroid implants may be utilized, avoiding the potential side effects of systemic medication. Surgical matters of the eye are dealt with as they arise.

As a uveitis specialist, I am always aware of the possibility that sarcoid may be at the root of almost any of the new cases I see day to day. Decisions on how best to approach disease are made by the uveitis specialist and patient together in tandem with other providers that are called upon when needed, with the goal of therapy (as always) being prevention of vision loss and other complications by successfully achieving steroid-free remission of inflammation as early as possible.

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## 2016-2017 Fellowship Update

*The time has come to say goodbye to yet another class of Fellows. We are grateful for their dedication to the field of ocular immunology and wish them well on their journey.*



**Karen Small, MD, Doran Spencer, MD, Lina Ma, MD**

### **Karen Small, MD**

This year has been an amazing opportunity to train in a subspecialty of Ophthalmology that will be the focus of the rest of my years in practice. Thank you to Dr. Foster for his boundless energy and commitment to OIUF, which makes our uveitis fellowships possible. Having Dr. Anesi, and now also Dr. Chang, has really enhanced our learning in the clinic and in surgery. The amount of knowledge we have gained, as well as the exposure we have had to so many rare conditions, is truly impressive. To all the dedicated MERSI and OIUF staff who have helped and supported us, you were an important part of our success. I have enjoyed meeting OIUF Fellows from

all over the world and having the chance to share ideas and experiences. I have been away from my family for a year. My husband and I are looking forward to starting the next chapter of our life together. We will find a new place to live in the Southeast, as I begin my journey in Uveitis. There is no doubt I will bring with me an incredible arsenal of treatment strategies. My time at OIUF will be cherished, and I wish all those who enter our doors, a very bright and rewarding future.

### **Doran Spencer, MD**

As my year as an OIUF Clinical Fellow at comes to an end, I would like to thank everyone here who has made it enjoyable and educational. First and foremost, Drs. Foster, Anesi and Chang have been exceptionally patient, enthusiastic and encouraging mentors with me as I learned the tricks of their trade. I hope and expect to stay in touch with you for a long time to discuss challenging cases and share our future insights and joys in this field. Next, my current co-travelers along this path, in addition to all those who have already moved on: you have made it a joy to come to work and share this special experience, and will always remain dear colleagues and friends. Most of all, I would like to thank the patients, many of whom have welcomed me as their doctor despite my limited tenure here and who will always remain an inspiration for doing everything that I can to help relieve suffering from ocular inflammatory disease; you are the reasons why we all dedicate our professional lives to this calling. Lastly, my wife Elisa and children Wyatt and Aurelie have kept me sane and grounded during this demanding year; thank you for allowing me to follow my dreams to Boston to become a Uveitis specialist, while seemingly enjoying the adventure. As for me, I hope to carry the torch of OIUF to San Diego where I will do my best to stamp out ocular inflammatory disease as a Retina Fellow at UCSD and wherever I settle thereafter.

### **Lina Ma, MD**

Two years flew by so quickly! I would like to use this opportunity to thank Dr. Foster, Dr. Anesi, Dr. Chang, Dr. Zhao and the staff for the opportunity to complete my two-year fellowship training in uveitis and ocular immunology. In the past two years, I was surrounded by bright, hard-working staff, technicians, and co-fellows, and I learned a lot from them from culture to working attitude, from knowledge to empathy. Most importantly, I would like to express my great appreciation to the wonderful patients for welcoming us to participate in the care of your complex diseases that often spans beyond just the eyes. This unique fellowship training program, under the direction of Dr. Foster, has broadened my knowledge base, my courage, my humility, and my determination to care for complex ocular diseases medically and mentally. This summer, I look forward to joining Massachusetts Eye and Ear Infirmary as a research associate.

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## Research Highlights

### **Bausch + Lomb 853**

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

### **Clearside CLS1001-301**

CLS1001-301 is a phase 3 clinical trial designed expand on the results from the phase 2 trial that was conducted at MERSI in 2015. Clearside Biomedical product is unique, injectable suspension of triamcinolone acetonide (CLS-TA) that is used to treat patients with macular edema associated non-infectious uveitis. We are currently enrolling pts over the age of 18 with this diagnosis that are currently on stable doses of all uveitis associated medications. Patients who were enrolled in the phase 2 study are also eligible for the phase 3 trial. CLS-301 is designed to have 8 study related visits over a period of 6 months and includes 2 choroidal microinjections of CLS-TA.

### **Aldeyra ADX-102\_UV-005**

With their ADX-102 Ophthalmic Solution (0.5%), Aldeyra Therapeutics, Inc. is seeking to better treat non-infectious anterior uveitis. Patients in this phase 3 trial will be

randomized 1:1 and receive either the ADX-102 product or simply the vehicle for this solution. Aldeyra will gather information on the safety and efficacy of their treatment in regards to the anterior chamber cell count and the symptoms of anterior uveitis over the course of this approximately five week trial. Subjects between the ages of 18 and 85 will have seven visits throughout the course of the study and will undergo a variety of testing. ADX-102 (0.5%) has previously been shown to be safe in other non-infectious anterior uveitis patients who were treated topically four times per day.

### **EyeGate EGP-437-006**

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

### **Allergan 192023-091**

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

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## OIUF Research Reaches Global Scale

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

<b>Number of times our work has been cited</b>	<b>24,412</b>
<b>Number of reads (reads includes total is the sum of reads on publications, project updates, and questions)</b>	<b>23,254</b>





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## **Publications of Interest to Physicians and Patients for Sale**

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

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

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

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

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

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

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

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