Reports from the EAACI Congress 2012

Message from the President Elect
EAACI and the EU Health Priorities
ICON on Pediatric Asthma
Science in Brief
... and more!

EAACI – excellence in allergy

www.eaaci.net
"We are what we repeatedly do. Excellence then, is not an act, but a habit."
Aristotle

True, dear readers, the EAACI seems to be at the “centre of it all,” from patient care to top research, from guidelines to changing politics, from Europe to the world. EAACI President-Elect Nikos Papadopoulos sets his “presidential targets” at the highest level, building with enthusiasm and amazing vision on a solid platform provided by his predecessors. Also in this issue, you can meet the new Scientific Programme Co-ordinator Marek Jutel, and the new CTA Editor-in-Chief Clive Grattan. But you can equally meet with Patient Organisation and Allied Health representatives, with General Practitioners and EAACI Sections and Interest Groups, with National Societies and Fellowship winners. You can also learn how the EAACI is getting actively involved in increasing awareness of the Allergy epidemic. Under “EU Health Priorities: Political and Research Agenda,” members of major EU institutions, together with leaders from the EAACI, GA²LEN, GARD, and EFA vividly discussed what should be done to address the well-being of the allergic patient.

As we continue with the Academy history, we celebrate with this issue 20 years since the EAACI Newsletter is “at your service” and we are happy that the 1996 motto “Allergy is your journal, the EAACI Newsletter is your voice” is still clear and strong. Our readers are fortunate to have the first editor of the EAACI Newsletter, Sergio Bonini, telling the wonderful story of the “coloured, paper-smelling, touchable copy of the Academy voice.”

“Would you do a fellowship again? Of course! Again and again!” said Lina Jankauskaitė, winner of the EAACI Clinical Fellowship 2011. And I am sure that such enthusiasm is shared by many of us EAACI members, when joining any of the activities offered by our Academy, simply because we can feel the warmth and the friendliness behind. Joining any EAACI activities is just the first step on a long road full of knowledge. And when you reach the peak, remember that the EAACI’s striving for excellence has led you on that beautiful voyage.

Enjoy the Newsletter!

Ioana Agache
EAACI Newsletter Editor
The EAACI Congress 2012 successfully ended in June. It attracted more than 6,000 delegates from more than 100 countries, showing once again the deep impact our congresses have, not only in Europe, but all around the world. In my opinion, the main reason for this is the selection process of our topics and speakers and the high quality of our scientific programme. Our scientific programming develops from the suggestions of all our members to 14 interest groups, 5 sections, and junior members. With more than 1,700 abstracts presented and more than 500 faculty, we had the opportunity to include the most up-to-date developments in our specialty to the programme of our annual meeting. The EAACI style that embraces and engages all our members for the improvement of patient care, science, and our specialty represents a guarantee for a better future.

I was extremely honoured to present the EAACI Awards during the Opening Ceremony to our most recognised scientists this year, who were nominated by the membership and selected by the Executive Committee. Congratulations once again to Roy Gerth van Wijk, Glenis Scadding, Arne Høst, and Werner J. Pichler for their devotion to the field of allergy and clinical immunology.

During the congress, several novel developments took place. I am very proud that we launched a new committee that will work within the EAACI: the Patient Organisation Committee comprises more than 25 national patient organisation committee representatives from Asia, Europe, the Middle East, North America, Oceania, and South America. The goal of this committee is to demonstrate that patient organisations can work in harmony to develop better management, education, access to care, and increased safety and quality of life for individuals with allergy. In addition, it aims to develop global minimum standards of care that will have a worldwide impact. Among many other activities, I am very happy that our newly established Biologicals Interest Group had its first business meeting and the JMA Mentorship Programme is already one year old. In addition, I would like to inform you that a Veterinary Allergology Interest Group is now under development.

The EAACI is one of the core institutions to call for more research support to fight chronic respiratory diseases. Treatment and prevention modalities to prevent the development or stop the progression of allergic diseases will have a major impact on the quality of life of Europeans and the financial burden on public health. As there is a strong need to promote allergic diseases as health priorities, the symposium EU Health Priorities: Political and Research Agenda took place during the EAACI Congress 2012. Key figures from many significant organisations, including Ms Elisabetta Gardini, member of the European Parliament, discussed the next steps in fighting chronic respiratory diseases.

One of the highlights of the congress was the start of the Food Allergy and Anaphylaxis Campaign. This campaign aims to raise awareness about the sharp increase in anaphylaxis in children, and the increasing severity and potentially life-threatening nature of allergic diseases. I would like to encourage all our members to take part in the activities and in the dissemination of these initiatives. Geneva was also the platform that launched the International Consensus (ICON) on Pediatric Asthma Paper by the EAACI, WAO, AAAAI, and ACAAI, which is now free access in our journal “Allergy”.

In addition to the annual congress, our Academy arranges other meetings that focus on different aspects of allergy and clinical immunology, in order to cover the specific needs of the scientific community. Please note the following dates in your calendar. To start with, the first International Severe Asthma Forum (ISAF) takes place on 11–13 October 2012 in Gothenburg, Sweden, followed by the Skin Allergy Meeting (SAM) in Berlin, Germany on 29 November–1 December 2012. Next year will be the year for some of our most exciting meetings: the Food Allergy and Anaphylaxis Meeting on 7–9 February in Nice, France, and the Pediatric Allergy and Asthma Meeting on 17–19 October in Athens, Greece. In addition to these two events, the Symposium on Experimental Rhinology and Immunology of the Nose (SERIN) on 21–23 March in Leuven, Belgium, completes the 2013 calendar.

As you know, our Academy is fully committed to education. In this context, the Allergy and Immunology Schools are the perfect platform to share science with top experts in a very friendly and face-to-face atmosphere. This month, the Allergy School on Asthma Exacerbations – Risk Factors and Management and the Food Allergy Training Course take place in Estonia and Austria, respectively. In November, the Academy travels to El Escorial, Spain, for the Specific Immunotherapy Allergy School. All these educational activities focus on research activities and clinical work, presentations, discussions, and practical sessions that help increase the knowledge of participants in their daily work with patients. Feel free to bring your own cases and discuss them with experts during the traditional evening poster sessions.

I counted how many top scientists and leaders in their field currently work on the boards of our sections, interest groups, and committees, and reached to a number of more than 200 experts planning and organising all the above-mentioned activities on a daily basis. They all work with continuous feedback from our members, which totals 7,500. This is why the Academy is a big family working hard for the improvement of our science and specialty in all aspects.

Cezmi Akdis
EAACI President
In 1992, after my long negotiation with Munksgaard, the EAACI acquired the ownership of the title Allergy: The European Journal of Allergy and Clinical Immunology, which became the official organ of the Academy to be circulated to all members as a part of their annual subscription. The new Editor – Gunnar Johansson – and the three co-editors – Jean Bousquet, Mike Kemeny, and myself – decided to include in the format of the journal a new bi-monthly section, aimed at providing information about the main EAACI activities such as congresses, annual meetings, and the deliberations of the Executive Committee.

Claude Molina was the first Editor of the EAACI Newsletter, followed by Denis Charpin. In 1996, in order to foster a bi-directional flow of information between individual EAACI members and managing bodies, it was decided to publish and circulate the EAACI Newsletter separately from Allergy, and I, as Secretary General, was appointed to be the Editor, with the valuable collaboration of two Associate Editors – C. Bindslev Jensen and A. Frew – and of some outstanding Contributing Editors: E. Alvarez Cuesta, P. van Cauwenberge, M. Debelic, J. Galatas, and U. Svendsen. The Issue No. 0 of the EAACI Newsletter (Fig.1) came out after the 1996 Madrid Congress with the motto “Allergy is your journal, the EAACI Newsletter is your voice.”

The publication came out regularly, increasing the number of issues per year from two in 1996 to four in 1997 and including the following sections: Editorials; News from National Societies, Individual Members and Associates, EAACI Committees and Sub-committees, Corporate Societies; Hot Topics; Calendar and Reports of Congresses; Selection of Current Literature; Who’s Who in Allergy; and Letters to the Editor.

The precious collaboration received from Associate and Contributing Editors as well as from the Editorial Assistants Hanne Freno and Silvia Mancini also contributed to many monothematic issues, such as those on Internet and Allergy; How to Write and Publish a Good Paper; and Allergy and Sports.

At the end of my presidential mandate in 2001, I was very pleased to leave to my co-editor Claus Bachert a healthy, self-financing publication that further progressed and improved under his editorship, and thanks go to the current very professional commitment of Ioana Agache.

In these 20 years I have seen tremendous changes in the EAACI Newsletter, from typewritten manuscripts to be edited and reviewed in proofing to on-line composition and editing. I do hope that all of you, in spite of the growing competition of Facebook, YouTube, and Twitter will continue to have the same pleasure I still have in finding in your mail a coloured, paper-smelling, touchable copy of the Academy voice. We are pleased to continue serving you.

Sergio Bonini
EAACI Past-President
Editor of the EAACI Newsletter 1996-2001
Meet the Person Behind

Marek Jutel: The New Scientific Programme Co-ordinator

Tell us about yourself.
I graduated from Wroclaw Medical University, Wroclaw, Poland and currently chair the Department of Clinical Immunology at the same university. I received training in internal medicine, allergology, and clinical immunology in Poland and Switzerland at the University of Berne. I have been the scientific collaborator at the SIAF, Davos. With Profs CA Akdis, K Blaser, and other colleagues, I published some key research including an article on histamine signal in T cells in the journal Nature. My major scientific interests include the mechanisms of peripheral tolerance, T cell subsets, and novel allergen vaccines. I have been an EAACI member since 1992 and served as the chairman of the Insect Venom Hypersensitivity IG, was scientific secretary of the 2009 Warsaw Congress, and an Executive Committee member.

What projects are you currently involved with?
I chair the EAACI TF targeting the harmonisation of allergy management in primary care. I am the leader or co-investigator of several research projects on the mechanisms of specific immunotherapy, asthma endotypes, and systemic anaphylaxis, including the European Anaphylaxis Register, the immunology of inflammatory bowel disease, and histamine signal in the field effect in bronchial carcinoma, among others. I am also the principal investigator in a number of clinical studies involving novel allergen vaccines as well as biological therapies in asthma and COPD.

How do you think being the SPC Co-ordinator will impact your career?
I believe it is a very challenging task, which requires both intensive work and subtle interactions with international colleagues. I am very happy to get closer to the activities of the EAACI. This gives a better overview of the academy and opens new opportunities for networking and integrated research.

What is your impression of the EAACI congresses so far?
I have attended every EAACI Annual Congress since 1991. I can bear witness to the tremendous growth of the congresses from a few hundred participants to nearly 10,000 in Istanbul. The improvement of the level of the scientific and social programme is very impressive. Currently, the EAACI congresses are the annual highlight in the world of allergy and provide the major platform for interaction and the launching of international initiatives.

What are the challenges and your future plans as the new SPC Co-ordinator?
The major challenge is working on the gradual improvement of the quality of the scientific programme, which is dependent on the level of research performed in Europe and elsewhere. I hope that the current economic crisis does not affect negatively. I believe that the SPC can stimulate good research during the structuring of the programme. We have very fair and effective procedures of programme elaboration, which involve the EAACI membership as well as IGs and Sections. However, it is essential to stimulate high-level scientific discussion. This can be achieved by inviting the speakers that published the best research between the congresses, especially young scientists that can bring a lot of fresh ideas.

How will you keep the balance between different specialists attending the EAACI Congress and between clinical and basic science?
I believe the programme is currently balanced, thanks to the IGs and Sections that are involved in the SPC and represent different specialists in both clinical and basic science.

Which themes do you consider future EAACI congresses may cover?
We have to provide new themes to make congresses more attractive for a wider audience. The tremendous progress in biotechnology and biological therapies, which will strongly affect allergy management in the next decade, should be well-covered in the scientific programme. On the other hand, we should include topics that will attract more primary care physicians to the congress by providing better education in basic allergy management. We will also include more content in the field of clinical immunology.

EAACI EVENTS 2012

August
2 - 5.08 Allergy School “Asthma Exacerbations - Risk Factors and Management”, Tallinn, Estonia
23 - 25.08 Food Allergy Training Course, Vienna, Austria
+ EAACI Newsletter

September
- Deadline for budget requests for activities in the following year
1.10 Call for topics for the EAACI Congress 2014
11 - 13.10 International Severe Asthma Forum - Gothenburg, Sweden

November
1.11 Online registration and abstract submission open for the EAACI-WAO Congress 2013
1.11 Fellowships 2013 application open
15 - 17.11 Allergy School “Specific Allergy and Immunotherapy” - El Escorial, Spain

December
26 - 27.11 EuroBAT 2012, Berlin, Germany
29.11 - 1.12 Skin Allergy Meeting, Berlin, Germany
+ Online registration and abstract submission open for the EAACI-WAO Congress 2013
+ EAACI-WAO Congress 2013 Preliminary Programme is published
+ EAACI Newsletter

This calendar intends to inform EAACI members about our Academy’s most important dates. Note that it may vary slightly as at the time of printing this Newsletter dates for some planned EAACI events have not been confirmed.
Meet the Person Behind

Clive Grattan:
The New Clinical and Translational Allergy Editor-in-Chief

Tell us about yourself.
I am a Consultant Dermatologist working in London and Norwich, UK. My professional time is divided almost equally between allergy and dermatology. My leisure activities include playing polo in the summer and enjoying a large farmhouse in the country with my family.

It takes a special combination of courage and scientific enthusiasm to be a journal editor. When and how did you decide to become CTA editor?
I had already edited Clinical and Experimental Dermatology for three years and missed the challenge of handling manuscripts at the leading edge of new research and opinion, so it was an easy decision to apply for the post of editor of Clinical and Translational Allergy this year.

What do you like best about your current position as CTA editor?
The opportunity to bring the journal from its current start-up position, as a new official publication of the European Academy of Allergy and Clinical Immunology, to a wide international audience, including clinicians, scientists, and the public.

What are the advantages and challenges as an editor of an open-access journal?
The advantages of editing an open-access journal are its potential for almost unlimited space and accessibility. The main challenge is making the journal attractive for authors to submit their work to CTA in preference to other established subscription allergy journals using the ‘author pays’ rather than the ‘reader pays’ model.

Where do you see CTA in five years?
CTA will be at the forefront of the new online open-access publishing revolution in science. The real question is not ‘Where do you see CTA in five years’ but ‘How could we have managed without CTA?’

What advice do you have for scientists submitting papers to CTA?
Think CTA, visit the website (www.ctajournal.com) and upload your article. Ready to go!

www.infoallergy.com
A Website for Patients

Our website dedicated to patients, www.infoallergy.com, just turned one year old during the EAACI Congress 2012! And we celebrate this first anniversary by making it the online platform of the EAACI Food Allergy and Anaphylaxis Campaign. Patients will find articles, videos, promotional material, and much more related to this campaign. By doing this, we offer patients the necessary information about how to recognise their symptoms and triggers and how to cope with them to improve their quality of life.

During the Congress in Geneva, Switzerland, the team of infoallergy met the members of the National Societies to discuss the future development of this website, getting some great feedback about how to manage and improve its content in order to make it more accessible to patients. Info Allergy will continue providing the latest information about other types of allergies and asthma.

I would like to take this opportunity to thank the EAACI Sections and Interest Groups for their great work and help to support this young website. I am sure that it will become a main point of reference for patients.

I encourage you to take a look at www.infoallergy.com and recommend it to your patients. They will find everything they ever wanted to know about allergies!

Massimo Triggiani
Info Allergy Editor
Message from the President Elect: Nikos Papadopoulos

EAACI News

EAACI and the EU Health Priorities: We Need to Contain the Allergy Epidemic

Asthma and rhinitis are the most common chronic diseases in childhood. As many as one in three children suffer from these conditions and up to 15% of these have severe disease; direct and indirect costs may total more than EUR 100 billion yearly. Measures to prevent or stop the progression of these allergic diseases will have a major impact on the quality of life of Europeans and on public health.

As there is a strong need to promote allergic diseases as health priorities in the EU and beyond, representatives from different organisations, including Elisabetta Gardini, member of the European Parliament, discussed the next steps in fighting chronic respiratory diseases. The discussion, entitled EU Health Priorities: Political and Research Agenda, took place on 18 June 2012 during the EAACI Congress 2012 in Geneva, Switzerland.

In these matters, the EAACI has called for more research support to fight chronic respiratory and other allergic diseases. Prof. Cezmi Akdis, EAACI President, called for action: “If the allergy epidemic is to be contained or reversed, systematic and persistent research efforts are needed. It is very important to understand the mechanisms of the disease but real-life disease surveillance through registries can provide crucial information for its management. Novel diagnostic and therapeutic approaches and immunotherapy should be brought to the bedside through large clinical trials.”

During the discussion, Prof. Akdis also drew attention to research for the development of novel ways of prevention, because every year 2 million people in Europe develop some kind of allergic disease for the first time.

Nikos Papadopoulos
EAACI Secretary General

Working for the EAACI is always a pleasure! Collaborating with some of the brightest minds in our field, having the opportunity to support the efforts of juniors, constantly improving and expanding our platform to embrace all activities that can help understand the puzzle of allergy and lead to improved treatment of allergic patients: all this certainly pays off for the hours of commitment and energy invested. Being involved in the leadership of the Academy for more than a decade, I am now honoured to have been elected to assume the steering wheel from next year! I am confident that success will continue: it is our increasing and increasingly involved membership that guarantees this.

Interest groups are diving deep into the ocean of knowledge of all aspects of allergy and are consolidating our understanding with state-of-the-art position papers: it is therefore clear that intellectual leadership will be retained. The scientific programme of our congress and other events is scrutinized in order to involve the latest, the brightest, and the most forward-thinking science, preferentially delivered by juniors, holding out promise for the future. Our Zurich Headquarters is working like a Swiss watch, making our internal organisation efficient and robust. Our membership, both from Europe and beyond, is expanding. We now total more than 7,500: to my mind this is a major achievement, comparing it with the 2,500 members of 2001! Setting ‘presidential’ targets, I expect to see a five-digit number by 2015.

However, numbers are only an indirect indicator of success. In the next few years, our major challenge will be to make the EAACI known to the general public and influence political decisions that ultimately affect the lives of millions of allergic patients. We activated this focus with Cezmi Akdis this year by organising in Geneva a political session, at which members of major EU institutions, the Parliament and the Commission, together with leaders from relevant organisations including GA²LEN, GARD, and EFA presented their views on what should be done to address the allergy epidemic at the public health level. And of course a key aspect is the intensification, optimization, and synchronization of research efforts: in this respect a document is being produced by the EAACI boards to highlight the major research needs in allergy today. The above are timely as the European Parliament is in the process of discussing both a new Health Programme as well as the next Research Programme to span from 2014 to 2020, called Horizon 2020. It is our responsibility and intention to convince our politicians that increasing the profile and potential of allergy research will pay off, alleviating the extremely high, and still increasing in many areas, number of allergy sufferers. It goes without saying that in this campaign, we have close allies: patient organisations but also each and every one of our members that can actively influence the outcome of such a dialogue. So let’s take a step further and demonstrate together our commitment to making Europe, and hopefully the world, a better place for people with allergies!
Local guidelines need to be tailored to meet local needs and the Pediatric Asthma ICON may serve as a basis for the development of such documents. All the unmet needs identified in the document require future research and research funds for allergy and asthma are still scarce in Europe, although pediatric respiratory diseases (particularly asthma) were selected as a health priority in the EU just last year. The Pediatric Asthma ICON has been published in Allergy, the European Journal of Allergy and Clinical Immunology.

**iCAALL**

Recognising a lack of consensus-driven information and general recommendations, the American Academy of Allergy, Asthma & Immunology (AAAAI), the American College of Allergy, Asthma & Immunology (ACAAI), the European Academy of Allergy and Clinical Immunology (EAACI), and the World Allergy Organization (WAO) have joined forces to launch the International Collaboration in Asthma, Allergy and Immunology (iCAALL).

A major focus of this initiative is the production of a series of International Consensus (ICON) documents offering recommendations for the management of global challenges such as pediatric asthma.

*Editorial Notes: Statistic source: World Health Organization

Cezmi Akdis
EAACI President

Nikos Papadopoulos
EAACI Secretary General

Pediatric Asthma ICON Chair

**Food Allergy Campaign and Guidelines**

Did you see the busses in Geneva with the big banners? “Behind the sweetest moments, his life may be in imminent danger”... This was the launch of this year’s public campaign on Food Allergy & Anaphylaxis, which is engaging the Academy and patient organisations, among other stakeholders. There is a compelling need to raise awareness about these allergic conditions, which are extremely distressing and in many instances are severe. And we need to be able to influence policies to improve the lives of patients! Both patients and health professionals sometimes ignore that these allergies need to be correctly diagnosed to avoid inherent risks and that new management alternatives are being introduced into clinical practice. Among other activities, we are currently developing an extremely ambitious document, the EAACI Food Allergy & Anaphylaxis Guidelines, which will be the supporting backbone behind the campaign. What do we want all our members to do? We would like you to be an ambassador of the campaign in your country! So engage in the initiative, synergize similar activities in your area, and do get in touch with us if you have any requests. Think globally, act locally!

Victoria Cardona
EAACI Vice-President

Communications & Membership

Antonella Muraro
EAACI Treasurer

**Patient Organisations at the EAACI Congress 2012**

A packed room with industry representatives, scientists, clinicians, political ambassadors, more than 25 patient organisation representatives as well as scientific institutions embraced by EAACI attended the Patient Organisation Workshop at the EAACI Congress 2012. Elisabetta Gardini, member of the EU Parliament, opened the workshop with an inspiring speech calling for stakeholders to further deepen relations with patient organisations in order to fully comprehend the needs of the allergic patient. The Workshop is the platform upon which the Academy is reinforcing the work of patient support organisations from all over the world. The development of global minimum standards of care that will assist individuals with allergy worldwide was launched at this workshop. The “Global Minimum Standards” will be the foundation for an all-encompassing approach to patient care.

More than 25 country representatives from across Europe, North America, South America, the Middle East, Asia, Australia, and New Zealand are involved in the new Patient Organisation Committee.

This Committee will work within EAACI with opinion leaders to develop better management, education, access to care, and increased safety and quality of life for individuals with allergy and their careers.

Antonella Muraro
EAACI Treasurer
The upcoming months will be an exciting time. The machinery of the European Academy and the World Allergy Organisation has started its engines to organise what will be the World Allergy and Asthma Congress, the biggest congress in the field in 2013. During the Closing Ceremony of the Geneva EAACI Congress 2012 in June, the EAACI President, Cezmi Akdis, handed over the EAACI flag to representatives of the Local Organising Committee, G. Walter Canonica and Beatrice Bilo, officially launching the EAACI-WAO Congress 2013. At the end of the ceremony, the WAO President, Ruby Pawankar, briefly spoke about the successful joint congresses in the past and committed to making it the best allergy congress ever. Also in Geneva, the Scientific Programme Committee met to further develop plans for 2013.

The Congress will take place at the MiCo Milano Congressi, one of the most modern and largest congress centres in Europe, easily reachable by public transport. The official website, www.eaaci-wao2013.com, will be available from September with all the important information you need to know about the congress: deadlines, programme highlights, directions, and more. Don’t miss it!

Cezmi Akdis
EAACI-WAO Congress 2013 President
EAACI President

Ruby Pawankar
EAACI-WAO Congress 2013 President
WAO President

G. Walter Canonica
EAACI-WAO Congress 2013
Local Organising Committee Chair

The European Federation of Allergy and Airways Diseases Patients Associations (EFA) is a network of allergy, asthma, and COPD patient organisations, representing 35 national associations in 22 countries and more than 400,000 patients. The EFA is dedicated to making Europe a place where people with allergies, asthma, and COPD have the right to the best quality of care and safe environment, live uncompromised lives, and are actively involved in all decisions influencing their health. The contribution of the EAACI is essential to make this happen: the EFA cannot achieve these aims without you.

Since its establishment in 1991, and since the introduction of COPD into the EFA mandate in 2002, the federation’s objective has been to bring together national patient groups to share best practices, to collaborate, and to influence European health-care, environment, and research policies from a patient perspective. The EFA welcomes the fruitful partnership with the EAACI since its very foundation. The EFA has a four-year programme on respiratory allergy in collaboration with the EAACI, and in November 2011 launched our “Book on Respiratory Allergies – Raise Awareness, Relieve the Burden,” and a corresponding Call to Action at the European Parliament. As a follow-up, the EFA and the EAACI have invited the European Union of Medical Specialists (UEMS) to discuss the harmonisation of the education of allergologists in Europe. On 19 September 2012, our event “May Contain/Contains – Food Allergens Labelling” at the European Parliament, hosted by MEP Renate Sommer (EPP, DE), the rapporteur of new EU regulations on the provision of food information to consumers, is in collaboration with the EAACI. The EFA thanks the EAACI and invites its members to collaborate with their local patient groups.

EFA-EAACI, Patients, and Academics Together for a Fruitful and Durable Partnership

Breda Flood
EFA President

Robert Savli
EFA EU Policy and Project Officer

EAACI News

Hints & Tips

- Download the EAACI Congress 2012 handouts on www.eaacihandouts.net. Use the login and password details provided during your registration at the congress.
- Take a look at the pictures taken during the EAACI Congress 2012 in Geneva, Switzerland. They are published on www.eaaci.org, under Media, in the Photos & Graphics section.
- Would you like to learn more about the Food Allergy and Anaphylaxis Campaign? Go to www.infoallergy.com and share with your patients all the information they need to know about this disease!
- Become an EAACI Facebook fan (www.facebook.com/eaaci) or follow us on Twitter (www.twitter.com/eaaci-hq) and don’t miss anything that’s happening within our Academy!

EAACI Membership Information

- Total EAACI Members: 7,726
- EAACI Full Members: 4,764
- EAACI Junior Members: 2,962
- Dual AAAAI-EAACI Members: 159
- Dual ACAAI-EAACI Members: 159
- Dual AAAAI-EAACI Members: 4
- Dual ERS-EAACI Members: 100
- EAACI Asthma Section Members: 1,879
- EAACI Dermatology Section Members: 454
- EAACI ENT Section Members: 422
- EAACI Immunology Section Members: 1,507
- EAACI Pediatrics Section Members: 1,341
Spanish Society of Allergology and Clinical Immunology (SEAIC)

Founded in 1949, the Spanish Society of Allergology and Clinical Immunology (SEAIC) is a very active scientific society made up of approximately 1,250 individual members including the vast majority of board-certified allergists in Spain, allergists from other (mainly Spanish-speaking) countries, as well as other specialists and health professionals, including nurses with an interest in allergy. SEAIC has 15 working committees that take part in projects focused on both adult and pediatric allergic patients. They have been involved in the development of several national and international guidelines on asthma, rhinoconjunctivitis, nasal polyposis, and hereditary angioedema.

A Congress Technical Commission supervises the organisation of our Annual Meeting, attended usually by more than 1,000 delegates. SEAIC promotes basic and clinical research through an annual grant programme and supports several educational programmes and activities for patients and patient organisations, organised and financed by the SEAIC Foundation. The official scientific journal is the Journal of Investigational Allergology and Clinical Immunology with a current impact factor of 1.48. Free access can be gained online at www.jiaci.org or directly from Medline searches. SEAIC also supports an aerobiology network that provides accurate pollen and mold counts from 54 participating stations throughout Spain. Information can be gathered from www.polenes.com and from person-alised mobile apps (AlertaPolen/AllergoAlarm).

SEAIC has just released, in January 2012, its new Strategic Management Plan that will guide our activities until 2018. Our main objectives deal with patient safety and the quality standards of clinical practice for the allergist and an integrated educational plan, including recertification. New ethical requirements and financial sustainability has also been addressed. Detailed information can be obtained at www.seaic.org.

Finally, SEAIC is very active in promoting its activities through mass communications media working together with a communications agency, and is grateful for the collaboration of the informative network of allergists that participate all over Spain. This year we have launched the slogan “From 0 to 100 years, seek advice from your allergist.”

Allergy Management in Primary Care Summit

The EAACI Task Force (TF) on Allergy Management in Primary Care will end its mandate in 2012. This TF is conducted in co-operation with the International Primary Care Respiratory Group (IPCRG) and aims to outline and evaluate the diagnostics and follow-up for patients visiting primary care, provide an up-to-date review on the interpretation of the tests, and suggest management algorithms and recommendations on when to refer allergy patients to secondary care, with the final aim being to ensure that allergic diseases are managed best at the lowest cost for society.

The deliverables of this TF need a comprehensive debate with the group of GPs with a special interest in allergic diseases and with patient organisations, followed by a proper dissemination and implementation plan of TF recommendations within the GP network and in the community. The summit organised during the EAACI 2012 Congress in Geneva, intended to set the stage for all those interested in the field to express their opinion on the documents generated by the TF, and reunited top allergy specialists with EFA representatives and with GPs from the Czech Republic, Hungary, Italy, the Netherlands, Norway, Poland, Spain, and the UK. Both the EAACI and IPCRG leadership committed ongoing support to the development of a GP-Allergy communication network. This is intended to provide education in the field of allergic diseases to GPs and to disseminate and implement proper allergy practice within the GP network. TF recommendations on diagnostic tests and management algorithms were intensely debated and suggestions were made to improve their applicability in the primary care network. Both EFA and GPs expressed their point of view in relation to efficient allergy management across European countries. A realistic and efficient implementation plan for the TF recommendations was proposed by Nikos Papadopoulos and discussed in depth with all the participants. The health economics of allergic disease management in primary care was presented by Roy Gerth van Wijk. Finally, the participants meeting proposed organising an Interest Group on Allergy in Primary Care joining GPs with an interest in allergic diseases with specialists in allergy, pneumology, ENT, dermatology, and pediatrics interested to promote better care and visibility for their specialty inside the GP network.

Marek Jutel
EAACI Allergy Management in Primary Care TF Chair

Ioana Agache
EAACI Allergy Management in Primary Care TF Secretary
Many Thanks for your Participation at the 2012 EAACI Annual Congress!

Our 2012 Annual Congress is now over, but remains vivid in our memories for the exchange of good science, meeting many friends, and enjoyable social activities. Delegates at our congress actively participated in more than 100 sessions, including active exchanges during abstract presentations and poster discussions. The congress has been a showcase for new discoveries in clinical science as well as a discussion platform for better understanding of the basic mechanisms of allergy. For us, it has been particularly rewarding to see the many people in meeting rooms until the last sessions, attesting to the high quality of the scientific programme. In addition to all this, the weather was beautiful and many of you, we hope, took some time to enjoy the city and enjoy some time off in the beautiful parks on the lakeshore.

As a newcomer, or a regular participant in our congress, be assured that the EAACI is fully committed to providing you with the best of science at our Annual Congress as well as in our focus meetings and allergy schools. We hope to see you again at our upcoming events.

Philippe Eigenmann
EAACI Congress 2012 Chair

Lars K. Poulsen
SPC Co-ordinator 2010–2012

EAACI Awards 2012

Each year, the European Academy of Allergy and Clinical Immunology (EAACI) honours European researchers and clinicians that have contributed significantly to the development of innovative diagnostic and therapeutic strategies for the control and prevention of allergic diseases, to the understanding of their pathophysiology and to the strengthening of allergology as a specialty in Europe.

The Academy presented the 2012 EAACI Awards during the Opening Ceremony of the EAACI Congress 2012 in Geneva, Switzerland.

The Charles Blackley Award 2012 for improving the Promotion of the Specialty was awarded to Professor Roy Gerth van Wijk.

The Clemens von Pirquet Award 2012 for improving Clinical Research was awarded to Dr. Glenis Scadding.

The Daniel Bovet Award 2012 for improving Treatment and Prevention was awarded to Dr. Arne Høst.

The Paul Ehrlich Award 2012 for improving Experimental Research was awarded to Professor Werner J. Pichler.

Presidential Visit to the National Society Village at the EAACI Congress 2012

The national societies that were represented at the National Society Village in the exhibition area of the EAACI Congress 2012 included Azerbaijan, Georgia, Italy, Spain, Turkey, and the UK. Representatives of national societies had the chance to promote their activities during the entire congress and answer questions onsite from the more than 6,000 participants. The EAACI leadership organised an official visit as well, lead by Cezmi Akdis, EAACI President, and the EAACI board of officers. It was a great opportunity to exchange ideas, activities, and projects to keep working on the dissemination of scientific knowledge in the field of allergy and clinical immunology. Pictures of the visit are available on www.eaaci.org.

EAACI 11th Immunology Winter School
Basic Immunology Research in Allergy and Clinical Immunology
27 - 30 January 2013, Pichl, Austria
Communications Update

The most significant communication platform of the EAACI is undoubtedly the Annual Congress, which was a great success this year in Geneva, Switzerland. Our congress allows us to attend presentations in which the latest scientific work in the field of allergy is presented. We always learn such a lot, which serves as an inspiration to our work back home. But also, our congress gives us the opportunity to interact and discuss with our colleagues, to establish new networks, and to broaden our perspectives. And when the congress is over, we still have the chance to retrieve the abstracts of posters and communications and the handouts of the speakers of symposia and workshops.


The EAACI’s journals, Allergy, Pediatric Allergy & Immunology, and Clinical & Translational Allergy (CTA) are developing nicely, and we hope that this year’s impact factors will increase. Our open-access online journal is now indexed in Pub Med and is being tracked in order to be able to get an impact factor in the following years.

Victoria Cardona
AAACI Vice-President
Communications & Membership
Interview with Fellowship Winners

Lina Jankauskaité (Lithuania) won the EAACI Clinical Fellowship Award. She spent three months at the Charité Campus Virchow-Klinikum in Berlin, Germany, in autumn 2011.

1. Why did you apply for a fellowship? I wanted to gain additional knowledge about allergic diseases in the pediatric population, especially food allergies, immunology, and especially immunotherapy.

2. What did you like about your fellowship? It is a difficult question ... of course the opportunity to meet new people, facing their knowledge and experience, the new methods I learned, the city ...

3. Which advantages did the fellowship bring you? In particular, comprehension about immunotherapy and food allergies in children and the possibility of being involved in interesting projects related to these topics. In my case, it was a great experience to work closely with Kirsten Beyer and Susanne Lau.

4. Would you do a fellowship again? Of course! Again and again! Each centre differs and experience, the new methods I learned, the city ...

5. What do you recommend for someone who would like to do a fellowship? Do not hesitate and do not postpone such an opportunity to choose the right centre where you can acquire new knowledge. Also, if someone receives a fellowship I would recommend them to be friendly, open-minded, and to enjoy the new experience!

Anca Mirela Chiriac (Romania) won the EAACI Clinical Fellowship Award. She spent three months at the University Hospital of Montpellier, France, in summer 2011.

1. Why did you apply for a fellowship? It’s the simplest answer of all: I really just wanted to see how allergology is practised elsewhere.

2. What did you like about your fellowship? I was able to work a lot, in an enriching environment, both professionally and personally. It’s an experience that can hardly be put into words, but living it leaves no doubt: it’s a cornerstone in a junior’s journey to discover their potential.

3. Which advantages did the fellowship bring you? It confirmed, beyond any doubt, that I want to be an allergist and that all my future efforts will go into being a valuable one. It is a beautiful specialty. Meeting the mentor is invaluable and the Clinical Fellowship Award facilitates this. I would take this opportunity to thank him for everything that he has taught me.

4. Would you do a fellowship again? Definitely! It’s an amazingly enriching period that can give such a boost to a junior allergist. It’s our chance to prove ourselves, to make contacts with our peers, and to progress.

5. What do you recommend for someone who would like to do a fellowship? Be informed about the activities your host department is involved in. Read about their work, to allow you to benefit from this experience from the very beginning. As much as possible, be familiar with the language of your host country to enable direct, valuable contact with the patients, who in turn will teach you so much, beyond the theoretical aspects we all find in books.

Roman Fishchuk (Ukraine) was awarded the EAACI Short Term Research Fellowship Award. During autumn 2011, he joined the Faculty of Medicine and Health Sciences in Ghent, Belgium.

1. Why did you apply for a fellowship? I applied for an EAACI short-term research fellowship in order to start co-operating with a foreign laboratory, to learn new research techniques, and to discuss the most recent advances in my field of scientific interest.

2. What did you like about your fellowship? The best thing I enjoyed during my fellowship was meeting and networking with new people, and exchanging ideas.

3. Which advantages did the fellowship bring you? I learned new lab techniques that are not available at my research institution and experienced outside-of-the-box ways of thinking in the area of my scientific interest.

4. Would you do a fellowship again? Definitely YES! It’s a great opportunity to gain new skills, ideas, knowledge, and meet people who are on the same wavelength as yourself.

5. What do you recommend for someone who would like to do a fellowship? Apply, apply, apply! If you don’t get it this year, apply next year! The most important thing is to have an idea and believe in it.

The EAACI increased collaboration with UEMS to develop a simplified and more efficient way of establishing Continuing Medical Education (CME) granting scientific and educational events.

Pascal Demoly
EAACI Vice-President
Education & Specialty
Rupafin 10 mg Tablets.

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.


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. It is advised that 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: As 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. Contraindications for use in children below age 12 due to a lack of data on safety and efficacy. Patients with renal or hepatic insufficiency: As 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.

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 hypokalemia, 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 ketocazole or erythromycin: The concomitant administration of rupatadine 20 mg and ketoconazole or erythromycin increased 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 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: With other antidepressants, interactions with CNS depressants cannot be excluded. Interaction with statins: Asymptomatic CPK increases have been uncommonly reported in rupatadine clinical trials. The risk of interactions with statins, some of which are also metabolised by the cytochrome P450 CYP3A4 isoenzyme, is unknown.

For these reasons, rupatadine should be used with caution when it is coadministered with statins. Effects on the ability to drive and use machines: Rupatadine 10 mg had no influence on the ability to drive and use machines. Nevertheless, care should be taken before driving or using machinery until the patient’s individual reaction on rupatadine has been established. Pregnancy and lactation: Data on a limited number (2) exposed pregnancies indicate no adverse effects of rupatadine on pregnancy or on the health of the fetus/newborn child. To date, no other relevant epidemiological data are available. Caution should be exercised when prescribing rupatadine to pregnant women. It is unknown whether rupatadine is excreted into breast milk. Undesirable effects: Rupatadine 10 mg has been administered to over 2025 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 (3.3%). 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, alkaline phosphatase increased, liver function test abnormal, weight increased; Nervous system disorders: disturbance in attention; Respiratory, thoracic and mediastinal disorders: epistaxis, nasal dryness, pharyngitis, cough; Dry skin, pruritus, papillomatosis, rash, pruritus; Gastrointestinal disorders: nausea, abdominal pain upper, diarrhea, 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; General disorders: thirst, malaise, pyrexia; Psychiatric disorders: irritability. 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-Solità 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 Polígono Industrial Riera de Càdiz 08184 Palau-Solità i Plegamans – Barcelona, Spain. Phone: +34 93 471511. Fax: +34 93 8630601. Date of preparation: October 2011.

Rupafin 10 mg Tablets.

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rupatadine 10 mg tablets, patients with rare hereditary problems of galactose intolerance, the Lapp safety were observed in clinical trials, higher sensitivity of some older individuals cannot be excluded

safety of rupatadine was assessed in a Thorough QT/QTc study. Rupatadine up to 10 times therapeutic

Hypersensitivity to rupatadine or to any of the excipients.

with renal or hepatic insufficiency: As there is no clinical experience in patients with impaired kidney or

recommended for use in children below age 12 due to a lack of data on safety and efficacy. Patients

monohydrate.

Each tablet contains: 10 mg of rupatadine (as fumarate). Excipients: lactose 58 mg as lactose

caused by the intake of alcohol. Interaction with CNS depressants: As with other antihistamines,

produced marginal effects in some psychomotor performance tests although they were not significantly

statins, some of which are also metabolised by the cytochrome P450 CYP3A4 isoenzyme, is unknown.

Adults and adolescents (over 12 years of age):

32(1):33-42.


Valero A, Izquierdo I, Giralt J, Bartra J, del Cuvillo A, Mullol J, 

J. Uriach & Cía., S.A. Av. Camí Reial, 51-57. 08184 Palau-Solità

Date of revision of the text:

Pregnancy and lactation:

General disorders: thirst, malaise, pyrexia; Psychiatric disorders: irritability.

Effects of rupatadine vs placebo on allergen-induced

J Pharmacol Exp Ther

The skin symptoms in patients exposed to aeroallergens in the Vienna Challenge Chamber.

Our local representative or Grupo Uriach: Av. Camí Reial, 51-57 Polígono Industrial Riera de Caldes

Date of preparation:

For these reasons, rupatadine should be used with caution when it is coadministered with statins.

The EAACI International Severe Asthma Forum, ISAF 2012, will be held in Gothenburg, Sweden on

The priorities in asthma reflect the urgent need for a more rational approach to the management of

Although most patients with asthma are sufficiently controlled using currently available treatments, today's

management guidelines and therapies have significant shortcomings in a relatively small but very important subgroup of patients with severe asthma. In the light of increasing knowledge in the field, ISAF 2012 will provide you with an excellent opportunity to share major developments, novel ideas, and unprecedented progress in this area.

We expect great interest from delegates, who will be admitted on a first-come, first-served basis as the number of seats will be limited. For further information, visit www.eaaci-isaf2012.com.

Jan Lötvlav
ISAF 2012 Chair

Adnan Custovic
ISAF 2012 Co-Chair

The Skin Allergy Meeting (SAM) will be held in Berlin on 29 November–1 December 2012 (www.eaaci-sam2012.com). A total of 22 speakers will be invited from nine countries and will speak on topics ranging from atopic dermatitis, mastocytosis, autoinflammatory syndromes, aquatic dermatoses, and drug allergy. Experts from China, Europe, India, Israel, Japan, and the U.S. will discuss the management of allergies in their own communities to provide a valuable overview of international practice.

This will be preceded by the 4th International Urticaria Consensus Meeting on 28–29 November 2012 (www.urticaria2012.de), so delegates will be able to attend both for a very special meeting of international experts in the field of urticaria and cutaneous allergy.

The meetings will be held at the Langerbeck Virchow Haus located beside the Charité University campus and the Department of Dermatology in the centre of the vibrant capital city of Berlin, Germany, with a wide choice of accommodation to suit different budgets and excellent travel links. This is a meeting you should not miss. I look forward to seeing you in Berlin!

Clive G rattan
SAM 2012 Chair

The Food Allergy and Anaphylaxis Meeting (FAAM) in 2011 in Venice was a great success. A total 550 participants from more than 50 countries attended this meeting. Next year, FAAM 2013 is certain to go beyond that success. With approximately 1,000 attendees expected, this meeting will take place on 7–9 February 2013 in Nice, France.

The programme will address relevant and up-to-date scientific issues of the onset, trigger factors, and treatment of food allergy and is supposed to attract specialists from the clinics, food and technology sciences, and regulatory authorities. The meeting will focus on discussing patient organisations and preventive measurement. The programme is currently being finalised and will be soon presented on www.eaaci-faam.org — so watch out and don’t miss the opportunity to register for this interdisciplinary meeting!

Karin Hoffmann-Sommergruber
FAAM 2013 Chair

Berber Vlieg-Boerstra
Antonella Muraro
FAAM 2013 Organising Committee

It is with great pleasure that the ENT Section of the EAACI announces the next bi-annual SERIN (Symposium on Experimental Rhinology and Immunology of the Nose) meeting on 21–23 March 2013 in Leuven, Belgium. All international rhinologists that are interested in the basic and clinical immunology of the upper airways, will gather in Leuven and present their most recent data in the field. Since the first SERIN meeting, the idea of SERIN has always been to bring together young researchers in the field and interact with key experts in a friendly atmosphere.

The team of Belgian rhinologists, Claus Bachert, Philippe Gevaert, Peter Hellings, and Philippe Rombaux, will collaborate with international ENT Section Board members in creating an exciting and inspiring scientific programme on novel data on pathophysiology, the diagnosis and treatment of allergic and non-alergic rhinitis, rhinosinusitis, nasal polyps, and naso-bronchial interaction.

The historic University Halls of Leuven have been chosen as the convention centre due to their location in the city centre as well as for the charm of the historic character of the venue. Leuven is the oldest university city in Belgium, located only 20 km from Brussels and with direct links to the airport in Brussels.

We warmly encourage you to join us in Leuven in March 2013!

Peter Hellings
SERIN 2013 Chair
**EAACI New Interest Group on Biologicals**

Biological agents, such as antibodies directed against CD20 or the interleukin 6 (IL6) receptor, increasingly gain access to wider areas of clinical medicine, including clinical immunology and allergology. Such therapies may not only serve to better manage the disease concerned but also provide precious insight into these pathologies and the human immune system. The use of biologicals will undoubtedly increase even more in the years to come.

Although biological agents are currently providing outstanding support in multiple immune-mediated diseases, a better understanding of their fine mechanisms of action, their long-term effects, and their adverse effects, will need the collaboration of a large network of clinicians and researchers working on immunology and allergology.

Having recognised the importance of the above-mentioned issues on biologicals and with the endorsement of the Executive Committee of the EAACI, an Interest Group (IG) on Biologicals has recently been established within the EAACI. The first business meeting of this IG took place during the annual EAACI Congress in Geneva, Switzerland.

This Biologicals IG aims to work in the areas of the following research and clinical subjects:

- To stimulate basic and clinical research in the area of biologicals, especially those used for the treatment of immune-mediated diseases and for immunotherapy,
- To facilitate the scientific exchange between networks of clinicians and researchers interested in this topic,
- To create a comprehensive database with conclusive and outstanding data on desired and adverse effects of biologicals,
- To formulate guidelines for future research and clinical trials on the short-, mid-, and long-term effects of biologicals,
- To develop a task force to write position papers on biologicals.

EAACI members interested in joining this IG on Biologicals may contact onur.boyman@uzh.ch or francois.spertini@chuv.ch for further details.

**1st EAACI Skin Allergy Club**

The first Skin Allergy Club, organised by the EAACI Dermatology Section, took place in Zurich, Switzerland on 24–25 March 2012. Twelve EAACI JMAs were selected on the quality of their submitted abstracts. The course was co-ordinated by Drs Clive Grattan, Antti Lauerma, and Peter Schmid-Grendelmeier and funded by a grant from the EAACI. This new initiative was a unique self-directed learning opportunity using a “donut round” interactive approach and was aimed to promote the communication and exchange of experience among young clinicians and researchers working in allergy. Selected topics included overviews of immediate hypersensitivity reactions in the skin, urticaria, hereditary and non-hereditary angioedema, autoinflammatory skin diseases, mastocytosis, vasculitis, autoimmune skin diseases, infectious skin diseases, contact dermatitis, and atopic eczema. Powerpoint presentations were given by juniors. Each presentation was followed by impromptu discussions by the whole group under the direction of a moderator. The Skin Allergy Club was of the first of its kind for the EAACI. Its great success was clearly indicated in the evaluations of the participants.

**Lilit Hovhannisyan**  
EAACI Dermatology Section
The Allied Health Interest Group (IGAH) was established and formally recognised in summer 2011. Since its inception, the group, although small in numbers, has already achieved three significant objectives. The first is participating in the development of a programme for the EAACI Summer School on food allergy, which takes place in August 2012. This is in collaboration with the Pediatric Section and Food Allergy Interest Group, with members of the Allied Health group providing expertise on the requirement for nutrition and diet focused issues. The other main achievement is a successful bid for funding from the EAACI to develop materials for taking an allergy focused diet history. The funding allowed an international group of experts (both dietitians and clinicians) to meet in February and June 2012 to discuss the issue and assess requirements and the evidence. The group will meet again later in 2012 to refine all products generated and ensure that they link in with the new guidelines on food allergy being developed by the EAACI. The third is participating in the Food Allergy and Anaphylaxis Meeting (FAAM) for 2013. One of the next goals is to increase the number of members of the group, not only by advocating more dietitians and nurses to become members of the EAACI and IGAH, but also by encouraging EAACI members that are interested in diet and nutrition in relation to allergy to join the IGAH.

Berber Vlieg-Boerstra
Chairperson of IG Allied Health

Update on the EAACI Ocular Allergy Interest Group

The IGOA (the Interest Group of Ocular Allergy) commenced activities in 2009. We have already completed the first Task Force on Ocular Allergy Management. The chairperson of this Task Force group was Andrea Leonardi from the University of Neuroscience in Padua. Preparation of the Position Paper on Ocular Allergy Management was a huge task because of sparse studies involving eye allergy and poor prior co-operation between allergologists and ophthalmologists. It was an exceptional endeavour to combine the opinions of ophthalmologists (S. Doan MD, A. Grobiewska MD, A. Leonardi MD) and allergologists (Prof. L. Delgado, Prof. P. Demoly, J.L. Fauquet MD, M. Jędrzejczak-Czechowicz MD, Prof. M.L. Kowalski, and myself). To my mind, it was a good opportunity to learn more about a topic that we thought to have fully known about for a long time. I hope that our document will be published in Allergy and it will be a practical tool in the proper diagnosis and treatment of this disease. I enclose photos from the last business meeting in Wroclaw, Poland.

Now we have the accepted project budget for the new 2012 Task Force: Conjunctival Provocation Test (CPT) in Daily Allergy Practice. Chairperson Fauquet MD (an allergologist from Clermont-Ferrand, France) is looking for EAACI members interested in this topic. We would like to invite everybody to join us: allergologists, ophthalmologists, and immunologists that want to try working across these specialisations. The programme of the CPT TF is as follows:

- Indications
- Prerequisite criteria for application of the CPT
- Practical aspects (type of allergens available, instillation, doses)
- Positivity criteria (signs and symptom scores)
- Safety issues

Ewa Bogacka
Chairperson of IG Ocular Allergy

Jean-Luc Fauquert
Secretary of IG Ocular Allergy

Update on the EAACI Food Allergy Interest Group

The IG Food Allergy was actively engaged in the preparations for the Food Allergy Campaign launched at the EAACI Annual Meeting in Geneva, Switzerland. This public campaign is dedicated to properly addressing the epidemic of food allergy, to increasing awareness in society and at a political level, and to creating a platform for scientists, patient organisations and food industry representatives to optimise the management of the food-allergic patient.

Within the most recent months, the IG Food Allergy was actively engaged in the preparations for the FAAM Meeting (Food Allergy and Anaphylaxis Meeting) in Nice, France in February 2013. Representatives from the IG Food Allergy, Allied Health and Pediatrics Section are currently working on an exciting and interesting programme to attract basic scientists from the food chemistry, nutritional sciences, protein chemistry, immunology, and clinicians, and last but not least, patient organisations representatives. We are looking forward to a stimulating exchange among the participants. Announcements will be posted about this meeting soon and we are looking forward to meeting in Nice in 2013.

Karin Hoffmann-Sommergruber
Chairperson of IG Food Allergy
Food Allergy and Atopic Dermatitis: Relationship and Novel Approaches

The prevalence of food allergy seems to be on the increase, despite the heterogeneity of results among different studies. It is estimated that 4-8% of the population has food allergy. In contrast to what happens in children, who have a primary sensitisation, in adults most food allergies are a result of cross reactivity.

A curative therapy does not currently exist for food allergy, and strict avoidance is the only method of control. Fortunately, the most recent years have given us the possibility of performing oral immunotherapy (OIT) with some foods to protect against severe reactions in the event of accidental intake, and to allow people to eat traces of food that contain the substances that trigger the response. There are different protocols for most prevalent foods, but not all patients are suitable for OIT and not all obtain successful results, due to side effects. In any case, long-term OIT appears to be safe and adds some benefits for many patients with egg, milk, peach, or peanut allergy with an increase of threshold levels.

At the same time, hypoallergenic molecules are being developed in order to improve some extracts that may be used in patients with food allergy. In this field, the FAST Project is being carried on to find out extracts of fish and peach to be used as subcutaneous immunotherapy. On the other hand, food allergy and atopic dermatitis are often present in the same patients and the case of many worsens from dermatitis after any intake of food to which they are sensitised. This occurs not only with primary food allergens such as milk and eggs, but also with pollen-related food. Atopic dermatitis (AD) is a very common problematic condition, especially at an early age. Approximately one third of all children with moderate or severe AD also indicate IgE mediated food allergy. In addition to food allergens, other trigger factors can worsen AD such as inhalant allergens, autoantigens, psychological stress, environment factors, irritable substances, hormones, and barrier skin defects. Some epidemiological evidences show that filaggrin defects may be etiologically implicated. In this sense, we shall identify all individual factors that worsen AD and control them as best as we possibly can.

Virginia Bellido-Linares
Spain

Overview of Rhinologic Diagnostic Tools and New Insights in Disease Mechanisms of Rhinoconjunctivitis and Rhinosinusitis

Making the link with a recently published Position Paper in Clinical and Translational Allergy, one of the ENT Postgraduate Courses focused on Diagnostic Tools in Rhinology. Prof. Glenis Scadding started by emphasising the underrated importance of history-taking in rhinitis patients by discussing several interesting real-life cases of rhinitis patients. Her interactive talk was followed by Prof. Peter Hellings, who gave a nice overview of the different etiologies of nasal obstruction according to their anatomical or mucosal nature. Moreover, he discussed the currently available devices to measure nasal flow, pointing out the increasing importance of peak nasal inspiratory flow (PNIF) measurements, specifically in the research setting. Next, Prof. Elina Toskala covered the broad topic of diagnosis in allergic rhinitis. Besides the classical skin prick testing and systemic measurements of IgEs, she underlined the advantage of (nasal) provocation testing, especially in the field of occupational rhinitis. Finally, Prof. Livje Kalegjera discussed the controversial issues of microbiology and radiologic imaging in the diagnosis of sinusitis, touching on the hot topics of Staphylococcus Aureus in chronic rhinosinusitis as well as biofilm formation.

The following day, the role of Staphylococcus Aureus (SA) in sinus disease was more deeply elaborated by Thibaut Van Zele in his introductory lecture in the “disease mechanisms of allergic rhinoconjunctivitis and rhinosinusitis” session. He emphasised the probable role of pathogens as an important modifier of nasal polyp disease as well as the correlation between the presence of specific IgEs for SA toxins and the presence of Th2-directed eosinophilic inflammation. His proposed differentiation of chronic sinus disease upon ILS-positivity was underlined by Dr. Heidi Olze, who presented data from the GA²LEN survey on chronic rhinosinusitis (WP 2.7.2), and more specifically on the observed clusters of chemokine patterns and IL5. Her talk was followed by Prof. Carmen Rondon, who presented more data of her studies on local allergic rhinitis. This time she was able to show the presence of specific IgEs for house dust mite in nasal lavages of patients suffering from perennial rhinitis, however, presenting with negative skin prick tests for this allergen. Moreover, these patients responded in a subjective as well as an objective way to nasal house dust mite challenge. The next talk by Ina Calliebuat focused on disease mechanisms of allergic rhinoconjunctivitis and showed the results of a murine model to study naso-ocular reflexes. She detected an increased release of neurogenic as well as mast cell related mediators in the eyes of mice that were challenged with an intranasal allergen. Finally, Prof. Andrea Leonardi convinced us of the importance of the ISAC multiplex system to measure more than 100 antigen-specific IgEs in small amounts of tear fluid of vernal keratoconjunctivitis patients. In this way, he also showed the presence of a so-called local allergy, which appears to be a rising phenomenon in the ENT as well the ophthalmology area of allergic diseases.

Valerie Hox
Belgium
Many human diseases from schizophrenia to idiopathic bowel disease are complex in their pathogenesis. The same is true for asthma and allergies, the susceptibility to which is determined by environmental factors, the organism’s developmental status and the gene expression. Human genetics have exploded during the last years and asthma genetics have provided a substantial amount of data through wide genome associated studies (GWAS). However, the main difficulty in the understanding of complex diseases' genetics is the so-called 'missing heritability'. Measured heritability is the 'view of the iceberg' and there are many reasons for this, such as the overestimation of heritability, poor phenotyping, rare variants, structural variation, the influence of the environment and the epigenetic phenomena.

The trajectory to asthma begins early in life, possibly in utero, and epigenetic mechanisms are critical for the plastic and dynamic responses elicited by environmental exposures and the appropriate unfolding of developmental processes. The crucial question is whether epigenetic signatures associated with asthma are detectable in a child’s peripheral blood immune cells at birth. It has been demonstrated that there are several differentially methylated regions between asthmatic and non-asthmatic children. The detections of neonatal epigenetic signatures of asthma signifies that asthma origins are early in life, possible prenatally.

It seems that there is a different impact of environmental factors in different ages and that there is a ‘window of vulnerability’ in the early age for disease development which highlights the role of epigenetics. The major questions of an ongoing study focused on the epigenetic effects on asthma in a rural environment are the following: 1. Does farm environment influences DNA methylation? 2. Are there disease-specific methylation patterns? 3. Is there a specific timing for a protective effect (‘window of opportunity’)? The comparisons take place among five different groups: asthmatic-farmers, asthmatic-non farmers, non-asthmatic-farmers and non-asthmatic-non farmers. The timing of the sampling is based on the pediatric asthma phenotypes as they have been described in the Tuscon study. The main conclusions from the pilot study included differences in methylation between asthmatic and non-asthmatics as well as between farmers and non-farmers, stronger changes in epigenetic signatures over time and the reassuring conclusion that we can use peripheral blood and cord blood to explore asthma genetics. However, the investigators’ group is still looking for methylation changes clusters and exploring the use of these results in relation to a possible ‘window of opportunity’ for prevention/early treatment.

It has been early recognized that asthma is inherited (Salter HH, London John Churchill 1860: “Treatise on Asthma: Its Pathology and Treatment”) but genome wide associated studies although good for the disease’s mechanism exploration, are not enough for prediction. There are a lot of studies showing that epigenetics contribute to heritability via multigenerational effects of the environment. Maternal smoking during pregnancy, maternal or paternal asthma are some of the factors known to be associated with asthma in children (Li YF, Chest 2005: “Maternal and grandmaternal smoking patterns are associated with early childhood asthma” and Arshad SH, JACI 2012: “The effect of parental allergy on childhood allergic diseases depends on the sex of the child”). In the concept of the ‘transgenerational Epigenetic Inheritance’, the investigators explore the interplay among the maternal genome, epigenome, and environment, the neonatal epigenome, the gestational and postnatal environment and even the grandmother’s environment in the development of childhood allergic disease. Preliminary data from a 245 female cohort (mothers) indicate that maternal smoking during pregnancy changes the methylation levels and that lung function is associated with the methylation levels of genes specific for lung function parameters.

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