

AMERICAN



UVEITIS SOCIETY

28th Annual
Winter Symposium

January 18-20, 2025 • Westgate Park City Resort, Park City, Utah

An abstract graphic design featuring overlapping curved bands in shades of orange, red, and yellow. A large white circle is positioned at the bottom center, containing the year 2025 in a green, serif font. The background is a light beige color.

2025

Program Co-Chairs:

PHOEBE LIN, MD, PhD • AKBAR SHAKOOR, MBBS, MD

28th Annual AUS Winter Symposium

GUEST SPEAKERS



Laura K. Certain, MD, PhD
Clinical Associate Professor,
Infectious Diseases
University of Utah Health
Section Chief, Infectious Diseases
George E. Wahlen VA Medical Center
Salt Lake City, UT



Thuy Doan, MD, PhD
Associate Professor
Director of the Ralph & Sophie Heintz
Laboratory
University of California, San Francisco
San Francisco, CA



Ari J. Green, MD
Professor of Neurology, UCSF
Professor of Ophthalmology, UCSF
Chief of Division, Neuroimmunology
and Glial Biology
Director of MS Research,
Clinical Care, and Education
Debbie and Andy Rachleff
Distinguished Professor
University of California, San Francisco
San Francisco, CA



Sunil K. Srivastava, MD
Uveitis and Vitreo-Retinal Specialist
Cole Eye Institute
Cleveland Clinic
Cleveland, OH

PROGRAM CO-CHAIRS



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



Akbar Shakoor, MBBS, 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 18, 2025

7:00 – 7:45 AM

Registration and Breakfast

7:00 – 9:45 AM

Exhibits

7:45 – 7:50 AM

Opening Remarks

PHOEBE LIN, MD, PhD &
AKBAR SHAKOOR, MBBS, MD

7:50 – 9:45 AM

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

MODERATOR: AKBAR SHAKOOR,
MBBS, MD

7:50 – 7:54 AM

**Infectious Uveitis Inappropriately
Treated with Steroids**

DEBORA LEE, MD

7:54 – 7:56 AM

Discussion

7:56 – 8:00 AM

**Sea-ing Red: A Maritime Case of
Recurrent Vitreous Hemorrhage**

SUGI PANNEERSELVAM, MD

8:00 – 8:02 AM

Discussion

8:02 – 8:06 AM

**From Purr to Blurr: A Case of
Severe Pediatric Vision Loss**

AMANDA WONG, MD

8:06 – 8:08 AM

Discussion

8:08 – 8:17 AM

**Comparison of Initial Treatment
Strategies and Time to Resolution
of Inflammation: A Real-World
Retrospective Analysis of HLA-B27
Associated Acute Anterior Uveitis**

RAUL E. RUIZ LOZANO, MD

Travel Grant Awardee

Purpose: To evaluate the utility of oral prednisone in the management of HLA-B27-associated acute anterior uveitis (AAU).

Design: Retrospective cohort study. Patients with HLA-B27-associated AAU presenting to the emergency department of Bascom Palmer Eye Institute from 2014–2024 were

included. Management of the first observed episode of HLA-B27-associated AAU was categorized as topical corticosteroids (TCS) plus oral prednisone within two weeks of presentation (TCS+PRED), or TCS only. Outcomes included: (1) time from onset to a cell count of zero, and (2) time from onset to discontinuation of medication. Ocular complications were recorded. Statistical analyses were performed with the chi-square and the Mann-Whitney U test. Multiple linear regression model was used to determine the relationship between outcomes and age, sex, systemic autoimmune disease, initial grade of anterior chamber (AC) cells, number of prior AAU episodes, and known HLA-B27 positivity prior to the AAU episode. One eye was randomly selected for analysis in patients with bilateral simultaneous AAU at presentation. Minimum follow-up time was 3 months.

Results: 150 patients (150 eyes) were included. 35 (23%) patients received TCS+PRED, and 115 (77%) TCS only. The median time from onset to a cell count of zero was 28 (IQR 18–35) vs 46 (IQR 30–60) days ($p < .01$), and the time from onset to discontinuation of medication was 62 (IQR 49–67) vs 68 (IQR 54–80) days ($p < .01$) in the TCS+PRED and TCS groups, respectively. The median initial dose and median duration of oral prednisone was 60 (IQR 40–60) mg and 19 (IQR 14–38) days, respectively. Multiple linear regression showed that TCS+PRED was the only variable significantly associated with less time from onset to zero AC cell ($\beta = -0.37$, $p < .01$) and time to discontinuation of medication ($\beta = -0.29$, $p < .01$). No significant differences were noted in the time between complete control of inflammation and AAU relapse in the TCS+PRED and TCS groups ($p = .39$) and in the proportion of eyes developing ocular hypertension ($p = .07$), posterior synechiae ($p = .12$), and cataract formation/progression ($p = .25$).

Conclusion: Patients with HLA-B27-associated AAU treated with TCS+PRED had earlier control of AC cell and were able to discontinue treatment sooner despite the probable selection bias for oral steroids to be used in cases with more severe initial presentations.

8:17 – 8:19 AM

Discussion

8:19 – 8:28 AM

**Severe Posterior Segment
Inflammation Following
Intravitreal Faricimab:**

A Case Series

SEAN D. KIM, MD

8:28 – 8:30 AM

Discussion

8:30 – 8:39 AM

**Assessment of Stress and Burnout
Amongst U.S. Uveitis Specialists**

AKSHAY THOMAS, MD, MS, FASRS

8:39 – 8:41 AM

Discussion

8:41 – 8:50 AM

**Inherited Retinal Diseases-
Associated Uveitis**

JIA-HORUNG HUNG, MD

8:50 – 8:52 AM

Discussion

8:52 – 8:56 AM

**Echoes of the Past: Unraveling a
25-Year Mystery Behind Chronic
Orbital Inflammation and Scleritis**

IRMAK KARACA, MD

8:56 – 8:58 AM

Discussion

8:58 – 9:02 AM

**Treatment Considerations
in a Case of BDUMP**

SONNY CAPLASH, MD

9:02 – 9:04 AM

Discussion

9:04 – 9:13 AM

**Suprachoroidal Triamcinolone in
Real Life: An Iris Registry Evaluation**

MICHAEL SINGER, MD

9:13 – 9:15 AM

Discussion

9:15 – 9:19 AM

An Evolving Mystery Case

PAULINE T. MERRILL, MD

9:19 – 9:21 AM

Discussion

9:21 – 9:25 AM

A Rare Multifocal Choroiditis Presentation of Seropositive Bartonella Henselae

SPENCER BARRETT, MD

9:25 – 9:27 AM

Discussion

9:27 – 9:31 AM

Dig Deep

ELEANOR BURTON, MD

9:31 – 9:33 AM

Discussion

9:33 – 9:37 AM

Stubborn Scleritis

ANA SUELVES, MD, PhD

9:37 – 9:39 AM

Discussion

9:39 – 9:43 AM

Pembrolizumab and Melanoma-Associated Retinopathy

JENNY SHUNYAKOVA, BA

9:43 – 9:45 AM

Discussion

9:45 – 10:00 AM

Break

10:00 AM – 12:00 PM

Suprachoroidal Injection Training Wet Lab

HOSTED BY BAUSCH + LOMB

12:00 – 2:00 PM

Lunch on Own

2:00 – 3:30 PM

CASE DISCUSSION WITH EXPERTS

MODERATOR: AKBAR SHAKOOR, MBBS, MD

3:30 – 4:00 PM

Break

3:30 – 7:30 PM

Exhibits

4:00 – 6:00 PM

SCIENTIFIC SESSION 1: MOLECULAR DIAGNOSTICS IN OPHTHALMIC AND SYSTEMIC INFLAMMATION/INFECTIOUS DISEASE

MODERATOR: AKBAR SHAKOOR, MBBS, MD

4:00 – 4:05 PM

Introduction of Dr. Thuy Doan

AKBAR SHAKOOR, MBBS, MD

4:05 – 4:50 PM

Beyond Conventional Diagnostics for Ocular Inflammatory Diseases: Metagenomic Deep Sequencing and Programmable Phage Peptidomes

THUY DOAN, MD, PhD

Keynote Speaker

Confirmation of ocular infections can pose great challenges to the clinician. A fundamental limitation is the small amounts of specimens that can be obtained from the eye. Molecular diagnostics can circumvent this limitation and have been shown to be more sensitive than conventional culture. The purpose of this talk is to review the various applications of high-throughput sequencing-based approaches in the diagnosis of ocular infections. Particularly, we will highlight the findings of a multisite, evaluator-masked randomized controlled trial to determine if having access to metagenomic sequencing improves clinical outcomes in patients with ocular inflammation. In addition, we will discuss the use of phage immunoprecipitation and sequencing as a complementary approach to metagenomic sequencing to further improve diagnostics for patients with intraocular infection and inflammatory diseases.

4:50 – 5:00 PM

Discussion

5:00 – 5:05 PM

Introduction of Dr. Laura K. Certain

AKBAR SHAKOOR, MBBS, MD

5:05 – 5:50 PM

Systemic Infections Involving the Eye

LAURA K. CERTAIN, MD, PhD

Keynote Speaker

Many systemic infections can have ocular involvement, and some can present initially with only ocular symptoms. It is therefore crucial for ophthalmologists to be familiar with signs and symptoms that can indicate a systemic infection, the different types of testing that can be used for diagnosis, and appropriate antimicrobial management of the infection. This presentation will cover common infections with ocular involvement (e.g., endocarditis, candidemia, syphilis) as well as a case of a rare systemic infection that went

undiagnosed for years until advanced diagnostic testing was sent on an ocular specimen. We will discuss sequence-based diagnostic testing of both ocular samples and serum samples, changing views on the need for intravenous antibiotics for severe systemic infections, and when to involve your infectious disease colleagues in the care of these patients.

5:50 – 6:00 PM

Discussion

6:00 – 6:25 PM

Break

6:25 – 7:11 PM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: AKBAR SHAKOOR, MBBS, MD

6:25 – 6:29 PM

Double Trouble

ARTHI VENKAT, MD, MS

6:29 – 6:31 PM

Discussion

6:31 – 6:35 PM

Double Bilateral Retinitis

THELLEA K. LEVEQUE, MD, MPH

6:35 – 6:37 PM

Discussion

6:37 – 6:41 PM

Disappearing Brain Mass

TEDI BEGAJ, MD

6:41 – 6:43 PM

Discussion

6:43 – 6:52 PM

Diagnostic Utility and Safety of Anterior Chamber Paracentesis

CHARLENE H. CHOO, MD

ANI Pharmaceuticals Travel Grant Awardee

Purpose: To investigate the diagnostic utility and safety of AC paracentesis in patients with ocular inflammation at the University of California, San Francisco (UCSF).

Methods: Data was retrospectively collected for all outpatient AC paracentesis performed between April 2012 and March 2023 at UCSF for the diagnostic and safety investigation. The main outcomes included the frequency of adverse events and positive results for

pathogens or malignancy on various aqueous fluid testing.

Results: The study included 387 patients (51.2% female, mean age 56.7 years) and 532 AC paracentesis. Complications occurred in 5.6% of AC paracentesis. Cytology and/or flow cytometry revealed malignancies in 41% (7/17) of ocular samples from patients with suspected masquerade syndromes. The overall PCR-positivity was 24.7% (100/405) and highest for cytomegalovirus (56/390; 14.4%). On multivariable analysis, topical corticosteroids increased the odds of PCR-positivity for viral pathogens (P = .01-.02). High AC cell levels were also associated with increased odds of PCR-positivity for HSV/VZV (P = .01).

Conclusions: Results of our study demonstrated the safety and diagnostic utility of AC paracentesis. This procedure facilitated the diagnosis of malignancy in over 40% of cases with high clinical suspicion and of infectious causes of uveitis in a quarter of cases.

6:52 – 6:54 PM

Discussion

6:54 – 6:58 PM

Bilateral Noninfectious Panuveitis Simulating Acute Retinal Necrosis (ARN)

AGNI KAKOURI, MD, MSc

6:58 – 7:00 PM

Discussion

7:00 – 7:09 PM

Efficacy of the 0.18mg Fluocinolone Acetonide Intravitreal Implant in Controlling Birdshot Chorioretinopathy

EIRINI K AISARI, MD

7:09 – 7:11 PM

Discussion

7:11 – 7:24 PM

Industry Partner Presentations

7:11 – 7:18 PM

AbbVie

7:18 – 7:21 PM

Genentech, Inc.

7:21 – 7:24 PM

Mallinckrodt Pharmaceuticals, Inc.

7:24 – 7:30 PM

Wrap Up

AKBAR SHAKOOR, MBBS, MD

7:30 PM

End of Session

7:45 – 10:00 PM

Dinner at the Westgate

SUNDAY **January 19, 2025**

7:00 – 7:45 AM

Breakfast

7:00 – 10:21 AM

Exhibits

7:45 – 7:50 AM

Opening Remarks

PHOEBE LIN, MD, PhD

7:50 – 10:21 AM

CASE PRESENTATIONS, FREE PAPERS, & DISCUSSIONS

MODERATOR: PHOEBE LIN, MD, PhD

7:50 – 7:54 AM

An Optic Nerve Sheath Meningioma...Or Something Else?

AMIT K. REDDY, MD

7:54 – 7:56 AM

Discussion

7:56 – 8:05 AM

Efficacy of Subcutaneous and Intravenous Golimumab for Treatment of Non-Infectious Uveitis

SEEMA EMAMI, MD

Travel Grant Awardee

Purpose: To assess the success of the TNF inhibitor golimumab (GLM) for treatment of non-infectious uveitis.

Methods: Single-center retrospective review of patients with non-infectious uveitis treated with GLM and followed for at least three months. The primary endpoint was quiescence at 6 and 12 months after GLM initiation. Quiescence was defined as $\leq 0.5+$ anterior chamber cell, ≤ 1 drop topical steroids daily per eye, ≤ 5 mg of oral prednisone daily, and resolution of inflammation for 3 months. Secondary outcomes included time to quiescence for intravenous (IV) and subcutaneous (SQ) administration.

Results: Twenty-four patients (19 females) met inclusion criteria, with a mean age of 26.9 years at GLM initiation. Sixteen patients (67%) had anterior uveitis; 23 (96%) had bilateral inflammation. Eight (33%) had juvenile idiopathic arthritis. Most patients (n=15, 63%) received IV GLM; 12 patients (50%) received concurrent antimetabolite therapy. All patients had failed previous biologic therapy prior to GLM (mean=2.2 failed agents). Average follow-up duration after GLM initiation was 28.5 months. Ten of 18 patients (56%) demonstrated quiescence at 6 months (IV=6; SQ=4) compared to 6 of 13 patients (46%) at 12 months (IV=4; SQ=2). Average time to quiescence was 10 and 15.2 months on IV and SQ GLM, respectively. Ten patients (42%) did not reach quiescence. One patient successfully tapered off IV GLM after 64 months due to sustained remission.

Conclusion: Over 50% of patients with refractory uveitis achieved quiescence on GLM. Both SQ and IV formulations demonstrated comparable efficacy.

8:05 – 8:07 AM

Discussion

8:07 – 8:16 AM

Safety and Efficacy of Brepocitinib, a TYK2/JAK1 Inhibitor, in Active Non-Infectious Uveitis: 24-Week Results from a 52-Week Phase 2 Study (NEPTUNE)

MARK DACEY, MD

8:16 – 8:18 AM

Discussion

8:18 – 8:27 AM

Launching a Combined Uveitis and Rheumatology Clinic

WEN HU, MD, PhD

8:27 – 8:29 AM

Discussion

8:29 – 8:38 AM

Effects of Ocular Toxoplasmosis Primary Treatment and Secondary Prophylaxis Practice Patterns on Clinical Outcomes in a County Hospital Setting

JOSEPH TRAN, MD

8:38 – 8:40 AM

Discussion

8:40 – 8:49 AM

Utility of Fluorescein Angiography to Detect Subclinical Retinal Vasculitis in Pediatric Intermediate Uveitis

AUMER SHUGHOURY, MD

8:49 – 8:51 AM

Discussion

8:51 – 9:00 AM

Maribavir in the Treatment of CMV Retinitis

TIMOTHY M. JANETOS, MD, MBA

9:00 – 9:02 AM

Discussion

9:02 – 9:06 AM

A Case of Frosted Branch Angiitis Caused by Cocaine-Toxicity

MARIE HELENE ERRERA, MD, PhD

9:06 – 9:08 AM

Discussion

9:08 – 9:12 AM

“No I am Not Talking About the Mountains”

GLENN J. JAFFE, MD

9:12 – 9:14 AM

Discussion

9:14 – 9:23 AM

Intraocular Pressure Outcomes Following Suprachoroidal Triamcinolone Acetonide in Patients with Glaucoma, Ocular Hypertension, or Steroid Response

DANNY A. MAMMO, MD

9:23 – 9:25 AM

Discussion

9:25 – 9:29 AM

A Lumpy Bumpy Choroid

VIET CHAU, MD

9:29 – 9:31 AM

Discussion

9:31 – 9:35 AM

A Unique Case of Scleral Perforation

PELIN CELIKER, MD

9:35 – 9:37 AM

Discussion

9:37 – 9:46 AM

Tale of 2 Cities: The Texas Experience with Adalimumab Biosimilars for Uveitis and Ocular Inflammatory Disease

JONATHAN JI, BSA

9:46 – 9:48 AM

Discussion

9:48 – 9:57 AM

Validation of a Novel Grading Scale for Conjunctival Inflammation in Cicatrizing Conjunctivitis due to Pemphigoid

EBUKA EZIAMA, BS

9:57 – 9:59 AM

Discussion

9:59 – 10:08 AM

Peripheral Ischemia and Retinal Nonperfusion on Initial Ultra-Widefield Fluorescein Angiography in Patients with Sarcoid-Associated Uveitis

NATASHA P. KESAV, MD

10:08 – 10:10 AM

Discussion

10:10 – 10:19 AM

Chronic Obliterative Peripheral Retinal Vasculitis

LYDIA SAUER, MD

10:19 – 10:21 AM

Discussion

10:21 – 10:25 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: PHOEBE LIN, MD, PhD

3:30 – 4:00 PM

Break

3:30 – 7:30 PM

Exhibits

4:00 – 6:00 PM

SCIENTIFIC SESSION 2: IMAGING BIOMARKERS IN UVEITIS AND MULTIPLE SCLEROSIS

MODERATOR: PHOEBE LIN, MD, PhD

4:00 – 4:05 PM

Introduction of Dr. Sunil K. Srivastava
PHOEBE LIN, MD, PhD

4:05 – 4:50 PM

Imaging Assessment of Ocular Inflammation - The Path for Continuous Metrics

SUNIL K. SRIVASTAVA, MD

Keynote Speaker

Multimodal imaging has revolutionized the care of patients with uveitis. Imaging offers an ability to identify early signs of inflammation, monitor for structural complications of uveitis and often diagnosis a particular variant of uveitis based on the imaging phenotype. Despite advances in imaging acquisition and quality, there has been a lack of iterative improvements in software geared towards inflammatory diseases. Quantitative assessments of inflammation using a variety of imaging tools are needed to accurately measure the degrees of disease activity. The availability of these software tools would unlock additional advances in our field including novel endpoints for clinical trials, screening of at risk patients and development of predicative metrics based on imaging. In this lecture we will discuss the advances made in our field, the limitations of our current tools and the steps for implementation of these tools.

4:50 – 5:00 PM

Discussion

5:00 – 5:05 PM

Introduction of Dr. Ari J. Green

PHOEBE LIN, MD, PhD

5:05 – 5:50 PM

Monitoring Disease in Multiple Sclerosis, Using the Visual System and Beyond

ARI J. GREEN, MD

Keynote Speaker

5:50 – 6:00 PM

Discussion

6:00 – 6:25 PM

Break

6:25 – 7:17 PM

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

MODERATOR: PHOEBE LIN, MD, PhD

6:25 – 6:29 PM

**A Clinical Phenotype You Should
(Preferably) Never Miss**

MARK W. JOHNSON, MD

6:29 – 6:31 PM

Discussion

6:31 – 6:40 PM

**The Effects of Systemic
Immunomodulatory Therapy
on the Rate of Development of
Proliferative Vitreoretinopathy
and Associated Reoperation
following Primary Surgical
Repair of Rhegmatogenous
Retinal Detachment: An
IRIS Registry Study**

ABDULLAH ABOU-SAMRA, MD
Travel Grant Awardee

Purpose: The purpose of this study is to determine whether immunomodulatory therapy (IMT) may have an effect on development of proliferative vitreoretinopathy (PVR).

Methods: This is a retrospective cohort study conducted using the Intelligent Research in Sight (IRIS) Registry Data. The 2013-2023 registry was used to identify patients who received vitrectomy, scleral buckle, or both for repair of rhegmatogenous retinal detachment (RRD), and had at least 6 months of postoperative follow up. Patients who were on systemic IMT for a non-ocular inflammatory disease at the time of surgical repair were labeled Group 1. Patients who were not on IMT at the time of surgery were labeled Group 2. Primary outcome measure was rate of reoperation within 90 days of initial repair.

Results: Group 1 was composed of 1,467 eyes from 1,426 patients. Group 2 was composed of 37,337 eyes from 36,298 control subjects. The proportion of eyes requiring reoperation was 170/1467 (11.6%) in Group 1 and 5119/37337 (13.7%) in Group 2. The proportion of eyes requiring more than one additional surgical intervention was 18/1467 (1.2%) in Group 1 and 693/37337 (1.9%) in Group 2. The risk of reoperation was significantly higher

for subjects in Group 2, with an odds ratio of 1.21 [1.03, 1.44] ($p=0.024$). Other predictors for requiring additional surgical intervention were advanced age ($p=0.02$) and positive smoking history ($p<0.001$). Final LogMAR BCVA was 0.57 in Group 1 and 0.6 in Group 2 ($p=0.50$).

Conclusion: Systemic IMT may be a treatment option to consider for patients at high risk for PVR redetachment.

6:40 – 6:42 PM

Discussion

6:42 – 6:46 PM

**A Case of Peripheral Retinal
Vascular Sheathing as the
Primary Presentation of MS**

NINA DIKLICH, MD

6:46 – 6:48 PM

Discussion

6:48 – 6:52 PM

**77-year-old Female
With Vision Loss**

SUSHANT WAGLEY, MD

6:52 – 6:54 PM

Discussion

6:54 – 6:58 PM

**Before the Sun Sets:
A Case of Bilateral Vision
Loss in a Young Adult**

CAROLINE M. BORIE, MD

6:58 – 7:00 PM

Discussion

7:00 – 7:04 PM

**Widefield OCT Angiography of
Systemic Lupus Erythematosus-
Associated Retinal Vasculitis**

DEVAYU A. PARIKH, MD

7:04 – 7:06 PM

Discussion

7:06 – 7:15 PM

**Diagnostic Yield of Diluted
Aqueous Fluid Analyzed
with Polymerase Chain Reaction
Testing in the Work-Up
of Infectious Uveitis**

HAILEY ROBLES-HOLMES, MD, MPH

7:15 – 7:17 PM

Discussion

7:17 – 7:25 PM

Industry Partner Presentations

7:17 – 7:22 PM

Bausch + Lomb

7:22 – 7:25 PM

Harrow, Inc.

7:25 – 7:30 PM

Wrap Up

PHOEBE LIN, MD, PhD

7:30 PM

End of Session

(continued)

MONDAY

January 20, 2025

7:00 – 7:45 AM
Breakfast

7:45 – 7:50 AM
Opening Remarks
AKBAR SHAKOOR, MBBS, MD

7:50 – 9:29 AM
**CASE PRESENTATIONS,
FREE PAPERS, & DISCUSSIONS**
MODERATORS: AKBAR SHAKOOR,
MBBS, MD

7:50 – 7:59 AM
**Comparison of Pediatric Patients
with Pars Planitis Who Underwent
Treatment Versus Observation
at a Tertiary Referral Eye Center**
JULIA L. XIA, MD

7:59 – 8:01 AM
Discussion

8:01 – 8:10 AM
**Risk of Intestinal Complications,
Extraintestinal Morbidity,
Rheumatologic Disease,
and Mortality in Patients
with Ulcerative Colitis and
Associated Ocular Inflammatory
Disease – A TriNetX Study**
BRIAN K. DO, MD

8:10 – 8:12 AM
Discussion

8:12 – 8:21 AM
**The Role of TLR-3 in Innate
Immunity of the Retina to HSV-1**
CHRISTOPHER CONRADY, MD, PhD

8:21 – 8:23 AM
Discussion

8:23 – 8:32 AM
**Retinal Detachment in
Syphilitic Uveitis**
JUSTIN MUSTE, MD

8:32 – 8:34 AM
Discussion

8:34 – 8:43 AM
**The Efficacy of Tocilizumab
in Non-Infectious Uveitis**
JOHN PLACIDE, MD, MPH

8:43 – 8:45 AM
Discussion

8:45 – 8:54 AM
**Surgical Outcomes of Retinal
Detachment in Cytomegalovirus
Retinitis: A 10-Year
Single-Center Study**
SHIMA DEGHANI, MD

8:54 – 8:56 AM
Discussion

8:56 – 9:05 AM
**Indocyanine Green (ICG)
Angiography Lesions as a
Biomarker for Treatment
Response in Sarcoidosis
Associated Posterior Uveitis**
PARAM BHATTER, MD

9:05 – 9:07 AM
Discussion

9:07 – 9:16 AM
**Choroidal Biomarkers Associated
with Ocular Inflammation**
DURIYE DAMLA SEVGI, MD

9:16 – 9:18 AM
Discussion

9:18 – 9:27 AM
**Utility of Serum Beta-D-Glucan
Testing in the Diagnosis
and Management of Fungal
Endophthalmitis in Intravenous
Drug Users: Case Series
and Literature Review**
DIVY MEHRA, DO

9:27 – 9:29 AM
Discussion

9:29 – 9:35 AM
Closing Remarks
PHOEBE LIN, MD, PhD &
AKBAR SHAKOOR, MBBS, MD

9:35 AM
Meeting Adjourns

Save The Date

29th Annual AUS Winter Symposium | Park City, Utah
January 17-19, 2026

SPECIAL THANKS

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

DIAMOND

AbbVie

PLATINUM

ANI Pharmaceuticals, Inc.
Bausch + Lomb

GOLD

Apellis Pharmaceuticals, Inc.
Genentech, Inc.
Harrow, Inc.
Mallinckrodt Pharmaceuticals
Regeneron Pharmaceuticals, Inc.

TRAVEL GRANTS

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One Resident travel grant was provided courtesy of ANI Pharmaceuticals, Inc.



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