AMERICAN UVEITIS SOCIETY

20TH ANNUAL WINTER SYMPOSIUM

JANUARY 16-18, 2016
Canyons Grand Summit Hotel
Park City, Utah

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20 YEARS
ANNUAL WINTER SYMPOSIUM
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Intermediate Uveitis Associated with Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Cervical Adenitis (PFAPA) Syndrome

RENE CHOI, MD, PhD

Methods: In this retrospective study, we reviewed the medical records of 23 children (42 affected eyes) with CAU in a tertiary referral practice who were treated with infliximab. The following information was collected for each case: age at onset of uveitis; sex; associated systemic disease, if present (JIA, other); and duration of uveitis before start of infliximab. The following information was collected from each ophthalmic examination: cells (categorized on the basis of SUN criteria); flare (as determined by laser flare photometry); presence of uveitis complications; and complications attributable to drug infusion. Kaplan-Meier analyses were used to determine intervals to outcome measures for control of uveitis and for loss of control, as defined below. Outcomes for cells and for flare were analyzed separately. For cells, control of inflammation was defined as < 1+ cells. For flare, control of inflammation was defined as a 20% reduction (for values greater than 20 photon units per millisecond [pu/msec]) or an absolute value < 20 pu/msec; these definitions correspond to levels shown to be protective against AE (uveitic complications, vision loss). The eye was the unit of analysis.

Results: Mean age at uveitis diagnosis was 4.48 years (range 1-10 years) and the mean duration of uveitis prior to start of infliximab was 5.43 years (range 0.75 to 23.25 years). The majority of patients were female (73.9%) and had a diagnosis of JIA (56.5%). Median duration of treatment with infliximab during the study period was 4 years. Median time to decrease of cells to < 1+ was 1.9 months (95% CI=0.4-2.8 mos., range 0.0-10.4 mos.); median time to decrease of flare to < 20 pu/msec was 1.35 mos. (95% CI=undefined, range 0.0-112.9 mos.). The median time to loss of control based on cells (≥ 1+ after initial decrease to less than 1+) was 5.9 months (95% CI=3.8-8.1, incidence 14.8/100 eye-mos.); median time to loss of control based on flare (≥ 20 pu/msec) was 14.0 months (95% CI=undefined, incidence 4.2/100 eye-mos.). Among study eyes, 9 developed cataracts and 1 developed posterior synechiae during treatment. Infusion related problems developed in 3 children after 4-14 infusions (anaphylactoid reaction, rash, and pruritus).

Conclusion: This study illustrates the potential use of a standardized, time-dependent assessment of drug effect on CAU in children, using objective measures of inflammation and outcomes shown to be related to disease-associated AE. Cells and flare can change independently, but the majority of patients achieved levels of cells or flare or both within 2 mos. that are protective against AE. The study also provides objective evidence that infliximab may lose effect over time, but vision-threatening complications remained infrequent during treatment.

Support: Endowment for Children with Uveitis, UCLA Stein Eye Institute, Los Angeles, California, the Skirball Foundation, New York, New York.
4:00-4:05 pm
Introduction
GLENN J. JAFFE, MD

4:05-4:12 pm
Vasculopathy or Vasculitis?
Bilateral Vision Loss in a Young Lupus Patient
SARJU PATEL, MD

4:12-4:17 pm
Discussion

4:17-5:02 pm
Update on Systemic Vasculitis and Rheumatic Diseases
PHILIP SEO, MD

The last decade has seen substantial changes in the approach to systemic vasculitis and other rheumatic diseases. New classification criteria have been introduced for systemic lupus erythematosus, rheumatoid arthritis, and systemic vasculitis, and new treatment strategies emphasize a move away from cytotoxic agents and towards biologic therapies. We will review recent changes in the overall approach to these diseases, and define the role of newer agents, such as rituximab, belimumab, and tocilizumab in the management of the ANCA-associated vasculitides, and other rheumatic diseases associated with ocular disease.

5:02-5:17 pm
Discussion

5:17-6:02 pm
Retinal Vasculitis: A Rheumatologic Perspective
JAMES T. ROSENBAUM, MD

Systemic forms of vasculitis can be classified on the basis of the size of the vessel involved, the histopathology, and the location of the vessel. Systemic vasculitis is usually diagnosed based on a biopsy or occasionally by angiography or by the clinical presentation and laboratory findings. A diagnosis of systemic vasculitis implies histological abnormality of the vessel wall.

In contrast retinal vasculitis is rarely diagnosed by biopsy. Furthermore, findings indicative of retinal vasculitis such as fluorescein staining do not imply a structural change in the vessel wall. Consequently patients with retinal vasculitis rarely have a systemic vasculitis and conversely, patients with systemic vasculitis rarely have retinal vasculitis.

Retinal vasculitis can be central or peripheral; occlusive or non-occlusive; arterial, venous, or mixed; symptomatic or asymptomatic; and primary or secondary to either an infection or secondary to a recognized cause of uveitis. These classification variables have therapeutic implications.

Rheumatologists and ophthalmologists frequently communicate poorly in the management of patients with retinal vasculitis.

6:02-6:17 pm
Discussion

6:17-6:37 pm
Break

6:37-6:44 pm
Pediatric Retinal Vasculitis: An Unusual Case of Ferning
DILRAJ S. GREWAL, MD

6:44-6:49 pm
Discussion

6:49-7:01 pm
Optical Coherence Tomography Angiography in Retinal Vasculitis
ANGELA BESSETTE, MD
Santer, Inc. Travel Grant Awardee

Purpose: To evaluate the retinal microvasculature in a cohort of patients with retinal vasculitis using optical coherence tomography angiography (OCTA)

Methods: This is a retrospective cohort study of optical coherence tomography angiography in patients with retinal vascular inflammation. OCTA images were evaluated for qualitative changes and compared to fluorescein angiography images where available.

Results: 19 patients with retinal vasculitis were identified. Mean age was 43 years and included 10 women and 9 men. The diagnostic spectrum included 8 patients with Susac syndrome, 3 patients with Behcet’s disease, one patient with anti-synthetase syndrome, one patient with intermediate uveitis, and 6 patients with idiopathic retinal vasculitis. OCTA imaging on 11 patients revealed findings not visible on fluorescein angiography. These included loss of retinal blood flow in the superficial and deep vascular layers, capillary remodeling, and normal capillary flow in eyes with exudates. Quantitative analysis was also performed and revealed decreased density of blood vessels in areas of retinal vascular loss.

Conclusions: OCT angiography provides information on capillary blood flow in patients with retinal vasculitis. In some patients, OCTA revealed capillary abnormalities that were not visible on fluorescein angiography.

7:01-7:06 pm
Discussion

7:06-7:13 pm
Retinal Vasculitis Associated with Systemic Lupus Erythematosus
OZLEM SAHIN, MD

7:13-7:18 pm
Discussion

7:18-7:25 pm
Occlusive Vasculitis – Inflammatory or Not?
LANA RIFKIN, MD

7:25-7:30 pm
Discussion

7:30-7:40 pm
INDUSTRY PARTNER PRESENTATIONS

7:30-7:40 pm
AbbVie

7:40 pm
End of Evening Session

7:45-10:00 pm
Dinner at The Canyons
Grand Summit Hotel
7:00-8:00 am
Breakfast

7:00-9:30 am
Exhibits

8:00-8:05 am
Introduction
GLENN J. JAFFE, MD

8:05-9:20 am
CASE PRESENTATIONS/
FREE PAPERS

8:05-8:17 am
Up in the AIR: Challenges in
Diagnosis and Management of
Autoimmune Retinopathy
SHELLY LEE, MD

8:17-8:22 am
Discussion

8:22-8:34 am
Tubulointerstitial Nephritis
and Uveitis Syndrome:
Characterization of Clinical Features
ANJU M KOREISHI, MD

8:34-8:39 am
Discussion

8:39-8:46 am
Bilateral CME in
IgG4-related Disease
PAULINE T. MERRILL, MD

8:46-8:51 am
Discussion

8:51-9:03 am
Modulation of Inflammatory
Signaling in an Animal Model
for Uveitis
JESSICA WEINSTEIN, MD

9:03-9:08 am
Discussion

9:08-9:15 am
Retinitis
NATHAN STEINLE, MD

9:15-9:20 am
Discussion

9:20-9:30 am
INDUSTRY PARTNER
PRESENTATIONS

9:20-9:25 am
Allergan, Inc.

9:25-9:30 am
Bausch + Lomb

9:30 am
End of Morning Session

3:30-4:00 pm
Après Ski Refreshments

3:30-7:33 pm
Exhibits

4:00-6:05 pm
SCIENTIFIC SESSION 2:
UVEITIS IMAGING

4:00-4:05 pm
Introduction
GLENN J. JAFFE, MD

4:05-4:50 pm
New Technologies for Real-Time
Ophthalmic Imaging and
Surgical Guidance
JOSEPH A. IZATT, PhD

Optical coherence tomography (OCT) and
scanning laser ophthalmoscopy (SLO) obtain
micron-scale measurements of structure and
function in living tissues and organisms. We
have developed next-generation versions of
these technologies customized for new appli-
cations in flexible hand-held imaging and
ophthalmic microsurgery. These technology
advances allow for real time volumetric micro-
structural imaging in living patients, which we
are deploying for pediatric and intrasurgical
applications.

Compact multi-modal combinations of OCT
with confocal microscopy allow for imaging of
individual retinal receptor cells without adaptive
optics. We also report on a novel microscope-

integrated optical coherence tomography
system that achieves the first micrometer-scale
four dimensional live imaging of human micro-
surgery via a custom microscope-integrated
system with a stereoscopic heads-up display.
The lecture will review the current state of
these technologies and provide an overview of
selected applications in both anterior segment
and retinal imaging.

4:50-5:05 pm
Discussion

5:05-5:50 pm
Multi-modal Imaging in Uveitis,
the Present Choices in Hardware
and the Future in Software
SUNIL SRIVASTAVA, MD

Multi-modal imaging has improved our under-
standing of complex inflammatory diseases.
Imaging allows clinicians to determine diag-
nosis and disease activity. Each new imaging
device seems to identify yet another finding in
the ocular anatomy of these complex diseases.
The future of imaging in uveitis however, may
not be in the fastest device with the highest
resolution but with software enhancements
which allow precise measurements of disease
activity. The purpose of this talk is to discuss
the utility of the current imaging tools and the
future improvements in software which could
potentially advance our field.

5:50-6:05 pm
Discussion

6:05-6:25 pm
Break

6:25-7:23 pm
CASE PRESENTATIONS/
FREE PAPERS

6:25-6:37 pm
Association of Disorganization
of Retinal Inner Layers with
Visual Acuity in Eyes with
Uveitic Cystoid Macula Edema
DILRAJ S. GREWAL, MD

Santen, Inc. Travel Grant Awardee

Purpose: To investigate whether disorganiza-
tion of retinal inner layers (DRIL) and other
spectral-domain optical coherence tomography
(SD-OCT)–derived anatomical variables are
associated with visual acuity (VA) in eyes with
uveitic cystoid macular edema (CME).
Methods: Prospective, multiple center trial (A Multicenter Study Open Label Study of the Long-term Safety and Efficacy of the Human Anti-TNF Monoclonal Antibody Adalimumab in Subjects with Non-infectious Intermediate-, Posterior-, or Pan-uveitis) in which Best-corrected ETDRS VA testing and Spectralis SD-OCT imaging were performed.

Two independent readers (DG and MO), masked to the treatment groups analyzed the central 1-mm foveal region for pre-specified anatomical parameters including central subfield thickness (CFT), horizontal length and vertical extent of DRIL (% of scans with DRIL), defined as inability to identify and demarcate any boundaries of the ganglion cell/inner plexiform layer complex, inner nuclear layer or outer plexiform layer. Foveal DRIL was defined as average DRIL extent >500 µm across the scans.

Other morphological parameters analyzed include presence of subretinal fluid, epiretinal membrane, hyperreflective foci (HRF) in the inner or outer retina, average and largest size of intraretinal (IR) cysts, extent of disruption of external limiting membrane (ELM) and ellipsoid zone (EZ). Measurements were obtained either at baseline or follow-up. Preliminary analysis on a subsample of patients identified to have CME, and with good quality OCT scans are presented. Data were analyzed by linear regression adjusted for clustered observations.

Results: Thirty-five eyes of 25 patients (16 female, 9 male) with a mean age of 50.4 ±16.1 years were analyzed. Inter-reader spearman rank correlation coefficients ranged between 0.79 to 0.91 for the morphological variables for the two readers. At baseline mean logMAR VA was 0.39 (range -0.04 to 0.88), CFT was 494 µm (range 287 to 863 µm), horizontal DRIL length was 307 µm (range 0 to 637 µm), vertical DRIL extent was 80.8% (range 0 to 100%), ELM disruption length was 80 µm (range 0 to 365 µm), EZ disruption length was 129 µm (range 0 to 663 µm), size of IR cysts was 0.538 mm², (range 0 to 1.61 mm²) and size of largest IR cyst was 0.090 mm² (range 0 to 0.37 mm²). At baseline, 16/34 eyes had subretinal fluid, 30/35 eyes had ERM, 34/35 eyes had HRF in inner or outer retina and 9/35 eyes had foveal DRIL.

Using a regression analysis for association between SD-OCT parameters and logMAR at all visits (n=74), parameter estimates (95% confidence interval) were 0.057 (0.025 to 0.088) for CFT per 100 µm (p<0.001), 0.149 (0.041 to 0.256) for foveal DRIL (p=0.008), 0.046 (0.024 to 0.068) for average horizontal DRIL length per 100 µm (p<0.001), 0.003 (0.002 to 0.005) for average vertical DRIL length (p<0.001), -0.012 (-0.076 to 0.052) for mean ELM disruption per 100 µm (p=0.714), 0.031 (-0.011 to 0.073) for mean EZ layer disruption per 100 µm (p=0.143), 0.167 (0.074 to 0.260) for average size of IR cysts per mm² (p<0.001), 1.226 (0.758 to 1.695) for size of largest IR cyst per mm² (p<0.001) and -0.017 (-0.622 to 0.587) for presence of HRF in both inner and outer retina, -0.174 (-0.778 to 0.430) in outer and -0.109 (-0.711 to 0.493) in inner retina vs. no HRF (p=0.048).

Conclusion: Preliminary analysis suggests that CFT, DRIL, size of IR cysts and presence of HRF in eyes with uveitic CME is associated with visual acuity. DRIL, size of IR cysts and presence of HRF had a stronger association with VA than disruption of outer retinal layers. Further analysis will help determine if DRIL can be used as a surrogate marker of VA and as a predictive biomarker for future VA outcomes in eyes with uveitic CME.
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Save the Date
JANUARY 14-16

AUS
21st Annual Winter Symposium
2017

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