Table 1 Hogan et al classification for grading anterior chamber cells

Grade	Number of cells per field (wide beam, narrow slit)
0	No cells
1+	5–10
2+	10–20
3+	2–50
4+	> 50

Table 2 Hogan et al classification for grading anterior chamber flare

Grade	Flare
0	Complete absence
1+	Faint flare (barely detectable)
2+	Moderate flare (iris and lens details clear)
3+	Marked flare (iris and lens details hazy)

Table 3 SUN classification for grading anterior chamber cells

Grade	Number of cells per field (1 x 1-mm slit beam)
0	No cells
0.5+	1–5
1+	6–15
2+	16–25
3+	26–50
4+	> 50

Table 4 SUN classification for grading anterior chamber flare

Grade	Flare
0	None
1+	Faint
2+	Moderate flare (iris and lens details clear)
3+	Marked flare (iris and lens details hazy)
4+	Intense flare (fibrin or plastic aqueous)

Table 5 Responses (n = 65) based on geographical location

Questions	Asia (n = 40)	UK/ Europe (n = 15)	USA (n = 10)	P value
Slit beam size				0.129
1 x 1-mm	26 (65.0%)	13 (86.7%)	6 (60.0%)	
2 x 1-mm	3 (7.5%)	0 (0.0%)	2 (20.0%)	
3 x 1-mm	11 (27.5%)	1 (6.7%)	2 (20.0%)	
No slit lamp for flare	0 (0.0%)	1 (6.7%)	0 (0.0%)	
Counting the number of cells on slit lamp				< 0.001
Always	7 (17.5%)	10 (66.7%)	8 (80.0%)	
Sometimes	20 (50.0%)	1 (6.7%)	0 (0.0%)	
Rarely	10 (25.0%)	4 (26.7%)	2 (20.0%)	
Never	3 (7.5%)	0 (0.0%)	0 (0.0%)	
Using laser flare photometry in practice				0.004
Yes	2 (5.0%)	6 (40.0%)	2 (20.0%)	
No	38 (95.0%)	9 (60.0%)	8 (80.0%)	
Value of flare assessment in management of uveitis				0.001
Very significant	12 (30.0%)	12 (80.0%)	8 (80.0%)	
Marginally significant	27 (67.5%)	3 (20.0%)	2 (20.0%)	
Not significant	1 (2.5%)	0 (0.0%)	0 (0.0%)	
Flare as a useful marker of disease activity				0.670
Yes	27 (67.5%)	12 (80.0%)	8 (80.0%)	
No	13 (32.5%)	3 (20.0%)	2 (20.0%)	
Would addition of laser flare photometry alter practice management?				0.096
Yes	10 (25.0%)	8 (53.3%)	6 (60.0%)	
No	8 (20.0%)	1 (6.7%)	2 (20.0%)	
Uncertain	22 (55.0%)	6 (40.0%)	2 (20.0%)	