

AMERICAN  UVEITIS SOCIETY

27th Annual
Winter Symposium

January 13-15, 2024 • Westgate Park City Resort, Park City, Utah



Program Co-Chairs:

PHOEBE LIN, MD, PhD • ALAN G. PALESTINE, MD • AKBAR SHAKOOR, MD

27th Annual AUS Winter Symposium

GUEST SPEAKERS



Janet L. Davis, MD
Professor of Ophthalmology
Bascom Palmer Eye Institute
University of Miami Miller
School of Medicine
Miami, FL



Lynn M. Hassman, MD, PhD
Assistant Professor of Ophthalmology
University of Colorado
Aurora, CO



**Christian Pagnoux,
MD, MSc, MPH**
Associate Professor, Founder
and Vice-Director of CanVasc
Mount Sinai Hospital
Vasculitis Clinic,
Division of Rheumatology
Department of Medicine,
University of Toronto
Toronto, Canada



Nadera J. Sweiss, MD, FACP
Professor of Medicine
Chief, Division of Rheumatology
and Medical Director of the
Arthritis Clinic
Founder and Director, Bernie Mac
Sarcoidosis Translational Advanced
Research Center (STAR)
University of Illinois, Chicago
Chicago, IL

PROGRAM CO-CHAIRS



**Phoebe
Lin, MD, PhD**
Uveitis and Retinal
Diseases and Surgery
Cole Eye Institute
Cleveland Clinic
Cleveland, OH



**Alan G.
Palestine, MD**
Professor of
Ophthalmology
and Rheumatology
University of Colorado
Anschutz Medical
Campus
Aurora, CO



**Akbar
Shakoor, MD**
Associate Professor of
Ophthalmology and
Visual Sciences
Director of Uveitis Fellowship
John A. Moran Eye Center
University of Utah
Salt Lake City, UT

SATURDAY

January 13, 2024

7:00 – 7:45 AM

Registration and Breakfast

7:00 – 9:45 AM

Exhibits

7:45 – 7:50 AM

Opening Remarks

ALAN G. PALESTINE, MD

7:50 – 9:44 AM

**CASE PRESENTATIONS,
FREE PAPERS, & DISCUSSIONS**

MODERATOR: ALAN G. PALESTINE, MD

7:50 – 7:59 AM

**Drug-Related Intraocular
Inflammation Classification**

GLENN J. JAFFE, MD

7:59 – 8:01 AM

Discussion

8:01 – 8:05 AM

Mirvetuximab-Associated Uveitis

EDMUND TSUI, MD, MS

8:05 – 8:07 AM

Discussion

8:07 – 8:16 AM

**Effect of Antiviral Prophylaxis
for Acute Retinal Necrosis in
PCR-positive Patients with
Long-Term Follow Up**

THOMAS A. ALBINI, MD

8:16 – 8:18 AM

Discussion

8:18 – 8:22 AM

**A Patient with Two
Eyes, Two Diseases**

THITIPORN THONGBORISUTH, MD

8:22 – 8:24 AM

Discussion

8:24 – 8:28 AM

**When Opportunity Presents,
so does Cytomegalovirus**

MEGHAN J. SMITH, MD

8:28 – 8:30 AM

Discussion

8:30 – 8:39 AM

**Comparison of Varying
Dosages of Systemic Antiviral
Therapy in Patients with
Acute Retinal Necrosis**

DAVID FELL, MD

8:39 – 8:41 AM

Discussion

8:41 – 8:45 AM

Until Proven Otherwise

AMOL SURYA, MD

8:45 – 8:47 AM

Discussion

8:47 – 8:56 AM

**Clinical Outcomes of Acute Retinal
Necrosis in PCR-positive Patients:
A Single Center Experience**

VIET CHAU, MD

8:56 – 8:58 AM

Discussion

8:58 – 9:02 AM

**Waiting for a Raindrop in the
Drought...and then it Stormed!**

NEHALI V. SARAIYA, MD

9:02 – 9:04 AM

Discussion

9:04 – 9:08 AM

**Case Report of Mycobacterium
Abscessus Endophthalmitis
Due to Exposed Tube Shunt**

RODNEY GUISEPPI, MBBS

9:08 – 9:10 AM

Discussion

9:10 – 9:19 AM

**Clinical Experience with
Outpatient Oral Treatment
for Ocular Syphilis**

BRIAN TOY, MD

9:19 – 9:21 AM

Discussion

9:21 – 9:25 AM

What Would You Call This?

AMIT REDDY, MD

9:25 – 9:27 AM

Discussion

9:27 – 9:31 AM

**A Case of Unilateral
Hypertensive Iritis**

JENNIFER LEE, MD

9:31 – 9:33 AM

Discussion

9:33 – 9:42 AM

**Adalimumab Dose Tapering
in Patients with Non-Infectious
Uveitis: Long-Term Efficacy
and Recurrence Rates**

KEVIN X. ZHANG, MD, PhD

9:42 – 9:44 AM

Discussion

9:44 – 9:45 AM

Wrap Up

ALAN G. PALESTINE, MD

9:45 – 10:15 AM

Break

10:15 – 11:15 AM

**Suprachoroidal Injection Training
Wet Lab hosted by Bausch + Lomb**

11:15 AM – 2:00 PM

Lunch on Own

2:00 – 3:30 PM

CASE DISCUSSION WITH EXPERTS

MODERATOR: ALAN G. PALESTINE, MD

3:30 – 4:00 PM

Break

3:30 – 7:30 PM

Exhibits

4:00 – 6:05 PM

**SCIENTIFIC SESSION 1:
SARCOIDOSIS: OCULAR
AND SYSTEMIC DISEASE**

MODERATOR: PHOEBE LIN, MD, PhD

4:00 – 4:05 PM

Introduction

PHOEBE LIN, MD, PhD

4:05 – 4:50 PM

**Defining Ocular Sarcoidosis:
A Fool's Errand?**

LYNN M. HASSMAN, MD, PhD

The eye is one of the most frequent extrapulmonary sites of inflammation in sarcoidosis, yet the frequency of ocular manifestations of sarcoidosis varies enormously across geographic regions from 13-79%. While uveitis is the presenting feature in up to one-third of patients, there is no gold standard for diagnosing ocular sarcoidosis. Instead, clinicians rely on recognizing a combination of clinical features and laboratory biomarkers, which, unsurprisingly, also vary across geographic regions and ethnic backgrounds. It is, therefore, not surprising that therapeutic decision-making is challenging in the face of a wide range of severity, chronicity, extent of extraocular manifestations, and prognosis across patients. In this session, we will attempt to make sense of the array of clinical features and treatment recommendations. We will also review current knowledge about the immunologic mechanisms driving ocular sarcoidosis. Finally, we will highlight research advances aimed at precision diagnostics and treatments based on improved pathophysiologic understanding.

4:50 – 5:05 PM

Discussion

5:05 – 5:50 PM

Biologics in the Treatment of Sarcoidosis

NADERA J. SWEISS, MD, FACR

Sarcoidosis is a systemic granulomatous disease of unknown etiology, presenting a considerable management challenge owing to the absence of universally approved treatments endorsed by the FDA. Unraveling the intricacies of this condition necessitates an exploration of case studies. A definitive therapeutic regimen has yet to emerge. Corticosteroids are the initial course for treatment, serving as the established standard of care. However, the inconclusive substantiation of their efficacy underscores the unresolved nature of this perplexing disease.

In the absence of FDA-approved therapies, clinicians often resort to off-label, second-, third, and fourth-line treatment options, each yielding variable results in patients with sarcoidosis. The prerequisite for pretreatment screening to stratify risk underscores the importance of tailoring interventions to the individual's specific needs. Meanwhile, the imperative research task remains ongoing, aimed at pinpointing optimal targets for therapeutic intervention. In sum, managing sarcoidosis is an intricate puzzle, necessitating continued investigation and a personalized, multifaceted approach.

5:50 – 6:05 PM

Discussion

6:05 – 6:25 PM

Break

6:25 – 7:11 PM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: PHOEBE LIN, MD, PhD

6:25 – 6:34 PM

Outcomes of Inflammatory Choroidal Neovascularization (CNV) in Patients with Ocular Sarcoidosis

CHANDNI DUPHARE, MD

Travel Grant Awardee

Purpose: To characterize the disease course and treatment outcomes for patients with inflammatory CNV secondary to sarcoidosis.

Methods: An IRB-approved retrospective study of patients

with ocular sarcoidosis and CNV was performed. Outcomes reviewed included the use of immunomodulatory therapy (IMT), intravitreal anti-VEGF or intraocular steroid injections. The number of injections prior to the diagnosis of sarcoidosis was compared to the number of injections after diagnosis. The number of injections after optimization of IMT was also measured. Presenting visual acuity (VA) and previous diagnosis prior to presentation with the uveitis service at Cole Eye Institute were also analyzed.

Results: Twelve eyes of eight patients with a mean age of 58 years old were identified, including four women and four men. Mean follow up was 12 months (ranging from 5-36 months) after optimizing IMT. Average time to optimize IMT was 2.6 years. Six patients were diagnosed with a biopsy, while two were diagnosed by pulmonology given CT chest findings. Prior to work-up, 7 out of 8 patients were misdiagnosed with diseases including presumed ocular histoplasmosis syndrome [POHS] (1), iridocyclitis (2), exudative age-related macular degeneration [AMD] (2), and ocular lymphoma (1). 5 out of 8 patients presented with CNV prior to sarcoidosis diagnosis with a mean time from CNV to sarcoid diagnosis of sixteen months. 7 out of 12 eyes presented with peripapillary CNV, while 4 out of 12 eyes presented with subfoveal CNV, and 1 out of 12 eyes presented with juxtafoveal CNV. 7 out of 8 patients started IMT. Of these 7 patients, 6 patients were given an average of 7.37 injections per year prior to optimized immunosuppression, while only 3 patients required an average of 1.42 injections per year after optimized immunosuppression. The average number of IMT medications per patient needed for optimized immunosuppression was 1.87. Four patients required additional intravitreal anti-VEGF and intraocular steroid injections while four patients required only additional intravitreal anti-VEGF injections. Average logmar vision at presentation was 0.656 (Snellen 20/90), and average logmar vision at the most recent visit was stable at 0.628 (Snellen 20/85).

Conclusions: This is the first case series to follow patients with

inflammatory CNV from sarcoidosis from diagnosis to optimized treatment. The correct diagnosis of sarcoidosis along with optimization of IMT yielded less number of injections per year for inflammatory CNV. Sarcoidosis should be on the differential for idiopathic CNV.

6:34 – 6:36 PM

Discussion

6:36 – 6:45 PM

Pre-Surgical Exposure to Infliximab Correlates with a Decreased Risk of Proliferative Vitreoretinopathy (PVR) After Complex Retina Detachment Repair

ANKUR S. GUPTA, MD, MS

Travel Grant Awardee

Purpose: To assess the potential impact of infliximab use prior to an initial retinal detachment repair on the subsequent risk of developing proliferative vitreoretinopathy (PVR).

Methods: Data were extracted on October 9th, 2023, from the Global Collaborative Network within the TrinetX global health research network, encompassing over 128 million patients from 15 countries. Patients were identified based on their retinal detachment repair CPT codes (67105,67107,67108). Two cohorts were then determined: one consisting of patients who had been administered infliximab within a year prior to their first retinal detachment repair (17 patients), and a contrasting cohort of those who had not been administered infliximab a year prior (30,146 patients). The primary outcome, PVR presence, was ascertained using the CPT code (67113). Diabetic patients were excluded to eliminate potential confounding from diabetic retinopathy. Comprehensive statistical analyses, including 1:1 propensity score matching for age, sex, ethnicity, race, and particular autoimmune diseases were conducted using the TriNetX system to ensure balanced cohorts.

Results: 1,917 out of 30,146 (6.36%) in the non-infliximab cohort developed PVR within 6 months of their first retinal detachment repair compared to 0 out of 17 in the infliximab cohort. Following propensity score matching, 34 patients were included in this study.

The infliximab and non-infliximab cohorts each contained 17 patients, with an average age of 48.9 and 50.6 respectively. No individual in the infliximab group developed PVR within 6 months post-repair, whereas in the non-infliximab cohort, 10 out of 17 patients (58.82%) developed PVR ($p=.0002$).

Conclusion: Preoperative use of infliximab a year prior to an initial retinal detachment repair may correlate with a decreased risk of PVR onset within 6 months of the surgical intervention. These initial findings underscore the need for further research to explore the potential role of immune suppression in the pathogenesis of PVR.

6:45 – 6:47 PM

Discussion

6:47 – 6:51 PM

Paraneoplastic Ocular Sarcoidosis in the Setting of Pulmonary Sarcoid-Like Reaction and Lung Adenocarcinoma

ARTHI G. VENKAT, MD

6:51 – 6:53 PM

Discussion

6:53 – 6:57 PM

Histopathologic Diagnosis of Ocular Sarcoidosis with Negative Systemic Workup

VIREN K. GOVINDARAJU, MD

6:57 – 6:59 PM

Discussion

6:59 – 7:03 PM

Bacillary Layer Detachment as a Presenting Feature of Ocular Sarcoidosis

PARAM BHATTER, MD

7:03 – 7:05 PM

Discussion

7:05 – 7:09 PM

Sarcoidosis Imitator: Investigating Granulomatous Uveitis without a Definitive Diagnosis

JENNY SHUNYAKOVA, BA

7:09 – 7:11 PM

Discussion

7:11 – 7:24 PM

Industry Partner Presentations

7:11 – 7:14 PM

AbbVie

7:14 – 7:19 PM

Alimera Sciences

7:19 – 7:24 PM

Bausch + Lomb

7:24 – 7:30 PM

Wrap Up

PHOEBE LIN, MD, PhD

7:30 PM

End of Session

7:45 – 10:00 PM

Dinner at the Westgate

SUNDAY January 14, 2024

7:00 – 7:45 AM

Breakfast

7:00 – 9:45 AM

Exhibits

7:45 – 7:50 AM

Opening Remarks

PHOEBE LIN, MD, PhD

7:50 – 9:43 AM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: PHOEBE LIN, MD, PhD

7:50 – 7:59 AM

Utility of Antibody Testing in Success Rate of Weekly Adalimumab in Treatment Resistant Uveitis

TIMOTHY M. JANETOS, MD, MBA

7:59 – 8:01 AM

Discussion

8:01 – 8:05 AM

Unilateral Occlusive Retinal Vasculitis

DEEP PARIKH, MD

8:05 – 8:07 AM

Discussion

8:07 – 8:11 AM

Choroidal Melanoma Masquerading as Posterior Scleritis

AMY HUANG, MD

8:11 – 8:13 AM

Discussion

8:13 – 8:17 AM

Extraocular Extension: More Than You Bargained For

MAURA DI NICOLA, MD

8:17 – 8:19 AM

Discussion

8:19 – 8:23 AM

Wipe Out

JEFFREY G. GROSS, MD

8:23 – 8:25 AM

Discussion

8:25 – 8:34 AM

Importance of Baseline Fluorescein Angiography for Patients Presenting to Tertiary Uveitis Clinic

IRMAK KARACA, MD

8:34 – 8:36 AM

Discussion

8:36 – 8:45 AM

Efficacy of Tocilizumab for non-Infectious Uveitis and Retinal Vasculitis

SALEEMA KHERANI, MD, MPH

8:45 – 8:47 AM

Discussion

8:47 – 8:56 AM

Outer Plexiform Layer Splitting Phenotype in Autoimmune Retinopathy

TIMOTHY BOYCE, MD

8:56 – 8:58 AM

Discussion

8:58 – 9:02 AM

When you Hear Hoofbeats Think...

EHSAN RAHIMY, MD

9:02 – 9:04 AM

Discussion

9:04 – 9:13 AM

West Nile Virus Uveitis: Long-Term Complications and Management

ZUJAJA TAUQEER, MD, DPhil

Travel Grant Awardee

Purpose: West Nile virus (WNV) can cause a posterior uveitis with typical findings of linearly arranged or scattered chorioretinal lesions. While retinal manifestations are associated with acute infections, there is limited data describing long-term follow up as well as various uveitic manifestations of WNV. Given the rarity of this condition, we collected data on our patients with uveitis secondary to WNV and report on the subacute and chronic complications and course of their disease.

Methods: Data was collected on consecutive cases of patients seen in a uveitis practice who were diagnosed with WNV based on serologic and/or imaging findings. Information aggregated included age, sex, ethnicity, visual acuity, ophthalmologic examination findings, and treatments prescribed.

Results: We describe 7 consecutive patients evaluated between 2015 to 2023 with a mean follow-up of 3 years (range, 4 months to 8.5 years). The cohort included 3 females and 4 males of diverse ethnic backgrounds including Caucasian, Black, and Hispanic. Presenting visual acuity ranged from 20/20 (logMar = 0) to LP (logMar = 4). Two (28.6%) patients had prior history of hospitalization for encephalitis. Three (42.8%) patients presented with intraocular inflammation (e.g. anterior cell and/or vitreous cell/haze), while 4 (57.1%) had cystoid macular edema (CME), and 2 (28.6%) had retinal vasculitis. Two patients developed secondary peripheral retinal neovascularization requiring anti-vascular endothelial growth factor treatment. Three (42.8%) patients were initiated on one or more immunomodulatory treatments (IMT), which included antimetabolites only for 2 patients (Methotrexate, Mycophenolate Mofetil, Azathioprine) and biologics for 1 patient (Infliximab). Out of the 14 eyes in this series, 5 (35.7%) developed new-onset mixed-mechanism glaucoma, of which 3 required surgical treatment for uncontrolled intraocular pressure despite maximal medical therapy

Conclusion: Uveitis secondary to WNV can be intractable in some patients with long-term control needed for CME and retinal vasculitis with IMT. Lesser described new-onset complications include retinal neovascularization and glaucoma, which our long-term case series shows require ongoing intraocular injections and surgical treatment, respectively.

9:13 – 9:15 AM

Discussion

9:15 – 9:24 AM

Early Adoption of Triamcinolone Acetonide Suprachoroidal Injection for Uveitic Macular Edema: A Physician Survey

CHRISTOPHER R. HENRY, MD

9:24 – 9:26 AM

Discussion

9:26 – 9:30 AM

Uveitis Masquerade in a Young Patient

YAMINI ATTIKU, MBBS, MD

9:30 – 9:32 AM

Discussion

9:32 – 9:41 AM

Successful use of Tofacitinib for Recalcitrant Non-Infectious Uveitis Associated with Juvenile Idiopathic Arthritis

MOHAMMAD BAKR, MD, MSc, MRCSEd, FICO

9:41 – 9:43 AM

Discussion

9:43 – 9:45 AM

Wrap Up

PHOEBE LIN, MD, PhD

12:00 – 2:00 PM

Lunch on Own

2:00 – 3:30 PM

CASE DISCUSSION WITH EXPERTS

MODERATOR: AKBAR SHAKOOR, MD

3:30 – 4:00 PM

Break

3:30 – 7:30 PM

Exhibits

4:00 – 6:05 PM

SCIENTIFIC SESSION 2: RETINAL AND SYSTEMIC VASCULAR INFLAMMATION

MODERATOR: AKBAR SHAKOOR, MD

4:00 – 4:05 PM

Introduction

AKBAR SHAKOOR, MD

4:05 – 4:50 PM

Clinical Correlations with Images of Retinal Vasculitis

JANET L. DAVIS, MD

Retinal imaging serves essential roles in diagnosis and monitoring of retinal vascular disease associated with inflammation. Pattern recognition of distinctive findings enables specific diagnoses, which in turn can be correlated with systemic disease in order to propose mechanistic explanations for common retinal findings. Transforming retinal imaging into pathology should lead to more rational choices for treatment. Consideration of the categories of undifferentiated intermediate uveitis, Behcet disease, idiopathic retinal vascular arteriolar macroaneurysms, Susac disease, sarcoidosis as well as the choroidopathies of birdshot, serpiginous and AZOOR, fosters a better appreciation of the range of immunologically mediated vascular disease in the posterior segment.

4:50 – 5:05 PM

Discussion

5:05 – 5:50 PM

CNS Vasculitis and (some of its) Mimickers

CHRISTIAN PAGNOUX, MD, MSc, MPH

Central nervous system (CNS) vasculitis can be an extremely challenging diagnostic and therapeutic condition. Primary CNS vasculitis is rare (incidence around 2 to 4 per million inhabitants per year). There are no thoroughly validated, final diagnostic criteria, and no evidence-based guidelines for its management to date, although more international and collaborative efforts have been ongoing for the past 2 decades. Secondary vasculitis of the CNS and a plethora of mimickers of CNS vasculitis are more common in practice. Many of them can also affect the eyes, and in practice, the list of these conditions and the diagnostic work-up are very similar to those considered with uveitis/retinitis/retinal vasculitis. The main clinical features, diagnostic process, principles of treatment will be reviewed, along with the many pitfalls and beliefs encountered when dealing with patients with suspected CNS vasculitis.

5:50 – 6:05 PM

Discussion

6:05 – 6:25 PM

Break

6:25 – 7:16 PM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: AKBAR SHAKOOR, MD

6:25 – 6:34 PM

Automated Quantitative Analysis of Anterior Chamber Cell Using Swept-Source Anterior Segment Optical Coherence Tomography

SHANI PILLAR, MD

6:34 – 6:36 PM

Discussion

6:36 – 6:45 PM

Pediatric Uveitis-Associated Optic Nerve Edema: Clinical Characterization and Longitudinal Follow-Up

DURIYE DAMLA SEVGI, MD

6:45 – 6:47 PM

Discussion

6:47 – 6:56 PM

Diagnostic Utility of QuantiFERON-Gold Testing in Patients with Ocular Inflammation in a Low-Endemic Tuberculosis Region

JULIA L. XIA, MD

6:56 – 6:58 PM

Discussion

6:58 – 7:02 PM

Endogenous Nocardia Endophthalmitis: Clinical Presentation and Outcome

JUSTIN MUSTE, MD

7:02 – 7:04 PM

Discussion

7:04 – 7:08 PM

Exudative Enigma

MARK W. JOHNSON, MD

7:08 – 7:10 PM

Discussion

7:10 – 7:14 PM

Increased Peripapillary Retinal Nerve Fiber Layer Thickness in a Patient with Lyme Uveitis

JEFF WIN, BA

7:14 – 7:16 PM

Discussion

7:16 – 7:25 PM

Industry Partner Presentations

7:16 – 7:19 PM

ANI Pharmaceuticals, Inc.

7:19 – 7:22 PM

Coherus BioSciences

7:22 – 7:25 PM

Mallinckrodt Pharmaceuticals

7:25 – 7:30 PM

Wrap Up

AKBAR SHAKOOR, MD

7:30 PM

End of Session

MONDAY

January 15, 2024

7:00 – 7:45 AM

Breakfast

7:45 – 7:50 AM

Opening Remarks

AKBAR SHAKOOR, MD

7:50 – 9:36 AM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: AKBAR SHAKOOR, MD

7:50 – 7:54 AM

Anterior Uveitis Associated with Chronic Myelomonocytic Leukemia: A Case Report

MARIE-HELENE ERRERA, MD, PharmD, PhD

7:54 – 7:56 AM

Discussion

7:56 – 8:05 AM

Phase III Trial Highlights Potential of TRS01, as a Novel Non-Steroid Treatment for Active Noninfectious Anterior Uveitis in Uveitic Glaucoma

LANA M. RIFKIN, MD

8:05 – 8:07 AM

Discussion

8:07 – 8:11 AM

When in Doubt, Turn to the Vitreous

ELEANOR BURTON, MD

8:11 – 8:13 AM

Discussion

8:13 – 8:22 AM

Errors and Delays in Diagnosing Keratitis Fugax Hereditaria

JONI A. TURUNEN, MD, PhD

8:22 – 8:24 AM

Discussion

8:24 – 8:33 AM

Association of Ocular Disease with Systemic Manifestations in Patients Diagnosed with Behcet's Disease

KAREN M. WAI, MD

8:33 – 8:35 AM

Discussion

8:35 – 8:44 AM

Visual Analog Scale for Grading Conjunctival Inflammation in Cicatrizing Conjunctivitis

EBUKA C. EZIAMA, BSc

8:44 – 8:46 AM

Discussion

8:46 – 8:55 AM

Uveitis Clinical Phenotypes of Sarcoid Uveitis in the Midwest

ANA SUELVEZ, MD, PhD

8:55 – 8:57 AM

Discussion

8:57 – 9:01 AM

Immunocompetent Infectious Retinitis

TEDI BEGAJ, MD

9:01 – 9:03 AM

Discussion

9:03 – 9:12 AM

Indocyanine Green in Detecting Early Recurrence of Birdshot Chorioretinopathy

YING QIAN, MD

9:12 – 9:14 AM

Discussion

9:14 – 9:23 AM

OCT Macular Volume as a Biomarker for Retinal Vasculitis

AKHILA N. ALAPATI, MD

9:23 – 9:25 AM

Discussion

9:25 – 9:34 AM

Aqueous Macrophages may Contribute to Localized Ocular Enrichment of CCL2 and CXCL10 in Human Uveitis

JOSEPH B. LIN, BS

9:34 – 9:36 AM

Discussion

9:36 – 9:40 AM

Closing Remarks

ALAN G. PALESTINE, MD

AKBAR SHAKOOR, MD

PHOEBE LIN, MD, PhD

9:40 AM

Meeting Adjourns

Save The Date

28th Annual AUS Winter Symposium | Park City, Utah
January 18-20, 2025

SPECIAL THANKS

The American Uveitis Society
gratefully acknowledges the following companies
for their support:

DIAMOND

AbbVie

PLATINUM

Alimera Sciences

Bausch + Lomb

GOLD

ANI Pharmaceuticals, Inc.

Apellis Pharmaceuticals

Coherus BioSciences

Mallinckrodt Pharmaceuticals

Regeneron Pharmaceuticals, Inc.



aus@medconfs.com
www.medconfs.com