

Understanding Your TED Treatment Options

*Patient-friendly glossary | SEEING CLEARLY & BEING SEEN
October 20, 2026 • Session Two*

A companion to the panel discussion “Which Treatment Is Right for Me?”
Definitions are written in everyday language. Times are approximate positions in the supplied transcript, not medical recommendations. Automatic captions may mishear technical words.

Understanding TED

Thyroid eye disease (TED) (00:00) An autoimmune condition in which the immune system causes inflammation and changes in tissues around the eyes. It is related to, but distinct from, thyroid disease.

Graves’ disease (11:10) An autoimmune condition that often causes an overactive thyroid. Many people with TED also have Graves’ disease, but the two conditions require separate attention.

Autoimmune condition (12:35) A condition in which the immune system mistakenly reacts against parts of the body.

Active or inflammatory TED (06:05) A period when eye symptoms and inflammation are changing or worsening.

Inactive / quiescent TED (06:20) A quieter period when inflammation is less active. Bulging, double vision, or other lasting changes may still be present.

Fibrosis / fibrotic changes (14:30) Scarring or stiffening of tissue that can remain after inflammation settles.

Flare / recurrence / relapse (09:30) A return or worsening of symptoms or disease activity after improvement. A loss of some treatment benefit does not always mean inflammation has returned.

Proptosis (05:10) Bulging or forward displacement of one or both eyes.

Diplopia (09:45) Double vision: seeing two images of one object.

Strabismus (08:35) Eye misalignment that can cause double vision; strabismus surgery adjusts eye muscles to improve alignment.

Cornea / corneal exposure (06:45) The clear front surface of the eye. If eyelids cannot close fully, the cornea may dry out or become damaged.

Optic nerve / optic neuropathy (06:55) The optic nerve carries visual signals to the brain. Optic neuropathy means nerve damage or impaired function; compression from TED can threaten sight and needs urgent assessment.

Eyelid retraction (16:55) When an eyelid is pulled unusually high or low, exposing more of the eye.

Treatments and how they work

Biologic therapy (15:15) A treatment made using biological processes, often an antibody designed to act on a specific part of a disease pathway.

IGF-1R (insulin-like growth factor 1 receptor) (04:15) A cell-surface protein involved in signaling pathways associated with TED. Some treatments block this receptor to reduce disease effects.

IGF-1R inhibitor / antagonist (07:15) A medication that blocks IGF-1R signaling. Benefits and risks vary by patient, including possible hearing-related side effects.

FDA approved medications include: TEPEZZA, LUMVOA

IL-6 (interleukin-6) (23:10) A messenger protein involved in inflammation.

IL-6 inhibitor (07:20) A medication that blocks part of the IL-6 inflammation pathway. Its suitability depends on a person's health and treatment circumstances.

FDA approved medication: ENSPRYNG

Corticosteroids / steroids (16:15) Medicines that broadly reduce inflammation. They may help active TED symptoms but can cause important side effects, especially with prolonged use.

Intravenous (IV) infusion (17:50) Medicine delivered into a vein, usually over a set period.

Orbital radiotherapy (17:25) Carefully planned radiation directed at tissues behind the eye, sometimes used to manage TED-related inflammation or eye-movement problems.

Orbital decompression (10:05) Surgery that creates more space within the eye socket, often to reduce bulging or relieve pressure.

Rehabilitative surgery (08:25) Surgery intended to improve remaining eye position, alignment, eyelid position, or function after disease changes have stabilized.

TSH receptor antagonist (24:20) An investigational approach that blocks signaling through the thyroid-stimulating hormone receptor, a target involved in Graves' disease and TED.

Gene therapy (24:55) An experimental approach that delivers genetic instructions to cells so they make a therapeutic substance; its safety and effectiveness must be established in trials.

Evaluating choices and safety

Efficacy (26:10) How well a treatment produces the intended benefit under studied conditions.

Durability (09:20) How long a treatment's benefit lasts.

Adverse event / side effect (37:10) An unwanted medical problem that occurs during treatment; not every event is necessarily caused by the treatment.

Sensorineural hearing loss (07:50) Hearing loss caused by damage to the inner ear or hearing nerve pathways. It is a consideration when discussing certain TED treatments.

Audiometry (37:15) Hearing tests that measure how well someone hears sounds; baseline testing means testing before treatment.

Clinical Activity Score (CAS) (28:50) A score based on signs of eye inflammation that clinicians use to help assess TED activity. It does not capture every impact of the disease.

Comorbidity (13:25) Another health condition a person has, such as diabetes or inflammatory bowel disease, that may affect treatment decisions.

Inflammatory bowel disease (IBD) (09:00) A group of conditions, including Crohn's disease and ulcerative colitis, that cause ongoing inflammation in the digestive tract.

Hyperglycemia (33:35) Higher-than-normal blood sugar.

Shared decision-making (26:30) A process in which the patient and clinician consider medical evidence alongside the patient's goals, concerns, and preferences.

Quality of life (13:20) How a condition affects everyday living, including vision, relationships, work, independence, and emotional wellbeing.

Testing, monitoring, and research

Endocrinologist (11:00) A physician who specializes in hormones and glands, including the thyroid.

Oculoplastic / orbital surgeon (01:50) An ophthalmologist specializing in the eyelids, eye socket, and surrounding structures.

Thyroid function tests (12:05) Blood tests that measure thyroid-related hormones and help clinicians assess whether thyroid function is balanced.

Euthyroid (51:00) Having thyroid hormone levels in the normal range. TED can still be present when thyroid levels are normal.

Hyperthyroidism (50:05) An overactive thyroid that produces too much thyroid hormone.

Thyroidectomy (13:45) Surgery to remove all or part of the thyroid gland.

Radioactive iodine (50:40) A treatment for an overactive thyroid; it can increase the risk of TED developing or worsening in some patients, so eye risk needs discussion.

TSI (thyroid-stimulating immunoglobulins) (51:35) Autoantibodies that stimulate the thyroid receptor. Results can help with diagnosis and monitoring but do not by themselves determine TED activity.

Digital biomarker (32:45) A measurement collected using digital technology that may help track symptoms or changes over time.

Clinical trial (41:10) A carefully designed research study that tests a treatment or other intervention and gathers information about benefits and risks.

Placebo (42:10) An inactive comparison treatment used in some trials to help researchers determine whether the studied treatment works.

Informed consent (41:45) A process of learning about a research study's purpose, procedures, potential benefits, and risks before freely deciding whether to participate.

Anecdotal evidence (41:30) Information based on individual experiences rather than a carefully controlled study. It can be meaningful but cannot reliably show how well a treatment works for most people.

Questions to bring to your care team

- Is my TED currently active, inactive, or changing?
- What are we trying to improve: inflammation, bulging, double vision, eye comfort, or something else?
- What benefits are realistic for me, and how long might they last?
- How do my other health conditions affect the risks and choices?
- What monitoring should I have before, during, and after treatment?
- What would we do if symptoms return or treatment does not help enough?

Educational note: This glossary explains terminology used in the October 2026 discussion. It is not personal medical advice, a treatment endorsement, or a substitute for guidance from your TED care team. Treatment approvals and evidence can change. Seek prompt medical attention for new loss of vision, changes in color vision, or severe eye exposure symptoms.