Welcome to Warsaw!
Meet the new EAACI Executive Director
News from Interest Groups and Sections and more...
“Time for a change”

These are the words of the current President of the EAACI, Prof. Roy Gerth van Wijk, not only describing the new EAACI logo and the new headquarters in Zurich, equipped to meet the challenges of the future, but also the coming 18th EAACI Congress in Warsaw, which will give us all the possibility to learn about the changes in our specialty. The topic “Allergy and asthma without frontiers” attracts more physicians and scientists than ever to the Warsaw Congress, a meeting that certainly can compete with the yearly meetings of the American Academy with respect to content and visitors.

Immunotherapy is our strongest weapon in the treatment of inhalant allergies, and it is definitely an area going through many changes at the moment. In contrast to subcutaneous immunotherapy, the sublingual approach was considered less effective or even ineffective, especially in children, and a long-term benefit as well as the preventive effect of SLIT was heavily discussed for decades. Today, the change is evident! Recent well-performed studies with adequate numbers of patients included indisputably proved the efficacy of SLIT in adults, but also in children, and a first study has demonstrated efficacy after cessation of treatment, as we know it from SCIT. Although we do not have the proof yet that SLIT can prevent asthma in children with allergic rhinitis, SLIT is undoubtedly advancing.

For the allergist, it is becoming more and more important to select products for SCIT and SLIT based on the evidence for each individual product: especially the new SLIT tablets do have an excellent file. At the same time, tolerability is good and severe anaphylactic reactions have not yet been observed. No doubt that these new therapeutic options will enrich our armamentarium.

Don’t miss the many other important changes in our field of interest and join the Congress in Warsaw!

Claus Bachert
The XVIII EAACI Congress in Warsaw is themed “Allergy and Asthma without frontiers.” This can be interpreted as an expression of our scientific domain and also as an expression of the international character of our community. The locations chosen for our congresses track a path through Europe, catering to people from many different countries and regions. Our Barcelona Congress opened the gate to the Spanish-speaking community. In Warsaw, we have the opportunity to expand our interaction with colleagues from central and eastern European countries. The congress in London in 2010 will be attractive for all members in our community, while the Istanbul Congress in 2011 will position the EAACI at the very borders of previous Executive Committees, he devoted himself to the area of allergy and allergology. Wüthrich is a very good friend of the EAACI. I extend a heartfelt invitation to all of you to attend the opening of the Warsaw Congress and to honour these four distinguished members of the EAACI.

The opening of the Warsaw Congress honours the recipients of the EAACI Awards in 2009. The Clemens von Pirquet (Clinical Research) Award goes to Professor Stephen Durham, who is well known as an excellent researcher with a clear focus on the management of patients with allergy and asthma. He has put immunotherapy on the international agenda of clinical science, and his follow-up study on the long-term effects of immunotherapy is famous. The Daniel Bovet (Treatment and Prevention) Award goes to Professor Bengt Björkstén for his pioneering work on gastrointestinal gut flora, his contribution to ISAAC studies, and his studies on risk factors for atopy – just some of the examples of his impressive record of accomplishment. Professor Rudi Valenta is the recipient of the Paul Ehrlich (Experimental Research) Award. He has greatly increased our knowledge of and insight into the characteristics of allergens and allergenicity, and his immunotherapy studies with recombinant allergens are well known. Professor Brunello Wüthrich is nominated to receive the Charles Blackley (Promotion of the Specialty of Europe) Award. As a clinician, as a scientist with more than 400 published articles, and also as an active member of previous Executive Committees, he devoted himself to the area of allergy and allergology. Wüthrich is a very good friend of the EAACI. I extend a heartfelt invitation to all of you to attend the opening of the Warsaw Congress and to honour these four distinguished members of the EAACI.

The new EAACI logo is launched at the Warsaw Congress and afterwards the EAACI makes its official move to Zurich. This also means that our organisation will be formally re-established. The General Assembly must vote on the necessary changes to the EAACI Constitution. While outsiders may consider these changes to be administrative issues, in the long run these alterations will have a major impact on the EAACI. Our new headquarters in Zurich and our new logo reflect our need to modernise and enhance our professionalism as our organisation expands and our field of operations grows. The new HQ will employ more staff to meet the challenges of the future, to raise the quality of our work, and to expand our services to our members.

The EAACI has been excellently served to date. I would like to take this occasion to express our deep appreciation to Catharina Öström and her team in Stockholm, in recognition of a decade of sterling work and dedication to reaching our goals. She has served the EAACI for many years and we are very grateful to her. Personally, it has been a great pleasure to have worked with her.

I will step down as President of the EAACI at the Warsaw Congress, and a new President and Executive Committee will take over the EAACI leadership. The influence of a president can be modest at best, considering the brief duration of a two-year term of office. The goal is to build on the work of predecessors, preserving the best of their work and trying to make the necessary improvements.

If we consider the EAACI as a large ship, even small changes to our direction will make a major impact in the long run. During my term, we devoted much of our time and energy to establishing our new headquarters. We initiated the Allergy Exam, and established strong relationships between the ExCom and the Interest Groups. We collected information to build up a strategy for our members, and commenced web-based elections for Section Board members. We introduced a procedure for recruiting new editors for Allergy and PAI. We aim to establish a new type of partnership with our PCO, Congrex, remaining acutely aware of our financial interests. We are looking for new ways to interact with our Founder Sponsors.

I consider the EAACI to be a strong organisation, one among other strong organisations, and have worked to make our relationships with the WAO, the AAAAI, and GARD as stable and optimal as possible. Our new dialogue with ERS is part of this strategy.

Being President of the EAACI is not just a job for one person. I would like to thank Cezmi Akdis, Luis Delgado, Tony Frew, Marek Kowalski, Jan Loïvall, Nikos Papadopoulos and all the other members of the ExCom. Above all, I would like to thank all our members for your support in the last two years and your confidence in me. Serving you and the EAACI has been my honour, and my pleasure.

Roy Gerth van Wijk
EAACI President
Interview with Silvia Schaller

The new EAACI Executive Director
at the new EAACI Headquarters in Zurich, Switzerland

Please tell us about your background.

Schaller: I am a barrister by training and received an MBA from IMD, one of the leading business schools. I worked for 11 years for the International Committee of the Red Cross (ICRC), approximately half of this time overseas, mostly in war zones, and the remainder at the ICRC headquarters in Geneva. Between 1991 and 1996, I worked in Kuwait, Thailand, Cambodia, Croatia, Bosnia, and Rwanda where I headed teams of almost 1,000 people and was responsible for budgets in the range of 100 million dollars. At the headquarters, I headed a small team of lawyers specialising in the law of war and conflict and advising field operations, and had the opportunity to teach this to a range of different publics all around the world.

I left the ICRC in 2002, moved to Zurich and took up the position of issue manager for a wealthy private person with problems to solve in relation to his industrial past. I built up a team, defined objectives, and priorities, and worked with an impressive range of high-calibre external advisors. After four years, the work became more involved with legal issues, which did not interest me, and I started to look for new challenges.

I was secretary-general of the Federation of Swiss Psychologists (FSP), the umbrella organisation of 6,000 psychologists and psychotherapists active in Switzerland, after my MBA graduation. I spent the last three years of this position working with the board to establish a process aiming at redefining the objectives, priorities, and means of FSP. The process resulted in the drafting of new statutes, the adoption of organisational rules, the systematic definition of medium and long-term objectives, and the parallel introduction of medium and long-term financial planning, the re-positioning of all FSP media, and many more innovative strategies.

In what way do you think your experience will be of use in your new position as Executive Director of the EAACI?

Schaller: Well, my extensive experience lies in building infrastructure and in change management, as well as working at an international level and dealing with representatives from very different society segments (from industrialists to military personnel and academics). At the ICRC and the FSP, I learned how to reconcile common objective stakeholders with very different objectives, experience that will benefit the EAACI. My more than 20 years of professional life has shown me how to hold down a number of “non-conventional” positions which required “non-conventional” responses. This will also prove to be of use with the EAACI. At the same time, I am an adept of a systematic, rational, and comprehensive approach to problem solving.

How will EAACI members benefit from the new management and new headquarters in Zurich?

Schaller: The EAACI headquarters in Zurich will provide the membership services that the Executive Office in Stockholm has offered so competently during the last decade. The Zurich Headquarters will also aspire to offer a stimulating backdrop and an inspiring atmosphere for meetings for all EAACI organs, committees, and task forces. We hope that we will have the pleasure of receiving many of our members at our offices. In contrast to the current Executive Office, the Zurich Headquarters will employ a number of staff to take charge of working on and developing EAACI projects such as the yearly congress, the allergy schools, and the website. This will free capacities for the Board of Officers and the Executive Committee, capacities that can be funneled towards designing strategies aiming at adding benefit to EAACI membership.

What are your ideas on how an organisation like EAACI should be managed?

Schaller: In my view, any association’s legitimacy comes from its constant striving to improve the way it serves the needs of its members. Accordingly, the will to improve benefits for members and their satisfaction with our Academy should guide all decisions made by the EAACI. This in turn implies that the EAACI’s leadership should keep an ear open to the needs of its members and to those of other important stakeholders too, for that matter. The EAACI’s processes must ensure that the concerns and needs of our members are on the agenda of all decision-makers. To sum up, I would say that the EAACI’s management should be participative, transparent, and professional.

What do you enjoy doing when you are not at work?

Schaller: I love diving, but only in warm, clear waters, so I spend at least two weeks every year indulging this passion in exotic locations. I enjoy travelling a lot too, and try to discover new areas of our planet every year. I often go out – to concerts (anything from opera to hard rock), the movies, the theatre, and restaurants. And as I like cooking very much I invite friends for dinner quite regularly. I exercise several times a week, even though necessity as much as enjoyment is the real trigger for that.

Finally, are you allergic to anything?

Schaller: Actually, I get increasingly allergic to persons who make the lives of other people miserable and have become quite adept at avoiding them! But when it comes to physical allergies, it seems they become more numerous over the years: ugly rashes after diving, allergies to stings from bees and wasps, strange noises coming from my lungs if I get out of breath in very cold temperatures. Thankfully, I can in no way say that these inconveniences my day-to-day life.

Thank you!
Welcome to
XXVIII EAACI Congress
Warsaw, Poland, 6–10 June 2009

The theme of the Congress is “Allergy and Asthma without Frontiers”. More than 1400 abstracts have been accepted, covering a wide range of topics. In addition, an exciting social and touristic programme has been assembled to allow for a tasting of Polish tradition and culture. Please go to www.congrex.com/eaaci2009 for registration and continuous updates.

The venue for the EAACI 2009 Congress, the Palace of Culture and Science, is conveniently located at the heart of Warsaw, only 25 minutes from Warsaw International Chopin Airport.

The Old Town, rebuilt in detail after the devastation during World War II, is only a short walk from the Congress venue. This beautiful part of Warsaw is listed on the UNESCO World Heritage.

The mermaid statue in the centre of the Market Square is a well-known symbol of Warsaw, and it has also become the symbol of the EAACI 2009 Congress. According to the legend, a young woman called Sawa was transformed into a mermaid by witchcraft and had to live in the river Vistula until her beloved Wars came to rescue her. They married and gave their names to the city, “Warszawa”.

Witamy w Warszawie!
Welcome to Warsaw!

Do you know – that after native English speakers, the most dedicated visitors to eaaci.net are clicking in from Denmark, France, Greece, Italy, the Netherlands, Rumania, Spain, and Turkey?

Do you know – that 61% of all our visitors are return visitors, and that 38% are first-time visitors?

Don’t forget . . .
EAACI Slide Kits mean that nobody misses out on the keynote lectures at major EAACI events. If you are ready for a rewarding e-learning experience, try some of our many lectures available for instant access.

There are lots of reasons to visit www.eaaci.net right now, and we plan to offer even more. Stay tuned!

On behalf of the EAACI Web Management Team,
Chrysanthi Skevaki,
Co-ordinating Editor
A total 87 doctoral and post-doctoral scientists from 28 countries attended the 7th EAACI-GA²LEN Immunology Winter School titled “Basic Immunology Research in Allergy and Asthma” that took place in Davos, Switzerland on 5–8th February 2009. The EAACI Immunology and Asthma Sections and the Swiss Institute of Allergy and Asthma Research organised this meeting with generous support from the Global Allergy and Asthma European Network of Excellence (GA²LEN).

The meeting featured five main symposia on innate immunity, adaptive immunity, and the mechanisms of allergic disease. Each symposium commenced with a keynote lecture followed by presentations by participants as selected from their abstracts. The opening lecture was given by Manfred Kopf, Zurich (Switzerland), who captured the attention of the audience by relating “A story about cytokines, diet, and strengths” to explain the development of CD4+ T cell subsets.

The Friday morning session commenced with the keynote lecture “What makes an allergen an allergen?” given by Thilo Jakob, Freiburg (Germany), in which he critically discussed the aspects that contribute to the phenomenon of allergenicity. In the afternoon, Donata Vercelli, Arizona (U.S.), covered the rapidly evolving field of asthma genetics and warned about pitfalls and misinterpretations in the field.

On Saturday, Arne Akbar, London (U.K.), provided exciting new insights into the kinetics of human memory and regulatory T cell infiltration into effector organs such as the skin. After two keynote lectures on T cell biology, Andreas Radbruch, Berlin (Germany), gave convincing advice in his lecture on “Regulation of B cell immunity” that we should focus on B cells and plasma cells and outlined the special role of long-lived plasma cells in allergy and autoimmunity. Finally, Andrew Saxon, Los Angeles (U.S.), outlined in a lively lecture the potential of “Novel immune modulatory molecules for the treatment of allergic diseases.”

As in previous years, the meeting opened with a reception for participants, who were selected based on the scientific quality of their submitted abstracts. The company at the meeting provided a warm and stimulating atmosphere, especially for young scientists seeking interesting and rewarding discussions with the faculty. After the morning sessions, the winter sports break was enjoyed by participants as they tried out the new powder snow on the slopes of Davos and took in the beautiful landscapes. The morning and evening sessions opened with keynote lectures, followed by mini-symposia in which 25 abstracts were presented in total. After dinner, dessert and drinks were served at the poster sessions in which young scientists had ample time and enthusiasm to discuss their data with keynote speakers and faculty until late into the night.

The feedback and evaluation forms indicate that once again the Winter School created the ideal conditions to stimulate an engaging scientific environment for active discussions about allergy and asthma immunological concepts, where young scientists were rewarded with many opportunities to have close contact with the best in the profession working in their areas of expertise.

In his farewell address, the president of the EAACI, Roy Gerth van Wijk, acknowledged the success of the Immunology Winter School and compared it to “a sparkling jewel in the crown” of the EAACI, one that certainly deserves continued support from the Academy. We have every reason to believe that this jewel will continue to sparkle, and are already planning the 8th Immunology Winter School in Grainau, Germany in February 2010. Watch for the announcements on the EAACI and GA²LEN websites.

Mübeccel Akdis
Local Organiser of the 7th EAACI-GA²LEN Immunology Winter School

Thilo Jakob
Chair of the EAACI Immunology Section
Join the greatest immunology event and register today!

**www.eci-berlin2009.com**

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Special new features of this meeting are: lunch with symposium speakers, educational courses, progress in technology sessions, joined symposia/workshops with related European Societies (EAACI, ESID, EULAR, EFI, FOCIS etc) and various satellites.
The sections and interest groups in the EAACI initiated postgraduate courses in 2007 for those participating in the annual EAACI congresses. The first postgraduate (PG) course offered by the Immunology Section was titled “How to evaluate the basic mechanisms of immune responses” and took place on 9th June 2007 during the annual EAACI Congress in Göteborg, Sweden. The aim was to introduce the newest and most innovative technologies applied in biomedical laboratories to address research questions arising from the allergic immune response. The members on the Immunology Section Board contacted a number of diagnostic companies and convinced them to participate in the programme and provide the material and diagnostic equipment to perform hands-on practical demonstrations. The programme included lectures on how to detect and sort cells, how to isolate and quantify RNA, how to evaluate protein expression, and how to analyse in vivo molecular functions. The morning lectures were followed by afternoon sessions with hands-on practical demonstrations. Participants were divided into small groups, which then rotated for practical teaching purposes between stations.

All the members on the Board of the Immunology Section were convinced that the PG course offered an extremely interesting programme and would attract high numbers of doctoral and postdoctoral fellows. However, contrary to these expectations, only 16 attendants at the annual EAACI Congress in Göteborg participated in this programme. As a result, and taking into consideration the significant cost and time-consuming logistics of the programme, the Board decided to discontinue this format.

In contrast to the majority of the other Sections and Interest Groups involved in the EAACI, the Immunology Section not only covers one particular organ discipline or a particular group of diseases or diagnostic procedures but also represents the entire area of basic research in the field of allergy and clinical immunology. This is an extremely wide, open field.
create a PG course that would cover the most relevant immunological topics for EAACI members, the Board decided to ask the members themselves for feedback about their expectations and requests concerning PG courses organised by the Immunology Section. Accordingly, a questionnaire was sent to all EAACI members just before the annual EAACI Congress in Barcelona, Spain in 2008, asking them for their input. This aimed to encourage every member to become more actively involved in shaping the future style and format of an Immunology Section PG course. The Board would like to thank the 233 members (46% full members, 48% junior members, 3% EAACI affiliate members and 3% junior affiliate members) that gave us this important feedback.

The vast majority (88%) of respondents appreciated the Immunology Section taking the initiative to create a PG course. The questionnaire comprised four straightforward questions, as shown in the pie charts.

The majority of the members requested a PG course featuring cutting-edge basic immunology research with relevance for allergy; the other options were selected with equal frequency (multiple answers possible).

Open suggestions included PG courses on gastro-intestinal immunology, immunodeficiency syndromes, immunotherapy, translational research for clinicians, career aid seminars, courses on stress and allergy basic mechanisms on immunology, and many others. Respondents were also decisive when it came to the format of the PG course, with most preferring interactive seminars with open discussions on specific topics. Fewer than 50 participants expressed a preference for active discussions. The timing of the PG course was considered best on the opening day of the congress, which is usually a Saturday.

All feedback was extremely instructive in establishing what the majority of interested members would require from a PG course organised by the EAACI Immunology Section, namely: an interactive seminar on the opening day of the congress and restricted to fewer than 50 participants with open discussions on specific topics, covering cutting-edge basic immunology research with relevance for allergy.

This is what members require from our organisation – and this is precisely the programme we will offer at the next annual EAACI meeting. For details, please read the programme announcement of the 28th Congress of the European Academy and Clinical Immunology in Warsaw, Poland and look for postgraduate course number 12 titled, “Update in immunology: what you need to know for your research in allergy.”

After this positive experience of establishing direct contact with members, the Board of this Section can only recommend that other sections and interest groups take a similar approach to improve our understanding of the requirements and interests of our members, particularly concerning PG courses held during the annual EAACI Congress.

Thilo Jakob
Chairman of the EAACI Immunology Section

Barbara Bohle
Secretary of the EAACI Immunology Section

Eckard Hamelmann
Board Member of the EAACI Immunology Section
<p><strong>AERIUS</strong></p>

**TRIPLE STOPPING POWER FOR ALLERGIC RHINITIS AND URTICARIA</p>

- Powerful inhibition of histaminic, allergic, and inflammatory responses<sup>1</sup>
- 13 clinical trials worldwide demonstrate significant control in AR<sup>2</sup>
- Rapid, consistent, powerful relief in tough-to-treat urticaria<sup>3-6</sup>
- AERIUS is 6 times less sedating than levocetirizine<sup>7</sup>


*IMS MIDAS MAT, 2nd Quarter 2008*
**Name of the medicinal product:** Aerius 5 mg Film-Coated Tablets and 0.5mg/ml Oral Solution.

**Qualitative and quantitative composition:** Each tablet contains 5 mg desloratadine and lactose monohydrate; each ml of oral solution contains 0.5 mg desloratadine and 150 mg/ml sorbitol. For a full list of excipients see SPC.

**Indications:** Aerius Film-coated tablets and Oral Solution are indicated for the relief of symptoms associated with allergic rhinitis and urticaria.

**Posology and method of administration:** Allergic rhinitis and urticaria: Adults and children 12 years and over: One 5mg film coated tablet or 10ml (5mg) of oral solution once daily. Children 6 - 11 years of age: 5ml (2.5mg) of oral solution once daily; children 1 - 5 years of age: 2.5ml (1.25mg) of oral solution once daily. Intermittent allergic rhinitis should be managed in accordance with patient treatment history and could be discontinued and reinstated when needed. In persistent rhinitis, continued treatment may be proposed during allergen exposure periods. In rhinitis below 2 years of age the origins, in most cases, are infections, there is no data with Aerius for treatment of infectious rhinitis.

**Contra-indications:** Hypersensitivity to desloratadine, loratadine or excipients.

**Special warning and precautions for use:** Efficacy and safety of Aerius Film-coated tablets have not been established in children under 12 years of age. Efficacy and safety of Aerius Oral solution have not been established in children under 1 year of age.

Aerius should be used with caution in patients with severe renal insufficiency. Aerius film coated tablets contain lactose and the oral solution contains sorbitol; therefore the film-coated tablets should not be taken if the patient has rare hereditary problems of galactose intolerance or the Lapp lactose deficiency. The oral solution should not be taken if the patient has rare hereditary problems of fructose intolerance or sucrase-isomaltase insufficiency. Neither film coated tablets or oral solution should be taken if the patient has problems with glucose-galactose malabsorption.

Aerius does not potentiate the performance-impairing effects of alcohol. No clinically relevant interactions were observed in clinical trials in which erythromycin or ketoconazole were co-administered. The safe use of Aerius during pregnancy has not been established. The use of Aerius during pregnancy is not recommended.

Desloratadine is excreted into breast milk, therefore the use of Aerius is not recommended in breast-feeding women. In clinical trials assessing driving ability, no impairment occurred in patients receiving desloratadine. However, very rarely some people experience drowsiness, which may affect their ability to drive or use machines.

**Interaction with other medicinal product and other forms of interactions:** No clinically relevant interactions were observed in clinical trials with desloratadine tablets in which erythromycin or ketoconazole were co-administered. In a clinical pharmacology trial Aerius taken concomitantly with alcohol did not potentiate the performance impairing effects of alcohol.

**Undesirable effects:** In clinical trials in a paediatric population, the overall incidence of adverse events in children 2 - 11 years of age was similar for Aerius Oral solution and the placebo group. In infants and toddlers aged 6 - 23 months, the most frequent adverse event reports in excess of placebo were diarrhoea (3.7%), fever (2.3%) and insomnia (2.3%). At the recommended dose in clinical trials involving adults and adolescents, undesirable effects with Aerius were reported in 3% of patients in excess of those treated with placebo. The most frequent adverse events in excess of placebo were: fatigue (1.2%), dry mouth (0.8%), headache (0.6%). In clinical trials in a range of indications including allergic rhinitis and chronicidiopathic urticaria, at the recommended dose of 5 mg daily, undesirable effects with Aerius were reported in 3% of patients in excess of those treated with placebo. The most frequent of adverse events reported in excess of placebo were fatigue (1.2%), dry mouth (0.8%) and headache (0.6%). In a clinical trial with 578 adolescent patients, 12 through 17 years of age, the most common adverse event was headache; this occurred in 5.9% of patients treated with desloratadine and 6.9% of patients receiving placebo. Other undesirable effects reported very rarely during the post-marketing period are as follows: **Psychiatric disorders:** Hallucinations. **Nervous system disorders:** Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures. **Cardiac disorders:** Tachycardia, palpitations. **Gastrointestinal disorders:** Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea. **Hepato-biliary disorders:** Elevations of liver enzymes, increased bilirubin, hepatitis. **Musculoskeletal and connective tissue disorders:** Myalgia. **General disorders:** Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash, and urticaria).

**Marketing Authorisation Holder:** SP Europe, Rue de Stalle 73, B-1180 Bruxelles, Belgium

Prescription only medicine, please refer to the full SPC text before prescribing this product, Date of revision of text: March 2008

**Marketing Authorisation numbers:** film-coated tablets EU/1/00/160/001-013, EU/1/00/160/036; oral solution EU/1/00/160/061-069 issued by Decision of European Commission.
News from the ENT Section

Good news: Our Section is growing – we now have more members than the Dermatology Section!

Postgraduate Session

This year, as in the past two years, we are holding a Postgraduate Session on the Saturday immediately before the Annual Congress begins. This year’s session, “Diagnostic tools in Rhinology”, will take place in Warsaw on 6th June, 2009. It will describe all the means necessary for making a diagnosis of a rhinological problem, from taking a history and validated symptom and quality of life scores to endoscopy, airway measurements, mucociliary function tests, nitric oxide, olfaction, cytology and biopsy and nasal challenges. It will be useful to allergists, ENT surgeons, pulmonologists, paediatricians and researchers. If you wish to attend please check www.eaaci.net for details.

Position paper under development

If you wish but cannot attend the Postgraduate Session, there is still hope: the Section is working on a Position paper entitled “Diagnostic tools in Rhinology”. The outline has been approved by EAACI and GA²LEN and several Section members are contributing, including most of the Board.

Join the ENT Section Board

Now is your chance to play a greater part in your Section! There will be up to 4 vacant places on the ENT Section Board from June. All members of our Section are invited to consider standing for election to the Board. Details of how to apply are being e-mailed to all members. Voting will be online.

See you in Warsaw

I hope to greet many of you at the Warsaw Congress, which has ENT input into plenary sessions as well as dedicated ENT sessions, workshops, posters and debates. Please attend the Section meeting taking place on Tuesday 9th June at 15.15-17.15 and make your voice heard in Section matters as well as listening to a topical pro-con debate.

Glenis Scadding
Chair, ENT Section

WAO Meeting on Sublingual Immunotherapy
Paris, France, 18–19th February 2009

Consensus within the scientific community about sublingual immunotherapy (SLIT) is growing, largely as a result of the impressive amount of experimental data published on its efficacy, safety, and mechanistic aspects in the last decade. SLIT is currently commercialised and its use is widespread in clinical practice in Europe and other areas, including South America and South Africa. No product is approved by the FDA, so SLIT remains an investigational approach in the U.S. However, studies on SLIT have been conducted in the U.S. more recently to establish regulatory rules for the treatment. Recent “big trials” have conferred a more solid experimental basis to the treatment, its indications and contra-indications, were also considered urgently necessary. To meet this need, the World Allergy Organization (WAO) convened an international meeting in Paris, France on 18-19th February to discuss all the evidence on SLIT, and to prepare an International Position Paper.

WAO President Professor G. Walter Canonica chaired the meeting. In addition to the appointed panelists (see below), more than 50 delegates from local allergy societies attended as auditors and participants in the discussions. The European Academy of Allergy and Clinical Immunology (EAACI) was officially represented by Dr Roy Gerth van Wijk and Dr Louis Delgado, and many other EAACI members participated as representatives of other organisations (SR Durham and Ledford) and Lockey. The session commenced with short presentations by the panelists, who summarised the most important topics and evidence about the treatment. These topics included:

- Historical background (Canonica)
- General aspects of immunotherapy (Nelson, Durham, and Lockey)
- Mechanisms of SLIT (Durham and Ledford)
- Efficacy of SLIT (Passalacqua and Dahl)
- Safety of SLIT (Cox and van Wijk)
- Effects on the natural history (Passalacqua, Cox, and Gower)
- Selection of patients (Canonica, Ryan, Rosario, and Baena Cagnani)
- Methodological aspects (Bousquet, Delgado)
- SLIT for children (Baena Cagnani and Valovirta)
- Evidence and recommendations (Bousquet, from the Spanish Society, and many others). The meeting was co-chaired by Jean Bousquet, Thomas Casale, and Richard Lockey. The session commenced with short presentations by the panelists, who summarised the most important topics and evidence about the treatment. These topics included:

- Historical background (Canonica)
- General aspects of immunotherapy (Nelson, Durham, and Lockey)
- Mechanisms of SLIT (Durham and Ledford)
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- Selection of patients (Canonica, Ryan, Rosario, and Baena Cagnani)
- Methodological aspects (Bousquet, Delgado)
- SLIT for children (Baena Cagnani and Valovirta)
- Evidence and recommendations (Bousquet,
Diagnosis and Treatment of Urticaria: New Guidelines 2009

Urticaria is one of the most frequent dermatological diseases. It comprises a heterogeneous group of different subtypes, and can pose a challenge for both diagnosis and treatment. As set out in the new guidelines, diagnosis focuses on correctly classifying the correct subtype of urticaria and identifying factors that can be avoided. Diagnosing the correct subtype is crucial in deciding the treatment method. This is especially true for chronic urticaria, and also some types of physical urticaria. The disease can be highly disabling and not only reduces the quality of life for patients but also impairs their ability to perform at work and school.

The major disturbing factor for patients is the intense pruritus, or itching, which is often much more difficult for them to tolerate than pain. However, patients also suffer considerably from the redness and whaling related to their appearance, and this suffering should not be underestimated.

The new guidelines underscore that all treatments must focus on safety and increasing the quality of life for patients. For all types of urticaria, the first choice of treatment is clearly the non-sedating modern generation of antihistamines. However, the guidelines indicate that in many cases, single-dose therapy is not sufficient to control all the symptoms of the disease. Based on evidence and the broad consensus of experts, the guidelines recommend increasing doses of antihistamines up to four times the recommended doses used in allergic rhinitis. This is much safer for patients than second-time therapies, such as corticosteroids that result in side effects due to the high dosages needed to control urticaria. If older-generation antihistamines are chosen for treatment, they could have dose-dependant side effects.

Second-line therapy as add-on therapy, including montelukast and cyclosporine A, should only be recommended for cases that fail to show any improvement after treatment with high doses of antihistamines.

Torsten Zuberbier
Allergic-Centrum-Charité
Department of Dermatology and Allergy, Charité-Universitätsmedizin Berlin
Berlin, Germany
Member of GA²LEN

The audience during consensus session at the 3rd International Consensus Meeting on Urticaria.

The meeting was unanimously considered very successful, mainly because of the impressive participation of so many specialists from all over the world, the open discussions, and the preliminary material that was rapidly produced and agreed. The SLIT 2009 WAO Position Paper will constitute a reference document for healthcare professionals. It will also be the starting point for the continued improvement of our knowledge.

Giovanni Passalacqua and Moises Calderon
EAACI Immunotherapy Interest Group
Drug hypersensitivity is a crucial field in allergology and remains a common concern for both doctors and patients alike. Yet, as a result of a lack of information and experience, many allergy departments do not, or only insufficiently, test patients with drug hypersensitivity.

The European Network on Drug Allergy, a group of experts forming the Drug Hypersensitivity Interest Group of the EAACI, is dedicated to fostering research into and diagnosis of that topic. This very active EAACI Interest Group generates the majority of European position papers and guidelines as well as initiatives to standardise the allergology workup in Europe in drug hypersensitivity.

With the support of the EAACI, this group offers a Summer School Crash Course to teach fellows and residents how to perform and optimise allergy diagnosis of drug hypersensitivity in their department and discuss possibilities for further research in this area. The programme focuses on the practical aspects of diagnosis and features 15-20 high-ranking European experts. It comprises detailed information on the mechanisms of drug hypersensitivity, the best timing for performing test methods, prevention, and therapy. It also features very practical workshops in which participants learn to perform and interpret skin tests, for instance in suspected betalactam allergy, and how to perform provocation tests in aspirin hypersensitivity. The course, held at a hotel in a beautiful setting, provides teaching materials, such as guidelines, and test procedures. The European experts that have confirmed, at time of going to press, that they will lead the course include Andreas Bircher (Switzerland), Knut Brockow (Germany, ENDA secretary), Pascal Demoly (France, former ENDA president), Werner Pichler (Switzerland, former ENDA president), Antonino Romano (Italy, ENDA president), and Maria Torres/Miguel Blanca (Spain, former ENDA secretary). The number of participants on this course is limited to 50 to ensure close contact and interaction.

The summer school is organised by ENDA Secretary Knut Brockow from the Department of Dermatology and Allergy in Biederstein (Director: Johannes Ring). For further information about the programme and registration, please contact the summer school secretary, Nora Enderlein, by email: kongresse.derma@lrz.tum.de or phone +49 89 4140-3205.

Knut Brockow
Department of Dermatology and Allergy Biederstein, Technische Universität München, Munich, Germany
The Development of Sublingual Immunotherapy Tablets:

A Great Leap Forward

In addition to simplifying administration, the development of sublingual immunotherapy (SLIT) tablets marks the start of a new era for this therapy, founded on evidence-based medicine.

Until recently, proof of the efficacy of SLIT relied on meta-analyses in order to overcome the problem of the small numbers of patients treated and the heterogeneity of study methodologies. In an age in which EBM (evidence-based medicine) has become essential in the evaluation of any treatment method, further progress was necessary to confirm the efficacy and tolerance of SLIT. This has now been achieved as a result of the studies conducted during the development of sublingual immunotherapy tablets.

Harmonized European development

Rules governing the conduct of clinical trials evaluating products used in specific immunotherapy were defined by the European directive of November 2008. EMEA thus recognizes the relevance of specific immunotherapy as a treatment practice in respiratory allergies, proposing a methodological framework and indication objectives. These enable pharmaceutical companies to evaluate the relevance of their products’ development plan to the allergy specialist community and to use methodologically sound and comparable data in order to determine the best treatment options for patients.

Rigorous development to give SLIT tablets access to the status of registered pharmaceuticals

The phase III studies conducted during the development of Stallergenes’ sublingual tablets for grass pollens were double-blind, placebo-controlled trials carried out in large numbers of patients, with an efficacy analysis based on quantified and validated clinical scores. The improvement in the scores observed under treatment proved to be clinically relevant (at least 30% greater than that observed under placebo).

It was also important to specifically validate the efficacy and tolerance of the tablets in the pediatric population. This has now been done, with the results comparable to those obtained in adults (figure). For the first time, a sublingual immunotherapy product has been specifically registered for use in children: apart from the tablets, specific immunotherapy to grasses has never been documented in children.

The efficacy having now been clearly demonstrated, it is also important to tailor treatment regimens to the needs of patients. A pre-co-seasonal protocol (consisting in taking the treatment before and during the pollen season) makes it possible to establish a closer...
link between the symptoms and the use of treatments and to promote compliance with treatment, guaranteeing better efficacy and thereby improving patient satisfaction. The co-seasonal treatment concept has recently been validated in a study demonstrating efficacy from the first treatment season and persistence of this effect 5.

Immunotherapy in the EBM era: a challenge for allergy specialists

Thus, only a few biopharmaceutical companies have decided to raise their standards and increase their level of expertise to conduct clinical trials complying with the most stringent methodological practices. This process is nonetheless essential if we are to register our products as pharmaceuticals.

Outlook

Stallergenes’ SLIT tablets are already available in Germany for patients – adults and children alike – suffering from allergic rhino conjunctivitis triggered by grass pollens and will soon be available elsewhere in Europe. A number of studies are currently under way in both Europe and the United States. In addition to grass pollens, the Stallergenes’ SLIT tablet development program is also continuing to focus on the other main allergens, thereby covering 80% of allergies: house dust mites, birch and ragweed pollens.

Olivier de Beaumont, MD, VP Head of Medical, Stallergenes Group


To know more about grass pollen sublingual immunotherapy efficacy and evidence, do not miss the Stallergenes CSS

Tuesday 9 June 2009, 10:30-12:00, Room H4, 2nd floor

PROGRAMME:

Efficacy in SIT to grass pollen: the meaning of “evidence”
Chairmen: K.-C. Bergmann, Germany & P. Kuna, Poland

Pharmacodynamics of a sublingual desensitization tablet: onset of action and clinical efficacy
O. de Beaumont, France

The grass pollen SLIT tablet: the EBM benchmark in SIT
U. Wahn, Germany

SIT efficacy: evaluation of the therapeutic effect
H.-J. Malling, Denmark
in the airways

United airways: Still a valid concept?

We need to consider some of the many questions remaining about the concept of united airways. What is the current approach in medicine? Does treatment convincingly satisfy our patients? What role do co-morbidities play? And what trends are emerging to improve the situation?

The increase or decrease in perceived quality of life is an important parameter in assessing treatment results for asthma patients. Nasal inflammation goes with bronchial information. Quite often, patients are not satisfied with the results of the treatment of their asthma because they have rhinitis. Initially, guidelines by the Global Initiative for Asthma (GINA) did not consider rhinitis in asthmatics. However, the first ARIA report classified rhinitis, and current results indicate that asthma and rhinitis are found in tandem (J Allergy Clin Immunol, Suppl. Nov 2001). The ARIA pocket guide is translated into 52 languages.

The updated ARIA 2008 comprises a single document combining the evidence of seven independent documents, and is already translated into 30 languages.

The research of the future lies in connecting the upper and lower airways, as represented in work by GA²LEN (Global Allergy and Asthma European Network). This international organisation operates 37 centres and 59 collaborating centres in the general platform for allergy and asthma research.

The Global Alliance against Chronic Respiratory Diseases is a part of the WHO action plan against chronic diseases. GARD is a voluntary alliance of national and international organisations, institutions, and agencies committed to the common goal of improving global respiratory health. This global project is very necessary, since most chronic respiratory diseases are under-diagnosed, under-treated, and patients have little access to essential medication in many countries. One billion people suffer from chronic respiratory diseases. They have differing risk factors and co-morbidities. The progressive ultimate approach for proper care should bring together as many specialists treating patients and all their co-morbidities as possible.

Upper and lower airway remodelling. More than 1,000 references exist in our literature to airway remodelling. The proportion of review articles to originals are four from six covering upper airway remodelling, and 11 from 94 describing lower airway remodelling.

Our understanding of the asthma mechanism shifted from the concept of muscle spasm to systemic disorder. The main concern regarding the treatment of our patients is how to treat inflammation, choosing from various medications including steroids and anti-IgE.
In a very recent review, David Broide discussed the important aspect of continuing inflammation and asthma progression connected with Natural Killer (NK) cell compartment. There is a functional balance of NK cells and different cell populations with different profiles for cytokine production. GINA guidelines specify cells that take part in the inflammatory process: activated mucosal mast cells release bronchoconstrictor mediators (histamine, cysteinyl leukotrienes, and prostaglandin D2). These cells are activated by allergens through high-affinity IgE receptors, as well as by osmotic stimuli (accounting for exercise-induced bronchoconstriction). Increased mast cell numbers in airway smooth muscle may be linked to airway hyperresponsiveness. Eosinophils, present in increased numbers in the airways, release basic proteins that may damage airway epithelial cells. They may also play a role in the release of growth factors and airway remodelling. T lymphocytes, present in increased numbers in the airways, release specific cytokines, including IL4, IL5, IL9, and IL13, that orchestrate eosinophilic inflammation and IgE production by B lymphocytes. An increase in Th2 cell activity may be due in part to a reduction in the number of regulatory T cells that normally inhibit Th2 cells. There may also be an increase in invariant Natural Killer T (iNKT) cells, which release large amounts of T helper 1 (Th1) and Th2 cytokines. Dendritic cells (DCs) sample allergens from the airway surface and migrate to regional lymph nodes, where they interact with regulatory T cells and ultimately stimulate production of Th2 cells from naïve T cells. Macrophages are increased in number in the airways and may be activated by allergens through low-affinity IgE receptors to release...
inflammatory mediators and cytokines that amplify the inflammatory response.

The number of neutrophils increases in the airways and sputum of patients with severe asthma and in smoking asthmatics, but the pathophysiological role of these cells is uncertain and their increase may even be due to glucocorticosteroid therapy.

Is there any role in airway remodelling that may lead to functional decline for asthmatic patients? In addition to the inflammatory response, characteristic structural changes, often described as airway remodelling, occur in the airways of asthma patients. Some of these changes are related to the severity of the disease and may result in relatively irreversible narrowing of the airways. These changes may represent repair in response to chronic inflammation. The contribution of remodelling to asthma and rhinitis is almost the same. The inflammation plays a major role in airway constriction, and a decrease in Forced Expiratory Volume in one second (FEV1). Jean Bousquet described the modification of the features of nasal mucosa in the different diseases of rhinitis and asthma. Those diseases have many similarities.

The differences in the upper airway structural peculiarities leading to long-term uncontrollable inflammation are still unsolved questions. In rhinitis, secondary lymphoid tissue organisation leads to inflammation localised in the nasal polyps. This was also described in asthma in 2004.

Implications of clinical practice. The united airway concept is not only epidemiological and pathological, but also has a clinical aspect. In the U.S., allergic rhinitis is the fifth most prevalent chronic health condition. The cases of seasonal allergic rhinitis account for more than 40% of allergic rhinitis. It is more prevalent under-diagnosed in one third of adults in Europe and the U.S. Maurer and Zuberbier stated in Allergy 2007 that allergic rhinitis remains widely under-treated in Europe with avoidable socio-economic consequences. Many asthmatics are not diagnosed, and the disease is under-treated worldwide.

Rhinitis occurs in 75% of allergic asthmatics, and 40-50% of patients with allergic rhinitis have asthma. Severe allergic rhinitis is associated with impairment in the quality of life, increased risk for asthma, and sleep disturbance. ARIA recommends additional tests: asthma history, chest examination, and lung function before and after bronchodilator use. These are the main recommendations for management of united airway disease: 1) patients with persistent rhinitis should be evaluated for asthma; 2) patients with persistent asthma should be evaluated for rhinitis; 3) a strategy should combine the treatment of the upper and lower airways in terms of efficacy and safety.

According to Ciprandi 2008, there is a decrease in lung function in children with allergic rhinitis without asthma. A significant proportion of children with perennial rhinitis have diminished FEF 25-75 and reversible airflow obstruction (Kessel et al. 2008).

The treatment of concomitant allergic rhinitis for patients with asthma was associated with significant reductions in the risk of emergency room treatment or hospitalisation for asthma.

The following studies suggest that SLIT can prevent the inception of asthma in allergic patients but that more research is required to optimise the allergen dosage and the selection of patients:

- Sublingual immunotherapy in pediatric patients: beyond clinical efficacy. Due to its excellent safety, SLIT would be an optimal candidate for use in pediatric age groups, where the natural history of allergy can be modified to some extent. Baena-Cagnani CE, Passalacqua G, Baena-Cagnani RC, Croce VH, Canonica GW. 2005.

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Dr. Michael Rudenko MD, PhD Official Representative of the EAACI ENT Section
Junior Member Working Group
Email: mrudenko@interasma.org

Presented at the EAACI 2008 Congress in Barcelona.
SEVERE ASTHMA: AN UNMET NEED?

Monday 8 June 2009
13.30 – 15.00

Chairpersons:
Paul Van Cauwenberge, Belgium and Gunilla Hedlin, Sweden

- The epidemiology of severe asthma in Europe
  Peter Burney, United Kingdom
- Experiences from a British network of severe asthma in adults
  Chris Brightling, United Kingdom
- Severe problematic asthma, not one entity, but several phenotypes throughout childhood
  Kai-Håkon Carlsen, Norway
- Towards a global definition of severe asthma
  Jean Bousquet, France