



THE ALLIANCE FOR EYE AND VISION RESEARCH

In conjunction with:
Research to Prevent Blindness
American Uveitis Society
Assoc. for Research in Vision and Ophthalmology
Women in Ophthalmology
Women's Eye Health
American Autoimmune Related Diseases Association
Sjögren's Syndrome Foundation
Society for Women's Health Research

*Invite you to join us for another in our series
of educational briefings*

***Inflammatory Eye Disease: Focus on
Uveitis***

Wednesday, June 3, 2015

12 Noon - 1:15 pm

House Rayburn B-369

Featured Speaker:
Gary N. Holland, M.D., Jules Stein Eye Institute,
David Geffen School of Medicine at UCLA

Please R.S.V.P. to
Dina Beaumont @ 202-530-4672 or Dinabeau@aol.com

**AEVR, a 501(c)3 Non-Profit Educational Foundation, is pleased to host this
widely attended event featuring an eye-healthy luncheon.**

Inflammatory Eye Disease: Focus on Uveitis
June 3, 2015, 12:00 – 1:15 pm, House Rayburn B-369
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What is Uveitis and Why Is It Important?

Uveitis is a general term describing inflammation inside the eye. The “uvea” is the layer between the eye wall (“sclera”) and retina (light sensitive back of the eye) that contains most of the eye’s blood vessels. Many disorders cause uveitis, including infectious diseases and autoimmune conditions. Intraocular inflammation is characterized by leakage of fluid from vessels and swelling of ocular tissues, ultimately leading to complications, such as glaucoma, cataracts, and scarring, which can destroy structures critical for vision and lead to blindness. Uveitis may be caused by problems occurring only in the eye, or it can result from inflammatory diseases affecting other parts of the body, including some forms of arthritis. Symptoms can include eye pain and sensitivity to light.

An estimated 2.3 million Americans have uveitis, with up to 30,000 new cases occurring each year. One out of every 1,000 Americans will have active uveitis at any given time, and it accounts for 10 percent of the 2.8 million people blinded in the United States. Although classified as a “rare disease,” its impact is substantial, accounting for \$243 million in annual costs in the U.S., with \$91 million of that in direct medical costs. Uveitis can occur at any age, and although its incidence increases in older populations, it can affect children/young adults in their most productive years—meaning that it has a disproportionately greater impact on society than some common eye diseases that occur predominantly in older individuals. Women, who have an increased risk of autoimmune diseases, tend to be at greater risk of developing chronic forms of uveitis, and some forms are also more common in racial and ethnic minorities—African-Americans have a higher incidence, and recent studies suggest that Hispanics have a significantly higher risk of ocular toxoplasmosis, the most common form of infectious uveitis that involves the retina.

How is Uveitis Treated, and Why is Research Needed into its Causes and Treatments?

Current uveitis treatments, designed to eliminate infection or suppress autoimmune inflammation on a long-term basis, are often expensive, inconvenient, and incompletely effective. Many have intolerable side-effects for some patients. These problems emphasize the need for new treatments, yet development of better drugs will require an improved understanding of disease processes associated with uveitis. The National Eye Institute (NEI) within the National Institutes of Health (NIH) has supported a number of initiatives/studies to investigate various aspects of uveitis cause, incidence, and treatment, including:

- Since 2012, a Human Ocular Immunology Agreement with the United Kingdom that studies uveitis/immune-related eye diseases, shares advances, and recruits patients for joint clinical trials.
- Funding for international, multicenter clinical trials by the Multicenter Uveitis Steroid Treatment (MUST) Research Group, which have compared the efficacy and safety of currently available treatments for uveitis and its complications.
- Participation in a March 2015 joint NEI/Food and Drug Administration (FDA) *Workshop on Clinical Trial Endpoints for Inflammatory Eye Disease* which brought together researchers, clinicians, and industry to discuss better methods for assessing the effects of new therapies for chronic, non-infectious uveitis.

About the Speaker and His Presentation.

Gary N. Holland, M.D. is Professor of Ophthalmology at the David Geffen School of Medicine at UCLA, where he holds the Jack H. Skirball Chair in Ocular Inflammatory Diseases. He is also Director of the Ocular Inflammatory Disease Center at the Jules Stein Eye Institute, and Director of the UCLA Department of Ophthalmology’s Clinical Research Center, which provides support for investigators at both the UCLA Stein Eye Institute and its affiliate, the Doheny Eye Institute. Dr. Holland will describe all aspects of uveitis and its impact on at-risk populations, review the difficulties and costs associated with treatments, and identify new directions for research dealing with inflammatory eye diseases.