Uveitis is a group of inflammatory conditions that directly and indirectly affect various intraocular structures and have the potential to cause irreversible damage. It is one of the leading causes of preventable vision loss, accounting for approximately 10% of blindness worldwide. Appropriate and aggressive management of intraocular inflammation is critical to prevent devastating sequelae.

Corticosteroids have been the mainstay treatment of noninfectious uveitis for many decades, but their chronic use can be associated with severe ocular and systemic side effects. In order to minimize ocular damage and systemic side effects from long-term steroid exposure, treatment with steroid-sparing agents is recommended in patients who develop chronic or relapsing courses of inflammation.
Ideally, the management of a patient with noninfectious uveitis should be based on a stepladder approach, consisting of intensification of treatment guided by disease severity. Drugs that are less toxic though often less efficacious should be used in mild cases, whereas drugs that are more efficacious though potentially more toxic should be employed in more severe or chronic scenarios.

Among the steroid-sparing agents, antimetabolites (e.g., methotrexate, mycophenolate (Cellcept), azathioprine (Imuran)) and calcineurin inhibitors (e.g., cyclosporine) have historically been employed first. In patients who fail treatment or have a more rapidly progressing disease, biologics (e.g., infliximab (Remicade), adalimumab (Humira)), and alkylating agents (e.g., cyclophosphamide (Cytoxan), chlorambucil) can be utilized.

In 2000, a uveitis expert panel published guidelines for the use and monitoring of immunosuppressive drugs in ocular inflammatory diseases. Many physicians who treat uveitis patients are unfamiliar with the recommended guidelines, and high-dose steroids are still being used to maintain control of inflammation. This is due in great part to a lack of comfort with prescribing and monitoring immunomodulatory therapy as well as barriers to effective co-management with rheumatologists. There is also the misperception that steroid-sparing agents will cause serious side effects. In reality, if prescribed and managed appropriately, steroid-sparing agents do not usually confer serious side effects.

Steroid Sparing Agents

**Methotrexate:** folic acid analog and inhibitor of dihydrofolate reductase, inhibiting leukocyte mitosis.

**Mycophenolate mofetil:** selective inhibitor of inosine monophosphate dehydrogenase. It prevents solid organ transplant rejection and treats rheumatologic disorders.

**Cyclosporine:** T-cell inhibitor widely used to prevent and treat graft rejection, rheumatoid arthritis, and plaque psoriasis.

**Cyclophosphamide:** Nitrogen mustard alkylating agent that is cytotoxic to lymphocytes commonly used as a chemotherapeutic agent and in the treatment of several autoimmune disorders.

**Biologics:** A group of medications that are manufactured by recombinant DNA technology and are designed to be effective based on a molecular understanding of disease pathogenesis. Tumor necrosis factor alpha (TNF-α) blockers are the most commonly used class of biologics used in treating patients with uveitis.

**Uveitis Continued from page 1**

[Image: Birdshot Retinochoroidopathy associated with HLA A29]
significant side effects. The Systemic Immunosuppressive Therapy for Eye Disease (SITE) cohort study pooled data from thousands of patients treated with conventional immunosuppressive therapy and found that these agents can be well-tolerated and increase neither overall mortality nor cancer-specific mortality.

The treatment options for patients suffering from uveitis have expanded tremendously in the last few decades. If a patient's uveitis requires chronic treatment, steroid-sparing agents should be initiated without delay. All available therapies should be discussed when counseling a uveitis patient at risk of vision loss. Prompt referral to a specialist with uveitis experience can alter the disease progression and prevent permanent vision loss. This is most important in posterior uveitis and panuveitis, as these conditions are associated with poor long-term outcomes when only steroids are utilized.

Overwhelming evidence indicates that if patients are closely monitored, the side effect profile of steroid-sparing agents is quite acceptable and better than that of steroids alone.

Clinical Trials Highlights

This is an exciting time for Retina Group of Florida research. We are actively enrolling patients with wet age-related macular degeneration (AMD), geographic atrophy, and diabetic macular edema into four separate clinical trials. By early 2015, we will be opening enrollment to additional clinical studies, including trials for wet AMD, retinal vein occlusion, and for diabetic retinopathy.

Active Studies

AMD
Eclipse is a trial investigating an intravitreal anti-PDGF aptamer, Fovista, used in addition to ranibizumab (Lucentis) to treat patients with wet AMD.
Toga and Spectri are two separate clinical trials investigating different medications for geographic atrophy, a disease that currently has no available treatment. Toga is studying an oral anti-inflammatory medication, doxycycline, whereas Spectri is studying an intravitreal anti-factor D antibody fragment, lampalizumab.

Diabetic Macular Edema
Aerpio is a clinical trial investigating a subcutaneously administered medication, AKB-9778, which is a Tie2 activator, for the treatment of diabetic macular edema.

Upcoming Studies

AMD
Ladder will be studying longer-acting delivery of Lucentis. The investigator-sponsored trial will be studying Lucentis in patients with high-risk dry AMD, whose fellow eye has wet AMD. Regeneron 1417 trial will be studying wet AMD, with further details forthcoming.

Diabetic Retinopathy
Similarly, the Regeneron 1411 trial will be studying diabetic retinopathy, with further details forthcoming.

CRVO
Score 2 trial will be comparing intravitreal bevacizumab (Avastin) to aflibercept (Eylea) for the treatment of macular edema due to central retinal vein occlusions.

The end of 2014 and beginning of 2015 look to be a remarkable time for groundbreaking research in many diseases affecting the retina. Please contact any of our physicians or our study coordinator, Jaclyn Brady, for any inquiries or to enroll a patient.

954-776-6880

www.retinagroupflorida.com
Retina Group of Florida Staff Spotlight

AMY TRODICK, COA
RGF SURGICAL COORDINATOR

This year, Amy Trodick, celebrates 30 years helping care for patients of the Retina Group of Florida. Since 1985, Amy has worked in every aspect of the office. She has become an integral part of our practice, and is a reflection of how our practice has expanded and developed.

Amy enjoys being involved in the tremendous progress made in medical diagnoses, research, technology and treatments for diseases of the eye. She has witnessed the advancements that have enhanced our patients’ quality and years of a healthier life. As her personal perspective is about engaging in good health to age well, the Retina Group of Florida has been the place where she has been able to learn about it and see its positive impact. Amy is part of the team that believes in and practices using technology and medications with the human touch, mind and compassion. As Amy likes to say, “It’s all about the patient.”

Over the past 15 years, the position that Amy has enjoyed the most is Surgical Coordinator for all the physicians. Her years of experience lend themselves to every facet of the process, from the time of the diagnosis, to obtaining medical clearance, scheduling the cases, and finally to follow-up care. In order to help patients understand the vital role the retina plays in the eye and body, she simply explains, “The retina is the film for the camera, and it takes beautiful pictures.”

Here at the Retina Group of Florida, Amy’s growth with the expanding team over nearly three decades is a product of the cross-training and in-service education that the practice provides on a regular basis. The patient-focused philosophy helps unify the office to collaborate on each patient as a collective portfolio of the person, as a whole. As part of the Retina Group’s efforts to connect with the community, Amy has served as the event planner for the office’s annual Charity Walk, which raises funds and awareness for the Foundation for Fighting Blindness.

What makes Amy so important to us all? Is it the cheery greeting you receive each time you speak with her? Is it the caring and reassurance she shares each step of the way with patients, doctors and staff? As a long-time member of the staff, is it her vast knowledge and understanding of the practice? Is it her friendship, connectivity and relationship with the staff as a second family? Is it her personal story that she has intertwined with her career as a loving mother of two teens and wife to her high school sweetheart? It’s all of this, and so much more. Congratulations Amy! Here’s to another 30 happy years!
Retina Group of Florida Physicians

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Boca Raton
Fort Lauderdale

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Boynton Beach
Boca Raton
Fort Lauderdale

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Wellington
Boynton Beach
Boca Raton

Eduardo Uchiyama, MD
Wellington
Boca Raton
Fort Lauderdale
Hollywood and Plantation

www.retina-groupflorida.com
# Retina Group of Florida Locations

## Fort Lauderdale

### Imperial Point Medical Arts Pavilion
- Address: 6333 North Federal Hwy, Suite 300, Fort Lauderdale, FL 33308
- Phone: 954-776-6880
- Fax: 954-776-6895

**Directions:** I-95 to Cypress Creek Road. Exit East to Federal Hwy. Turn left (north) onto Federal Hwy and then left again into Broward Health Imperial Point Medical Center. Building is on the left.

## Boca Raton

### Glades Tower I
- Address: 950 Glades Road, Suite 1-C, Boca Raton, FL 33431
- Phone: 561-394-6499
- Fax: 561-394-3004

**Directions:** I-95 to Glades Road. Exit east to NW 10th Avenue. Go right then a quick left into the parking lot.

## Boynton Beach

### The 8190 Building
- Address: 8190 Jog Road, Suite 250, Boynton Beach, FL 33472
- Phone: 561-737-1355
- Fax: 561-737-8335

**Directions:** I-95 to Gateway Blvd. Exit west to Jog Road. Turn right onto Jog, then right onto Le Chalet. Building is yellow, marked 8190, 2nd on the right.

## Plantation

### Bank of America Building
- Address: 1776 N. Pine Island Rd., Suite 312, Plantation, FL 33322
- Phone: 954-452-4500
- Fax: 954-452-2027

**Directions:** I-95 to Sunrise Blvd. West to Pine Island Road. Southeast corner of Pine Island Road and Sunrise Blvd.

## Hollywood

### Presidential Circle
- Address: 4000 Hollywood Blvd, Suite 190-N, Hollywood, FL 33021
- Phone: 954-894-7020
- Fax: 954-894-4822

**Directions:** I-95 to Hollywood Blvd. Exit west and approx. 1 mile to Presidential Circle, 1/4 around circle. Building on left, office is in the north wing.

## Wellington

### Bldg 1397/Med Arts Pavilion III
- Address: 1397 Medical Park Blvd, Suite 240, Wellington, FL 33414
- Phone: 561-784-3788
- Fax: 561-784-3855

**Directions:** I-95 to Forest Hills Blvd. Exit west to SR7/441. Go right, then a quick left into Wellington Region Medical Campus. Last bldg. on NW corner.

## West Palm Beach

### BB&T Building
- Address: 2000 Palm Bch. Lakes Blvd, Suite 400, West Palm Beach, FL 33409
- Phone: 561-737-1355
- Fax: 561-737-8335

**Directions:** I-95 to Palm Beach Lakes Blvd. 2 blocks west of I-95. SW corner of Robins Drive and Palm Beach Lakes Blvd.

## Stuart

### Eye Care and Surgery
- Address: 1441 E Ocean Blvd, Suite 104, Stuart, FL 34996
- Phone: 561-784-3788
- Fax: 561-784-3855

**Directions:** I-95 to SR-76 (exit 101). Follow all the way down to Traffic circle and take first right which will be Ocean Blvd. Eye Care Center will be on left after about one mile.

## Delray Beach

### Addison II
- Address: 6298 Linton Blvd, Suite 104, Delray Beach, FL 33484
- Phone: 561-737-1355
- Fax: 561-737-8335

**Directions:** I-95 to Linton Blvd. Exit and go west to Jog Rd. Make a U-turn heading east on Linton Blvd. Office will be on right side in the Addison Medical Professional complex.

## Pembroke Pines

### Memorial West Medical Office
- Address: 603 N Flamingo Rd, Suite 250, Pembroke Pines, FL 33028
- Phone: 954-894-7020
- Fax: 954-894-4822

**Directions:** From I-75 exit Pines Blvd and go east. Take left onto Flamingo Rd. and head north. The medical complex is located 1/4 mile north of the intersection of Pines Blvd and Flamingo Rd.

[www.retinagroupflorida.com](http://www.retinagroupflorida.com)
**AREDS2 reduces AMD progression across all genotypes**

A recent retrospective analysis was performed by the AREDS research group from the NEI to determine whether genotypes involving complement factor H (CFH) or age-related maculopathy susceptibility 2 (ARMS2) influenced the benefits found from AREDS2 supplements. An interaction study found no evidence that the relative benefits of AREDS2 supplementation varied by genotype. The study group concluded that the AREDS2 formula reduced the rate of progression of AMD across all genotypes, and the two major loci in question, CFH & ARMS2, did not statistically alter the benefit from AREDS2 supplementation.

No Clinically Significant Association between CFH and ARMS2 Genotypes and Response to Nutritional Supplements

AREDS Report Number 38

Emily Y. Chew, MD; Demail, Michael L. Klein, MD; Traci E. Clemons, PhD; Elvira Agrón, MA, Rinki Ratnapriya, PhD; Albert O. Edwards, MD, PhD; Lars G. Fritsche, PhD; Anand Swaroop, PhD; Gonçalo R. Abecasis, PhD for the Age-Related Eye Disease Study Research Group

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