EAACI Wishes You a Happy New Year

News from the Academy
Meet the new EAACI Executive Director
Allergy Schools and Focused Meetings Reports
Sections and IG’s Latest Updates
... and more!

EAACI – excellence in allergy www.eaaci.net
“Coming together is a beginning, staying together is progress, and working together is success.” Henry Ford

How true these words are when reflecting on the busy life of our Academy. A very successful year is about to end and another one looms with so many things to do and enjoy. Being the world leader in allergy and clinical immunology would not be possible without the constant enthusiastic involvement of all our EAACI members. We are indeed a big family with more than 6,800 members from 107 countries. 6,800 unique personalities sharing and enjoying research and clinical work beyond the borders of one country. It is a complex and colourful puzzle glued together by open-mindedness, friendship, and desire for progress.

What did the EAACI mean to you in 2011? A new leadership with a very ambitious strategic plan? A very successful Istanbul Congress or higher attendance than ever at the Allergy Schools? The celebration of 100 years of Immunotherapy? New communication tools? Conquering the EAACI Knowledge Examination? Moving to another lab as a fellowship recipient? Receiving a poster prize or many questions on your oral presentation? Being an active member of a Section, Interest Group, or Task Force? Joining the newly launched mentorship programme? Pick your choice, but remember that you are the heart and soul of the Academy that strives constantly to support and acknowledge all its members, embracing their diversity and uniqueness with a broad spectrum of activities.

Now, what does 2012 hold for us? The EAACI Congress in Geneva promises us the latest knowledge in the field with a balanced programme of interest for dedicated researchers and practising allergists, general practitioners, allied health, and other. 3 Focused Topic Meetings, 5 Allergy Schools, fellowships, travel grants, and the mentorship programme. Ambitious plans to occupy the international leadership in asthma and food allergy call for the active involvement of all EAACI members. Please consider taking a moment to share some of your knowledge and dreams with us, so our community can continue to grow. At your own pace and in your own time, we’d be interested to hear your story and learn from your experiences!

Enjoy being an EAACI member, stay close to the Academy Newsletter, and we wish you a happy and prosperous 2012!

Ioana Agache
EAACI Newsletter Editor
Dear Friends and Colleagues in the EAACI Family,

It is my pleasure to reflect on the past year, and contemplate what the New Year will bring us at the beginning of 2012. I am sure you agree that 2011 was an effective year for our Academy. The EAACI Congress in Istanbul was a great success, not only because of the broad Scientific Programme, but also because of the number of delegates, novel discoveries, the number of abstracts, and social events that all enabled the perfect atmosphere in bridging science and culture. The Food Allergy and Asthma Meeting (FAAM 2011) in Venice and the Pediatric Allergy and Asthma Meeting (PAAM 2011) in Barcelona attracted a very high level of science and support from their respective fields. Interaction during these events helped the scientists and clinicians to bring our community further forward.

In terms of education, I am very proud to inform you that the Immunology and Allergy Schools in 2011 boasted higher attendance than ever before. I would like to draw your attention to the Task Force reports and position papers of 2011, which have been published in our journals, Allergy, Pediatric Allergy and Immunology, and Clinical and Translational Allergy that are listed below.

- EAACI Task Force report on dose-response relationship in allergen-specific immunotherapy
- EAACI Position Paper: Prevention of work-related respiratory allergies among pre-apprentices or apprentices and young workers
- Hypersensitivity to nonsteroidal anti-inflammatory drugs (NSAIDs) – classification, diagnosis, and management: review of the EAACI/ENDA and GA²LEN/HANNA Position Paper

The EAACI celebrated the 100 Years of Immunotherapy Campaign by fully supporting the education, science, and communication of allergen immunotherapy. We published the European Declaration on Immunotherapy, which you can download and read from the EAACI website, we presented the Noon Award to Dr Frankland, we organised a Summit, we organised an immunotherapy school, and many of our educational activities during the annual meeting and focused meetings have been dedicated to this field.

We launched a new online journal, the Clinical and Translational Allergy (CTA) journal, a peer-reviewed open access journal aiming to provide a platform to publish original research and review articles in the field of allergy. CTA is planned to be in Pubmed next year. We are proud of our new website www.infoallergy.com, which aims to provide general information about allergy, asthma, and clinical immunology to patients and the public. The website provides substantial information for frequently asked questions from patients, which are continuously updated by our experts.

For 2012, we will continue to focus on our strategic planning for the next two years. With more than 6,800 members from 107 countries and 41 National Allergy Societies, our Academy is growing, and so is our Annual Congress. The number of delegates and the number of sessions, workshops, symposia, and presentations increases steadily from year to year. We aspire not only to have the biggest allergy Congress in the world in 2012, but also the most informative scientific meeting within the field of allergy and clinical immunology. This time the best clinicians and scientists in our area will meet in Geneva, Switzerland, 16–20 June 2012 under the theme “At the Crossroads of Research, Practice and Education”.

I would also like to remind you that our Academy will organise three Focused Meetings during the next twelve months: the Drug Hypersensitivity Meeting (DHM) in April 2012 in Munich, the International Symposium on Molecular Allergology (ISMA) in October 2012 in Rome, and the Skin Allergy Meeting (SAM) next winter in Berlin. The EAACI is working very hard to strengthen these congresses and to organise the leading meetings in their respective fields.

Education is and will continue to be a strong pillar of the Academy. Five schools focused on different areas of allergy and immunology will take place in Europe in 2012, supporting young scientists in their education. The 5th Knowledge Examination will take place during the annual Congress in Geneva. Furthermore, the EAACI will continue to offer fellowships to its Junior Members and will work to provide an extended online education.

We have accomplished our 2011 objectives and we will continue to work during 2012 to help our Academy grow, cross borders, and develop even further by assuring that the EAACI is the leading reference in allergy and clinical immunology. I am confident that our Academy will continue to support our members, one of our main priorities, by providing education, strengthening the specialty, and by creating an extensive and efficient platform for the dissemination of science and new developments in the field.

I warmly invite you all to join me on this journey to improve our society in the field of allergy, asthma, and clinical immunology.

Cezmi Akdis
EAACI President
Meet the Person Behind
Michael Walker, the New EAACI Executive Director

Tell us about yourself please
I was born, raised, and educated in Australia. I studied pharmacy at university and worked as a hospital pharmacist in Australia and the UK before changing careers and moving into the pharmaceutical industry, firstly in sales and then progressing into marketing as a product manager. In 1997, I moved to Switzerland to take up a global strategic marketing role and subsequently moved into different global and pan-European roles within the pharmaceutical industry. In my last role before joining the EAACI, I was Chief of Staff at an industry association office in Geneva, working closely with organisations such as the WHO.

What are your objectives as Executive Director of the EAACI?
On 1 September 2011, I joined the EAACI in the role of Executive Director. To begin with, I have been learning a lot about the organisation and assessing the workflows and processes for the team here at the headquarters. My objectives are to ensure that the team has clarity regarding their roles and responsibilities and also to make sure that the organisation is clear about what is expected from the team. Also, we need make sure that the correct procedures, processes, and resources are in place to support the Board, the Executive Committee, the respective Vice Presidents of Congresses, Education and Communications, and of course the entire EAACI membership.

What do you see as some of the challenges of this role?
The EAACI has a strong track record in quality education and dissemination of science within the allergy and clinical immunology community. One of the challenges ahead is to not just maintain this high standard of activities but to grow and improve them even further. And to do this the related challenge is to ensure that these activities are successfully delivered within the resources that are available.

What is your vision of the EAACI HQ?
Success for the HQ team is success for me. My vision is for the staff at the EAACI HQ to be a high-performing, professional team that delivers excellent service and support to our members by working together in an integrated, cohesive, and supportive manner.

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EAACI EVENTS 2012

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<tr>
<td>18.01</td>
<td>Abstract deadline for the EAACI Congress 2012</td>
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<td>1.10 Call for topics for the EAACI Congress in two years</td>
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<td>31.01</td>
<td>Deadline for Fellowships Application</td>
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<td>5.10 - 7.10 International Symposium on Molecular Allergology (ISMA) - Rome, Italy</td>
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<td>February</td>
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<td>9.02 - 11.02</td>
<td>Marathon Meeting for the upcoming EAACI Congress (finalising Scientific Programme)</td>
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<td>1.11 Online registration and abstract submission open for the EAACI-WAO Congress 2013</td>
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<td>10.02</td>
<td>Call for abstract submission for the Winter School 2013</td>
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<td>1.11 Call for abstract submission for the Winter School 2013</td>
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<td>12.02 - 15.02</td>
<td>Winter School - Åre, Sweden</td>
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<td>29.11 - 1.12 Skin Allergy Meeting (SAM) - Berlin, Germany</td>
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<td>24.02</td>
<td>1st Meeting of Scientific Programme Committee for the EAACI-WAO Congress 2013</td>
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<td>30.11 Abstract deadline for the Winter School 2013</td>
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<td>March</td>
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<td>29.03 - 1.04</td>
<td>Allergy School - Davos, Switzerland</td>
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<td>EEACI President sends a call to all eligible ExCom Members to send their applications for the BoE Elections - Secretary General, Treasurer, and Vice-Presidents</td>
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<td>11.04 - 14.04</td>
<td>Drug Hypersensitivity Meeting (DHM) - Munich, Germany</td>
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In Memory of Prof. Gernot Achatz
It is with deep sadness that we announce the premature death of our close colleague Professor Gernot Achatz. Professor Achatz had a magnificent career in the field of the immunology of allergic diseases and particularly in his research on IgE regulation.

The EAACI family is in debt to him for the value of his research and the honour of his friendship.

Cezmi Akdis  
EAACI President
Mark Your Agenda with the Outstanding Scientific Programme at the EAACI Congress 2012!

By the time you read these words, we will have reached one of the most important milestones in the organisation of our Congress – you now have the preliminary programme available in print and on the website (www.eaaci2012.com).

All sessions have been designed to provide the latest knowledge not only to specialists in the field, but to be of interest to the entire community of clinical allergists and researchers.

The Plenary Sessions include the following: “Promoting provocation tests as a core activity of the allergist” and “Asthma: perspectives in improving management,” which will directly address the practicing allergist. Research-oriented delegates will be excited by lectures in the Plenary Session “Revisiting the origins of allergy,” and in the common symposia of the EAACI and the Swiss Society of Allergy and Immunology on Saturday, which is open to all delegates: “Old and new interleukins in inflammation and autoimmunity” and “From innate immunity to allergy.”

Finally, the Oral Abstract and Poster Sessions will provide you with the very latest from clinical to basic science, and they deserve a special mark on your calendar.

We look forward to welcoming you to Geneva! ●

Philippe
Eigenmann
EAACI
Congress 2012 Chair

News from the SPC: No more TB!

The Scientific Programme Committee and the Local Organising Committee fully support the fight against tuberculosis, although noting that TB has a totally different meaning in the inner circles of Congress preparation. TBA means “to be announced” whereas TBC means “to be confirmed.” These two “TBs” fill the preliminary programme of the coming Congress for a long period when invitations to the many speakers in the Scientific Programme go out and we await the responses – hopefully positive – to come back. Happily, we experience a very high rate of acceptance when all the best doctors and scientists from all over the world are invited to speak at the annual Congress of the European Academy for Allergy and Clinical Immunology. However, occasionally a proposed speaker has to decline, and we need to ask someone else. And while we wait to complete the entire programme with speakers for 7 Plenary Sessions, 34 Symposia, 23 Workshops, 24 Meet the Expert Sessions, 10 Postgraduate Courses, 4 Clinical Updates, sister-society symposia, etc. we have the TBs in the programme.

The end of October in the year preceding the Congress is when we have the deadline for the Preliminary Programme to go to print, and at this stage we want to have the whole programme finished: No more TBs!

I am proud to announce that we now have the full Scientific Programme completed for the next EAACI Congress in Geneva in June 2012. Please study it, and you will find an impressive range of sessions and speakers that will make the Geneva Congress the most important scientific allergy meeting during 2012. But on 18 January we have the deadline for the submission of abstracts. Based on earlier experience, we expect close to 2,000 abstracts to be submitted. Days of very hard work lie ahead for those selected from Sections and Interest Groups, going through all these abstracts and selecting and grading them for oral presentations, poster discussions, and thematic poster presentations.

At the so-called Marathon Meeting in February we finally put all these presentations into what becomes the final programme of our Congress. I would like to express my sincere gratitude to all those that participate in these processes and help make the Congress a success. ●

Lars K.
Poulsen
EAACI SPC
Co-ordinator

Become an EAACI Facebook Fan!
News from National Societies: British Society for Allergy and Clinical Immunology

The British Society for Allergy and Clinical Immunology (BSACI) is the professional and academic society in the UK representing allergy services at all levels, including the promotion of research into allergy and immune disorders. It aims to support its membership in providing a high-quality, NHS-based service for the treatment of patients with allergic disease and immune disorders.

The Society represents the specialty at the Royal College of Physicians (RCP), the Royal College of Pediatrics and Child Health (RCPCH), the Joint Committee of Immunology and Allergy (JCIA), and within the National Allergy Strategy Group (NASG). In addition, the BSACI works with other societies (the British Thoracic Society and the British Society for Immunology) and patient organisations (Allergy UK and the Anaphylaxis Campaign) to educate and raise awareness at a national level.

The BSACI is the leading academic society for allergy education in the UK. Its annual three-day conference brings together speakers and delegates from around the world, making it truly international with the highest-quality lectures. Sessions are specifically developed to target allergy specialists, trainees, pediatricians, primary care professionals and nurses in secondary care. The society also provides educational opportunities uniting other disciplines including ENT surgeons, respiratory physicians, dermatologists, and gastroenterologists where allergy maybe a subspecialty interest, provides help for locally organised regional meetings targeting primary care allergy education, and arranges regular educational sessions for trainees in allergy and in clinical immunology.

The BSACI encourages research locally via the BSACI annual meeting, where each abstract presented is considered for publication in Clinical & Experimental Allergy – the official journal of the society (to which each member has online access as well as receiving a hard copy). The BSACI produces this prestigious journal in collaboration with the publishers Wiley-Blackwell. It comprises original peer-reviewed scientific and clinical articles with regular reviews and editorials written by authorities in their respective fields.

The BSACI collaborates with other organisations such as Asthma UK to access funding opportunities for projects, grants, and fellowships. It also works closely with the UK Respiratory Research Collaborative (UKRRC) endorsing research priorities and submitting them for funding.

The society awards the respected Jack Pepys Lectureship to world-renowned experts at its annual conference. In addition, the William Frankland Award is given yearly to a clinician that has provided outstanding service in the field of allergy, while the Barry Kay Award is presented to junior allergists that produce the best abstracts at the annual conference. It also encourages the submission of research internationally by offering travel fellowships to its members.

The BSACI Standards of Care Committee produces evidence-based guidelines: details of these can be found on www.bsaci.org. Joint guidelines are also produced with other organisations and colleges. BSACI membership is open to all registered medical practitioners and those engaged in research, teaching, or clinical practice relevant to allergy and clinical immunology. Membership numbers have increased from 450 to more than 700 in the last few years. The friendly organisation is led by a President, Treasurer, and Secretary guided by an elected Council with additional representation from particular groups such as pediatricians, Standards of Care, immunologists, dietitians, and nurses in allergy. Further information is available at www.bsaci.org.

Glenis Scadding
BSACI President
The Award was first established in 2000 on the initiative of Allergopharma Joachim Ganzer KG and in collaboration with the European Academy of Allergy and Clinical Immunology. It is intended that the Award should recognize the scientific achievement of young scientists working in the field of allergy and encourage their engagement in further research. Therefore the Award is open to members of the EAACI, and in particular Junior Members, who have conducted their research in a European centre.

An application for consideration for the Award shall take the form of a full research paper published in an international peer reviewed journal in 2010/2012, together with a covering letter detailing the extent of the applicant’s contribution to the research, and curriculum vitae including a full list of publications. The applications will be considered by an ad hoc Commission nominated by the EAACI Executive Committee and Allergopharma. The thirteenth Award will be presented during the European Academy of Allergy and Clinical Immunology Congress, Milan 2013.

Applications should be submitted before 31 December 2012 electronically to both the EAACI Headquarters (info@eaaci.org) and Allergopharma (oliver.cromwell@allergopharma.de). The research paper, curriculum vitae and a covering letter should be included as three separate attachments. If this is not possible, then postal applications can be sent to EAACI Headquarters, Genferstrasse 21, CH-8002 Zurich, Switzerland (Tel.: +41 44 205 55 33).

Allergopharma Joachim Ganzer KG is committed to furthering excellence in allergy diagnosis and specific immunotherapy through investment in scientific research.

Further informations can be obtained from: Allergopharma Joachim Ganzer KG, 21462 Reinbek near Hamburg, Germany
Phone +49 40 72765-185, Fax +49 40 72765-278, www.allergopharma.com, e-mail: oliver.cromwell@allergopharma.de
News from the EAACI Secretary General: Seeking guidance for making Guidelines

I have yet to meet an EAACI Congress participant or member that would not have some knowledge and understanding of various Guidelines. This is of course wonderful: proof that the EAACI’s educational and standardisation efforts are fruitful and successful. However, if the ‘guideline-illiterate’ physician is nowadays rare, the ‘guideline-faithful’ is probably becoming even more rare – even an ‘endangered species’! It’s not that physicians question the general usefulness of guidelines. However, with so many details included in the texts and a variability of proposals, guidelines as they are today are vulnerable to criticism and consequently to limited compliance.

Thinking about it, this is not too surprising: given the gaps in our knowledge, the rapid inflow of new data and increasing access to information, a lot of debate should be expected. And perhaps there is another caveat: guidelines are usually prepared by small groups of super experts and are based on the limited amount of robust data available. Until now, they have not managed to capture the extended expertise of all relevant communities, reflecting daily feedback from thousands of doctors and millions of patients. Consequently, communities rarely assume ‘ownership’ of any particular document. Not until now. With increasing effectiveness, crowdsourcing approaches support key decisions and processes and revolutionise the approach to knowledge handling. This is only the beginning, and many words of caution are uttered. It’s not different from the surprise and hesitation many people expressed at the initial stages of Wikipedia. However, the EAACI, as on many other occasions, is developing a leading and proactive attitude towards exploring the possibilities and prospects for including our community in guideline development. This starts as an experiment, but I am certain it will soon develop as a brave new step towards improved and standardised patient care. Let us know what you think!

Nikos Papadopoulos
EAACI Secretary General

News from the EAACI Treasurer

In this Newsletter, I would like to update an initiative that goes beyond my brief as EAACI Treasurer. At the end of 2009, the EAACI started the ambitious project of developing European Guidelines on Food Allergy and Anaphylaxis. These guidelines will result from the co-ordinated efforts of several groups within the Academy including the Food Allergy IG, the Section on Pediatrics, the Section on Dermatology, the Allergy Diagnosis IG, the Allied Health IG, and a joint action with the NIH Food Allergy Guidelines group in the U.S. The project aims to provide extensive guidelines for clinical practice, which comprise a global approach to the food allergic patient. This implies gathering all community stakeholders to optimise the daily management of the disease, addressing pressing issues such as the management of food allergy in community restaurants, cafeterias, and schools. Food industry researchers and technologists will also be involved to address risk assessment, contamination, and labelling, and will provide insight on how processing might modify the allergenicity of food allergens.

Clinical allergists and immunologists will work together to develop the most up-to-date evidence-based diagnostic options including the evaluation of phenotypes of food allergy, as well as cutting-edge therapies such as advances in oral-immunotherapy and the role of biological drugs in suppressing the response to food allergens in highly allergic patients. Each working group will benefit from the valuable dynamic and expertise of the newly established EAACI Patient Organisations Committee, which represents the commitment of the Academy to patient advocacy and includes approximately 20 organisations worldwide. The Guidelines are expected to be finalised and presented at the next Food Allergy & Anaphylaxis Meeting in February 2013 in Nice.

Antonella Muraro
EAACI Chair of Food Allergy Clinical Practice Guidelines Project
EAACI Treasurer

Communications Update

Dear members, we are just starting a new year in which we will continue to do our best to improve EAACI communications. As you can see, the Newsletter is one of our main platforms to inform the membership of the activities of the Academy. We also want to increase the distribution of the Newsletter to non-members, by giving out issues during the meetings, so they can appreciate the enormous number of initiatives and projects, and consider joining us. Also, we deliver it to other stakeholders that we believe will be interested in getting to know the potential opportunities the Academy has to offer them. Increasing the involvement of the membership in the activities of the EAACI is crucial for success. Therefore, we want to improve the information provided, and for this we wish to streamline communication by mail and online tools. Therefore, we are actively working to improve the EAACI website, and to increase our use of Facebook. How can you help? Become an EAACI FB fan and post some comments. We will be more than happy to read your opinions and suggestions. Also, it would be very good if you upload some photos from the meetings or Allergy Schools that you attend, and tag your friends! This will increase the visibility of our Academy, even to some colleagues that are not yet members!

And take the chance to visit the website of Clinical and Translational Allergy at www.ctajournal.com. By the time this Newsletter reaches you, I expect we will have more than 15 articles published, but we are still waiting for yours!

Victoria Cardona
EAACI Vice-President Communications and Membership
Interviews with Fellowship Winners

Peter Kopac, Slovenia, won the Short Term Clinical Fellowship Award in 2009.

Why did you apply for a Fellowship?
I wanted to experience life, research, and clinical work beyond the borders of my country.

What did you like most about your Fellowship?
The warm hospitality of my host group and mentor, being an equal member of the group from the beginning, and the simplicity of sharing knowledge and experience.

Which advantages did your Fellowship bring you?
New knowledge, experience, open-mindedness, and friendship.

Would you do a Fellowship again? If yes, why? If no, why?
Yes, I would be happy to do a Fellowship again, without any doubt. Actually, I have returned to Bern for another five months to continue with research.

Yousef Shahali, France, won the Short Term Research Fellowship Award in 2010.

Why did you apply for a Fellowship?
I work in France and it was a fantastic opportunity to establish collaboration with a research team in Germany.

What did you like most about your Fellowship?
I work in the field of pollen allergy, which is a very multi-factorial pathology needing a multi-disciplinary approach. In this lab there is extensive molecular allergy expertise, and in the context of my thesis about cypress allergy this collaboration allowed us to take some aerobiological aspects into account, which made this fellowship even more exciting.

Which advantages did your Fellowship bring you?
This fellowship permitted me to work in a new environment and helped establish new contacts. I was also able to consolidate many complementary factors, for example learning other means of methodology.

Would you do a Fellowship again? If yes, why? If no, why?
Yes, I think this is a great opportunity to work on a project with another European lab. I would recommend this when beginning or during midterm of a PhD thesis to use this experience in the remaining research.

Editors Strategic Workshop
14 – 15 November 2011, Zurich, Switzerland

The EAACI has now three official journals for scientific publishing: Allergy, Pediatric Allergy and Immunology, and Clinical and Translational Allergy, of which we are very proud. In November 2011, a workshop was organised to analyse and further improve the publishing strategies of these journals, as well as to increase communication between the journals and the different bodies of the EAACI (basically the Executive Committee, Sections, and Interest Groups), in order to align our activities and achieve better impact with our publications. Participants included the editorial teams of the journals, led by the editors in chief, the Board of Officers of the EAACI and representatives of Wiley-Blackwell. Topics such as the different communications platforms of the EAACI and their mutual interaction, the environment and recent trends in journal publishing, the current state of the journals regarding production, marketing, citation analysis, speed of acceptance, speed of printing or quality control, and the opportunities for improvement were discussed. A careful SWOT analysis and a brainstorming session were also undertaken with very fruitful results. So we hope to move forward and fast with our scientific journals! 

Victoria Cardona
EAACI Vice-President
Communications and Membership
EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology 2012

Participate in 2012; Prepare Early – and Pass Successfully!

Dear colleagues,

The EAACI provides for the fifth time the European Knowledge Test in Allergology and Clinical Immunology at the EAACI Congress 2012 in Geneva, on Saturday 16 June, 11:00-14:00.

The EAACI has held this European Examination in Allergology and Clinical Immunology annually for the past four years, since 2008. More than 100 candidates and members of many National Societies have already successfully passed the examination.

The examination comprises questions that are revised annually from a question pool and many new questions prepared by EAACI Task Force members and major European centres. The majority of questions (ca. 70%) covers topics of allergyology including allergens, dermatological, respiratory and pediatric allergy, anaphylaxis, venom hypersensitivity, and drug and food hypersensitivity. The examination also comprises questions about basic immunology and clinical immunology (autoimmunity and immune deficiency). They are carefully evaluated by the EAACI Exam/Knowledge Test Task Force and a specialised, professional institution (Institute for Medical Teaching, IML, Bern). The EAACI website will soon feature a blueprint with relevant literature to prepare effectively for the exam and a collection of sample questions. The 180-minute exam contains about 120 multiple-choice questions, all in English. Language dictionaries are permitted.

The Knowledge Test in Allergology/ Clinical Immunology does not replace or substitute currently existing national examinations regularly held by national bodies. It will help to raise the standard of allergology and clinical immunology in Europe, and is already recognised by some countries as the official written part of their board exam – please inform your National Society. EAACI members have the opportunity to use this Knowledge Test as a very useful tool in self-evaluation.

We urge you to participate in this exam and test your knowledge. For more details and applications, please visit: www.eaaci.net/v2/activities/eaaci-exam/open-calls. Do not hesitate to contact us with any questions you may have. We look forward to welcoming you to the Knowledge Test in Geneva!

Peter Schmid-Grendelmeier
EAACI Exam Committee
Chairperson Task Force Chairman

Pascal Demoly
EAACI Vice-President Education and Specialty

Sladjana Scepan
EAACI Education and Specialty Manager

EAACI News

1) Type A question (one answer is correct, 4 or 5 answers to choose from) (about 2/3 of all questions)

Mark exactly one answer for each question by circling the appropriate letter:

Mark the only correct respectively the most appropriate answer.

In addition to the well-established Th1 and Th2 subsets recently so-called Th17 cells were described. Which cytokines are being released in high amounts by these subsets?

(A) Th1: Interferon-alpha, Th2: IL-15, Th17: IL-17
(B) Th1: IL-1, Th2: IL-2, Th17: IL-17
(C) Th1: Interferon-gamma, Th2: IL-4, Th17: IL-22
(D) Th1: IL-12, Th2: IL-4, Th17: IL-17
(E) Th1: TNF-alpha, Th2: IL-6, Th17: IL-22

Correct answer: C

A 31 years old patient suffers from increasing weakness, mainly in the legs, dyspnoe and arthritis. A chest X-ray reveals signs of advanced lung fibrosis. On the dorsal hands you can observe some small papules symmetrical on both hands. What syndrome is the most probable?

(A) Sarcoïdosis
(B) SLE (systemic lupus erythematoses)
(C) Sneddon syndrome
(D) Sjogren disease
(E) Jo-1 syndrome (anti synthetase syndrome)

Correct answer: E

2) Kprim question (4 answers (+ or -) to be given)

To each question or incomplete statement there are four answers or statement completions. Decide of each of those four parts whether they are correct or incorrect and mark them appropriately with a (+) or (-). Independent of the grammatical formulation of the question in singular or plural, 1, 2, 3, 4 or none of the answers may be correct.

Marking all four questions or completions correctly results in a full mark, 3 correct marks result in half a point.

Occupational asthma is a common problem, but diagnostic measurements are sometimes limited. In what situations specific IgE measurements are sensitive and specific diagnostic markers?

A) Cow-derived proteins asthma
B) Isocyanate induced asthma
C) Latex induced asthma
D) Persulfate asthma in hairdressers

Correct answer: +/-/+/-

A 52 year old farmer presents with a marked erythematous infiltration on the face and neck. There is a sharp upper border on the forehead due to wearing a hat. The reaction has developed after working outdoors for eight hours on the summer day. Which condition(s) should be considered in the differential diagnosis?

(A) Airborne contact dermatitis
(B) Facial atopic eczema
(C) Contact dermatitis
(D) Solar urticaria

Correct answer: +/-/+/-
Preparations for DHM 2012

The Drug Hypersensitivity Meeting 5 (DHM5 2012), in Munich, Germany, from 11–14 April 2012, will be the premier event of the year in the area of drug hypersensitivity. The website and the abstract submission page are now open.

The main topics will include recent clinical and experimental developments. Keynote speakers assure the high quality of the presentations. Practical seminars will give advice on how to manage specific drug hypersensitivities. Drug anaphylaxis, the approach to drug exanthemas, updates on recently described hypersensitivities (e.g., biologics, chemotherapeutics), the critical value of diagnostic tools, new information about severe cutaneous adverse drug reactions, and actual controversies will be covered. The experimental sessions will include the immunology of drug hypersensitivity, drug-induced liver injury, risk assessment and screening tests for new compounds, mechanisms leading from chemistry to disease, and the pathophysiology of severe skin reactions in a forum where participants present and learn about major developments, novel ideas, and progress. There will be poster walks and outstanding abstracts will be presented in the main programme.

Participants will have the opportunity to experience Munich hospitality with a “little Oktoberfest.”

Best regards,

Knut Brockow, DHM 2012 Chair

Preparations for SAM 2012

The Dermatology Section will hold a Skin Allergy Meeting in Berlin between 29 November and 1 December 2012 in conjunction with the 4th International Urticaria Consensus Meeting. Both meetings will attract a large panel of experts in Cutaneous Allergy and Urticaria with a wide-ranging programme for clinicians and researchers in both Dermatology and Allergy. You will be encouraged to share your views during the Urticaria Consensus Meeting by voting on the main points and becoming an active participant in all the SAM session discussions. Enjoy Berlin in the lead-up to Christmas and end the year on this high educational note! We look forward to seeing you.

Dr. Clive Grattan, SAM 2012 Chair
Prof. Marcus Maurer, SAM 2012 Local Chair

PAPRICA Symposium in Brașov, Romania

What does the word “Romania” bring to mind? One of the most recent member states in the EU? Dracula? The bears of the Carpathian mountains? For us it’s the group of primary care physicians that gathered for a full day of continuous education in Brașov on 8 October 2011 for a PAPRICA (Prime Allergy for Primary Care Physicians) symposium, organised by the EAACI and the Romanian Society of Allergy. The topics included mechanisms of allergy (presented by Marek Jutel), atopic dermatitis and respiratory allergy (Ioana Agache), food allergy and anaphylaxis (Philippe Eigenmann), immunotherapy (Diana Duleanu), and drug allergy (Pascal Demoly) in state-of-the-art lectures including practical clinical recommendations. The 70 delegates from the region of Brașov expressed significant interest in the lectures and active discussions after the lectures and during the breaks provided the most interesting exchanges.

The PAPRICA programme for continuous education of primary care physicians will continue in 2012 with symposia planned in Europe, and in association with partners outside Europe. News from these symposia will be published in forthcoming issues of the EAACI Newsletter.

Philippe Eigenmann, Geneva
Ioana Agache, Brașov
ABBREVIATED PRESCRIBING INFORMATION. The abbreviated prescribing information hereunder may vary in different countries. Before prescribing Rupatadine please consult the full local approved Summary of Product Characteristics (SPC).

Name of the medicinal product: Rupafin 10 mg Tablets. Qualitative and quantitative composition: Each tablet contains: 10 mg of rupatadine (as fumarate). Excipients: lactose 58 mg as lactose monohydrate. Pharmaceutical form: Tablet. Round, light salmon coloured tablets. Therapeutic indications: Symptomatic treatment of allergic rhinitis and urticaria in adults and adolescents (over 12 years of age). Posology and method of administration: adults and adolescents (over 12 years of age): The recommended dose is 10 mg (one tablet) once a day, with or without food. Rupatadine should be used with caution in elderly people. Paediatric patients: Rupatadine 10 mg Tablets is not recommended for use in children below age 12 due to a lack of data on safety and efficacy. Patients with renal or hepatic insufficiency: There is no clinical experience in patients with impaired kidney or liver functions, the use of rupatadine 10 mg Tablets is at present not recommended in these patients. Contraindications: Hypersensitivity to rupatadine or to any of the excipients. Special warnings and precautions for use: The administration of rupatadine with grapefruit juice is not recommended. Cardiac safety of rupatadine was assessed in a thorough QT/QTc study. Rupatadine up to 10 times therapeutic dose did not produce any effect on the ECG and hence raises no cardiac safety concerns. However rupatadine should be used with caution in patients with known prolongation of the QT interval, patients with uncorrected hypokalaemia, patients with ongoing proarrhythmic conditions, such as clinically significant bradycardia, acute myocardial ischemia. Rupatadine 10 mg Tablets should be used with caution in elderly patients (65 years and older). Although no overall differences in effectiveness or safety were observed in clinical trials, higher sensitivity of some older individuals cannot be excluded due to the low number of elderly patients enrolled. Due to the presence of lactose monohydrate in rupatadine 10 mg tablets, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. Interaction with other medicinal products and other forms of interaction: Interaction with ketoconazole or erythromycin. The concomitant administration of rupatadine 20 mg and ketoconazole or erythromycin increases the systemic exposure to rupatadine 10 times and 2-3 times respectively. These modifications were not associated with an effect on the QT interval or with an increase of the adverse reactions in comparison with the drugs when administered separately. However, rupatadine should be used with caution when it is administered concomitantly with these drug substances and other inhibitors of the isozyme CYP3A4. Interaction with grapefruit juice. The concomitant administration of grapefruit juice increased 3.5 times the systemic exposure of rupatadine. Grapefruit juice should not be taken simultaneously. Interaction with alcohol. After administration of alcohol, a dose of 10 mg of rupatadine produced marginal effects in some psychomotor performance tests although they were not significantly different from those induced by intake of alcohol only. A dose of 20 mg increased the impairment caused by the intake of alcohol. Interaction with CNS depressants. As with other antihistamines, interactions with CNS depressants cannot be excluded. Interaction with statins. Rupatadine 10 mg has been administered to over 2005 patients in clinical studies, 120 of whom received rupatadine for at least 1 year. The most common adverse reactions in controlled clinical studies were somnolence (9.5%), headache (6.9%) and fatigue (3.2%). The majority of adverse reactions observed in clinical trials were mild to moderate in severity and usually did not require cessation of therapy. Common (> 1/100 to < 1/10): Nervous system disorders: somnolence, headache, dizziness; Gastrointestinal disorders: dry mouth; General disorders: fatigue, asthenia. Uncommon (< 1/1000 to < 1/100): Blood creatine phosphokinase increased, alanine aminotransferase increased, aspartate aminotransferase increased, liver function test abnormal, weight increased; Nervous system disorders: disturbance in attention; Respiratory, thoracic and mediastinal disorders: epistaxis, nasal dryness, pharyngitis, cough, dry mouth; Skin and appendages: pruritus, urticaria, pain, migraine; Gastrointestinal disorders: nausea, abdominal pain upper, diarrhoea, dyspepsia, vomiting, abdominal pain, constipation; Skin and subcutaneous tissue disorders: rash; Musculoskeletal and connective tissue disorders: back pain, arthralgia, myalgia; Metabolism and nutrition disorders: increased appetite; Blood and lymphatic system disorders: leucopenia; Psychiatric disorders: insomnia; Clinical and laboratory parameters: alanine aminotransferase increased, aspartate aminotransferase increased, liver function test abnormal, weight increased; Haematological parameters: haemoglobin decreased, blood creatinine increased, sodium, potassium, and chloride increased. Overdose: No case of overdose has been reported. In a clinical safety study rupatadine at daily dose of 100 mg during 6 days was well tolerated. The most common adverse reaction was somnolence. If accidental ingestion of very high doses occurs symptomatic treatment together with the required supportive measures should be given. Marketing authorisation holder: J. Uriach & Cía, S.A. Av. Camí Reial, 51-57 08184 Palau-Solitá i Plegamans (Spain). Date of revision of the text: February 2010. For further information please contact our local representative or Grupo Uriach: Av. Camí Reial, 51-57 08184 Palau-Solitá i Plegamans – Barcelona – Spain. Phone: +34 93 4715111, Fax: +34 93 6630361. Date of preparation: October 2011.

Pediatric Allergy and Asthma Meeting 2011, Barcelona, Spain

This PAAM meeting was the second official EAACI Pediatric Allergy and Asthma Meeting, and included joint sessions with the Pediatric Assembly of the ERS and ESPGHAN. The PAAM meetings are a very important forum to present and discuss new research results, to inspire further investigation and collaboration, and are important educational events for all Pediatric Societies in Europe. PAAM 2011 was organised by the EAACI Section on Pediatrics in Barcelona, Spain, on 13–15 October 2011. Founded in Venice in 2009, the meeting takes place in different European cities every two years to support young and senior clinicians and researchers. This meeting was dedicated to pediatric allergology, asthma, and clinical immunology. It delivered clinically orientated sessions featuring the best of current pediatric allergology and asthma research, with special focus on news and controversial developments in the prevention of allergic diseases, asthma, food allergies, and gastrointestinal manifestations, as well as rhinitis, atopic dermatitis and urticaria, anaphylaxis, drug allergy, specific immunotherapy, and aspects of immunodeficiency. All speakers presented outstanding work and gave excellent presentations. A total 715 participants from more than 67 countries attended this meeting, including 79 internationally renowned speakers from Europe and around the world. The scientific programme addressed specialists in Pediatric Allergology as well as General Pediatricians, specialists in Pediatric Pulmonology and Gastroenterology, General Practitioners, and researchers working with children with allergic diseases. The programme comprised a variety of Plenary Sessions and Symposia, as well as a wide range of Interactive Clinical and Practical Sessions, which were very well attended and resulted in lively discussions. Three company-sponsored symposia were also organised successfully. A total 161 abstracts was accepted and discussed in oral sessions, poster discussion sessions, and poster sessions, while 17 travel grants and prizes for the best two oral presentations, poster discussion presentations, and poster presentations were awarded. Barcelona, which has a pleasant climate in October, was the perfect location for this meeting. It is an attractive city, well connected with all major cities in Europe, and with several attractions including its Gothic Cathedral and quarter, Gaudi’s modernist architecture, and the seafront. PAAM 2011 was a very successful meeting. We hope to see you again at the next PAAM in Athens, 17–19 October 2013!

Susanne Halken
PAAM 2011 Chair

Antonella Muraro, Angel Mazón, and Graham Roberts
PAAM 2011 Co-Chairs

Christian Virchov
EAACI Vice-President Congresses

COST-EAACI Meeting on Epidemiological Evidence

A COST-EAACI Meeting on Epidemiological Evidence on the links between aerotoxicants and allergic diseases was successfully held on 13 October at the Charité Hospital in Berlin, Germany, with the aim of assembling major European experts to present the state of the art in the field and identify unmet needs. This started from the pathophysiology of allergy. Successively, clinical and epidemiological data were presented on exposures to bio-aerosols and chemical pollutants and associated allergic health effects having a major public health impact, including allergic sensitisation, allergic rhinitis, and asthma as well as intermediate phenotypes. The advantages from modelling of meteorology, chemicals, pollen, and moving from pollen to allergen counts were put forward. Respiratory symptoms and diseases are among the most widely studied aerotoxicant-associated health effects, although the skin also constitutes a privileged outdoor target. Associated risks increase when chemical and biological contaminants interact. Methodologically, major attention was given to the threshold issue as no dose-response relationship has been established for most agents and knowledge about threshold values is sparse. Specific recommendations for the standardisation and homogenisation of aerobiological data from the patient’s point of view were implemented. More information on the IG Aerobiology and Air Pollution is available online on the website.

Dr Isabella Annesi-Maesano
EAACI Aerobiology & Pollution IG Chairperson

From left to right: Graham Roberts, EAACI PAAM 2011 Co-Chair, Susanne Halken, EAACI PAAM 2011 Chair, Antonella Muraro, EAACI PAAM 2011 Co-Chair, and Ángel Mazón, EAACI PAAM 2011 Co-Chair

ISMA 2012
5 - 7 October 2012
Rome, Italy

5th International Symposium on Molecular Allergology

www.eaaci-isma2012.com
EAACI Allergy Schools

Dermatitis & Eczema

The Allergy School on Dermatitis and Eczema took place in Krakow, Poland, 18–20 August 2011. The topics of dermatitis and eczema seem to be misunderstood frequently. Next to heated and still unsolved debates about the meaning of both terms, new controversies emerge, such as the question of whether ISAAC studies indeed explore the prevalence of atopic eczema, as recent data show that as many as half of children with eczema may in fact be ill with allergic contact dermatitis. The burden to patients and the economic cost of diseases from the clinical spectrum of dermatitis and eczema places them among the greatest challenges for the community, while the complexity of pathomechanisms and the difficulty of differential diagnosis make these diseases the most fascinating challenges for allergists.

No wonder, then, that the EAACI Allergy School devoted to this topic attracted as many as 68 participants from 21 countries, including acclaimed European experts in this field and young adepts of allergy. The Scientific Programme featured a wide range of topics: from terminology to diagnosis, from molecular mechanisms to psychological stress, and from epidemiology to therapy. Among many other relevant facts, participants learned that allergic contact dermatitis in children is common, yet frequently misdiagnosed for atopic eczema, and that recent well-designed, large clinical trials question the effectiveness of immunotherapy in atopic eczema.

The lectures were supplemented by practical workshops on the diagnostic work-up and proactive treatment of children with eczema, and a practical demonstration of patch testing.

There was an active reaction from participants with discussions continuing over lunch breaks and social activities. This school was co-organised by Jagiellonian University and the Polish Society of Allergology.

Arnold P. Oranje
Rotterdam University Hospital, The Netherlands
Radoslaw Spiewak
Jagiellonian University Medical College, Poland

Clinical Impact and Mechanisms of Infections in Allergy

The Allergy School on the Clinical Impact and Mechanisms of Infections in Allergy took place in Edinburgh (UK) on 15–18 September 2011. The EAACI Infections and Allergy Interest Group and the University of Edinburgh undertook the organisation of this conference and carried it out very successfully.

The first day started with a short opening talk and a warm welcome from EAACI President Prof. Cezmi Akdok and the chair of the EAACI Infection and Allergy Interest Group, Prof. Jurgen Schwarze. A really interesting and interactive session, including a plenary lecture by Prof. Pichler, who discussed how T cells recognise drugs. Later in the day, the types of reactions that may be elicited by specific drugs were discussed, including beta-lactams, NSAIDs, radio contrast media, and anaesthetics. We concluded the day with a guided tour around Verona, which improved our cultural knowledge.

The second day featured more clinical science with sessions on skin testing, in vitro assays, and provocation tests. In the afternoon, participants gave excellent oral presentations. During the evening we had a social event at the hotel with a tasting of Amarone wine, followed by music and dancing until late in the night.

On the final day, we had practical sessions on skin tests and then the basophil activation test (BAT). Prof. Hoffmann supervised participants performing the BAT on fresh samples kindly donated by patients from Verona. We were all very surprised, and Prof. Hoffman relieved, when we had some positive results!

The school was very well organised and we would like to thank all speakers for coming to Verona and giving us the advantage of their professionalism. A special thank-you for all the hard work by the EAACI Drug Allergy Interest Group, in particular Dr Bonadonna, Dr Lombardo, and Dr Caruso, who formed the local organising committee.

Annalisa Santucci
Rimini Infermi Hospital, Italy
Paul Whitaker
St. James’s University Hospital, UK

Allergic Reaction to Drugs – From Bench to Bedside

The EAACI-GA²LEN Allergy School took place in Peschiera del Garda, on Lake Garda near Verona, Italy (21–23 September 2011). More than 80 people participated from 29 different countries, including 24 junior EAACI members.

The first day began with a short introduction given by Dr Senna, the president of the Italian Allergological Association, and Dr Bonadonna. On behalf of the EAACI, Dr Antonella Muraro officially opened the school, followed by sessions on basic science, including a plenary lecture by Prof. Pichler, who discussed how T cells recognise drugs. Later in the day, the types of reactions that may be elicited by specific drugs were discussed, including beta-lactams, NSAIDs, radio contrast media, and anaesthetics. We concluded the day with a guided tour around Verona, which improved our cultural knowledge.

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Asthma Section Mid-Term Strategy 2011–2016

Goal: EAACI: the leader in asthma in 2016
Target audience: Allergists, Respiratory Physicians, and GPs
To achieve and maintain an international leadership position in the field of asthma, the Asthma Section of the EAACI, in collaboration with other Sections, is currently carrying out and planning the following:

RED = Guideline or consensus statement
BLUE = Meeting
GREEN = Task Force document

1) February 2011 Severe Asthma Summit: develop position EAACI statement on severity and exacerbations
2) Autumn 2011 Severe Asthma Summit: develop position EAACI statement on severity and exacerbations
3) Autumn 2011 Support PAAM; PAAM abstracts published
4) Winter 2011 PRAC TALL Biologicals published
5) Summer 2012 Severity statement published (latest August 2012)
6) 2012 Pediatric PRAC TALL asthma guideline
7) 2012 TF Fungal allergy in asthma
8) 2012 TF Allergy and asthma severity
9) Autumn 2012 Focused meeting on asthma exacerbation & asthma severity; (International Meeting on Severe Asthma), to be organised with the IPCRG
10) 2013 Treatment guidelines for adult asthma endotypes
11) 2013 TF Comorbid conditions in severe asthma
12) 2013 TF Smoking and COPD in allergic respiratory disease
13) 2013 TF Global issues in asthma and asthma endotypes
14) Autumn 2013 Support PAAM Athens
15) 2014 Educational e-book on asthma in children, adolescents, and adults
16) Autumn 2014 Focused meeting on asthma exacerbation and asthma severity
17) 2014 TF/PP outcome measures in severe asthma clinical studies
18) 2014 Follow up endotype PRAC TALL
19) 2015 Follow up guidelines pediatric asthma
20) 2015 TF The influence of asthma on anaphylaxis
21) Autumn 2015 Support PAAM
22) 2015 One more TF on asthma
23) 2016 Two TFs on asthma
24) 2016 Follow up guidelines adult asthma endotypes
25) Autumn 2016 Focused meeting on asthma exacerbation and asthma severity
26) 2016 EAACI is THE leader in asthma!

Adnan Custovic, EAACI Asthma Section Chairperson

Pediatric Section

The Section on Pediatrics has more than 1,100 members at present. We hope that even more people join our Section and contribute to our activities. The Section prides itself on being very active, involved in the organisation of Allergy Summer Schools, many Task Forces, and in organising symposia and meetings, often jointly with national and sister societies. At our annual EAACI Congress in Istanbul, the section successfully contributed to several pediatric sessions, and we recently organised a very successful PAAM meeting in Barcelona. This year our Chairperson, Susanne Halken, stepped down after having served the Section as a board member for six years, including two years as Secretary and two years as Chairperson. Luis Miguel Borrego, Paolo Rossi, and our junior representative Mara Katsizpalski also left the board after having served the Section for two to four years. They all worked hard contributing to the activities of our Section and we hope they will be able to continue to contribute in other ways over the coming years. Graham Roberts (UK) was elected Chairperson. Three of the remaining members were eligible to stand again and were re-elected: Susanne Lau (Germany), Angel Mazon Ramos continues as webmaster, and Alexandra Santos was elected our new Junior Member representative. Susanne Halken will continue the work in the Educational and Training Committee in Pediatric Allergy (ETC-PA) appointed by the Section Board. ETC-PA continues the work of harmonising standards according to the Training Syllabus for European Pediatric Allergists, and certifying European colleagues and centres. The Training Syllabus has been updated and will be posted on the website as soon as it is approved by UEMS. The Section Board continues to collaborate with Pediatric Allergy and Immunology (PAI), which is the official EAACI journal for pediatric allergy and clinical immunology. The new Board of Section on Pediatrics looks forward to continuing to serve the Section and welcomes new members! We also very much look forward to receiving your suggestions for future Section activities.

Graham Roberts, EAACI Pediatric Section Chairperson
ENT Section

During the annual EAACI Congress in Istanbul in June 2011, the newly elected board of the ENT Section of the EAACI was presented during the ENT business meeting with the following in attendance: Peter Hellings (chair), Cemal Cingi (secretary), Elina Toskala, Felicia Manole, Zeljka Roje, Carmen Rondon, Valerie Hox (JMA representative), and Michael Rudenko (webmaster). Livije Kalogjera was warmly acknowledged for all his hard work for the ENT Section as a secretary and chair of the ENT Section during the last four years.

Membership in the ENT Section is increasing steadily, as a result of several dynamic researchers in the ENT field, the high standard of EAACI events, and the appealing character of joining the ENT Section for junior members, with one third of our members being JMAs. At the Istanbul Congress, several symposia provided participants with the latest developments in the field of allergic and non-allergic rhinitis, rhinosinusitis, nasal polyps, and global airway disease. The symposia were supplemented with post-graduate courses, workshops, and oral abstract sessions. The ENT Section is active in research with GA²LEN (Global Allergy and Asthma European Network). The newest epidemiological results achieved in Europe from the GA²LEN survey and pan-European sinusitis cohort studies were presented in Istanbul. The results of epidemiological studies clearly demonstrated that comorbidity of inflammatory disease between upper and lower airways has a significant impact on the severity of symptoms. Therefore, further collaboration between ENT specialists and chest physicians is strongly indicated for better understanding of this important pathophysiological interaction.

The ENT Section has been active in the creation of EAACI Task Force documents, such as EP3OS, the European Position Paper on rhinosinusitis and nasal polyps, which was published first in 2005, revised in 2007, and is revised in autumn 2011 with a targeted publication date in 2012. This document offers evidence-based approaches to diagnosis and treatment of rhinosinusitis and nasal polyps and is available online on its own website www.ep3os.org.

The Task Force document “Diagnostic tools in Rhinology” has been finalised and published online in the first issue of Clinical and Translational Allergy. The ENT Section is also involved in joint Task Forces with the Pediatric and Asthma Sections of the EAACI. As the ENT Section spreads its efforts even wider afield, new EAACI ENT members, including junior members, are very welcome.

Peter Hellings
Chair of ENT Section

Cemal Cingi
Secretary of ENT Section

Functional Genomics and Proteomics IG

Covering a broad range of fields, including proteomics, transcriptionomics, immunoproteomics, and epigenetics, this Interest Group responds to the challenge of:

- providing a communication platform for asthma, allergy and immunology researchers to share and develop knowledge about functional genomics and proteomics, and follow how these areas are applied in other disciplines
- promoting the understanding and recognition of functional genomics and proteomics among other researchers in the field of asthma, allergy and immunology
- promoting the development of standardised protocols that facilitate research into functional genomics and proteomics, as well as conducting comparisons between different studies.

The approval of a new Task Force on Genomic and Proteomic Approaches for Diagnosis will assist in achieving these aims by establishing a catalogue of different FGP diagnostic approaches from the different EAACI members and institutions. Specifically, this will include updating the IG website with hot topics, defining minimal standards for genomics and proteomics, collecting common applications and methods, and establishing a list of parties interested in co-operating in regards to equipment and experience.

The IG totals 823 members (including 517 JMAs) and is coordinated by a board comprising Lars-Olaf Cardell (chair) and Christian Scharf (secretary), as well as two newly elected board members, Claudio Rhyner and Serena O’Neil (JMA representative).

The recent EAACI Congress in Istanbul saw the presentation of a wide range of research areas relevant to our IG, including allergy diagnosis, allergen identification and characterisation, proteomics of bronchial biopsies, nasal mucosa and nasal exosomes, novel mechanisms in asthma and allergic rhinitis, new cell sorting approaches by flow cytometry, and novel therapies in allergic and infectious diseases. The attendees at the IG business meeting heard from De-Yun Wang about Susceptibility Genes for Atopy and Allergic Diseases in Singaporean Chinese. The business meeting identified the IG website, the taskforce, and future educational courses as priority areas for the coming year.

With such rapidly expanding fields covered in our IG, constant updates and the education of the members and the large number of JMAs will be necessary for the application of these fields to the areas of asthma, allergy and immunology.

Please feel free to contact the board members at the email addresses below with suggestions or questions.

Lars-Olaf Cardell
Chairperson
ENT surgeon
lars-olaf.cardell@ki.se

Christian Scharf
Secretary
ENT Research Laboratory
christian.scharf@uni-greifswald.de
New IG in the EAACI:  
Interest Group on (Diet and Nutrition in) Allied Health

This new Interest Group (IG) took form in mid-2010, when the EAACI decided to initiate an IG to support activities focusing on diet and nutrition in allergy, to facilitate more dieticians attending EAACI meetings and becoming members of the EAACI. The initiation of INDANA, the International Network for Diet and Nutrition in Allergy, in 2009, gave rise to the initiation of this IG. The activities of INDANA were acknowledged by the EAACI by starting this new IG on Allied Health, comprising the IG on Diet and Nutrition and the IG for Nurses.

Through this IG on Diet and Nutrition in Allied Health, a platform is created where people sharing interest and expertise in diet and nutrition in allergy can meet, teach, exchange expertise and ideas, and support the EAACI with regard to this topic.

The aims of the IG on Diet and Nutrition in Allied Health are as follows:
1. To be a platform for nutritional and dietary management for patients with food allergy: not only for dieticians, but for all involved in the dietary care of food allergy, and to promote the role of the dietician and the nutritionist in the field of food allergy,
2. To educate dieticians, physicians, and other healthcare professionals in the dietary assessment and management of food allergy,
3. To collaborate with other healthcare professionals, such as physicians, epidemiologists, and immunologists, regarding the dietary aspects of food allergy,
4. To initiate and participate in research in the dietary aspects of food allergy in collaboration with other healthcare professionals,
5. To unify practices and develop evidence-based guidelines and protocols for the diagnosis and nutritional management of patients of all ages that suffer from food hypersensitivity.

Activities that have been undertaken by the Interest Group:
- Inaugural Symposium: Diagnostic screening for food allergy. EAACI, London 2010
- Symposium: Cultural differences in the dietary management of food allergy, EAACI Congress, Istanbul 2011

Plans for 2011/2012:
The IG will mainly focus on education by devising courses for both physicians and dieticians on the history taking and dietary management of food allergy. In addition, food allergy will be initiated.

Berber Vlieg-Boerstra
EAACI Allied Health IG Chairperson

Occupational Allergy IG

The goals of the Occupational Allergy Interest Group (OAIG) are:
- To maintain a standing watch over relevant areas of occupational allergy within the EAACI
- To give members the opportunity to actively participate in EAACI activities
- To promote the development of EAACI Task Forces on relevant topics of occupational allergy
- To endorse multicentric international studies and concerted actions in occupational allergy
- To encourage interactions and exchange of information among members.

The members currently registered in the mailing list are mainly allergologists, pneumologists, and/or specialists in occupational medicine in European and other countries.

Current activities for the year 2011 include:
The Position Paper Prevention of Work Related Allergies among Pre-apprentices or Apprentices, produced by the ad hoc Task Force co-ordinated by G. Moscato, has been published in Allergy 2011; DOI: 10.1111/j.1398-9995.2011.02615.x. Another Position Paper produced by the Task Force, Diagnosis of Work-related Asthma, co-ordinated by G. Moscato, has been finalised, approved by the EAACI ExCom, and has been sent for revision to the Allergy Journal.

The work of the Task Force Standard of Diagnosis for Occupational Allergy – Type I (STADCA), co-ordinated by M. Rauf-Helmtho and V. van Kampen, is in progress. Two further Task Forces, Monitoring of Occupational and Environmental Allergens, co-ordinated by M. Rauf-Helmtho and I. Annesi Maesano and developed as a concerted action by OAIG and the Aerobiology and Air Pollution IG, and Assessment of Cough in the Workplace, co-ordinated by G. Moscato, have been approved by the EAACI ExCom and have commenced their work.

The OAIG was actively involved in the organisation of the Annual EAACI Congress in Istanbul, and several sessions and one PG Course were organised. An exciting debate on the management of the atopic patient at work (Should the atopic patient be excluded from jobs at allergic risk?) was developed during the OAIG Business Meeting on 14 June. Proposals have been made for the Geneva Congress in 2012.

This year my OAIG chairmanship comes to an end. Holding that position has been a privilege and I did the work with passion and enthusiasm, but the results we obtained in these years have been made possible by the support of all the OAIG members, whom I thank warmly. Due to their great efforts we have been able to activate seven Task Forces, to publish three Position Papers in the Allergy Journal, and to finalise a fourth that is currently under revision by Allergy, and to collaborate in the organisation of the annual Congresses and in many EAACI activities.

In the online elections in spring, Monika Rauf-Helmtho was elected the new OAIG Chairperson, Andrea Siracusa the Secretary, Santiago Quirce a Board member, and Gianni Pala the JMA representative. I would like to congratulate them and wish them all the best in their work.

Gianna Moscato, M.D.
EAACI Occupational Allergy Interest Group Chairperson
Sections and Interest Groups

Allergy Diagnosis IG

The board of the Interest Group comprises Markus Ollert (DE, chair), Hans Jürgen Hoffmann (DK, Secretary), Adriano Mari (IT), Fusun Kalpaklioglu (TK), and Nikos Doulardidis (GR). Jörg Kleine-Tebbe (DE) and Enrico Scala (IT) are non-voting members, and also Filippo Fassimo is the JMA associate on the board of IGAD. The Interest Group is organising itself into working groups covering in vivo diagnosis, cellular tests, allergen molecules, and multiplex assays, with Jörg Kleine-Tebbe and Hans Jürgen Hoffmann maintaining the website. Expect a lot of activity from us!

In 2010, both an ISMA and a EuroBAT meeting were held in Munich, Germany; both were well attended. The annual EuroBAT meeting is now also an EAACI meeting within IGAD; in 2011 it was organised by Hans Jürgen Hoffmann in Peschiera Del Garda, Italy, with the Drug Allergy Interest Group and ENDA. About 40 people attended both meetings; together we had close to 80 participants. The topics of the EuroBAT meeting were recombinant allergens, the molecular mechanism of cell activation, and the groups interested in venom, technical issues, food, and, of course, drug allergy, met and exchanged information. The next EuroBAT meeting may be held in Berlin, Germany (this will be announced on basophil.org), and the next ISMA will be organised by Adriano Mari in Rome, Italy in 2012 (see eaaci.isma2012.com).

At the Istanbul Congress, IGAD was well represented. We are in the process of finalising the Geneva Congress in 2012, and starting work on the Milan Congress in 2013. Please send suggestions for Plenary Sessions, Symposia, and Workshops to the secretary for the Milan Congress.

The Excom has approved a Task Force to write a position paper on IgE detection for Allergy Diagnosis. The Task Force was suggested by the IGAD and will result in updated recommendations for measuring IgE.

Hans Jürgen Hoffmann
IGAD Secretary, on behalf of the board

Drug Allergy IG

The Drug Allergy Interest Group is a very active group and is currently running five Task Forces:
- The TF Desensitisation in Drug Allergy has published its first article regarding general considerations in rapid desensitisation, while the second article about the role of desensitisation in delayed type drug allergy will soon be finalised.
- The NSAID has also published its first article; the second paper is in preparation.
- The TF Skin Test Concentration in Drug Allergy has almost finished work on the evidence for the concentrations of drugs used in various forms of skin testing (SPT, ICT, PT). The group has started work on a protocol for performing the ICT in drug allergy.
- The TF Mastocytosis and Drug Allergy has started collecting available literature for a position paper. The IG group has also begun collating data about tryptase in drug allergic reactions.
- Our final Task Force, the TF Drug Allergy in Children, is well underway in collating information about the symptoms and epidemiology of drug allergy in children and various tests for children.

The group is also active in collating data about radiocontrast media allergy (chair Knut Brockow) and chemotherapy allergy (chair Mauro Pagan).

The Summer School in Peschiera, Italy, which took place from 21–23 September 2011, was hosted by Patrizia Bonadonna and Mauro Pagano and was a great success. The Summer School was followed by the autumn meeting together with the Eurobat, where the progress of the Task Forces was discussed as well as the development of new activities. The next meeting will be the Drug Hypersensitivity Meeting V in Munich, Germany in April 2012, hosted by our chair, Knut Brockow.

Ingrid Terreehorst
EAACI Drug Allergy IG Secretary

EAACI Fellowships 2012

Clinical Fellowship Award
Exchange Research Fellowship Award

Application: 1 October 2011 - 31 January 2012
Severe Asthma: Pathophysiology and Clinical Aspects

Asthma is characterised by chronic airway inflammation which leads to airway hyperreactivity and airflow obstruction. Remodelling has been demonstrated as a fundamental finding of airway inflammation in asthma. Recent research indicates that angiogenesis is an early event in asthma pathogenesis, which involves the mobilisation of bone marrow-derived progenitor endothelial cells, and represents a significant determinant of remodeling and asthma severity. Apart from remodelling, bronchial epithelial cells are also “active players” in severe asthma pathogenesis. Morphological changes such as epithelial detachment, metaplasia, and shedding differentiate severe from mild asthma. Moreover, the asthmatic epithelium produces inflammatory mediators that differentiate severe from mild asthma. IL8, IL17, IL22, and TGF-b play a central role in severe asthma pathogenesis and its resistance to steroid treatment. Severe asthma has demonstrated a decreased epithelium-smooth muscle cell distance mediated by IL17A/F and IL22. Moreover, from in vivo mouse models with severe asthma, there is evidence of TGF-b induced fibrosis through epithelial-mesenchymal transition. Features of epithelial damage and remodelling that characterise severe asthma cannot provide clinical markers of disease severity. Severe asthma is an heterogeneous disease that is characterised by a need for treatment with high doses of steroids. Recommendations until 2010 mainly derive from three well-known studies: 1. Cluster Analysis and Clinical Asthma Phenotypes (Haldar et al. Am J Respir Crit Care Med 2008); 2. Identification of Asthma Phenotypes Using Cluster Analysis in the Severe Asthma Research Programme (Moore et al. Am J Respir Crit Care Med 2010); and 3. Asthma Endotypes: A New Approach to Classification of Disease Entities within the Asthma Syndrome (Lütvall et al. J Allergy Clin Immunol 2011). Following the aforementioned recommendations, three types of severe asthma are recognised: 1. Severe early onset allergic asthma with high IgE and sensitisation to Aspergillus as major markers of severity. 2. Late onset intrinsic asthma with pustum eosinophilia, nasal polyps, and air trapping as features of epithelial damage and remodelling. 3. Allergic asthma with high IgE and sensitisation to Aspergillus, bronchitis and eosinophilia, nasal polyps and air trapping as features of epithelial damage and remodelling. 4. Severe asthma with discordant symptoms with severity markers, high BMI, and other co-morbidities. Treatment of asthma can be established only after defining asthma phenotype and assessing severity. Therapeutic targets include airway hyperresponsiveness (A), bronchitis (B), cough (C), damage of the airways (D), and extra-pulmonary factors (E). For airway hyperresponsiveness, treatment includes bronchodilators, corticosteroids, anti-leukotriene and anti-TNF agents, and bronchial thermoplasty. Eosinophilic bronchitis responds to steroids, mainly oral, anti-IgE, anti-IL4/anti-IL13, and anti-IL5 agents. Neutrophilic bronchitis seems to be non-responsive to steroids but responds well with the use of broad spectrum antibiotics occasionally on infections. For airway damage there are no specific drugs apart from anti-fungal agents versus Aspergillus fumigatus as indicated by one study with the use of itraconazole (Dennings et al. AJRCCM 2008). Factors that contribute to morbidity such as atopy, nasal polyps, and co-morbidity as well as a lack of adherence to medications should always be taken into account.

Vivian Maggina
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Further reading
5. Bel EH. Diagnosis and definition of severe refractory asthma: an international consensus statement from the Innovative Medicine Initiative (IMI), Thorax 2011

Science in Brief

After 100 Years...
The year 2011 is the centenary of allergen specific immunotherapy (SIT). It continues to be the only treatment that acts on the cause of allergic disease. It can modify natural history and induce tolerance to allergens. It may be administered in two forms: subcutaneous (SCIT) and sublingual (SLIT), and both are endorsed by many trials and meta-analyses. The principal targets of SIT are respiratory diseases such as allergic asthma and rhinitis, and it is the main treatment in hymenoptera venom hypersensitivity. Both have complete evidence of efficacy and this is maintained after the end of treatment. Traditionally, SCIT has shown major side effects, several systemic reactions, but better standardisation of extracts, optimisation of doses, and new administration schedules are improving its management. On the other hand, SLIT is a great alternative with lower levels of medication. These results are found only in patients with mild-moderate AD, but not in severe cases. Nevertheless, larger prospective studies are needed to establish if SIT is a good treatment in AD alone. Related with latex allergy, complete avoidance is needed to focus on major allergens causative of latex allergy. In addition, SIT as a preventive method acts on the cause of allergic rhinitis and asthma symptoms. How-ever, the risk of systemic reactions is high in most of the studies performed. To improve this treatment, it is necessary to focus on major allergens causing hypersensitivity, to develop hypoallergenic latex preparations, to reduce adverse effects, and to support SIT to become a safe and effective choice for the treatment of latex allergy. Moreover, SIT continues to be the only treatment in AD alone. Related with hymenoptera venom, SIT is a safe and effective way of protecting most patients but it is necessary to improve both. The use of recombinant allergens for accurate diagnosis, the modification of allergens or application route, the finding of tests to distinguish patients that relapse after stopping treatment, the duration of treatment, and the interval between doses must be enhanced.

Virginia Bellido Linares, University Hospital Virgen Macarena, Spain

Specific Immunotherapy...

What's New? At present, novel applications of specific immunotherapy (SIT) are being performed. Atopic dermatitis (AD) is one of the new targets of immunotherapy. Some data indicate that SIT may be effective for atopic dermatitis when it is associated with aeroallergen sensitivity. In this way, SIT with house dust mite and birch pollen has been used with significant improvement in symptoms of dermatitis and decreasing levels of severity markers; and 3. Severe asthma with discordant symptoms with severity markers, high BMI, and other co-morbidities. Treatment of asthma can be established only after defining asthma phenotype and assessing severity. Therapeutic targets include airway hyperresponsiveness (A), bronchitis (B), cough (C), damage of the airways (D), and extra-pulmonary factors (E). For airway hyperresponsiveness, treatment includes bronchodilators, corticosteroids, anti-leukotriene and anti-TNF agents, and bronchial thermoplasty. Eosinophilic bronchitis responds to steroids, mainly oral, anti-IgE, anti-IL4/anti-IL13, and anti-IL5 agents. Neutrophilic bronchitis seems to be non-responsive to steroids but responds well with the use of broad spectrum antibiotics occasionally on infections. For airway damage there are no specific drugs apart from anti-fungal agents versus Aspergillus fumigatus as indicated by one study with the use of itraconazole (Dennings et al. AJRCCM 2008). Factors that contribute to morbidity such as atopy, nasal polyps, and co-morbidity as well as a lack of adherence to medications should always be taken into account.

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