Optimising Immunotherapy in pollinosis

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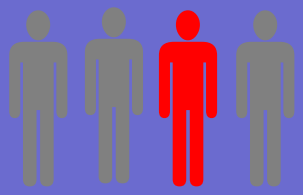
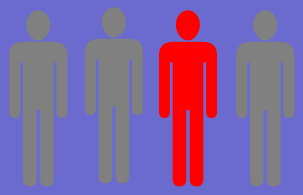


The patient selection

A high quality extract, a correct administration AND a good patient selection are critical for a successful immunotherapy



The patient selection

PATIENT

INDIVIDUALIZED

What is the problem of the patient?
Is Immunotherapy a solution?
Is that the best one?

The diagnosis conflict

Case Record

Our patient suffers from rhinoconjunctivitis and cough from April to June in the south of Spain, where pollination overlapping occurs.

The diagnosis conflict

Case Record

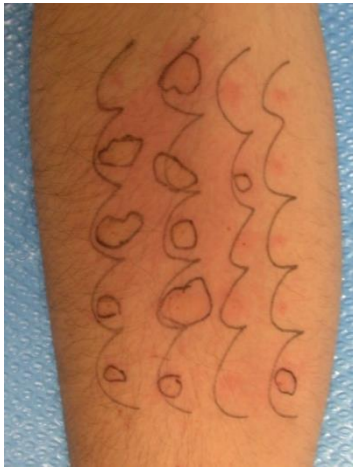
Different diagnosis tools are available to find out the best etiologic treatment for our patient

The diagnosis conflict

What is the patient allergic to?

The diagnosis conflict

What is the patient allergic to?



Phleum pratensis	10 mm
Cynodon dactylon	11 mm
Cupresus arizonica	13 mm
Parietaria judaica	09 mm
Salsola Kali	06 mm
Chenopodium album	15 mm
Platanus hybryda	11 mm
Plantago lanceolata	10 mm
Olea europaea	08 mm
Fraxinus excelsior	05 mm
Ligustrum vulgaris	05 mm

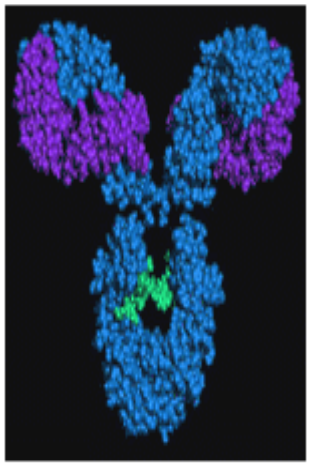
According to SPT, our patient is polysensitized and immunotherapy is not appropriate

8 different types of pollen

The diagnosis conflict

What is the patient allergic to?

If sIgE to whole extract is measured in terms of "*classes*", patient remains polysensitized and immunotherapy does not seem adequate



specific IgE to whole extract

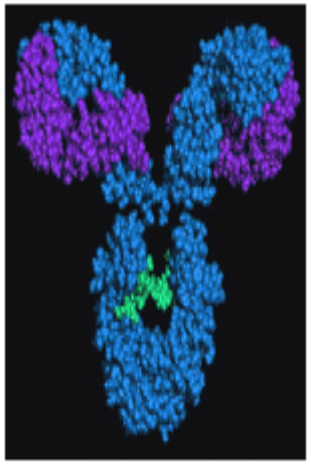
	Class
Phleum	*4*
Cynodon	*3*
Olea	*4*
Plantago	*1*
Chenopodium	*2*
Artemisia	*1*

Olea, grass, Chenopodium Plantago, Artemisia

The diagnosis conflict

What is the patient allergic to?

When a quantitative interpretation of sIgE is done, patient “suddently” becomes allergic ONLY to a pair of pollens. Then, immunotherapy is possible.

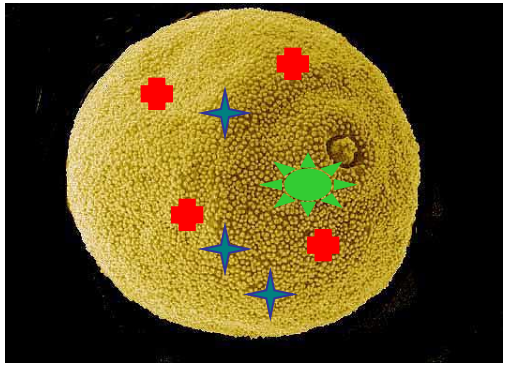


specific IgE to whole extract

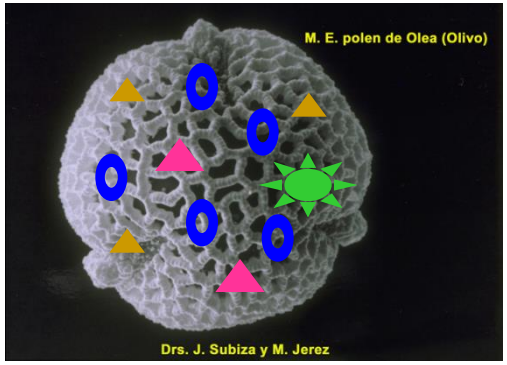
	Class	kU/l
Phleum	*4*	*19,2*
Cynodon	*3*	*10,6*
Olea	*4*	*47,8*
Plantago	*1*	*0,63*
Chenopodium	*2*	*3,01*
Artemisia	*1*	*1,5*

Olea, grass

What is the problem of the patient?



Now, let´s consider the problem from a molecular perspective



Genuine major components from Olive and poaceae pollens as well as panallergens were tested to assess clinical relevance

What is the problem of the patient?

Genuine sensitization to Olive is shown

Panallergens	**kU/l IgE**
Profilin	0,02
Polcalcin	47,08

Olea allergens	
Ole e 1	**175,62**
Ole e 7	**33,80**
Ole e 9	**14,02**

Grass allergens	
Phl p 1	0,00
Phl p 5	0,03

What is the problem of the patient?

On the other hand, our patient is not allergic to grasses

Panallergens	**kU/l IgE**
Profilin	0,02
Polcalcin	47,08

Olea allergens	
Ole e 1	175,62
Ole e 7	33,80
Ole e 9	14,02

Grass allergens	
Phl p 1	**0,00**
Phl p 5	**0,03**

What is the problem of the patient?

Sensitization to polcalcin explained the “aparent polysensitization” previously diagnosed

kU/l IgE

Panallergens	
Profilin	0,02
Polcalcin	**47,08**

Olea allergens	
Ole e 1	175,62
Ole e 7	33,80
Ole e 9	14,02

Grass allergens	
Phl p 1	0,00
Phl p 5	0,03

Is there any difference?

Immunotherapy options for our patient

- SPT alone ➔ No immunotherapy
- SPT + sIgE-class ➔ No immunotherapy
- SPT + sIgE-units ➔ Olea – grass extract
- Component Resolved Diagnosis ➔ Olea extract

Is there any difference?

Immunotherapy: the final decisiont

- Component Resolved Diagnosis ➔ Olea extract

Is there any difference?

How relevant can become an accurate diagnosis?

% Prescriptions Hospital Reina Sofía, Córdoba, Spain

CRD	Olea+Grass	Olea	Grass
Before	85	11	4
After	10	68	22