

16TH ANNUAL
WINTER SYMPOSIUM
THE CANYONS RESORT, PARK CITY, UTAH
JANUARY 14-16, 2012

FRONTIERS
OF UVEITIS
2012

SATURDAY

January 14

7:00-8:00 AM

Registration/Breakfast/Exhibits

8:00-8:45 AM

CASE PRESENTATIONS

8:00-8:10 AM

TB – Positive Quantiferon and Uveitis

Vincent F. Baldassano, MD

8:10-8:15 AM

Discussion

8:15-8:25 AM

Mystery Retinitis

Pauline T. Merrill, MD

8:25-8:30 AM

Discussion

8:30-8:40 AM

Case Unknown

Andrew W. Eller, MD

8:40-8:45 AM

Discussion

8:45-8:55 AM

Occlusive Vasculitis (Retinal) vs. Hypercoagulable Retinal Thrombosis

Tamara Vrabcac, MD

8:55-9:00 AM

Discussion

9:00 AM

End of Morning Session

3:30-4:00 PM

Après Ski Refreshments/Exhibits

4:00-4:05 PM

Overview/Welcome

Russell N. Van Gelder, MD, PhD

4:05-7:00 PM

SCIENTIFIC SESSION 1:

HLA-B27 Disease:

Bench to Bedside

Chair: James T. Rosenbaum, MD

4:05-4:50 PM

From HLA-B27 to Disease: A Trip through the ER

Robert A. Colbert, MD, PhD

Almost four decades of research to understand the role of HLA-B27 in susceptibility to spondyloarthritis has yet to yield a satisfying answer. Results from an HLA-B27 transgenic rat model have shown quite convincingly that CD8+ T cells are not required for the inflammatory phenotype, suggesting that 'arthritogenic' peptides targeted by autoreactive cytotoxic T cells are not involved. Discoveries in the past decade revealing that the HLA-B27 heavy chain has a tendency to misfold during assembly in the endoplasmic reticulum (ER), and to form aberrant disulfide-linked dimers after arrival on the cell surface, have generated new ideas about its role in disease pathogenesis. In transgenic rats, HLA-B27 misfolding generates ER stress and activates the unfolded protein response (UPR), which dramatically enhances the production of IL-23 in response to pattern recognition receptor agonists. Moreover, in this animal model there is striking Th17 activation and expansion, consistent with results emerging from human studies and the discovery of IL23R as an additional susceptibility gene for ankylosing spondylitis. Together, these results suggest a novel link between HLA-B27 and the IL-23/IL-17 axis through the consequences of protein misfolding, and open new avenues of investigation as well as identifying new targets for therapeutic intervention in this group of diseases.

4:50-5:05 PM

Discussion

5:05-5:50 PM

Clinical Advances in the Management of HLA-B27-associated Uveitis

Nisha Acharya, MD, MS

Human leukocyte antigen (HLA)-B27-associated uveitis is the most commonly diagnosed cause of acute anterior uveitis. The typical characteristics of

HLA-B27-associated uveitis are young age of onset, unilateral or unilateral alternating inflammation, presence of hypopyon or fibrin in the anterior chamber, development of posterior synechiae, and frequent occurrence in the setting of systemic spondyloarthropathies like ankylosing spondylitis and reactive arthritis. Uveitis can often be treated with topical corticosteroids. NSAIDs and sulfasalazine may help to reduce recurrences of uveitis. For more refractory uveitis, disease modifying anti-rheumatic drugs and TNF-alpha inhibitors may be useful. Antibodies produced against TNF-alpha inhibitors may result in loss of efficacy, and switching to another TNF-alpha inhibitor may be helpful. Other considerations in using TNF-alpha inhibitors are cost and potential safety concerns, including opportunistic infections and malignancy. New biologic therapies including abatacept, rituximab, tocilizumab and secilizumab have been tried with mixed success.

5:50-6:05 PM

Discussion

6:05-6:15 PM

Break/Exhibits

6:15-7:00 PM

The Microbiome and Uveitis

James T. Rosenbaum, MD

The microbiome is the term applied to the microscopic flora that has a mostly symbiotic relationship with the human body. The cells in the microbiome outnumber mammalian cells in a human by about ten to one. Much of the microbiome is anaerobic and cannot be routinely cultured from the intestine. Bacterial flora have a profound effect on the immune system, which can only develop in a primitive fashion without bacterial stimulation. Some diseases, like inflammatory bowel disease and ulcers, presumably result from the microbiome. Evidence suggests that HLA B27 affects the microbiome and we hypothesize that changes in the microbiome account for the mechanism by which HLA B27 predisposes to diseases like ankylosing spondylitis and anterior uveitis.

7:00-7:15 PM

Discussion

7:15-7:35 PM

INDUSTRY PARTNER PRESENTATIONS

7:15-7:25 PM

Bausch + Lomb

7:25-7:30 PM

Allergan

7:30-7:35 PM

Carl Zeiss Meditec

7:35 PM

End of Evening Session

7:45-10:00 PM

Dinner at The Cabin

Located in the Grand Summit Hotel

SUNDAY

January 15

7:00-8:00 AM

Breakfast/Exhibits

8:00-9:00 AM

CASE PRESENTATIONS

8:00-8:10 AM

CMV: Panuveitis and Occlusive Retinal Vasculitis in an Immunocompetent Host

David Hinkle, MD

8:10-8:15 AM

Discussion

8:15-8:25 AM

White Dot Masquerade Syndrome

Joan J. Lee, DO

8:25-8:30 AM

Discussion

8:30 AM

End of Morning Session

3:30-4:00 PM

Après Ski Refreshments/ Exhibits

4:00-7:00 PM

**SCIENTIFIC SESSION 2:
Life after MUST 1**

Chair: Douglas A. Jabs, MD, MBA

4:00-4:45 PM

**Life after MUST:
Frontiers in Local Therapy**

Debra A. Goldstein, MD

This session will review data on local therapy for uveitis, particularly uveitic CME. Agents discussed will include intravitreal triamcinolone acetonide (Kenalog and Triescence), corticosteroid implants (Retisert, Ozurdex), intravitreal anti VEGF agents (ranibizumab, bevacizumab), as well as intravitreal methotrexate, intravitreal TNF inhibitors, and periocular or intravitreal sirolimus. Clinical cases will be presented, as will a summary of available data. Rationale for use of these agents will be discussed, as well as risks and benefits of each agent. Discussion will focus on the decision to treat locally, as well as choice of agent.

4:45-5:00 PM

Discussion

5:00-5:45 PM

**Life after the MUST Trial I:
Current and Future Research
Needs in the Treatment of Uveitis**

Douglas A. Jabs, MD, MBA

The recently-published Multicenter Uveitis Steroid Treatment (MUST) Trial provided data on the comparative effectiveness of the fluocinolone acetonide implant v systemic treatment with oral corticosteroids and immunosuppression over a two year period. The results will be reviewed, and remaining unanswered questions discussed. Data on the current approaches to regional corticosteroid therapy will be reviewed and gaps in knowledge identified. Finally, the current data on immunosuppression and the emerging data on biologic therapy for uveitis will be reviewed. The presentation will be interactive with a goal to fostering discussion of research needs in the field of Uveitis.

5:45-6:00 PM

Discussion

6:00-6:45 PM

New Therapies for Rheumatic Diseases and Their Potential Implications for the Treatment of Autoimmune Ophthalmic Diseases

Sergio Schwartzman, MD

The field of rheumatology has been transformed over the last decade with the elucidation and understanding of pathways responsible for pathological autoimmune inflammatory responses. As a consequence of these advances, new therapies have now been employed and are being developed that can specifically target single proteins, cytokines and enzymes. As the field has rapidly expanded, we now have the capability to neutralize the effects of overproduction of messengers and cells of the immune system. Available therapies currently approved and employed have the capacity to affect B-cells and B cell messengers, the interaction between antigen presenting cells and effector cells, IL-6, IL12/23, IL-1 and TNF. In the near future small molecules with the capacity to inhibit intracellular signal transducers and activators of transcription will become available. As our understanding of the different mechanisms in autoimmune ophthalmic diseases advances, the use of powerful therapeutic modulators of the immune system will likewise evolve.

6:45-7:00 PM

Discussion

7:00-7:20 PM

**INDUSTRY PARTNER
PRESENTATIONS**

7:00-7:10 PM

Santen, Inc.

7:10-7:15 PM

Lux Biosciences, Inc.

7:15 PM

End of Evening Session

CONTINUED

MONDAY

January 16

7:30-8:30 AM

Breakfast/Exhibits

8:30-9:30 AM

FREE PAPERS

8:30-8:40 AM

An Update on Voclosporin Clinical Trials: Past and Present

David Callanan, MD

8:40-8:45 AM

Discussion

8:45-8:55 AM

Molecular Basis of Retinal Cotton Wool Spots and Hemorrhage in HIV Disease

William R. Freeman, MD

8:55-9:00 AM

Discussion

9:00-9:10 PM

In Vivo Structural and Functional Defects and Vision Assessment in Non-infectious HGIV Retinopathy

Laura Gomez Freeman, MD

9:10-9:15 AM

Discussion

9:15-9:25 AM

Epidemiology of Chronic- Recurrent Phase Vogt- Koyanagi-Harada Syndrome

David C. Gritz, MD, MPH

9:25-9:30 AM

Discussion

9:30 AM

Meeting Adjourned

GUEST SPEAKERS

Nisha Acharya, MD, MS

Associate Professor
Director, Ocular Inflammatory Disease and
Uveitis Clinic
Uveitis Fellowship Director
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Vice-Chair, Department of Ophthalmology
Professor of Ophthalmology, Medicine and Cell Biology
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Franchellie M. Cadwell Chair
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University of Washington School of Medicine
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MEETING PLANNER



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INDUSTRY PARTNERS

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