EAACI 2006 in Vienna
– A truly International Congress
THE EAACI CONGRESS: LARGER AND MORE INTERNATIONAL EVERY YEAR!

The trends seems to continue: the EAACI Congress 2006 Vienna attracted more participants than our past, already very successful meetings! In total, more than 6,500 colleagues and friends from over 100 countries joined us and experienced an outstanding scientific event in a warm and friendly atmosphere.

Of course, the majority of participants came from many different European countries – which already makes the meeting an international event – but we were also able to welcome 41 colleagues from Australia, 33 from China, 66 from Mexico, 29 from Thailand, just to name a few countries. These figures really honour Vienna as a truly international “world” event. The increasing number of colleagues from the US joining our scientific community is also very encouraging – this year more than 200 Americans bridged the continents. Among the US colleagues were Tom Platts-Mills, President of the American Academy of Allergy, Asthma and Immunology (AAAAI), Estelle Simons, AAAAI immediate Past-President, and Michael Kaliner, President of the World Allergy Organization (WAO).

There is a growing international interest for our Congresses and we organise more and more educational and scientific activities together with our colleagues around the world. This shows that EAACI is not only well suited to support allergy and immunology in Europe, but also to respond to the increasing demands of globalisation, get our message across and share our expertise.

A remarkable example of the growing influence of EAACI internationally is the stronger relationship with our American colleagues at different levels, from the content of our Congress programmes to guidelines and scientific updates. In this issue you can read about the second PRACTALL Workshop, which took place in New York in April, 2006 on the exciting topic of anaphylaxis. These culture-bridging workshops will lead to documents relevant to all of us, written by leading European and American experts in this area.

It is EAACI’s intention to increase the number of international activities like the PRACTALL Workshops and establish our Academy as a global force. The EAACI Newsletter will communicate this high level of aspiration and you will be able to benefit from many activities and possibilities that evolve from reading it. Make sure you make the best possible use of the EAACI Newsletter!

Claus Bachert
Editor
Message from the EAACI President

Research and EAACI activities

Plans for 2007

Now that most of us are back at our offices and clinics after our summer vacation, we can look back with warm affection on our Congress in Vienna, which was undoubtedly the allergy event of the year. We knew we were heading for a great success when we had about 1,700 abstracts submitted for the meeting and our eventual attendance figures broke all records for European Allergy Congresses. We were blessed with great weather which made the journey to and from the congress centre pleasant and allowed us to relax in the parks and gardens as well as enjoying the outdoor social events. Feedback from the delegates indicates a high level of satisfaction with the scientific programme. Sessions were full, sometimes even too full! The junior members were present in high numbers and had their usual poster session and social events on the opening day. We also had some special educational events for the junior members on Saturday which proved very attractive, even to people who were well over 35. Clearly people have heard that EAACI is one of the few societies where our membership is getting younger every year and they came looking for the secret of eternal youth!

At the same time as we thank Rudolf Valenta and his team for all their efforts in putting together such a splendid Congress, we are also looking forward to next year’s event. Gothenburg is a great city to visit and we are currently putting the finishing touches to the programme which will be launched in the autumn together with the call for abstracts. We will take on board all the comments and suggestions made at the Vienna meeting and we hope to have some new features, particularly addressing hot topics and improving the format of the poster presentations.

The other major activity of the summer has been our lobbying of the European Parliament to try to obtain the highest possible position for allergy within the enabling legislation for the seventh framework programme (FP7). A small delegation from the executive committee met MEPs from the relevant committee in April and explained to them how important it was that allergy should be recognised as a health problem and not simply an issue related to food safety. Our message was taken on board, resulting in very positive amendments to the legislation in the EU parliament. Although the commission were not as keen as the MEPs to include allergy at the highest level, ministers have now met and agreed that allergy should be placed high on the agenda for research – we hope and expect that this will be properly reflected in the eventual legislation that will be passed by the EU parliament later this year. Now it is up to all of us to take advantage of the opportunity we have been given and put in appropriate grants and research programmes to build on the excellent science that is being done in Europe within the field of allergy.

In the next few weeks, the executive committee will be meeting to plan our activities for 2007. We hope that all the sections and interest groups will have sent in their reports and requests for 2007 and we will be able to fund as many of their projects as we can. The success of the Vienna and Munich Congresses means that the EAACI is now in an excellent financial position: our job now is to put the money to work. Do make sure that new ideas and suggestions are communicated to us so that we can consider them and implement as many as we can afford.

Tony Frew
The second PRACTALL workshop took place in New York in April 2006

PRACTALL is a joint programme of EAACI and AAAAI, aimed at addressing important clinical problems in allergy. The workshop was co-chaired by Estelle Simons (immediate past-president AAAAI) and Tony Frew (EAACI president) and brought together 16 experts from Europe and North America to look at mechanisms of anaphylaxis and factors that may predict future reactions in patients who have experienced an anaphylactic episode. A document summarising the discussions and outcome of the workshop will appear in both academies’ journals in the New Year. Symposia based on the workshop are also being planned for the AAAAI meeting in San Diego and the EAACI congress in Gothenburg.

Participants in the PRACTALL anaphylaxis workshop:
from left, front row: Ignacio Ansotegui, Marianne van Hage, Tony Frew, Estelle Simons, Larry Schwartz;
2nd row: Jan Lötvall, Bruce Bochner, Larry Rosenwasser, David Golden, Andrew Walls;
3rd row: Gianni Marone, Fred Finkelman, Hugh Sampson; back row: Ulrich Müller, Dean Metcalfe, Donald Leung
EAACI 2006
XXV Congress of the European Academy of Allergology and Clinical Immunology
10–14 June 2006, Vienna, Austria

A truly international Congress:

6227 participants and
294 accompanying persons from
104 countries!
For the first time ever, the JMA WG and the ENT, Dermatology and Immunology Sections offered clinical educational workshops in Vienna, which commenced on Saturday 10th June at lunch-time. Somewhat surprisingly, the number of applications for the workshops was very high, with not one seat unoccupied in a room holding 70 people. The sessions, performed interactively, were based on the topics rhinology, contact eczema, and immunotherapy. The participants in the contact eczema workshop received leaflets and were asked to show their opinion on voting cards, which was highly appreciated. We were obliged to relocate the workshops as the number of participants increased to 140, and this was made possible in a matter of some minutes due to the outstanding organisation of Susanne Rothschild and her team from Congrex. To conclude, the JMA clinical educational workshops were highly appreciated, and we would like to organise workshops on clinical topics at the next congress in Gothenburg.

The JMA poster session was announced by David Cameron at the opening ceremony at the XXV EAACI Congress, and started immediately afterwards. It was considered a major success, and again attracted an amazingly high number of participants. We were very lucky to have the support of the Junior co-chairs from the JMA working group and Carsten Schmidt-Weber (Switzerland), Thomas Werfel (Germany), Sebastian Johnston (United Kingdom), Carsten Bindslev-Jensen (Denmark), Bettina Wedi (Germany), Gert-Jan Braunstahl (the Netherlands), Stefano del Giacco (Italy), Joaquim Mullol (Spain), Werner Pichler (Austria), Harald Renz (Germany), and President of the AAAAI Thomas Platts-Mills (United States) as faculty for the JMA poster discussions.

As a result of significant support from Phadia, we were able to offer opportunities to win prizes for the poster presentation. This year we managed to increase the number of poster prizes (each of 300 Euro) from 10 to 14. The first prize, for sterling administrative work for the JMAs, was awarded to Anna Alm from Congrex. Tony Frew, Jan Lötvall, and Ulrike Raap announced the other winners, who were as follows:

1. Susana Marinho, United Kingdom
2. Susana Piedade, Portugal
3. Milena Sokolowska, Poland
4. Pierre-Yves Mantel, Switzerland
5. Nataliya M. Kushner-Sukhov, United States
6. Thomas Eiweger, Austria
7. K. K. Nielsen, Denmark
8. Isabella Schoell, Austria
9. Annebeth Finterman, the Netherlands
10. Monika Jedzejczak, Poland
11. Tunc Akkoc, Turkey
12. A. Tekian, United Kingdom
13. Stefanie Lubitz, Germany
14. Alex Janda, Czech Republic

Immediately following the JMA poster session, our president, Tony Frew, invited all participants to join in the JMA social event. Busses transported us from the congress centre to the Eschenbach Palais for a wonderful night of dancing and clubbing. In summary, the JMA clinical educational workshops, the poster session, and the social event were all tremendous and together provided an excellent platform for establishing new friendships and forging co-operation.

Ulrike Raap, JMA Chairperson
NGF-immunoreactivity was observed in bronchial epithelium, smooth muscle cells, and infiltrating inflammatory cells in the submucosa, and to a lesser extent in the connective tissue.

Animal data demonstrate that a number of pathomechanisms controlling allergic diseases is directly related to neurotrophin function, including the development of the neuronally mediated airway hyperresponsiveness in response to capsaicin, as presented by Christina Nassenstein from the Fraunhofer Institute in Hannover, Germany. Blocking of the tyrosine kinase receptors (TrkA, TrkB, and TrkC) or the structurally unrelated tumour necrosis factor receptor family member p75NTR reduced airway hyperreactivity in response to capsaicin. These receptors are constitutively expressed in airway nerve bundles, and also expressed after allergen challenge in the inflammatory infiltrate.

In addition to neurotrophins, several lines of evidence indicate a role for tachykinins in asthma. In this regard, elevated levels of tachykinins such as substance P (SP) have been recovered in airways of asthmatic subjects. In a mouse model for allergic airway inflammation, Katelijne de Swert from Ghent University, Belgium, revealed that tachykinin NK1 receptors do not affect allergic airway inflammation or endogenous substance P content of alveolar macrophages, but rather influence baseline responsiveness and promote goblet cell hyperplasia, thus featuring remodelling capacities.

Melanocortins and their receptors have important implications for neuro-immune interactions in allergic diseases. The delicate effects of melanocortins on peripheral blood basophil granulocytes and mast cells suggest evidence of a modulatory role in allergy, as presented by Markus Böhm from the Department of Dermatology, Münster University, Germany.

Taken together, these new findings of the role of neurotrophins, tachykinins, and melanocortins now lead to a much improved understanding concerning the regulatory loop between immunologic and neurogenic dysregulation in allergic inflammation. Thus, interactions between the immune and the neuro-endocrine system open up new horizons for possible future therapeutic strategies for allergic disorders.

Ulrike Raap
JMA Chairperson

Hypersensitivity to hymenoptera venom is one of the most serious allergic disorders, and as such constitutes a direct threat to the life of affected individuals. Specific immunotherapy with the use of insect venom has proved to be very effective, in fact more effective than immunotherapy with other allergens such as pollens, dust mites, and mould spores. However, the severe side effects of venom immunotherapy (VIT) are still considered a major problem and create considerable difficulties for many patients that could otherwise benefit from this form of treatment. Current problems in venom hypersensitivity and immunotherapy were addressed during the Main Symposia 12 at the EAACI 2006 Congress in Vienna.

According to recent findings, histamine type 2 receptor (H2R) plays some role in protecting against venom hypersensitivity. Histamine is not only involved in an acute inflammatory process, but also affects chronic allergic inflammation. Acting through its type 2 receptor, histamine supports the process of antigen tolerance induced by T regulatory cells (Treg). This happens on several pathways: by affecting the Th1/Th2 balance, by inducing Treg development, and by interacting with the suppressive effects mediated by IL-10 and TGF-β. Moreover, H2R expression is augmented during treatment with H1R antagonists, as well as during specific venom immunotherapy. Histamine implication in the immune regulation process is undoubtedly one of the most interesting issues in current knowledge about immunotherapy. Moreover, the clinical implications of these basic findings, namely the influence of antihistamine treatment on immune modulation and thus the efficacy of immunotherapy, cannot be overlooked.

Double positive reactions to honey-bee and wasp venom constitute a considerable diagnostic problem for allergy practitioners, although only a minority of patients presenting double positive reaction in diagnostic tests reports adverse reactions after being stung by either insect. According to data obtained at Ziegler Spital in Bern, 57% of patients presented double positive sensitivity to honey-bees and wasps, accounting for approximately half of those who could not differentiate between the insects stinging them and, as a result, causing their symptoms. Since major allergens in those venoms are not related to each other, a problem emerges in deciding to start specific venom immunotherapy (VIT) and prescribing the right vaccine. Positive test results with both venom allergens may result from either true double sensitisation or from cross-reactivity. Hyaluronidase is a common antigen for honey-bee and wasp venom. Apart from this, cross-reactivity may be related to cross-reacting carbohydrate determinants (CCDs). CCDs are found in plants and insects, but not in mammals. They may be responsible for positive diagnostic tests with seemingly unrelated antigens. Many CCDs are found in hymenoptera venom, and according to studies carried out to date, CCD-specific IgE should be considered when discriminating between patients with relevant and non-relevant double sensitisation to honey-bee and wasp venom. Without doubt, there is still room for improvement in establishing the clinical relevance criteria of laboratory findings in the venom allergy diagnosis.

Marcin Kurowski
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The Evolution of Allergy

The first plenary session of the EAACI Congress in Vienna, co-chaired by professors Jan Lötvall (Sweden) and Dietrich Kraft (Austria), outlined the fascinating story of the evolution of allergy, which was of particular importance on this 100th anniversary of Austrian paediatrician Clemens von Pirquet coining the term “allergy” for this condition.

Professor Johansson from Sweden gave an overview of the major historical landmarks of the development of allergology into a new distinct medical discipline, from the earliest records of allergy in ancient Egypt to the crucial scientific discoveries and clinical advances made in this field. In this absorbing talk, Johansson reminded us of the main insights into a pathophysiology of allergy during the 20th century, including the fundamental role of IgE antibodies in allergy discovered in his studies in the late 1960s, the detection of a variety of new allergens, and the understanding of complex cell interactions in allergy. The improved knowledge about allergy pathophysiology resulted in new approaches to in vitro allergy diagnosis by RAST and basophil histamine release assays.

Over the last century, the tremendous breakthrough in allergy treatment offered several new modalities for the immunomodulation of IgE antibody response, such as modified recombinant allergen immunotherapy, anti-IgE mab injection, and the peptide blockade of high-affinity IgE receptors. Johansson presented data from the recent study of Xolair (anti-IgE mab) in asthma, showing a striking decline in IgE levels during the treatment. This growing knowledge led to a world-wide agreement on the terminology and definitions used for allergy, shown by its revised nomenclature. In conclusion, Johansson defined the future targets of allergology as determining atopy before sensitisation, the prevention of sensitisation, the improvement of immunomodulation, and the education of doctors, patients, politicians, and the media.

Professor Erkka Valovirta from Finland addressed the issue of the growing burden of allergy for patients and for society. In this respect, the quality of life assessment as a clinical outcome measure was a major advance in our understanding of allergy impact on various aspects of patients’ well-being and lifestyle. Although 40% of patients with allergic rhinitis were satisfied with the treatment, some still suffered an impaired quality of life. Valovirta also analysed age-related differences in QoL impairment associated with allergic rhinitis. Impaired performance at school and work were found as the most troublesome impairments for adolescents and adults, while children were more bothered by the practical problems of carrying tissues and taking medication but experienced less interference with daily activities. In addition, frequent co-morbidity in patients with allergic rhinitis further diminished their quality of life, while patients suffering from allergy experienced substantial changes in lifestyle and reduction in income due to absence from work. Given a weak or moderate correlation between the patients’ perception of disease measured by QoL and the clinical evaluation, the impact of allergic rhinitis on patients’ lives was studied in Patient Voice Allergy Survey throughout Europe by the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) earlier this year. Valovirta underlined the crucial importance of patient-oriented strategy in clinical practice, by involving patients in decision-making about their choice of treatment and tailoring therapy according to patient needs.

Valovirta reported that allergy, as a major social and economic concern for society, received close attention in EU health policy. A new EU regulation (EU Directive 2003/89/EC) on food labelling was put into action in November 2005, and in June 2006, voting took place in the European Parliament on amendments on allergic diseases as a research priority in the 7th Framework Programme for Research. This is a great achievement and gives hope to the whole allergist community in Europe.

Professor Carlos Baena-Cagnani from Argentina raised the challenging question of whether or not the prevalence of allergy is continuously increasing. In his lecture, he analysed time trends in the prevalence of allergy, characterised by an exponential rise over recent decades. Epidemiological studies showed a higher prevalence of allergy in urban than in rural areas. Therefore, the upward trend in allergy prevalence is likely to be related to the western lifestyle and may be explained by “the hygiene hypothesis”. However, there is still no complete understanding of this, and further studies are required.

Interestingly, recent data show reversing trends in the prevalence of allergy, which are probably associated with world-wide implementation of guidelines, remarkable advances in treatment, changes in disease severity, and reaching the maximum influence from environmental factors. In fact, there is evidence that a downward trend in hospital admissions for asthma corresponded with increased sales of asthma drugs. On the other hand, the prevalence of allergy in children and adolescents is still on the increase, particularly in low- and middle-income countries. Baena-Cagnani drew attention to the fact that, according to epidemiological studies, personal and parental smoking remain the most significant risk factors for asthma, justifying public awareness and education.

Finally, Professor Ulrich Wahn offered a view of the future of the allergy epidemics from a paediatric standpoint, based on new insights into the natural history of allergy from birth cohort studies. The Multicentre Allergy Study (MAS) is carried out in Germany to identify patients at high risk, to characterise clinical phenotypes, and to explore the natural history of disease. According to this study, there are various wheezing phenotypes in childhood. Non-atopic wheezing is transient and more common in small children, while atopic wheezing is characterised by a worse prognosis and requires active treatment strategies.

Recent advances in our understanding of allergic asthma development gave us an opportunity for primary and secondary prevention. Wahn highlighted two main strategies for allergy prevention: the avoidance of risk and the provision of protection. The avoidance of risk factors concerns early exposure to food, tobacco smoke, and indoor allergens. However, the long-term effects of such avoidance are elusive so far. Tolerance induction is a novel, exciting strategy of...
European Consensus on Chronic Rhinosinusitis (CRS) and Nasal Polyps (NP)

Rhinosinusitis is a significant health problem with important medical costs and continues to increase in prevalence. In order to summarise the current knowledge about rhinosinusitis, the European Academy of Allergology and Clinical Immunology (EAACI) has developed the EP³OS (EAACI position paper on Rhinosinusitis and Nasal Polyps) document outlining what is currently known about rhinosinusitis and nasal polyps, as well as presenting guidelines for evidence-based recommendations on diagnosis and treatment.

Joaquim Mullol (Barcelona, Spain) started the session by introducing the definition and classification of chronic rhinosinusitis (CRS) as described by the EP³OS guidelines. Until now, rhinosinusitis was badly defined and usually classified according to the duration of symptoms as acute, recurrent acute and acute exacerbation of CRS. Yet this division does not take into consideration the severity of the disease, and sometimes it remains difficult to distinguish between, for example, recurrent acute rhinosinusitis and CRS with or without exacerbations.

Diagnosis of CRS is made by a wide variety of practitioners. A need emerged, as a result of the large differences in the technical possibilities of diagnosing and treating CRS and NPs by various professions, for workable, objective definitions. One definition was developed for the epidemiologist or GP based on symptomatology without ENT examination or radiology, one clinical definition was intended for the ENT specialists based on symptoms, endoscopic signs, and/or CT-changes, and one definition for research purposes based on endoscopy prior to inclusion.

Claus Bachert (Ghent, Belgium) highlighted the differences between CRS and NPs. To date, CRS has been understood as an umbrella definition covering all chronic inflammation (of more than 12 weeks) of the sinuses. However, this classification of CRS requires further examination of the underlying pathomechanisms, and the natural course of this disease actually remains a big question mark. Certain patterns for CRS, not only based on symptoms and CT-scan, cytokine and mediator patterns, were analysed in CRS subgroups: CRS without NPs (CRS), CRS with polyp formation (NP), cystic fibrosis patients with nasal polyps (CF-NP), and controls. B- and T-cell activation markers, Th1/Th2 cytokines, T-regulatory cell markers, eosinophilic and neutrophilic markers, IgE production, and remodelling processes were analysed. CRS is typically characterised by high TGF-beta 1 concentrations, and a Th1 response, with high levels of IFN-γ, whereas NP is typically characterised by a Th2 cytokine milieu (high IL-5), high eosinophilic markers (ECF and eotaxin), and high total IgE, but with a tendency towards low TGF-beta 1 concentrations. In CF-NP, IL-1β, MPO, and IL-8 signals are typical. Based on these biological patterns, CRS, CRS with NP, and CF with NP are distinct diseases in the spectrum of chronic sinus disease.

One striking difference between CRS and NP is the colonisation rate with *S. aureus*, producing enterotoxins. Colonisation is much higher in NP with subsequent IgE immune response to these enterotoxins.

When polyps from Asian countries were analysed, it appeared that polyp formation is not necessarily related to eosinophilia. Chinese NPs clearly lack tissue eosinophilia, but are characterised by T-cell activation, high IgE (B-cell activation), and specific IgE to *S. aureus* enterotoxins. T-cell activation (IL-2r), B-cell activation (IgE), and downregulation of TGF-beta 1 seem to be the key features in NPs from dissimilar countries. It appears that polyp formation is only a symptom of underlying inflammation, not an obligatory eosinophilic.

Pontus Stierna (Stockholm, Sweden) spoke about the relationship between infection and inflammation in CRS. He compared the role of host factors (inflammation and tissue response) to microbial factors (infection and colonisation patterns) in CRS, concluding that host and microbial factors may vary in rhinosinusitis depending on the stage of the disease and the condition. In an experimental sinusitis model, a comparison was made of treatment with ampicillin compared to a corticosteroid showing a comparable reduction of the bacterial colonisation.

Wytse Fokkens (Amsterdam, the Netherlands) summarised the current evidence in the treatment of CRS and NP compiled in the EP³OS document. The choice of treatment should be based on what we want to achieve: symptom relief (for acute rhinosinusitis, vasoconstrictors and/or analgetics), faster cures (acute bacterial sinusitis longer than 10 days), and the prevention of complications. The treatment options for CRS are extensive. Long-term antibiotic treatment with macrolides (erythromycin and clarithromycin) has been reported as effective in the treatment of various chronic respiratory diseases, including chronic sinusitis. Erythromycin has, in addition to its antimicrobial effect, the more important anti-inflammatory and immunosuppressive effect. However, it is necessary to treat this condition for longer than 12 weeks to have symptom relief.

In conclusion, CRS should be initially targeted with maximal medical therapy in an attempt to interrupt the vicious cycle of CRS (e.g., a three-month course of a macrolide antibiotic, a nasal douche, and topical steroid drops if the nasal spray fails to take effect during the three months of treatment), with surgical treatment being reserved for cases refractory to medical therapy.

Nicholas Van Bruaene

Elena Borzova
The future of EP³OS

A position paper on rhinosinusitis and nasal polyposis was elaborated by European rhinologists and named the EAACI Position Paper on Rhinosinusitis and Nasal Polyps (EP³OS) in 2005, upon the initiative of Professor Wytske Fokkens, Amsterdam, The Netherlands, a past chairperson of the EAACI ENT Section. This paper has been approved by the European Rhinologic Society (ERS). EP³OS aims to provide an extensive overview of current knowledge about acute (ARS) and chronic rhinosinusitis (CRS) with/without nasal polyps (NP). The full document is available on the EAACI website and was published as a Supplement in Rhinology in 2005, while an Executive Summary of the EP³OS was published in Allergy in 2005 (1).

The virtue of EP³OS lies in the clear presentation of current knowledge about the pathophysiology and diagnosis of acute and chronic rhinosinusitis, the extensive overview of available literature, and the presentation of evidence-based treatment algorithms for CRS with/without NP. The new classification of sinus disease as acute/intermittent and chronic/persistent has been introduced, although research can not yet provide the tools for understanding the complex aetiology of CRS. It remains difficult to pinpoint the anatomic, mucosal, and microbial factors, and the disturbances of immune defence mechanisms that are responsible for the initiation and/or chronicity of the disorder. In spite of many current efforts to unravel the pathophysiology of NP, its aetiology remains unknown.

The use of intranasal steroids in ARS is presented, in addition to the use of oral antibiotics alone and the combined treatment of antibiotics with intranasal steroids. For CRS with/without NP, medical and surgical therapies are complementary. Several types of medication are currently prescribed for CRS, while a large number of studies has shown the beneficial effects of nasal corticosteroid sprays on NP symptomatology (1). However, properly conducted clinical trials showing the efficacy of leukotriene antagonists, antibiotics, antihistamines, and other drugs on CRS with/without NP are lacking. The importance of good medical therapy for CRS is highlighted by recent studies showing that medical and surgical therapy can be equally effective for patients with CRS (2, 3). Based on available studies, the EP³OS document provides general practitioners, and non-ENT and ENT specialists with treatment algorithms that can be very helpful in daily clinical practice.

One of our main goals at the present time should be spreading the knowledge gathered in EP³OS to rhinologists and non-rhinologists, as well as highlighting the need to carry out properly conducted clinical trials on drugs such as leukotriene antagonists, antibiotics (mainly macrolides in long-term treatment of CRS), and new molecules. EP³OS represents the necessary incentive for putting more effort into gaining improved insight into the pathology of CRS and optimising the treatment strategy for this invalidating disorder.

As a representative of the ENT junior member society of the EAACI, I hope to convince and stimulate young researchers and rhinologists in Europe to participate in ongoing and future clinical trials on chronic sinus disease in different academic centres. Participating in these trials not only remains an exciting scientific experience, but will also benefit patients affected with sinus disease in the future. The fine-tuning of the medical treatment options for chronic sinus disease will be one of our major tasks, and will undoubtedly lead to an improvement in the quality of life for patients and also for doctors dealing with sinus disease!

Peter W. Hellings, JMA Representative, ENT Section

References

1. Fokkens W; Lund V; Bachert C; Clement P; Hellings P; Holmstrom M; Jones N; Kalogeris L; Kennedy D; Kowalski M; Malmberg H; Mulid J; Passal D; Stammberger H; Stenma P. EAACI Position Paper on Rhinosinusitis and Nasal Polyps Executive Summary. Allergy 2005;60:583–601.

2. Alobid I; Benitez P; Bernal-Sprekelsen M; Roca J; Alonso J; Picado C; Mufli J. Nasal polyposis and its impact on quality of life: Comparison between the effects of medical and surgical treatments. Allergy 2005;60:452–458.

News from GA²LEN Workpackage on Birth Cohorts: WP 1.5

GA²LEN to set best practices for birth cohorts studies – becomes model for Asia

A workshop held on 12–13 September 2006 in Berlin highlighted GA²LEN achievements in standardising 20 birth cohorts so that their findings can be used to appraise the contribution of different known factors influencing allergy in childhood. It then focused on how to successfully plan and conduct longitudinal birth cohort and intervention studies.

Twenty-one European birth cohorts specifically designed to examine allergies were presented at a workshop on how to plan and conduct birth cohorts studies in allergy and asthma. This includes 20 cohorts standardized by the GA²LEN Birth Cohorts team (WP 1.5) covering more than 30,000 children. The content of the workshop that followed was based on the experience of GA²LEN in standardising studies and adopting best practice to exploit data from existing cohorts for the benefit of scientists starting new ones.

The presentation on the GA²LEN database focused on the characteristics of European birth cohorts on asthma and atopic diseases. Two scientific papers have recently been published in Allergy journal on 18 of the 20 birth cohorts. The success of this three year-project is acknowledged internationally. Already an Australian research team have sought permission to use the GA²LEN model for database on allergies for the Asia-Pacific region.

EuroPREVALL that co-hosted the workshop highlighted the first developments of its new cohort on food allergy, which began in October 2005. The study should be the most comprehensive cohort study of the incidence, influential factors and costs associated with food allergies in infants. Growing daily, the database will enrol a total of 12,000 newborns in eight European countries. To date the eight centres have recruited close to 4,000 participants. Sixty-six babies have already developed symptoms of a possible food-related allergy and are being evaluated in the study centres, along with age-matched babies as controls.

The Europe-wide birth cohorts presented by GA²LEN and EuroPREVALL are the result of a unique cooperation within the projects. Moreover networking between project teams speeds up the development of standardised procedures for cohorts and intervention studies offering the potential of more effective and precise pooling of the data collected. This will ultimately allow subtle subgroup analyses that are necessary to allergy and asthma.


GA²LEN recent publications

• GA²LEN Work Package 1.5 Birth Cohorts. Two papers were published, the latest one in the September issue of Allergy.

• GA²LEN Nutrition team (WP 2.1) lead by Prof. Philip Calder published a review paper on Nutrition and Allergies in Clinical and Experimental Allergy Reviews (Sept. 2006)

• ARIA update on Pharmacologic and anti-IgE treatment of allergic rhinitis ARIA update written in collaboration with GA²LEN was issued in Allergy in September.
Nitric oxide: A guide to asthma treatment

Nitric oxide as a clinical guide for asthma management, research recently published by D. Robin Taylor and co-workers (1) covers the interesting dilemma of deciding when to commence inhaled corticosteroid (ICS) therapy for patients with chronic respiratory symptoms, predominantly those of asthma. The article is intended to provide a comprehensive view of measuring the fraction of exhaled nitric oxide (FeNO), which provides a useful surrogate marker for airway eosinophilia and eosinophilic airway inflammation.

Airway inflammation plays an important role in many respiratory lung diseases, including asthma. Although several attempts have been made previously to detect and monitor inflammatory changes and mediators using non-invasive methods (2), there is also a need for objective and early criteria to evaluate airway inflammation. The first useful and valuable step has been taken by measuring bronchial hyperresponsiveness to methacholine, which, indeed, provides complementary information on symptoms, lung function, and the course and prognosis of diseases. However, as the authors of the report Nitric oxide as a clinical guide for asthma management point out, this approach is not sufficient to correctly manage patients with asthma, since the correlation between respiratory symptoms and airway inflammation is very weak and, last but not least, not all airway inflammation is steroid responsive.

More recent efforts have been made to detect markers in induced sputum and exhaled markers of airway inflammation. The fraction of exhaled nitric oxide (FeNO) is the most extensively studied exhaled marker, and abnormalities in FeNO levels have been documented in several lung diseases (3).

Adjusting the dose of inhaled corticosteroids in the treatment of asthma is widely recommended according to international guidelines (4). It is based predominantly on symptoms, pulmonary function tests, and bronchodilator use. However, a relatively large group of asthmatic patients remains insufficiently or poorly controlled, which underlines the need for new approaches to support decision-making on when to commence asthma treatment.

In more recent years, the FeNO is increasingly more widely used to diagnose, and even more importantly, to guide asthma control. The FeNO is a marker of asthma. It increases significantly in comparison to healthy subjects and increases further in exacerbated asthma. Moreover, increased levels of FeNO are detectable before symptoms of exacerbation occur, making its measurement extremely valuable in monitoring airway inflammation in asthma, as it is well known that the correlation between respiratory symptoms and airway inflammation is quite low. Measuring FeNO is simple and reproducible, and, what is more important, provides a useful marker of airway eosinophilia. As airway diseases associated with eosinophilic inflammation are likely to benefit from corticosteroid therapy, it seems preferable to adjust doses of inhaled steroids on the basis of regular assessments of inflammation (5,6) using FeNO levels (7). This is not only diagnostically helpful but also provides monitoring tools for clinical practice.

Smith's research (7) shows that using FeNO measurements, the maintenance dose of inhaled corticosteroids may be significantly reduced without compromising asthma control. The response to inhaled fluticasone applied for four weeks was significantly greater than placebo, and was observed predominantly in a group of patients whose FeNO was high (47 ppb). In the absence of high FeNO levels, the response to corticosteroids was much weaker. Similar results were obtained with children in whom responders to corticosteroids had high FeNO.

In addition, FeNO may be helpful regarding the ending of corticosteroid treatment. It has been shown by Pijnenburg that successful withdrawal of inhaled steroids for children can be done with those whose FeNO levels are low and where there is simultaneous absence of eosinophilia in the sputum (8).

FeNO measurements can be used as a guide to anti-inflammatory treatment (9). It has been shown by Smith that in the group of patients with FeNO there was significantly fewer exacerbations, with a highly significant reduction in the mean daily dose of fluticasone. FeNO was used as an indicator in decreasing doses.

To summarise, high FeNO levels (>45 ppb) indicate the need to increase doses of inhaled corticosteroids in asthma, while low levels (<25 ppb) in subjects with no symptoms indicate that doses of inhaled corticosteroids can be reduced. Low levels in symptomatic patients indicate a background other than eosinophilic (10).

When discussing non-invasive techniques to diagnose and monitor airway inflammation, one cannot overlook exhaled breath condensate, which also seems an attractive medium that is easy to monitor. As it contains multiple biomarkers of lung inflammation, it has significant potential in clinical studies and clinical practice.

The technique of using FeNO measurements is coming of age and potentially may be diagnostically helpful at a time when we desperately need more tools to provide a perspective on airway pathology that complements the conventional assessment of airway function in the diagnosis and ongoing management of asthma. It is an exciting new approach to monitoring inflammatory lung diseases, and up-to-date data seem to provide sufficient evidence to support the application of FeNO in clinical practice.

Adam Antczak and Pawel Gorski
Department of Pneumology & Allergology, Medical University of Lodz

References
The EAACI Asthma Section Business Meeting was held on 13th June 2006 at the Austria Congress Center, Vienna. The purpose of the meeting was to review the section’s activities and budget for 2006 and to discuss the section budget, future activities and policy for 2007 and 2008.

Activities for 2006

Section interest at the EAACI Congress in Vienna and at the EAACI/GALEN Summer School in Greece was discussed. It was considered by all attending members that the organisation of task forces focusing on asthma-related unsolved or controversial areas should be a priority of the EAACI Asthma Section. Three proposals for task forces were advanced: asthma control, the good and bad of beta2 agonists and genotyping and phenotyping of asthma. Collaboration with EAACI Newsletter and website was also considered. A status report reviewing all the section’s activities in 2005 was published in the latest issue of the Newsletter and a review on the exhaled NO has been submitted for the next one (issue 10).

Regarding the website there is still room for improvement, especially when it comes to articles and case reports. The introduction of DOI (digital object identifier) made contributions to the website unique and citable for a professional CV. We could start off with the submission of case reports, followed by articles and educational slides. Organising web casts was also considered, which would be of great value to section members who could not attend the EAACI meeting or a specific session.

Communication with section members and with EAACI Sections and Interest Groups was also evaluated. There was periodic communication with all the section members via email. Section’s members were informed on all activities of the Section and were constantly asked for suggestions and contributions. The best response was received while organising the asthma-related sessions for the next EAACI Congress in Gothenburg, 2007 and Barcelona 2008 was also debated. At the EAACI Congress in Gothenburg, the Opening Plenary Symposium is dedicated to asthma – from clinical impact to basic mechanisms. The Asthma Section will also organise 3 Main Symposia (Asthma Exacerbations; Smoking and Asthma; Severe/Difficult Asthma), 5 Workshops (Remodelling, good or bad in asthma; Asthma: clinical problems; Structural cells in mechanisms of asthma; New aspects on mediators in asthma; Strategies for monitoring asthma) and a one-day Postgraduate Course on Assessment and Monitoring of Asthma. A suggestion for antibiotic treatment in asthma as a pro/con session was recorded. Attending members were also updated with details on the preliminary programme for the EAACI Congress 2008 in Barcelona.

The Asthma Section board members decided to support the Interasthma meeting in Monte Carlo, November 2008. The project will be further developed.

JMA activities update

Attending members were informed that JMAs will organise a review series in allergy on asthma. The JMA poster session held at the opening of the EAACI 2006 Congress was successful and the Asthma Section members who attended contributed to the poster reviewing and discussion.

Any other business

Two new positions will be open for elections for the Asthma Section Board in 2007. A call for candidates will be e-mailed to the section members. A proposal for introducing electronic voting instead of electing the members at the Business Meeting was made, but no decision was taken.

Poor attendance at the business meeting was also discussed. It was obvious that the distribution of the “section-specific booklet” containing abstracts and key slides/figures from the Asthma Section symposia, poster and oral abstract sessions included in the Vienna Congress programme did not increase attendance. Therefore, the initiative was cancelled for next year and several other proposals were made by the attending members: organising the business meeting during lunch-time and offering lunch boxes, mobilisation of junior members by the JMA representative, prizes for good quality asthma-related posters, a lottery for attending members, etc.

Ioana Agache, Secretary
EAACI Asthma Section
The American Academy of Allergy, Asthma & Immunology (AAAAI) values the membership and involvement of international colleagues, and offers a variety of opportunities to expand their role in the AAAAI.

**International Assembly**

The AAAAI International Assembly was created to coordinate and promote all international interactions of the AAAAI. All international AAAAI members and Fellows are encouraged to participate in the activities of the International Assembly, which include:

- Working to increase international membership of the AAAAI
- Facilitating communication between allergist/immunologists abroad
- Planning a special educational session at the AAAAI Annual Meeting
- Coordinating international travel grants for Fellows-in-Training
- Coordinating the AAAAI International Speakers’ Bureau
  Thomas A. Fleisher, MD, FAAAAI, and David J. Hill, MD, FAAAAI, are co-chairs of the International Assembly.

The five committees of the International Assembly are:

- Asia and Pacific Basin Committee
  Pakit Vichyanond, MD, FAAAAI, Chair
- Latin America Committee
  Jorge A. Nunez, MD, Chair
  Dirceu Sole, MD, Vice Chair
- Europe and CIS Committee
  Anthony J. Frew, MD, FAAAAI, Chair
- Middle East and Africa Committee
  Allan S. Puterman, MD, FAAAAI, Chair
- International Membership Committee
  Richard F. Lockey, MD, FAAAAI, Chair

The AAAAI recognizes that economic realities may prevent many international colleagues from retaining their membership. Through a special membership program, international members, Fellows or colleagues may take advantage of most AAAAI member benefits while receiving a discounted dues rate.

**International Electronic Membership (eMembership) program**

The eMembership program includes member discounts and the member rate for the AAAAI Annual Meeting, but all communication is conducted electronically. Benefits of eMembership also include full access to the AAAAI Web site, including the Members Only section, and the ability to participate in Interest Sections, Assemblies and committees.

**Annual Meeting activities**

International colleagues are encouraged to attend a special session during the 2007 AAAAI Annual Meeting, February 23–27.

**Food Allergy is an International Disease: Regional Differences from Around the World (###1621)**

- **Friday, February 23,**
  2:00 p.m. – 5:00 p.m.
  Moderators: Pakit Vichyanond, MD, FAAAAI, and David J. Hill, MD, FAAAAI
- Common and specific food allergens in Asia
  Adrian Y. Wu, MD, FAAAAI (Hong Kong), 2:00 p.m. – 2:25 p.m.
- Food allergy in Latin America
  Cristiana Minki Jacob, PhD (Brazil), 2:25 p.m. – 2:50 p.m.
- Hot topics of food allergy in Europe
  Barbara Ballmer-Weber (Switzerland), 2:50 p.m. – 3:15 p.m.
- Sesame allergy in Middle East
  Menachem Rottem, MD, FAAAAI (South Africa), 3:45 p.m. – 4:10 p.m.
- Peanut allergy in USA
  Scott H. Sicherer, MD, FAAAAI (USA), 4:10 p.m. – 4:35 p.m.
- Countermeasures against food allergy in Japan
  Motohiro Ebisawa (Japan), 4:35 p.m. – 5:00 p.m.

**International Assembly Business Meeting & Reception**

Friday, February 23,
5:15 p.m. – 7:15 p.m.

The AAAAI International Assembly invites all international members and delegates

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For more information on the AAAAI International Assembly, visit the Members Center of the AAAAI Web site, www.aaaai.org, contact Audrey Mudek at the AAAAI executive office at (414) 272-6071, or e-mail amudek@aaaai.org. For AAAAI Annual Meeting information, visit www.annualmeeting.aaaai.org.
to attend this business meeting and reception. There is no fee and pre-registration is not required.

**International Fellow-in-Training (FIT) Travel Scholarships**

These scholarships are designed to assist research and non-research fellows, and residents-in-training in allergy and immunology, in attending the AAAAI Annual Meeting. International FIT AAAAI members, or international FITs who have a completed membership application on file at the time of scholarship application submission, are eligible. Applicants must be post-doctoral trainees in allergy/immunology who, at the time of application, are within seven years of their latest doctoral degree, and are outside the United States and Canada. Awards generally vary from $950 to $2,100.

**Annual Meeting registration discount program**

Current members of the AAAAI may qualify for the Annual Meeting Registration Discount Program. Members in countries designated as “developing” by the World Bank, based on gross national income per capita, will receive a 50% discount on pre-registration fees for the 2007 AAAAI Annual Meeting.

Non-AAAAI members may apply for AAAAI membership and take advantage of the discounted program if all membership application materials are received by the AAAAI executive office no later than September 13. Delegates may apply to become an international member or an international eMember.

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**August 30, 2006**

![Dr. Gail Shapiro](image)

**Dr. Gail Shapiro,**

past president of the American Academy of Allergy, Asthma and Immunology (AAAAI), 2001–2002,

tragically died on 8/25/06 following cardiac surgery for valvular heart disease.

Not only was Dr. Shapiro an accomplished leader, researcher, and clinician, she was a personal friend and colleague who was admired for her affable and outgoing personality.

My wife, Carol, and I really got to know Gail and her husband, Peter, while visiting Sweden some years ago during a pharmaceutical sponsored retreat.

Most physicians, particularly academicians, are friends, but few become personal friends. We did during that visit. I remember very well our conversations while walking and exploring the arctic night with its eternal summer light. Her husband gave me a book, “Into the Wild”, by Jon Krakauer, which they enjoyed reading. This book is a story of a young man who ventures into wild Alaska to test his abilities to survive and fails. Their admiration for this book is symbolic of their love for the outdoors, in particular, for the Pacific northwest USA, where they lived.

Gail is survived by her husband, Peter, and their two children, Jessica and Evan. Gail’s accomplishments are innumerable but perhaps one of her greatest contributions was service as a member of the National Heart, Lung and Blood Institutes expert panel on the management of asthma. She was a pediatrician who very well represented the pediatric patients for whom she loved and cared.

She received her medical degree from Johns Hopkins Medical School in 1970, where she also completed her internship, and then her pediatric residency and allergy and immunology fellowship at the University of Washington, in the state of Washington. Thereafter, she joined the Northwestern Asthma and Allergy Center, Seattle, Washington, in 1974. She was a clinical professor of pediatrics at the University of Washington School of Medicine. Our condolences to her family.

If you would like to make an AAAAI Educational and Research Trust (ERT) fund contribution in her memory, please send a check with notation that it is for the establishment of the Gail Greenberg Shapiro, M.D. fund to: “ERT”, 555 East Wells Street, Suite 1100, Milwaukee, Wisconsin, 53201. You can also visit the ERT donation page at www.aaaai.org/members/ert/contribute.asp.

**Richard F Lockey, M.D.**

Joy McCann Calverhouse,
Chair of Allergy and Immunology

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**Christy Pierce,**

Tom Fleisher
and Richard Lockey
For the last six years, the Immunology Section of the EAACI has been organising meetings for young doctoral and post-doctoral scientists active in allergy and clinical immunology research, with the goal of increasing the impact of basic immunology research in the fields of allergy and clinical immunology.

The keynote speakers speaking at these meetings have included outstanding scientists such as Ulrich von Andrian, Kim Bottomly, Richard Flavell, Raif Geha, Erwin Gelfand, Ron Germain, David Gray, Patrik Holt, Juha Kere, Jean-Pierre Kinet, Peter Krammer, Antonio Lanzavecchia, Markus Manz, Philippa Marrack, Fritz Melchers, Lorenzo Moretta, Antonius Rolink, Robert Seder, Dale Umetsu, and Hermann Wagner. The first four of these meetings, three of which took place in Davos, have been a great success and have been titled the EAACI-Davos meetings.

Good news from the Immunology Section

The 5th EAACI-GA²LEN Davos Meeting

The Immunology Section is organising the meeting with the Asthma Section of the EAACI and the Swiss Institute for Allergy and Asthma Research, with generous support from GA²LEN.

Symposia
The meeting will comprise five main symposia on innate immunity, adaptive immunity, and regulation in allergic inflammation. Each symposium will be opened by a keynote lecture followed by presentations from participants as selected from their abstracts. The keynote speakers will include: Fred Finckel, Cincinnati, OH; Steven Galli, Stanford, CA; Barry Kay, London, UK; Kenneth Murphy, St. Louis, MO; Marsha Wills-Karp, Cincinnati, OH; and Federica Sallusto, Bellinzona, CH.

Abstracts
As in previous years, the meeting will be open to 70 applicants, who will be selected based on the scientific quality of their submitted abstracts, of which 25 will be presented as oral presentations. In addition, two poster sessions will be arranged in which participants will have the opportunity to discuss their data with keynote lecturers and organising scientists. The submission of abstracts will open on 1st November, and close on 1st December, 2006. Details regarding the submission process will become available on the EAACI website (www.eaaci.net) in October 2006.

There will be opportunities to enjoy winter sports and sightseeing between the morning and the evening sessions.

Let’s meet in Davos
The meeting aims to create an engaging scientific environment in which allergy and asthma related immunological concepts can be covered, with ample time for discussion, and to give young scientists the opportunity to directly interact with competent scientists in the field. For this reason, we also ask the keynote speakers to stay during the entire meeting to encourage close communication with the participants, whether this is on the ski slopes, during lunch or dinner, or in the evenings at the wine and cheese poster sessions.

The organisers are looking forward to a productive meeting and hope sincerely that such meetings will continue, so that EAACI can stimulate young scientists to actively engage in basic allergy and clinical immunology research.

Thilo Jakob, Chair of the EAACI Immunology Section
1st Symposium on Molecular Allergology

31st March – 1st April, 2006.
Rome, Italy

The 1st Symposium on Molecular Allergology, held at the IDI-IRCCS in Rome, Italy, was an initiative of the EAACI Interest Group on Allergy Diagnosis and brought together the world’s leading experts to discuss cutting-edge topics in the field of molecular allergology.

The scientific programme opened with a free session comprising 37 short oral presentations. The contributions from basic researchers and clinicians were all of a very high standard. Five lectures on allergic diseases and epidemiology, and six scientific sessions covering allergen structure and classification, immune response to allergen molecules, diagnosis and epidemiology, allergenicity, and immunotherapy, represented the core of the symposium, which attracted 180 international participants, in addition to 35 invited speakers and moderators. Furthermore, 19 industrial sponsors contributed to the overall organisation of the meeting, including nine travel grants to young allergists and researchers from all five continents.

The symposium was held at IDI (Istituto Dermopatico dell’Immacolata), part of the Italian national network of IRCCS Institutes, which are renowned for their excellence in clinical care and scientific research, and recognised and funded by the Italian Ministry of Health as excellence centres for translational research. Founded in Rome in 1858, IDI is particularly active in the field of dermatologic diseases. The Centre for Clinical and Experimental Allergology, recently established within the institution, is headed by Dr. Adriano Mari, who organised the symposium with Dr. Mauro Giani, the chief of the Clinical Unit, housing an allergology ward and an allergology outpatient clinic, and Dr. Enrico Scala, chief of the Experimental Allergology Unit.

The 1st Symposium on Molecular Allergology took place as an initiative of the EAACI Interest Group on Allergy Diagnosis and was officially recognised by the EAACI Executive Committee. Furthermore, it was sponsored by the Italian Society of Allergy and Clinical Immunology (SIAIC), the Italian Society of Immunology, Clinical Immunology, and Allergology (SIICA), the Italian Society of Paediatric Allergology and Clinical Immunology (SIAIP), and the Italian Society of Clinical Biochemistry and Clinical Molecular Biology (SIBIOC).

An important scientific partner in this symposium was the Allergome Project, the extensive web-based platform (www.allergome.org) for collecting and integrating data on allergenic molecules. All presentations at the symposium, with author approval, will soon be available on the IDI (wwwidi.it) and the Allergome (www.allergome.org) websites.

We look forward to seeing you all next year at the 2nd International Symposium on Molecular Allergology!

Adriano Mari
GA²LEN-EAACI Summer School

26–29th March, 2006, Antalya, Turkey

GA²LEN, EAACI, and the Turkish Society of Allergy and Clinical Immunology were the joint organisers of the summer school themed Mouse Models of Allergy and Asthma, in Turkey in March 2006. Professors Jan Lötvall and Isil Barlan hosted the event.

In total, 84 young scientists from 16 countries participated in the school. Following a vigorous review of the 81 abstracts submitted, 29 EAACI junior members from 12 countries were given a full grant comprising registration fee, board and accommodation, and travel expenses. The Turkish National Society of Allergy and Clinical Immunology gave participation grants to 15 Turkish scientists.

The venue was the Topkapi Palace Hotel, World of Wonders, in the suburb of Antalya located right beside the Mediterranean. The hotel was as well received by the participants for its views over the Mediterranean as for its unique atmosphere of a historical palace.

On 27th May, the course commenced with an address by professors Barlan and Lötvall, who emphasised that recent developments in the field of mouse models of atopy merited a course devoted to understanding those models. Norbert Fraeyman gave the introductory talk, outlining the background to the establishment of GA²LEN, a network of excellence, and its dedication to education and research in Europe. In total, 16 lecturers contributed to the summer school, holding morning and afternoon session lectures on six panels.

Professor Harald Renz instigated the scientific programme with a lecture on the choice of allergens, adjuvants, and the mode of sensitisation in mouse models of atopy. The lecture on the first morning of the course ended with a poster session, which took place in an adjacent room in which posters for each day’s poster session were on display. Participants viewed the posters during the coffee break, and then presenters were asked to expound on their data in a matter of a few minutes while their posters were shown on the screen. Lively discussions took place during the presentations. A total 38 abstracts were presented orally and debated during the poster sessions with the full participation of all in attendance.

After lunch, the programme continued with lectures by professors Jan Lötvall and Gyu Joos on ‘Mechanisms of bronchial hyper-responsiveness’ and ‘Airway and lung inflammation in allergy’, chaired by professors Raif Geha from Boston and Olcay Yegin from Antalya. Later in the afternoon, a volleyball tournament was held on the beach, contested by the four teams Ovalbuminers, Sensitives, Adjuvants, and Anaephylaxis. Dinner was a feast of delicious Turkish food served buffet style in the big kitchen at the palace.

The second day of the scientific programme was devoted to genetics of murine models, beginning with a lecture by Professor Geha on ‘Models of skin allergy’, followed by a lecture on IL-4 receptor mutant mice by Professor Talal Chatila. Professors Eckard Hamelmann and Jamie Lee provided insights into knock-out and transgenic mouse models, respectively.

Participants later went on excursions to explore the rich historic and cultural heritage of the Antalya region, including the famous Roman amphitheatre at nearby Aspendos. They then visited the old city of Antalya, to be greeted at this historic port by a stunning sunset over the Mediterranean. The night ended with Mediterranean seafood and wine from Anatolia.

Professors Chatila and Marie A.C. de Lafaille discussed the role of T regulatory cells in tolerance induction in the last session on 29th March. Discussion was slightly limited due to a total solar eclipse, which took place at 13:55. These exceptional minutes were viewed by all attendees, wearing protective goggles and lying on the beach.

The school closed with talks by professors Lötvall and Barlan, who expressed their hopes that the course would help to synchronise and coordinate allergy research in mouse models throughout Europe.

Responses from the questionnaire, circulated after the course, revealed positive feedback on almost all items. Interestingly, most participants prefer to attend summer courses in smaller cities, with 75% ranking the venue ‘better than expected’, and all saying the scientific programme and lectures were excellent.

Many thanks to GA²LEN and EAACI for making this course possible.

Isil Barlan
The First EAACI Allergy Run took place on Saturday 10 June, the first day of the XXV EAACI Congress in Vienna, Austria. The 10 km race was organised in the Vienna Prater, one of the most well-known public leisure centres of the world. It started at 10 am on the Hauptallee, a street surrounded by trees and more than 250 attractions, including the Giant Ferris Wheel.

One of the runners was Carl Johan Petterson from Phadia in Sweden. He enjoyed the EAACI Allergy Run and would like to see it repeated in Gothenburg next year.

“-Since we are joggers, me and my two colleagues, Monika Nilsson and Håkan Larsson, thought that the Allergy Run was a good opportunity to meet other Congress delegates and to see the famous Prater area, and get a training session at the same time”, Carl Johan said. “It was a well organised run with a quite easy 10 km course. As all participants were equipped with timekeeping chips the results were quickly announced. The prize ceremony was an extra happening taking place in the big sport stadium in Vienna. Actually two of us succeeded to reach the winners’ stand.”

Carl Johan Petterson also mentioned a suggestion that was brought up by delegates during the Congress – that there should have been an alternative distance to the 10 km, preferably 5 km. This would probably have attracted even more Allergy Run participants.

Well done to everyone who took part in the First EAACI Allergy Run, and congratulations to the winners!

First EAACI Allergy Run Results

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Allergopharma Joachim Ganzer KG is committed to furthering excellence through research in

**ALLERGY DIAGNOSIS • ALLERGY THERAPY • ALLERGY PREVENTION**

The presentation of the seventh Award will be made in recognition of scientific achievement in the field of Allergology during the European Academy of Allergy and Clinical Immunology (EAACI) Congress, Gothenburg 2007.

A submission for the award shall take the form of one full research paper published in an international peer reviewed journal in 2004/2006, together with a curriculum vitae. Applicants must be members or affiliates of the EAACI, under the age of 40 years, and the research that is the subject of the application must have been conducted in a European centre. Special consideration will be given to research concerning the mechanisms of allergic inflammation and allergen specific immunotherapy.

Submissions should be made before 31. December 2006 and addressed to The EAACI Executive Office, Allergopharma Award, c/o Ms. C. Öström Karlavägen 108, elevator V, 8th floor, 10451 Stockholm, Sweden

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