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Dr. Foster is a Clinical Professor of Ophthalmology at Harvard Medical School and the Founder and President of the Ocular Immunology and Uveitis Foundation and the Massachusetts Eye Research and Surgery Institution (MERSI), in Cambridge, MA.

1. What is the mission of the Ocular Immunology and Uveitis Foundation?

The Ocular Immunology and Uveitis Foundation is the nation's leading 501(c)(3), nonprofit organization dedicated to finding cures for ocular inflammatory diseases, correcting the worldwide deficit of properly trained ocular immunologists, and providing education and emotional support for patients with ocular inflammatory disease.

2. Tell us about the Foundation's work with pediatric patients.

Uveitis is the third leading cause of blindness in the United States. The prevalence of vision disability in children secondary to eye damage from uveitis is underappreciated by eye care specialists and is unchanged over the past 25 years. Since the inception of the Foundation in 2005, we have recognized this need and have been successful in providing support and education geared for children, their parents, ophthalmologists, and pediatricians. For example, we have written a "Guide to Uveitis" specifically for parents and teachers.

Last summer, the Ocular Immunology and Uveitis Foundation held a conference on childhood uveitis to raise the awareness of America's eye care specialists, rheumatologists, pediatricians, and parents on the importance of uveitis as a cause of vision disability in children. The conference, titled "Symposium on Childhood Uveitis," included a satellite meeting presenting support group activities for children with uveitis. One of the impressive outcomes of the meeting was the production of a pediatric uveitis monograph written by the scientific program participants, which included a consensus statement from the assembled panel of experts on the preferred practice patterns for managing this chronic and potentially blinding condition.



3. How have the recently introduced options for sustained-release delivery of steroids improved the management of idiopathic posterior uveitis?

These are advances in our care of such patients. Thus far, they represent only another way to deliver corticosteroids to the eye, and, of course, do not do anything to help retrain the immune system, which requires systemic therapies. But sustained-release corticosteroid devices have brought to the table another piece of ammunition that can be employed in the fight against blindness secondary to uveitis, and they clearly have a place in the care of patients with intermediate and posterior uveitis.

4. What do you enjoy most about your work at the Foundation?

That is an interesting question, and one that I began to think about only after countless people, patients, and other professionals remarked about how changed I seemed, how constantly happy I seemed to be after starting the Foundation. I began to realize that it was true: I am the happiest that I have ever

been as a consequence of the satisfying work that Frances, my wife and partner at MERSI and major player in the Foundation's work, and I am able to enjoy every day. We see the profound impact the work of the Foundation has had:

- producing ocular immunologists of tomorrow by populating departments of ophthalmology around the world, thereby providing better education for ophthalmology residents in the subjects of ocular immunology and inflammation;
- fostering continuing medical education programs for general ophthalmologists through our training program and our physician education conferences; and
- benefiting the lives of our patients and their family

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members through the care at MERSI and through the research and programs of the Foundation such as our online and in-person support groups, patient educational conferences, and annual Walk for Vision.

5. What has been the biggest surprise of your career?

Actually, the biggest surprise has been the turns that my life has taken as a consequence of others. Nothing that I do today, as satisfying as it is, has been planned. It is all a consequence of chance in the random walk through life. I was running away from the depression of internal medicine and inflammatory disease when I jumped into ophthalmology. I found ocular immunology particularly interesting from a scientific standpoint, especially the immune privilege of the eye and corneal

transplant immunology, and that is the direction I planned for myself. However, at the behest of others during my corneal fellowship, I was thrust into the world of Mooren ulcer and cicatricial pemphigoid and other ocular inflammatory diseases, and I grew to love that world. Uveitis was never of any significant interest to me, yet such patients were increasingly sent to me because the disease is inflammatory in nature. Therein arose the necessity to learn all that could be learned about uveitis and its diagnosis and therapy. That too became a major love story. Finally, the idea of leaving hospital-based practice and transplanting my academic life into the private sector would never have occurred to me had it not been for the stimulation of others. Thank goodness for all of these unforeseen forces that together have provided the circumstances of a surprisingly satisfying life. ■

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