

*29th Annual*  
**Winter Symposium**

January 17-19, 2026 • Westgate Park City Resort, Park City, Utah



**2026**

PROGRAM CO-CHAIRS

PHOEBE LIN, MD, PhD • AKBAR SHAKOOR, MD

# 29th Annual AUS Winter Symposium

## GUEST SPEAKERS



**Sheila T. Angeles-Han, MD, MSc**  
*Professor of Pediatrics*  
*Assistant Professor of Ophthalmology*  
Cincinnati Children's Hospital  
Medical Center  
Cincinnati, OH



**Jennifer E. Thorne, MD, PhD**  
*Cross Family Professor of Ophthalmology*  
*Professor of Epidemiology*  
Wilmer Eye Institute,  
Johns Hopkins University  
Baltimore, MD



**Julie Schallhorn, MD, MS**  
*Professor of Clinical Ophthalmology*  
*Rose B. Williams Endowed Chair,*  
*Corneal Research*  
University of California San Francisco  
San Francisco, CA



**Demetrios G. Vavvas, MD, PhD**  
*Solman and Libe Friedman*  
*Professor of Ophthalmology*  
*Director Retina Service,*  
*Harvard Medical School*  
Massachusetts Eye and Ear  
Boston, MA

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## PROGRAM CO-CHAIRS



**Phoebe Lin, MD, PhD**  
*Full Staff*  
*Vitreoretinal Surgery and Uveitis*  
Cole Eye Institute,  
Cleveland Clinic  
Cleveland, OH



**Akbar Shakoor, MD**  
*Associate Professor,*  
*Director of Uveitis Fellowship*  
*Member of Vitreo-Retinal Division*  
*Department of Ophthalmology*  
*and Visual Sciences*  
*Retina Fellowship Program Director*  
John A. Moran Eye Center  
University of Utah  
Salt Lake City, UT

# SATURDAY

January 17, 2026

7:00 – 7:30 AM

**Registration and Breakfast**

7:00 – 9:50 AM

**Exhibits**

7:30 – 7:35 AM

**Opening Remarks**

PHOEBE LIN, MD, PHD &  
AKBAR SHAKOOR, MD

7:35 – 9:50 AM

**CASE PRESENTATIONS,  
FREE PAPERS & DISCUSSION**

MODERATOR: AKBAR SHAKOOR, MD

7:35 – 7:39 AM

**Combined Retinal Vein and  
Artery Occlusion as an Initial  
Ocular Manifestation of IBD**

KEVIN C. ALLAN, MD, PHD

7:39 – 7:41 AM

**Discussion**

7:41 – 7:45 AM

**When to Consider Opting Out  
of Systemic Steroids in Varicella  
Zoster Orbital Apex Syndrome:  
Outcomes for Two Cases**

TYLER A. BAHR, MD

7:45 – 7:47 AM

**Discussion**

7:47 – 7:51 AM

**Costly Delays: VZV  
Retinitis Complicated by  
Meningoencephalitis**

MATTHEW T. GRIFFIN, MD

7:51 – 7:53 AM

**Discussion**

7:53 – 8:03 AM

**Intravenous Immunoglobulin,  
but not Antimetabolite,  
Mitigates Visual Field Loss  
in Non-paraneoplastic  
Autoimmune Retinopathy**

CHRISTOPHER R. ROSENBERG, MD  
*Travel Grant Awardee*

**Purpose:** Non-paraneoplastic autoimmune retinopathy (npAIR) is a rare disease typically managed with systemic immunomodulatory therapy. Visual field testing is a key tool for monitoring response. The

comparative impact of different treatments on visual field loss remains unclear.

**Methods:** A retrospective review was conducted of npAIR patients at OHSU who met AAO AIR Task Force criteria. Exclusion criteria included cancer history, syndromic disease, inadequate oncologic screening, or positive genetic testing for retinal dystrophies. Octopus static perimetry mean sensitivity was analyzed across treatment periods: off treatment, antimetabolite, IVIg, or IVIg-plus (IVIg plus an additional systemic agent). Multivariable nested mixed-effects models with Bonferroni corrections assessed rate of mean sensitivity change in these categories.

**Results:** Nineteen eyes from ten patients (mean age 58.2 years; 70% female) were included. Follow-up averaged 4.7 years (range 0.65–10.2). Age was not associated with mean sensitivity decline ( $p = 0.51$ ). Males experienced more rapid progression than females ( $p < 0.001$ ). After adjusting for sex, progression was significantly faster when patients were off treatment or on antimetabolites compared with IVIg (both  $p < 0.001$ ) or IVIg-plus ( $p < 0.001$ ,  $p = 0.001$ ). No difference was found between antimetabolite therapy and off treatment ( $p > 0.99$ ).

**Conclusion:** Antimetabolites did not slow visual field loss in AIR, whereas IVIg significantly reduced disease progression. These findings suggest IVIg should be considered as first-line therapy. Future multi-institutional studies would be beneficial to bolster sample size for further study.

8:03 – 8:05 AM

**Discussion**

8:05 – 8:14 AM

**Serum Protein Analysis in  
Autoimmune Retinopathy:  
A Pilot Study**

TIMOTHY BOYCE, MD

8:14 – 8:16 AM

**Discussion**

8:16 – 8:25 AM

**Pathogen-Associated Visual  
Outcomes Following Post-  
Procedure Endophthalmitis**

CHRISTOPHER CONRADY, MD, PHD

8:25 – 8:27 AM

**Discussion**

8:27 – 8:36 AM

**Vamikibart in Patients With  
Uveitic Macular Edema  
in the Phase 3 MEERKAT/  
SANDCAT Trials: Durability of  
Response 8 Weeks After the  
Last Per-Protocol Injection**

BRIAN K. DO, MD, FASRS

8:36 – 8:38 AM

**Discussion**

8:38 – 8:42 AM

**Atypical Micrococcus  
Luteus Endophthalmitis**

TEDI BEGAJ, MD

8:42 – 8:44 AM

**Discussion**

8:44 – 8:48 AM

**Stabilization of Multizonal  
Outer Retinopathy and Retinal  
Pigment Epitheliopathy  
(MORR) with Adalimumab**

SAMUEL D. LEVANT, MD

8:48 – 8:50 AM

**Discussion**

8:50 – 8:54 AM

**An Unusual Masquerade**

DEV A. PARIKH, MD

8:54 – 8:56 AM

**Discussion**

8:56 – 9:00 AM

**Just a JIA uveitis flare?**

AMIT K. REDDY, MD

9:00 – 9:02 AM

**Discussion**

9:02 – 9:11 AM

**Clinical Relevance of a Modified  
UVEDAI Score in Stratifying  
Uveitis Severity and Prognosis**

JULIA GOETZ, BS

9:11 – 9:13 AM

**Discussion**

9:13 – 9:22 AM

**Intraocular B Cells May Drive  
Treatment Resistance in Uveitis**

LYNN M. HASSMAN, MD, PHD

9:22 – 9:24 AM

**Discussion**

9:24 – 9:33 AM

**Association of Eye Care Utilization and Social Determinants of Health Among Patients With Uveitis: A Cross-Sectional Factor Analysis**  
TIMOTHY JANETOS, MD, MBA

9:33 – 9:35 AM

**Discussion**

9:35 – 9:39 AM

**Intermediate and Posterior Uveitis Choroidal Findings Using the HDR Widefield Fundus Camera**  
JUSTINE CHENG, MD

9:39 – 9:41 AM

**Discussion**

9:41 – 9:45 AM

**Development of Central Nervous System Demyelination in a Patient With Vogt-Koyanagi-Harada Disease on TNF- $\alpha$  Blocker**  
ALYSSA COLEMAN, MD

9:45 – 9:47 AM

**Discussion**

9:47 – 9:50 AM

**Wrap Up**

AKBAR SHAKOOR, MD

9:50 – 10:00 AM

**Break**

10:00 – 11:00 AM

**Suprachoroidal Injection Pearls and Training**  
*Sponsored by Bausch + Lomb*

11:00 AM - 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 – 7:45 PM

**Exhibits**

4:00 – 6:00 PM

**SCIENTIFIC SESSION 1: SURGICAL MANAGEMENT OF UVEITIS AND ITS COMPLICATIONS**  
MODERATOR: AKBAR SHAKOOR, MD

4:00 – 4:05 PM

**Introduction of Dr. Julie Schallhorn**  
AKBAR SHAKOOR, MD

4:05 – 4:50 PM

**Anterior Segment Surgery in Uveitis: From PUK to Premium IOLs**  
JULIE SCHALLHORN, MD, MS  
*Keynote Speaker*

Cataract surgery is the most common surgical procedure in uveitic eyes. This talk will discuss the routine and not-so-routine considerations as well as intraocular lens selection in uveitic cataract surgery. Beyond cataracts, this talk will discuss anterior segment procedures that are sometimes required in patients with inflammatory eye diseases.

4:50 – 5:00 PM

**Discussion**

5:00 – 5:05 PM

**Introduction of Dr. Demetrios Vavvas**  
AKBAR SHAKOOR, MD

5:05 – 5:50 PM

**Operating in a Firestorm: When and How**

DEMETRIOS G. VAVVAS, MD, PHD  
*Keynote Speaker*

Surgical management of uveitic eyes from a vitreoretinal perspective requires disciplined timing, structured decision-making, and coordinated inflammatory control. This lecture will present a practical, informed framework for determining when vitrectomy is indicated versus deferred and how to intervene safely in high-risk scenarios, such as traction threatening the fovea, evolving uveitic detachment, persistent macular edema, and eyes trending toward hypotony. Emphasis will be placed on coordinated perioperative anti-inflammatory strategies, optimization of visualization and access, intraoperative control of inflammation, tamponade selection, and postoperative management. Case-based examples will illustrate outcomes, complications, and effective rescue maneuvers. The goal is to outline a structured, principle-based approach—protocolized where evidence allows and judgment-driven where data are limited—to operating safely and effectively in inflamed eyes.

5:50 – 6:00 PM

**Discussion**

6:00 – 6:30 PM

**Break**

6:30 – 7:22 PM

**CASE PRESENTATIONS, FREE PAPERS & DISCUSSION**  
MODERATOR: PHOEBE LIN, MD, PHD

6:30 – 6:34 PM

**Surgical Management of Coats-Like Response Secondary to Presumed Ocular Sarcoidosis Panuveitis**  
GRANT JUSTIN, MD

6:34 – 6:36 PM

**Discussion**

6:36 – 6:40 PM

**Pathogenic Mechanisms of Immune Checkpoint Inhibitor (ICI)-Associated Choroidal and Retinal Adverse Reactions**  
RACHANA HALIYUR, MD, PHD

6:40 – 6:42 PM

**Discussion**

6:42 – 6:46 PM

**Not Your Average Granuloma**  
JENNIFER C. HU, MD

6:46 – 6:48 PM

**Discussion**

6:48 – 6:57 PM

**Diagnostic Pars Plana Vitrectomy in Undifferentiated Uveitis: Systematic Review and Meta-Analysis**  
CHARLES ZHANG, MD

6:57 – 6:59 PM

**Discussion**

6:59 – 7:03 PM

**Sarcoid Uveitis Mimicking Birdshot Chorioretinopathy in an HLA-A29-Positive Patient**  
VASILIKI GIANNAKAKOS, MD

7:03 – 7:05 PM

**Discussion**

7:05 – 7:09 PM

**Rapid Development of Cataract and Iris Neovascularization**  
JENNIFER L. JUNG, MD

7:09 – 7:11 PM

**Discussion**

7:11 – 7:20 PM

**Comparative Risk of Glaucoma Interventions in Uveitis-Associated and Primary Open-Angle Glaucoma**

BRIAN TOY, MD

7:20 – 7:22 PM

**Discussion**

7:22 – 7:40 PM

**Industry Presentations**

7:22 – 7:29 PM

**AbbVie**

7:29 – 7:34 PM

**ANI Pharmaceuticals, Inc.**

7:34 – 7:37 PM

**Amgen**

7:37 – 7:40 PM

**Harrow Inc.**

7:40 – 7:45 PM

**Wrap Up**

PHOEBE LIN, MD, PHD

7:45 PM

**End of Session**

7:45 – 10:00 PM

**Dinner at the Westgate**

# SUNDAY

## January 18, 2026

7:00 – 7:30 AM

**Breakfast**

7:00 – 9:45 AM

**Exhibits**

7:30 – 7:35 AM

**Opening Remarks**

PHOEBE LIN, MD, PHD

7:35 – 9:50 AM

**CASE PRESENTATIONS, FREE PAPERS & DISCUSSION**

MODERATOR: PHOEBE LIN, MD, PHD

7:35 – 7:39 AM

**For Whom The Bell Tolls**

JESSICA KRAKER, MD, MS

7:39 – 7:41 AM

**Discussion**

7:41 – 7:45 AM

**Reduction of Adalimumab Immunogenicity with Dose Escalation, Alternative to Combination Antimetabolite**

JENNIFER LEE, MD

7:45 – 7:47 AM

**Discussion**

7:47 – 7:51 AM

**A Macular Star in the Periphery?**

PAULINE T. MERRILL, MD

7:51 – 7:53 AM

**Discussion**

7:53 – 8:03 AM

**Choroidal OCT Biomarkers correlate with ERG Function in Birdshot Chorioretinopathy and Potentially Predict Reversible Retinal Function Decline**

DURIYE DAMLA SEVGI, MD

*Travel Grant Awardee*

**Purpose:** Evaluate the structural-functional relationship between Optical Coherence Tomography (OCT) biomarkers and Electroretinogram (ERG) parameters in Birdshot chorioretinopathy (BCR).

**Methods:** 19 patients with BCR (74% female; mean age  $62.7 \pm 11.1$  years; mean duration  $9.9 \pm 6.6$  years) were included. Choroidal and retinal thicknesses were measured at the fovea and at six points 500  $\mu\text{m}$  from fovea. Associations with full-field, multifocal, and pattern ERG parameters were assessed using linear mixed-effects models accounting for both eyes, multiple visits, and days between visits. Multiple comparisons adjusted p-values (padj)  $<0.05$  were considered statistically significant.

**Results:** 66 visits from 19 patients (36 eyes) were included in the cross-sectional analysis. Macular cube and ETDRS volumes showed the strongest correlations with cone-driven ERG parameters, including photopic 3.0 b-wave (padj =  $9.8 \times 10^{-5}$ ) and 30 Hz flicker amplitudes (padj =  $9.8 \times 10^{-5}$ ). Average choroidal thicknesses correlated with delayed cone flicker implicit times (padj = 0.049) and shorter scotopic 3.0 b-wave implicit times (padj = 0.026). 65 longitudinal intervals from 9 patients (16 eyes) were included in the change analysis. Increased average and subfoveal choroidal thickness were associated with prolongation of flicker implicit time (padj = 0.005 and padj =  $2.5 \times 10^{-7}$ ). Increased central macular thickness and macular cube volume were associated with longer N1 implicit times (padj =  $3.7 \times 10^{-6}$  and padj = 0.007). In the index case of an asymptomatic patient who was initially considered well-controlled on a single immunomodulatory agent, increased choroidal thickness correlated with significant ERG decline, both of which reversed with escalation of immunosuppression to two agents, illustrating the risk of undertreatment causing functional decline over time.

**Conclusion:** Our findings underscore OCT choroidal thickness as a structural correlate of retinal functional delay. Choroidal OCT biomarkers may predict reversible retinal function decline in BCR, emphasizing the importance of choroidal measurements in assessing adequate treatment response.

8:03 – 8:05 AM

**Discussion**

8:05 – 8:14 AM

**Outcomes of Acute Zonal Outer Retinopathy in Patients with Multifocal Choroiditis**

ADINA S. KAZAN, MD

8:14 – 8:16 AM

**Discussion**

8:16 – 8:25 AM

**Identifying Distinct Blood Transcriptomic and Proteomic Signatures in Ocular Sarcoidosis and Birdshot Chorioretinopathy**

SHILPA KODATI, MD

8:25 – 8:27 AM

**Discussion**

8:27 – 8:36 AM

**Treatment Failure Rates: Humira vs Biosimilars**

JARED MOON, MD, MED

8:36 – 8:38 AM

**Discussion**

8:38 – 8:42 AM

**Recalcitrant Posterior Uveitis Treated with Plasmapheresis**

DAVID MERRIOTT, MD

8:42 – 8:44 AM

**Discussion**

8:44 – 8:48 AM

**Panuveitis and Anterior Uveitis as Manifestations of IgG4 Related Disease**

SEDONA ROSENBERG, MD

8:48 – 8:50 AM

**Discussion**

8:50 – 8:54 AM

**Floaters - Shadows Before the Storm**

LYDIA SAUER, MD

8:54 – 8:56 AM

**Discussion**

8:56 – 9:00 AM

**Trust Your Gut: A Case of Bilateral Blurry Vision**

KAI SEELY, MD

9:00 – 9:02 AM

**Discussion**

9:02 – 9:11 AM

**Prediction of Treatment Response in Birdshot Chorioretinopathy Using Artificial Intelligence**

LINGLING HUANG, MD, PHD

9:11 – 9:13 AM

**Discussion**

9:13 – 9:22 AM

**Clinical Outcomes in Toxoplasmosis Chorioretinitis: Comparing Intravitreal Clindamycin with and without Adjunctive Steroids**

SOPHIA LAM, MD

9:22 – 9:24 AM

**Discussion**

9:24 – 9:33 AM

**Seasonal Incidence of New Uveitis Diagnoses Across the United States**

JUSTIN MUSTE, MD

9:33 – 9:35 AM

**Discussion**

9:35 – 9:39 AM

**Inflammation in Unexpected Places**

AUMER SHUGHOURY, MD

9:39 – 9:41 AM

**Discussion**

9:41 – 9:45 AM

**Running Out of GAS**

MARTA STEVANOVIC, MD, MSC

9:45 – 9:47 AM

**Discussion**

9:47 – 9:50 AM

**Wrap Up**

PHOEBE LIN, MD, PHD

12:00 - 1:30 PM

**Lunch on Own**

1:30 – 2:30 PM

**Case Discussion with Experts**

PHOEBE LIN, MD, PHD

2:30 – 3:30 PM

**Achieving & Sustaining Remission in Severe Active ANCA-Associated Vasculitis: GPA and MPA**

SANJAY CHABRA, MD

*Sponsored by Amgen*

3:30 – 4:00 PM

**Break**

3:30 – 7:50 PM

**Exhibits**

4:00 – 6:00 PM

**SCIENTIFIC SESSION 2: DIAGNOSTICS AND MANAGEMENT OF PEDIATRIC UVEITIS**

MODERATOR: PHOEBE LIN, MD, PHD

4:00 – 4:05 PM

**Introduction of Dr. Jennifer Thorne**

PHOEBE LIN, MD, PHD

4:05 – 4:50 PM

**Clinical Outcomes in JIA-Associated Uveitis**

JENNIFER E. THORNE, MD, PHD

Uveitis affects up to 20% of children suffering from juvenile idiopathic arthritis (JIA). Because the uveitis often does not cause a red eye, there may be a delay in diagnosis and treatment initiation. The chronicity and severity of the uveitis may be associated with multiple structural complications that cause visual loss. This talk will summarize the clinical, treatment, and visual outcomes of patients with JIA-associated chronic anterior uveitis.

4:50 – 5:00 PM

**Discussion**

5:00 – 5:05 PM

**Introduction of Dr. Sheila Angeles-Han**

PHOEBE LIN, MD, PHD

5:05 – 5:50 PM

**A Bird's Eye View of JIA-Associated Uveitis: Diagnosis, Treatment, and Tear-Based Biomarkers**

SHEILA T. ANGELES-HAN, MD, MSC

This session will provide a comprehensive review of juvenile idiopathic arthritis (JIA)-associated uveitis. The presentation will highlight key clinical risk factors for the development of uveitis in JIA and recent advances in the understanding of genetic and biologic risk factors. The session will also address current approaches to systemic treatment, including when to initiate therapy and how to escalate or modify treatment in cases of inadequate response.

5:50 – 6:00 PM

**Discussion**

6:00 – 6:30 PM

**Break**

6:30 – 7:22 PM  
**CASE PRESENTATIONS,  
FREE PAPERS, & DISCUSSIONS**  
MODERATOR: AKBAR SHAKOOR, MD

6:30 – 6:34 PM  
**A Child with STAT3 Gain-Of-  
Function Mutation and Uveitis**  
POOJA V. BHAT, MD

6:34 – 6:36 PM  
**Discussion**

6:36 – 6:40 PM  
**Targeting IL-17 to Treat  
Blau Syndrome**  
RUTH NAPIER, PHD

6:40 – 6:42 PM  
**Discussion**

6:42 – 6:46 PM  
**Pediatric Multifocal  
Choroiditis with Panuveitis:  
A Multicenter Case Series**  
NEDA DASTGHEYB, MD

6:46 – 6:48 PM  
**Discussion**

6:48 – 6:57 PM  
**Undifferentiated Pediatric  
Panuveitis: Clinical  
Characteristics, Management  
Strategies, and Outcomes from  
a Tertiary Referral Center**  
JACOB C. LARSEN, BS

6:57 – 6:59 PM  
**Discussion**

6:59 – 7:03 PM  
**Going with the Flow**  
BECCA EDWARDS, MD

7:03 – 7:05 PM  
**Discussion**

7:05 – 7:09 PM  
**Recurrent Detachments in a  
Case of Intermediate Uveitis**  
DEBORA LEE, MD

7:09 – 7:11 PM  
**Discussion**

7:11 – 7:20 PM  
**Incidence and Predictors of  
Remission of Childhood Uveitis  
in a Large Community Cohort**  
YING QIAN, MD

7:20 – 7:22 PM  
**Discussion**

7:22 – 7:45 PM  
**Industry Presentations**

7:22 – 7:27 PM  
**Bausch + Lomb**

7:27 – 7:32 PM  
**Keenova Therapeutics**

7:32 – 7:35 PM  
**Apellis Pharmaceuticals**

7:35 – 7:38 PM  
**Priovant Therapeutics**

7:38 – 7:41 PM  
**Regeneron  
Pharmaceuticals, Inc.**

7:41 – 7:44 PM  
**Retina Consultants of America**

7:44 – 7:45 PM  
**EyePoint, Inc.**

7:45 – 7:50 PM  
**Wrap Up**  
AKBAR SHAKOOR, MD

7:50 PM  
**End of Session**

# MONDAY

## January 19, 2026

7:00 – 7:30 AM  
**Breakfast**

7:30 – 7:35 AM  
**Opening Remarks**  
AKBAR SHAKOOR, MD

7:35 – 9:30 AM  
**CASE PRESENTATIONS,  
FREE PAPERS & DISCUSSION**  
MODERATOR: AKBAR SHAKOOR, MD

7:35 – 7:44 AM  
**Investigation of Psoriasis  
and Psoriatic Arthritis  
in a Uveitis Clinic**  
JONATHAN JI, BS

7:44 – 7:46 AM  
**Discussion**

7:46 – 7:50 AM  
**Atypical MEWDS Referral**  
ALEXANDER M. RUSAKEVICH, DO

7:50 – 7:52 AM  
**Discussion**

7:52 – 7:56 AM  
**BRVO in an  
Immunocompromised Patient**  
PELIN CELIKER, MD

7:56 – 7:58 AM  
**Discussion**

7:58 – 8:02 AM  
**Suprachoroidal Triamcinolone  
(XIPERE) for Rapidly Progressive  
Placoid Chorioretinitis**  
ANDREW BRIERE, DO

8:02 – 8:04 AM  
**Discussion**

8:04 – 8:14 AM  
**An Optimized Artificial  
Intelligence Model to Distinguish  
Vitreoretinal Lymphoma from  
Non-Infectious Uveitis**  
OGUL E. UNER, MD  
*Travel Grant Awardee*

**Purpose:** To optimize an OCT-based artificial intelligence (AI) model to distinguish vitreoretinal lymphoma (VRL) from non-infectious uveitis.

**Methods:** Biopsy-confirmed VRL, as well as select treatment-naïve non-infectious uveitides, were identified using ICD-10 codes at Casey Eye Institute. Patients  $\geq 45$  years with active disease were included. An explanatory convolutional neural network (CNN) was created using baseline Spectralis OCT B-scan frames. Data were split into training/validation/testing as 70%/15%/15% and area under the ROC curve (AUC) calculated.

**Results:** 43 VRL and 51 uveitic eyes, resulting in 1013 VRL and 1322 uveitis frames, were included. Within the uveitis group, there were 18 Vogt-Koyanagi-Harada disease, 15 birdshot chorioretinopathy, 10 sarcoidosis, 5 pars planitis, and 2 multifocal choroiditis eyes. Patients with VRL were older (mean 70 vs. 57 yrs,  $p < 0.001$ ). Focal RPE thickening, changes in sclerochoroidal thickness, and subretinal fluid were identified by the model as distinguishing features between the two groups. Inner retinal surface and intraretinal alterations were also identified and distinguished. Sensitivity, specificity, and AUC in distinguishing VRL from uveitis were 74%, 89%, and 84%, respectively.

**Conclusion:** Our optimized OCT-based CNN was able to distinguish VRL from non-infectious uveitis OCT scans with moderate sensitivity and high specificity. Despite difference in age between groups that can influence choroidal thickness, the model identified several features between the two groups. This proof-of-concept study highlights the potential of AI in the early diagnosis of VRL.

8:14 – 8:16 AM

**Discussion**

8:16 – 8:20 AM

**Purtscher-Like Retinopathy Presenting like Pseudo-Retinitis: A Rare Presentation of Hematopoietic Stem Cell Transplant-Associated Thrombotic Microangiopathy**

MARIE HELENE ERRERA, MD, PHD

8:20 – 8:22 AM

**Discussion**

8:22 – 8:26 AM

**Retinal Whitening with a Negative Tap**

HOSANNAH EVIE, MD

8:26 – 8:28 AM

**Discussion**

8:28 – 8:32 AM

**Fulminant Bilateral Frosted Branch Angiitis in a Pediatric Patient**

ASAD LOYA, MD

8:32 – 8:34 AM

**Discussion**

8:34 – 8:43 AM

**Efficacy of Janus Kinase Inhibitors for Non-Infectious Uveitis**

UMANGI PATEL, MD

8:43 – 8:45 AM

**Discussion**

8:45 – 8:54 AM

**Safety of Anti-VEGF Injections in Patients with Uveitis**

MITCHELL ALLPHIN, MD

8:54 – 8:56 AM

**Discussion**

8:56 – 9:05 AM

**Outcomes of Acute Retinal Necrosis: ARN Cohort Study**

CARL S. WILKINS, MD

9:05 – 9:07 AM

**Discussion**

9:07 – 9:16 AM

**The Role of Methotrexate on Preventing Proliferative Vitreoretinopathy Following Retinal Detachment Repair**

MELISSA YUAN, MD

9:16 – 9:18 AM

**Discussion**

9:18 – 9:30 AM

**Closing Remarks**

PHOEBE LIN, MD, PHD & AKBAR SHAKOOR, MD

9:30 AM

**Meeting Adjourns**

**Save The Date**

30<sup>th</sup> Annual AUS Winter Symposium | Park City, Utah  
January 16-18, 2027

# SPECIAL THANKS

The American Uveitis Society  
would like to thank the following industry partners:

## DIAMOND

**AbbVie**

## PLATINUM

**ANI Pharmaceuticals, Inc.**

**Bausch + Lomb**

**Keenova Therapeutics**

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## SILVER

**EyePoint, Inc.**



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