PRESIDENT’S MESSAGE

Cautious Optimism

Since the last edition of the Report, Congress has put its words into action with both the House and Senate proposing Fiscal Year (FY) 2016 Labor, Health and Human Services, and Education (LHHS) appropriations bills that increase National Institutes of Health (NIH) funding—by $1.1 billion in the House and by $2 billion in the Senate. In fact, the Senate bill is responsive to the research community’s request for NIH funding of at least $52 billion, and although it does not meet NAEVR’s request for National Eye Institute (NEI) funding of $730 million, it would increase NEI funding above its pre-sequester FY2012 level.

The bipartisan show of support for the NIH by House and Senate appropriators has been echoed by House authors, as the Energy and Commerce (E&C) Committee has proposed in its 21st Century Cures Act authorized $1.5 billion increases for NIH per-year for the next three fiscal years and mandatory $1.75 billion per-year funding for the next five fiscal years for a new NIH Innovation Fund, to include funding for early-stage investigators. In the E&C’s hearings, and in those held by the Senate Health, Education, Labor, and Pensions (HELP) Committee as it develops its own Cures legislation, authorizers in a bipartisan fashion emphasized the need to adequately fund NIH.

This optimistic news must be tempered by caution, however, since Congress still has a long way to go in this appropriations cycle despite the start of FY2016 in less than three months. Democratic members, dissatisfied with the austere Budget Control Act cap funding levels in the Republican-led bills, have withheld support in the hope that Congress can arrive at a “grand bargain,” such as the December 2013 Murray-Ryan agreement that funded FY2014 and FY2015. Although this could lead to any number of outcomes, such as a full-year Continuing Resolution that funds FY2016 at the FY2015 level or even a grand bargain, there could be a disruptive government shutdown before any final action is taken.

NAEVR will continue to urge Congress to take a balanced approach to deficit reduction that includes NIH/NEI funding increases. NAEVR wishes to thank the ARVO Board of Trustees and Association of University Professors of Ophthalmology (AUPO) Department Chairs who signed onto letters to the House and Senate appropriations leaders urging support, as well as the hundreds of ARVO members who contacted their Congressional delegations. These actions complemented NAEVR’s advocacy efforts and AERV’s educational activities during the crucial June timeframe.

The Alliances will continue the drumbeat, as evidenced by the planned Fall 2015 Congressional events listed in the box to the right. I am especially excited about hosting the Emerging Vision Scientists events in early October and want to thank in advance the Ophthalmology Chairs and Optometry Deans who are supporting these early-stage investigators in coming to Washington, D.C. and describing their work on Capitol Hill, as well as Research to Prevent Blindness (RPB) for providing a grant to underwrite the events.

As you read the Report, you will see that it begins with NAEVR’s extensive activities in May at the ARVO Annual Meeting in Denver, Colorado. I want to thank the representatives from the Department of Defense’s (DOD) Congressionally Directed Medical Research Program (CDMRP) for attending and meeting with researchers for four days regarding funding opportunities from the Vision Research Program (VRP). The VRP, funded at $10 million in FY2015, has once again been included in the House’s FY2016 funding bill, which would be the fourth year of this level of support.

Internally, the Alliances continue to see change. At their meetings at the ARVO Annual Meeting, the NAEVR and AEVR Boards each elected Allergan Inc.’s Yehia Hashad, M.D. as a Director. And, after many years of service, Sabri Markabi, M.D. has stepped down due retirement from Alcon Labs, Inc. We wish to welcome Dr. Hashad and thank Dr. Markabi for his contributions.

As always, I want to thank the vision community organizations that have committed their financial resources and time to the Alliances in 2015. We are on the threshold of major resources for NIH/NEI, so we will continue to call upon you to raise your voices in support.

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Record Crowd Hears About Defense Vision Research Funding

A record crowd attended NAEVR’s Defense-Related Vision Research Opportunities session, which focused on how researchers can be responsive to Department of Defense (DOD)-identified vision research gaps. Vision Program Manager Robert Read from the DOD’s Congressionally Directed Medical Research Program (CDMRP), which manages the dedicated $10 million Vision Research Program (VRP) in Defense appropriations, announced that an FY2015 VRP funding announcement would likely issue in late June. Since the VRP was created by Congress in FY2009 through NAEVR advocacy, the DOD has issued 67 awards totaling $50 million.

Mr. Read also spoke about other DOD funding opportunities, including the Broad Agency Announcement (BAA) and the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs. Domestic and international researchers are eligible, and researchers who seek VRP funding are more likely to apply for funding from other DOD programs with key words such as “sensory” and “rehabilitation” and for diseases with a visual component.

Mr. Read and DOD colleague Marc Mitchell met one-on-one with researchers at a dedicated CDMRP booth from Sunday through Wednesday. NAEVR wishes to thank them for their participation and commitment to the soldiers who have experienced battlefield eye injuries. See the Report’s back page for the latest on DOD funding.

ARVO TBI Session Features Researchers and Veterans

NAEVR and the Blinded Veterans Association (BVA) were pleased to assist Incoming ARVO President John Clark, Ph.D. (University of Washington) in planning the second Veterans Vision and Traumatic Brain Injury (TBI) session. The open session, which focused on research into the similarities between military blast TBI-related visual dysfunction and ocular pathology resulting from sports-related head injuries and age-related neurodegenerative diseases, was covered by the local ABC News affiliate, which broadcast a story that evening.

The panel featured scientific presentations from researchers and first-person accounts from blind and visually impaired veterans who described how they lost vision during military service, their recovery process, and current life challenges. Former Denver Broncos Running Back Terrell Davis, who attended at ARVO’s invitation, discussed his experiences with head injuries during his seven-year National Football League (NFL) career—all spent with the Broncos—and his concerns for his future health and that of his fellow players, both current and retired.

ARVO Session Features AEVR’s Attitudinal Survey Results

Adrienne Scott, M.D. (Wilmer Eye Institute/Johns Hopkins) delivered a paper entitled Attitudinal Survey of Americans on Eye and Vision Health, which reported on results of AEVR’s public opinion poll released in September 2014 at a National Press Club event in Washington, D.C. The poll, commissioned by Research!America from Zogby Analytics and supported by a grant from Research to Prevent Blindness (RPB), was the most rigorous conducted to-date of attitudes about vision and vision loss among ethnic and racial groups and found that the majority of Americans describe losing vision as potentially having the greatest impact on their day-to-day life. Survey results and a video of the release event are on the home page of www.eyeresearch.org.

ARVO Central Booth Busiest Ever

The NAEVR Central Booth in Denver, Colorado was a hub of activity. As in past years, researchers contacted Congress regarding NIH/NEI funding increases and NAEVR’s James Jorkasky and David Epstein spoke with them about encouraging signs in the FY2016 process, which are discussed in this Report. NAEVR wishes to thank the hundreds of ARVO members who visited the booth to support its advocacy efforts.

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LEGISLATIVE SCORECARD ISSUE: NIH/NEI FUNDING

House and Senate Mark Up Spending Bills with NIH/NEI Increases

As of late June, both the House and Senate LHHS Appropriations Subcommittees had marked up their FY2016 spending bills, which were subsequently approved by the full Appropriations Committee in each chamber. Since both bills proposed overall funding below that in FY2015 (House by $3.7 billion, Senate by $3.6 billion) and below that proposed by the President for FY2016 (House by $14.6 billion, Senate by $14.5 billion), Democratic members offered up amendments that would restore funding overall—as well as for specific programs—that were defeated along party lines.

**NEI Appropriated Amount**

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**NEI Operational Net**

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**NEI appropriated amount is net of $36M in sequester cut and $3.9M Secretary transfer. Operational net reflects $5.6M transferred back to NIH Central of the successfully completed Studies of Ocular Complications of AIDS (SOCA) funding.**

- NIH funded at $31.2 billion, an increase of $1.1 billion or 3.6 percent;
- NEI funded at $698.1 million, an increase of $13.9 million or 2 percent over its FY2015 appropriated level and $21.3 million or 3.3 percent over its FY2015 Operational Net;
- Funds the Precision Medicine Initiative at the President’s proposed $200 million level and increases funding for Alzheimer’s research, the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, and the Antibiotic Resistance Program;
- Report Language directs NIH to create a challenge program to speed basic research into retinal disease that “provides rewards for research not otherwise funded through NEI or other NIH-supported competitive awards”;
- Report Language directs the Office of the Director to update on coordination of Usher Syndrome deaf-blindness research in the FY2017 NIH budget request;
- Reduces Extramural Cap to Executive Level (EL) III ($168,700 in FY2015), down $14,600 or eight percent;
- Defunds Affordable Care Act implementation, eliminates Agency for Health Research and Quality (AHRQ) and includes a prohibition on patient-centered outcomes research.

ARVO, NAEVR Witness Testifies at House Hearing

On April 29, ARVO member and ocular immunology researcher Daniel Carr, Ph.D. from the Dean McGee Eye Institute at the University of Oklahoma Health Sciences Center testified on behalf of ARVO and NAEVR at the House Subcommittee’s Public Witness hearing. Dr. Carr addressed the impact of NIH/NEI funding on “people and products, patient outcomes, and private industries.” He was nominated to testify by ARVO and endorsed by NAEVR after he participated in the February 6 ARVO Advocacy Day. Commenting on his first experience in testifying before Congress, Dr. Carr made the following observation:

“Little did I know that, when I participated in the Advocacy Day in February, ARVO would nominate me to testify in April. I was honored to be one of the 23 public witnesses chosen out of 157 nominations and was humbled to be among so many dedicated advocates for the important programs funded by the LHHS bill. I encourage my fellow researchers to be responsive when ARVO and NAEVR ask the vision community to contact Congress to support vision research funding.”

Another ARVO member, Robert Anderson, M.D., Ph.D., also from Dean McGee/University of Oklahoma Health Sciences Center, testified about the impact of the NIH’s Institutional Development and Improvement (IDeA) program in building and sustaining DMEI’s vision research program.

Senate Launches NIH Caucus

Francis Collins, M.D., Ph.D. looked on. Commenting on the purpose of the Caucus, Senator Durbin said, “We know the intent is there to support the NIH, and we have to find a way to pay for it. We all need to tell a story—Dr. Collins regarding the benefits of NIH research, and the Caucus to tell the political story to ensure funding.” Senator Graham added that the Caucus will “shine a light on the fact that the NIH is a good investment.” He also emphasized that sequestration “is a dumb idea when it is the lowest in its history. He acknowledged that the creation of the Caucus “sends ripples of encouragement” to the biomedical research community.

On May 19 in the Capitol, LHHS Appropriations Subcommittee members Senators Dick Durbin (D-IL) and Lindsey Graham (R-SC) announced a new bipartisan Senate NIH Caucus as NIH Director

Chairman Cole, center, and Robert Anderson, Ph.D., left, and Daniel Carr, Ph.D., right, both from the Dean McGee Eye Institute/University of Oklahoma Health Sciences Center

Chairman Cole (R-OK) stated that “This bill reflects a balanced approach that stewards taxpayer dollars. It is targeted to programs that produce results, such as life-saving medical research at the NIH.”

In a June 23 article in The Hill, Senate LHHS Appropriations Subcommittee Chairman Tom Cole (R-OK) stated that “A bold commitment to the NIH is essential to address our nation’s growing health concerns, spur medical innovation, sustain America’s competitiveness, and reduce healthcare costs.”

On May 19 in the Capitol, LHHS Appropriations Subcommittee members Senators Dick Durbin (D-IL) and Lindsey Graham (R-SC) announced a new bipartisan Senate NIH Caucus as NIH Director. Senators Durbin and Graham were joined by fellow Subcommittee member Senator Jerry Moran (R-KS), who commented that the Caucus “needs to get beyond symbolic support to allow Dr. Collins and his colleagues to do their valuable work.” He expressed concern about young investigators and their ability to commit to a career in biomedical research. Dr. Collins added that, at this time, a young scientist’s chance of getting an NIH grant is the lowest in its history. He acknowledged that the creation of the Caucus “sends ripples of encouragement” to the biomedical research community.

At press time, the Caucus membership reflected 21 bipartisan members.
Vision Community Actions and NAEVR’s Statement Regarding Funding Proposals

Within the constant drumbeat of advocacy, NAEVR also coordinated the following actions in June prior to the markups:

• Hand-delivered to House and Senate appropriations leaders letters signed by the ARVO Board of Trustees and the Association of University Professors of Ophthalmology (AUPO) department chairs from around the country that urged NIH/NEI increases.

• ARVO members sent 1,500 letters to their Congressional delegations requesting support.

• NAEVR held a June 3 Congressional briefing that described NEI-funded research into inflammatory eye disease, specifically Uveitis (see story right).

After the markups, NAEVR commended the House and Senate appropriations leaders for making increased NIH funding a priority in the FY2016 process.

“We especially wish to thank the Senate leadership for responding to the biomedical research community’s request that the NIH be funded at a level of at least $32 billion and for increasing NEI funding to a level that exceeds its FY2012 pre-sequester budget. We urge Congressional leaders to come together to make increased NIH/NEI funding a reality within the larger context of a balanced approach to deficit reduction to ensure the health—and vision health—of all Americans, while encouraging innovation, strengthening the economy, and sustaining America’s competitiveness.”

House Likely to Vote on 21st Century Cures Act

On May 21, the House Energy and Commerce (E&C) Committee approved by a vote of 51-0 H.R. 6, the 21st Century Cures Act. This bipartisan legislation, championed by E&C Committee Chairman Cong. Fred Upton (R-MI) and Oversight and Investigations (O&I) Subcommittee Ranking Member Cong. Diana DeGette (D-CO), is the product of more than a year of work with patients, advocates, researchers, innovators, and health care professionals to accelerate the discovery, development, and delivery of life-saving and life-improving therapies. At press time, the House was expected to take up the bill in July.

Although wide-sweeping in its scope and impact on federal agencies, NAEVR has focused on the bill’s authorizing levels for the NIH, which would increase by $1.5 billion per-year for the next three fiscal years and its establishment of a new Innovation Fund at $1.75 billion per-year for the next five fiscal years for a total of $8.75 billion for basic, translational, and clinical research, including funding for early-stage investigators. The latter would be supported through mandatory funding.

On May 21, NAEVR hand-delivered a letter to Chairman Upton and O&I Subcommittee Ranking Member DeGette, as well as full Committee Ranking Member Frank Pallone, Jr. (D-NJ), Health Subcommittee Chairman Joe Pitts (R-PA), and Health Subcommittee Ranking Member Gene Green (D-TX), commending them for their commitment to patients and for developing the legislation through an open process that sought input from all stakeholders.

NAEVR participated in several of the listening sessions held with research advocates.

The Senate Health, Education, Labor, and Pensions (HELP) Committee has begun a process to develop its own version of a bill.

NAEVR Joins Fellow Sponsors in Identifying Priorities for the IOM Study Board

On May 19, the Institute of Medicine (IOM) of the National Academies held the first meeting of the Advisory Board on Population Health and Public Health Practice for its study entitled Public Health Approaches to Reduce Vision Impairment and Promote Eye Health. During the open session, NAEVR joined fellow study sponsors, including the Centers for Disease Control and Prevention (CDC), the NEI, the American Academy of Ophthalmology, the American Academy of Optometry, the American Optometric Association, ARVO, Prevent Blindness and its National Center for Children’s Vision and Eye Health, and Research to Prevent Blindness in providing perspectives to the Board regarding the study’s Statement of Task, which includes:

• Characterizing the Public Health Burden
• Prevention and Care
• Evidence-Based Health Promotion Interventions
• Eye Health and Vision Loss as a Public Health Priority

In its comments, NAEVR acknowledged the weight that recommendations emerging from IOM studies hold with Congress. With respect to the current study, NAEVR stressed that:

• It can bring legitimacy to vision community studies on the incidence and cost of vision disorders and define an endpoint that can drive federal policy and funding, for example, “What does this nation need to do to avoid the estimated inflation-adjusted $717 billion annual cost of vision disorders by year 2050?” (as projected by Prevent Blindness in its 2014 study entitled The Future of Vision: Forecasting the Prevalence and Costs of Vision Problems)
• By defining public/private actions for early diagnosis and treatment—especially in at-risk populations—and identifying impediments to adoption of new diagnostics, therapies, and technologies, it can tie public health research to biomedical research and patient care.
• It can develop a national roadmap with an identified, coordinated approach to saving sight and restoring vision.

NAEVR will participate in the open session of the IOM Study Advisory Board’s next meeting, scheduled for July 28-29 in Washington, D.C.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details
On June 3, AEVR’s Decade of Vision 2010-2020 Initiative joined with professional societies and patient groups (see box below) in hosting a first-ever Congressional Briefing entitled *Inflammatory Eye Disease: Focus on Uveitis*. Uveitis is a collection of complex inflammatory eye diseases with a large cost and quality of life burden that varies with sex, age, and race/ethnicity and remains poorly understood with incompletely effective treatments. The Briefing featured Gary N. Holland, M.D., who serves as a Professor of Ophthalmology at the David Geffen School of Medicine at UCLA—where he holds the Jack H. Skirball Chair in Ocular Inflammatory Diseases—and as Director of the Ocular Inflammatory Disease Center at the Jules Stein Eye Institute.

Janine Austin Clayton, M.D., a board-certified ophthalmologist and NIH’s Associate Director for Research on Women’s Health and Director of its Office of Research on Women’s Health, related how her experience with patients with autoimmune ocular diseases sparked her interest in the role of sex and gender in health and disease. Dr. Clayton formerly served as the NEI’s Deputy Clinical Director and is a founding member of co-sponsor organization Women in Ophthalmology.

Dr. Holland prefaced his talk by noting that it was a diagnosis of uveitis that alerted doctors that Ian Crozier, M.D., an American who had been treated for and apparently “cured” of Ebola, still had active virus inside the eye. He continued by describing inflammatory eye disease as that which can occur in any part of the eye, including its wall (sclera), the clear front surface (cornea) and the optic nerve—all of which can lead to severe, sight-threatening complications including glaucoma, cataracts, and scarring. Although uveitis specifically refers to inflammation of the “uvea,” which is the layer between the sclera and retina (light sensitive membrane at the back of the eye) that contains most of the eye’s blood vessels, in practical terms it is the designation given to inflammation of any structure inside the eye. Uveitis is not a specific disease, but is a category of diseases with many causes and clinical presentations, the common denominator of which is intraocular inflammation.

Although inflammation can be caused by infection from myriad infectious diseases, including syphilis and tuberculosis, it is most often non-infectious in origin. It can be caused by trauma, and it can be the side-effect of medications. Uveitis can be isolated to the eye or it can be one of many problems caused by systemic diseases, such as various forms of arthritis, as well as inflammatory diseases of the kidneys, gastrointestinal tract, and lungs, and even multiple sclerosis. In some cases, uveitis will be acute, meaning that it is sudden in onset with complete resolution after a course of treatment. However, in the majority of cases, inflammation will be recurrent or chronic, necessitating continued treatment. Symptoms can include eye pain and sensitivity to light.

Current uveitis treatments are often expensive, yet development of better drugs will require an improved understanding of disease processes associated with uveitis. The NEI has supported a number of initiatives/studies to investigate various aspects of uveitis cause incidence, and treatment, including:

- **Duration:** Uveitis can occur at any age, and although its incidence increases in older populations, it can affect children/young adults in their most productive years—meaning that it has a disproportionally greater impact on society than some common eye diseases that occur predominantly in older individuals.
- **Women:** Women, who have an increased risk of autoimmune diseases, tend to be more at risk of developing chronic forms of uveitis, and some forms are also more common in racial and ethnic minorities—African-Americans have a higher incidence, and recent studies suggest that Hispanics have a significantly higher risk of ocular toxoplasmosis, the most common form of infectious uveitis that involves the retina.
- **Cost:** Although classified as a “rare disease,” its impact is substantial, accounting for an estimated $2.3 million in annual costs in the U.S., with $91 million direct medical costs.
- **Incidence:** Uveitis can occur at any age, and although its incidence increases in older populations, it can affect children/young adults in their most productive years—meaning that it has a disproportionally greater impact on society than some common eye diseases that occur predominantly in older individuals.
- **Severity:** Since 2012, a Human Ocular Immunology Agreement with the United Kingdom that studies uveitis/immune-related eye diseases, shares advances, and recruits patients for joint clinical trials.
- **Funding:** Funding for international, multicenter clinical trials by the Multicenter Uveitis Steroid Treatment (MUST) Research Group, which have compared the efficacy and safety of currently available treatments for uveitis and its complications.
- **Participation:** Participation in a March 2015 joint NEI/Food and Drug Administration (FDA) Workshop on Clinical Trial Endpoints for Inflammatory Eye Disease which brought together researchers, clinicians, and industry to discuss better methods for assessing the effects of new therapies for chronic, non-infectious uveitis.

At the *Endpoints* Symposium, researchers identified several goals for future studies of inflammatory eye diseases, such as:

- **Standardized methods for assessment of disease and response to treatment that can be used in clinical trials for new therapies undergoing regulatory review by the FDA and international regulatory bodies.**
- **Development of automated methods for quantifying intraocular inflammatory reactions that move beyond the current subjective methods.** Examples include laser flare photometry, which quantifies protein levels in ocular fluids using a scanning laser, and Optical Coherence Tomography (OCT), non-invasive three-dimensional imaging that not only can measure retinal swelling but can also count cells in the eye’s anterior chamber—and can quantify vascular leakage from the retina.
- **A better understanding of the immune processes involved in disease pathogenesis, including the genetic basis, which can assist in accounting for the variation in incidence and severity between different groups.**
DEFENSE-RELATED VISION FUNDING

Since it was created by Congress in FY2009 DOD appropriations and through the FY2014 process, the VRP will have awarded 67 grants totaling $50 million to vision researchers. Research projects funded in the first two VRP funding cycles (2009-2010 and 2011-2012) have resulted in 80 published papers that are advancing knowledge about the diagnosis and treatment of eye trauma injuries.

In October 2014, DOD’s CDMRP, which now manages the VRP, made notifications to researchers about FY2013 grant awards—13 Translational Research Awards (funding up to $1 million) and 9 Hypothesis Development Awards (funding up to $250,000) for a total of $15.2 million. Although the CDMRP is still finalizing FY2014 awards, as of mid-June 2015 it has announced 10 awards for a total of $8.5 million.

FY2015: Program Announcement
Expected Shortly
In December 2014, Congress finalized FY2015 DOD appropriations with passage of the “CROMinibus” spending bill, which funded the VRP at $10 million. The CDMRP is currently developing a Program Announcement and anticipates releasing it shortly, and NAEVR and ARVO will alert researchers when it issues.

FY2016: House Appropriations Bill Funds VRP at $10 Million
On June 2, the House Appropriations Committee approved an FY2016 Defense funding bill that includes $10 million for the VRP—the fourth year of VRP funding at that level. On June 11, the Senate Appropriations Committee reported its DOD appropriations bill but, per its practice, did not include funding for most DOD medical research programs, instead accepting what is included in the House bill when the two chambers conference their bills. NAEVR had worked closely with BVA in advocating for FY2016 VRP funding at $15 M—a $5 million increase.

NAEVR Participates in Project Gemini Exchange Program
For the first time since 2012, NAEVR participated in Project Gemini, a joint exchange program between BVA and its British counterpart, Blind Veterans United Kingdom (BVUK). NAEVR Director of Government Relations David Epstein joined six United States veterans—four of whom recently lost their sight due to combat trauma—in traveling to the UK for a week of activities with a group of blinded British and South African veterans.

The objective of Project Gemini is to provide veterans who have recently lost their sight with opportunities to interact with other veterans who are leading productive lives despite their blindness. During the week, veterans discussed blind rehabilitation and readjustment training, adaptive technology for the blind, and vision research. Previous U.S. participants have subsequently become involved in BVA’s advocacy efforts on Capitol Hill, focusing attention on the need to support trauma-related medical research programs, such as DOD’s VRP. Several also attended ARVO’s 2015 Annual Meeting in Denver and participated in the Veterans Vision and Traumatic Brain Injury session (see story in this Report). NAEVR’s participation enables the Alliance to relate to Congress and their staff the veterans’ life experiences and their thoughts about the current state of medical treatment for traumatic eye injury and blindness and vision loss.

This year marks the centenary of BVUK, formerly known as St. Dunstan’s, which was founded during World War I in response to the large numbers of British troops returning from the battlefields of France having lost their vision due to explosions or exposure to chemical weapons. Since BVUK is one of Queen Elizabeth’s preferred charities, a highlight of the week’s activities included a Royal Garden Party—held in honor of BVUK’s centenary—on the grounds of Buckingham Palace, which was hosted by the Queen’s daughter-in-law Sophie, Countess of Wessex. That evening, the group had dinner at Wellington Barracks, the Headquarters for the various British Army Guard units that protect Buckingham Palace and other locations throughout London.

In late August, the British participants in this year’s program will travel to Louisville, Kentucky, where BVA is holding its annual convention.

As part of their bonding activities, the veterans competed in archery, cricket and bowling, and visited the Imperial War Museum in London to learn about World War I. Other excursions included visiting Hastings, site of the 1066 Battle of Hastings, exploring Newhaven Fort—a Victorian fortress at which a military museum demonstrates its role through two World Wars—and spending time touring the city of Brighton, home to BVUK.

During the week, multiple media outlets, including Forces TV (the service of the UK’s military) and ITV interviewed Project Gemini participants.

NAEVR Executive Director James Jorkasky participated in Project Gemini in 2012.

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Visit the Defense-related Vision Research section of NAEVR’s Web site for more details.