Research needs in allergy

2012: A great year of education in the Academy

EAACI – excellence in allergy  www.eaaci.org
Letter from the Editor

People matter! Any successful vision should purposely start with the word “people” since they are its greatest strength. Today, you can duplicate almost everything, but you cannot duplicate people. Pretty powerful words? We should all take them to heart. People can make a difference and they need to be empowered to do so.

Building on the 2011 EU Council Conclusions on the prevention, early diagnosis, and treatment of chronic respiratory diseases in children, the EAACI supports and promotes the healthcare rights of the allergic patient as well as stakeholder initiatives that focus on the availability, safety, and quality of care for patients suffering from allergic diseases. In the EU Council Conclusions, asthma and allergic rhinitis are recognised as the most common chronic respiratory diseases in children and asthma as the most common reason for emergency room visits and hospital admissions among children. In this regard, close co-operation between the EAACI and all relevant stakeholders becomes a top priority. Patients, politicians, and scientists working together is not a utopia any more, and reports published in this issue of the Newsletter are real proof of that. In addition, the EAACI’s latest Position Paper highlights the most important research needs in allergy, to serve as key recommendations for future research funding at the national and European levels, while the International Consensus (ICON) on Pediatric Asthma reinforces the challenge of implementing the guidelines and offering access to standard asthma therapy for children in many areas of the world. With the Food Allergy & Anaphylaxis Campaign, the EAACI addresses the wellbeing of more than 17 million people in Europe suffering from food allergies. Landmark documents for the management of food allergic patients both for health professionals and for policymakers are being prepared.

If you are surrounded by young people, you’ll have boundless energy. Nobody can deny that an investment in youth is the real way to spark any project. The JMAs have been an EAACI priority since the very beginning and they remain the mainstay of President Cezmi Akdis’ programme. In this issue we remember the early beginnings of the JMAs and we proudly acknowledge their accomplishments. If you are surrounded by young people, you’ll have boundless energy. Nobody can deny that an investment in youth is the real way to spark any project. The JMAs have been an EAACI priority since the very beginning and they remain the mainstay of President Cezmi Akdis’ programme. In this issue we remember the early beginnings of the JMAs and we proudly acknowledge their accomplishments.

I was listening the other day to the song “Crazy she calls me” by Rod Stewart. Somewhere he says: “The difficult we can do right now. The impossible will take a little while.” Dear Newsletter reader, is it so difficult to make things happen?

Enjoy the Newsletter!

Ioana Agache
Ipsa Scientia Potestas Est
Knowledge itself is Power

Thanks to these fellowships, we help to spread the medical specialty of allergy and clinical immunology throughout Europe and support the education of highly skilled fellows in this field. Applications are opened on the 1 November and will close by 31 January 2013. I encourage all EAACI junior members to apply.

We are making good progress in planning the EAACI-WAO Congress 2013: the congress website has been launched. If you have not had the opportunity to see it, please visit www.eaaci-wao2013.com. It will be continuously updated and will provide you with all the necessary information to submit your abstract (remember that the deadline is 21 January 2013). This congress will be the greatest educational event of the year in the allergy field and will offer you a scientific programme of the absolute highest quality.

I would also like to take this opportunity to remind you that the call for scientific programme proposals for the EAACI Congress 2014, taking place 7–11 June 2014 in Copenhagen, Denmark, will be sent out to all the membership soon. I encourage you to send us your suggestions for the programme, which will help the Scientific Programme Committee to create an outstanding event.

I am very happy to inform you that the EAACI family has substantially increased during 2012. We are now more than 7,500 members from 121 countries, which means almost 1,000 new members and 14 new countries joined the Academy’s umbrella during this year. The Academy has also welcomed the Patient Organisations Committee and a new Interest Group on Biologics.

In a few weeks, our Academy is launching a new online Members Area. With a more user-friendly and dynamic design, this site provides members with all the information they need in just one place. As part of our ongoing development and improvement plan, the EAACI Website is changing from eaaci.net to eaaci.org, a more appropriate web address for a non-profit academic organisation like ours.

Lastly, I would like thank the editors of the three official journals of the Academy, Hans-Uwe Simon and Thomas Bieber for Allergy; Ulrich Wahn and Paolo Matricardi for Pediatric Allergy and Immunology (PAI); and Clive Grattan and Victoria Cardona for Clinical and Translational Allergy (CTA). They have done a great job in spreading science and education and contributing to the high scientific standing of our field. I kindly invite you to submit your manuscripts and follow the most leading science and education articles in the EAACI journals.

We will keep working hard to make sure that our Academy is the leading reference in allergy and clinical immunology. Next year is full of new activities, projects and events. Our campaign will continue with the Food Allergy and Anaphylaxis Meeting (FAAM) in February, the Symposium on Experimental Rhinology and Immunology of the Nose (SERIN) will be in March, the EAACI-WAO Congress 2013 in June and the Pediatric Allergy and Asthma Meeting (PAAM) in October. At least five new Allergy and Immunology Schools, the 6th Knowledge Examination, research and educational fellowships, and much more will take place next year. I recommend you to stay tuned by visiting our website regularly or following us in social media so that you don’t miss anything!

We at the EAACI think that “knowledge itself is power” and will continue to work with our utmost performance to improve the education of the patients, primary care doctors, specialists in all related disciplines, doctors of veterinary medicine working on allergic diseases of animals, and scientists performing research in all of the areas in the scope of our Academy.

Thank you all for your support and collegiality in 2012 and my best wishes for 2013.

Cezmi Akdis
EAACI President

It is my great pleasure to address you in this last Newsletter for 2012. We had a great year of education in the Academy with a broad range of activities from a successful annual congress in Geneva to the launch of our Food Allergy and Anaphylaxis Campaign to the celebration of the 5th EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology.

EAACI events bring together science, education and interaction to support clinicians and scientists in their research and daily practice. Later this month the next Allergy School will be held in El Escorial, Spain. Also, the Skin Allergy Meeting (SAM) 2012 will take place in Berlin, from 29 November to 1 December. SAM 2012 will provide a very valuable overview of international practice related to skin allergy.

In October the first International Severe Asthma Forum (ISAF) was held in Gothenburg, with a fantastic scientific and educational programme and was attended by internationally renowned clinicians and basic scientists, who shared key developments and original ideas in the field of severe asthma. Many congratulations to the chairs and organisers for their efforts in making this groundbreaking Forum a success.

Research and Clinical Fellowships are one of the highlights of the Academy for EAACI members in training for allergy and clinical immunology.
Preliminary initiatives for Junior Members date back to the 1990s, but the real growth in numbers of Junior Members and their activities started in 1999 at the EAACI meeting in Brussels with the JMA poster session.

Susanna Olsson was the founder and first chair of the Junior Members. At the Lisbon Congress in 2000, Olsson carefully recruited young members from the different sections to join the Junior Member working group.

In January 2001, the first JMA working group met in Milan, Italy, and laid the foundations of the JMA. Surprisingly, many of our dreams, initiatives, and proposals achieved over the last decade were based on the young, dynamic, and more democratic EAACI that we have today.

- We proposed highlighting the abstracts by having high quality poster sessions, at an attractive spot in the congress centre and in a good time slot (Lisbon 2000)
- We proposed having travel grants to allow Junior Members from all over Europe to present their research at EAACI meetings (Lisbon 2000)
- We proposed having summer schools for young members
- We proposed free membership for members under 35 years of age (Berlin 2001)
- We proposed exchange fellowships for young investigators (Berlin 2001)
- We proposed having our own JMA site integrated in the EAACI website (Berlin 2001)
- We proposed introducing new media with an improved EAACI website (Naples 2002)
- We proposed having junior and good speakers in the main sessions (Naples 2002)
- We proposed holding democratic elections by internet and email (Paris 2003)
- We proposed having a JMA hotel close to the congress centre (Paris 2003)
- We proposed holding our own social event (Amsterdam 2004)
- We proposed a high turnover of leaders and representatives on the EAACI boards (Amsterdam 2004)
- We proposed having a JMA representative on all Section Boards, the Executive Committee, and the Scientific Programme Committee (Amsterdam 2004)
- We proposed holding JMA educational sessions (Berlin 2005)

We were a group of good friends with a lot of crazy ideas. A key point was the first digital elections and the first democratically elected JMA Working Group in 2003. From this moment, JMA representatives were officially recognised on all Section Boards, the Executive Committee, and the Scientific Programme Committee with full voting rights.

When the JMA started we had 305 members after 35 years. At the Munich meeting in 2005 we already had 1,365 Junior Members. The EAACI embraced the JMA, and since then we have enjoyed seeing every proposal of ours translated into success.

Philippe Gevaert
2003–2005 JMA Chairperson
Tell us about yourself and the projects you are currently involved in.

I graduated from the Medical University of Warsaw, Poland, and currently am chair of the Prevention of Environmental Hazards and Allergology Department and Director of the University Environmental Health Centre. As an ENT, allergology, and public health specialist, I have been involved in epidemiology and rhinology for many years. I promoted the Epidemiology of Allergic Diseases in Poland, WHO research into tobacco smoking (GATS), mite allergy, nasal challenge, acoustic rhinometry, and public health. Three years ago, I was included in the diplomatic corps of the Polish Presidency in the EU, becoming chair of the Sub-Committee on Priorities of Public Health in the EU Council. I am also National Consultant for Public Health and President of the Polish Society of Allergology. These help me to establish one general programme: healthy aging depends on children’s health.

How did you get involved in the initiative to promote allergy and asthma at the EU level?

While working on health priorities during the Polish Presidency in the EU, I proposed to my minister that she should include allergy and asthma (AA) as typical modern diseases rapidly increasing among children in highly developed societies during the last century. Since AA are the most common non-communicable chronic diseases leading to disability not only in childhood but in middle and old age as well, we decided to include them in a programme to reduce health inequalities across European societies. These diseases were never presented in European programmes. Children’s health was also rather a rare subject in EU priorities. Our proposal was well received by EU member states and the European Commission (EC).

Please describe the situation of the specialty before and after the EU Polish Presidency.

During the Polish Presidency, we organised an expert conference in Warsaw-Ossa with the best scientists working in allergy, asthma, and epidemiology in the EU. It gave us a scientific background for the preparation council conclusion (CC) on chronic respiratory diseases (CRD) in children. This is a political act at the international level, engaging the EC. After long and difficult negotiations, our CC was accepted by all 27 ministers of health in the EU on 2 December 2011. It creates a completely new situation for allergy and asthma in Europe. Now AA are included in the main political stream of the EU. The problems resulting from AA should be presented in social, health, and scientific programmes. And what is very important, we stress that such initiatives as the international networks of GA²LEN and GARD should be supported by all stakeholders as an instrument for international co-operation of scientific and political centres working on the prevention, early diagnosis, and proper treatment of these diseases.

How do you foresee the future of the allergy specialty across Europe?

We have new perspectives. The Cyprus Presidency decided to include the role of early prevention allergy and asthma in its priority on active and healthy aging, continuing the idea of CRD CC. If we take into account that AA are risk factors for other health problems (COPD, CVD, and exclusion from society leading to mental diseases) we should include them in the system of prevention programmes for AHA.

What are your future plans?

During my presidency in the Polish Society of Allergology, I would like to improve the early recognition of allergy and asthma in my country by innovative IT diagnostic systems, and establish SIT not only as a therapeutic proposal but also as a secondary prevention method commonly used in our society. I think that this is also a challenge for all EU countries.

Boleslaw Samolinski

November 2012
1. Fellowships 2013 application opens
2. EAACI 2013 budget ExCom Meeting, Montpellier, France
15-17 Allergy School “Specific Allergy and Immunotherapy”, El Escorial, Spain
26-27 EuroBAT 2012, Berlin, Germany
29 June-1 July Skin Allergy Meeting (SAMI), Berlin, Germany
• Online registration and abstract submission open for the EAACI-WAO Congress 2013
• EAACI-WAO Congress 2013 Preliminary Programme is published
• EAACI Newsletter

December 2012
• EAACI member fee invoices are sent out
• Applications for BoO and MaL

January 2013
31 Abstract deadline for the EAACI-WAO Congress 2013
27-30 11th Immunology Winter School, Port, Austria
31 Application deadline for Fellowships

February 2013
6 Summit on Food Allergy and Anaphylaxis, Nice, France
7-9 Food Allergy and Anaphylaxis Meeting (FAAMI), Nice, France
15-16 ExCom Meeting, Copenhagen, Denmark
• EAACI Newsletter

March 2013
21-23 Symposium of Experimental Rhinology and Infection of the Nose (SERR), Leuven, Belgium

April 2013
• Allergy School “Hymenoptera Venom Allergy”, Munich, Germany

May 2013
• EAACI Newsletter

June 2013
21 ExCom Meeting, Milan, Italy
22-26 EAACI-WAO World Allergy & Asthma Congress 2013, Milan, Italy
22 EAACI/UEMS Knowledge Examination

July 2013
• No events are planned

August 2013
• EAACI Newsletter

September 2013
• No events are planned

October 2013
17-19 Pediatric Allergy and Asthma Meeting (PAAM), Athens, Greece

November 2013
• EAACI Newsletter

December 2013
• 5th International Symposium on Molecular Allergology (ISMA), Vienna, Austria
• EAACI member fee invoices are sent out

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.
Interview with Ms Elisabetta Gardini, Member of the European Parliament

Statistics say that 40% of the EU population will have an allergy in 2040. How do you think the EU should invest in public health to improve these peoples’ lives? While working on health priorities, the EU can do a number of things in terms of investment in care and cure. I think it is very important that solutions become EU-wide, however. For example, if there is advanced work being done in a certain area of research, the EU should use its powers to ensure that the benefits of the results will reach every citizen. The correct political and economic mechanisms must be in place in order for us to reap the rewards of any given research. This is especially true as allergies become more prolific in our population.

EAACI is rolling out a Food Allergy and Anaphylaxis Campaign to highlight awareness of the sharp increase of anaphylaxis in children, an allergic reaction that is severe and potentially life-threatening. How is the European Parliament currently working on this matter?

The European Parliament has the ability to influence EU-level policy that is coming from the Commission and continue to spread the word through workshops, information sessions and by taking the news back to our constituencies. Currently, as you know, we are moving forward to change the way food is labelled so that the consumer is completely aware of what he or she is consuming. With certain allergic reactions, this information can mean life or death.

The European Parliament approved a new food labelling law that will apply from 2014. How do you think these new labels will improve the lives of people with food allergy? People with food allergy live in a cautious world when it comes to eating. I hope that with the new food labelling system, those people can enjoy their food and furthermore their lives more, without having to constantly worry about what they eat. Finally, as I mentioned before, this will save lives.

In some ways the ‘may contain’ legislation does not go far enough and fails to properly address every issue. It is our job as Parliamentarians to maintain that fine balance between the timing and scope of the legislation. As you know, however, the Council also has a right for input and we must look for the best possible compromise for all interest groups involved.

How do you see the current and future EU Parliament-EAACI co-operation? I think there is a healthy relationship between the European Parliament and the EAACI, a two-way street where both parties can make a positive difference in the EU. There is cross-party and cross-country support for the EAACI’s work and this can only be improved. As we move on, I see our future co-operation being an open dialogue where the EAACI can provide EU decision makers with important and relevant information about upcoming legislation. Speaking as a member of the ENVI Committee on the Environment, Public Health and Food Safety, I look forward to working with you in the future to ensure the health and safety of all EU citizens. Thank you for your work!

Patient Expectations of EU Healthcare Priorities

The European Federation of Allergy and Airway Diseases Patient Associations (EFA) dedicates itself to assuring European patients with respiratory diseases and allergy a right to quality care, safe living environments, uncompromised lifestyles, and involvement in decisions influencing their health. A comprehensive European Union strategy on chronic diseases should contain disease-specific best practices and national programmes, such as the Finnish allergy, asthma and COPD programmes and the Danish COPD prevention programme.

On 2 December 2011, EFA enthusiastically greeted the Council Conclusions “Prevention, early diagnosis and treatment of chronic respiratory diseases in children,” a milestone marking chronic respiratory diseases as common EU health concerns. Currently, EFA advocates include allergy and airways diseases in the EU reflection process on chronic diseases.

With food labeling, EFA seeks clearer and understandable labeling for consumers encouraging informed choices and the safe use of food. EFA organised an event at the European Parliament with the EAACI, focusing on mandatory information on allergens for non-prepacked food and “precautionary labeling.”

EFA supports leading NGOs in revising the tobacco products directive, expected before the end of 2012, and welcomes proposals for pictorial warnings to cover 80% of tobacco product packaging, and the standardisation of shape, colour, and method of opening for all branding.

Breda Flood, EFA President

David Brennan
EFA Junior EU Policy and Programme Officer
Highlighting Research Needs in Allergy

Allergy, originally perceived as a rare disease, has become a major public health threat, affecting the lives of more than 60 million people in Europe, and probably close to 1 billion people worldwide, thereby heavily impacting the budgets of public health systems. More disturbingly, its prevalence and impact continue to rise. Therefore, there is an urgent need to prioritise and share research efforts in the field of allergy, in order to achieve sustainable results on the prevention, diagnosis, and treatment of this most prevalent chronic disease of the 21st century.

In support of its mission, the EAACI is working on a Position Paper highlighting the most important research needs in allergy, to serve as key recommendations for future research funding at the national and European levels. Although allergies involve almost every organ of the body and an array of diverse external factors acts as triggers, there are several common themes that need to be prioritised in research. As with many other chronic diseases, effective prevention, curative treatment, and accurate rapid diagnosis represent major unmet needs. Detailed phenotyping/endotyping and patient-tailored therapies stand out as widely required to arrange or re-categorize clinical syndromes into more coherent, uniform, and treatment-responsive groups.

Research efforts to unveil the basic pathophysiologic pathways and mechanisms, thus leading to the comprehension and resolution of the pathophysiologic complexity of allergies, will allow for the design of novel patient-oriented diagnostic and treatment protocols. Several allergic diseases require well-controlled epidemiological description and surveillance, using disease registries, pharmaco-economic evaluation, as well as large biobanks. Additionally, there is a need for large studies to bring promising new biotechnological innovations, such as biologicals and vaccines of modified allergen molecules, closer to clinical practice.

Finally, particular attention should be paid to the difficult-to-manage, precarious, and costly severe disease forms and/or exacerbations. Nonetheless, currently arising treatments, mainly in the fields of immunotherapy and biologicals, hold great promise for targeted and causal management of allergic diseases. The active involvement of all stakeholders, including patient organisations and policymakers, is necessary to achieve these aims. All EAACI members should take advantage of the opportunity to use this document in support of local and wider efforts to advocate allergy research.

Cezmi Akdis
EAACI President

Nikos Papadopoulos
EAACI Secretary General
The International Consensus (ICON) on Pediatric Asthma

In children, asthma presents additional challenges not seen in adults, due to issues such as the pathophysiology of the developing respiratory and immune systems, the uncertainty of the diagnosis and natural history, the scarcity of good evidence, and the differential response to medications.

It is therefore not surprising that several guidelines and/or consensus documents are available to support medical decisions on pediatric asthma. These vary in scope and methodology, local, regional or international focus, or their exclusivity in pediatric asthma. Although there is no doubt that the use of common systematic approaches for management, such as guidelines or national programmes, can considerably improve outcomes, the dissemination and implementation of these remain major challenges.

Asthma starts early in life and has unstable phenotypes that may progress or remit over time. Around half the number of children that wheeze early in life becomes asymptomatic by school age, irrespective of treatment. However, asthma symptoms may persist, sometimes for life, especially in atopic and more severe cases. Therefore, appropriate asthma management may have a major impact on the quality of life of patients and their families, as well as on public health outcomes. Asthma is strongly associated with allergy. Common exposures such as tobacco smoke, pollution, and respiratory infections trigger symptoms and contribute to morbidity and occasional mortality. Currently, primary prevention is not possible. However, in established disease, control can be achieved and maintained with appropriate treatment, education, and monitoring in most children.

The International Collaboration in Asthma, Allergy and Immunology (iCAALL), recently formed by the EAACI, AAAAI, ACAAI, and WAO, has decided to propose an International Consensus (ICON) on Pediatric Asthma. The purpose of this document is to highlight the key messages that are common to many of the existing guidelines, while critically reviewing and commenting on any differences, thus providing a concise reference. A working committee proposed relevant documents to be appraised and prepared tables and commentaries comparing these documents in a systematic way. The compiled document was circulated to an independent reviewing committee, the comments of which were taken into account in the final draft, which was approved by the governing bodies of the participating organisations. Recommendations were extrapolated from the reference documents and presented using evidence levels (A-D).

The conclusions of the ICON are both encouraging and stimulating. Regardless of some variability in specific recommendations, wording and structure, all the current major guidelines providing advice for best clinical practice in pediatric asthma management point toward the same core principles and indicate agreement on the majority of their choices. Overall, the treatment goal is disease control. In order to achieve this, patients and their parents should be educated to optimally manage the disease, in collaboration with their healthcare providers. The identification and avoidance of triggers is also of significant importance. Assessment and monitoring should be performed regularly to re-evaluate and fine-tune treatment. Pharmacotherapy is the cornerstone of treatment. The optimal use of medication can, in most cases, help patients control symptoms and reduce the risk of morbidity. Immunotherapy is important for patients with clearly allergen-driven disease. The management of exacerbations is a major consideration, independent from chronic treatment. There is a trend towards considering phenotype specific treatment choices; however there is as yet no consistent approach to this.

There are many unanswered questions in relation to pediatric asthma and research recommendations included in the ICON, highlighting the need to investigate such areas better. The characterisation of phenotypes, the understanding of basic mechanisms, the identification of targets for primary prevention, the exploration of biomarkers for diagnosis and prognosis, the evaluation of environmental control interventions, and real-life clinical trials to assess medications, are among the unmet research needs. Nevertheless, considerable new knowledge has been accumulated in recent years and recommendations for improved guidelines are provided in the ICON: two such examples include newer lung function measures such as impulse oscillometry or airway inflammation assessment with exhaled NO to improve care.

However, the implementation of guidelines and access to standard asthma therapy for children remains challenging in many areas of the world. It is expected, by increasing accessibility and promoting the dissemination of these core principles, in parallel with continued efforts in evaluating and incorporating evidence in improved guidelines, that we will be able to help improve the quality of life of children with asthma and to reduce the burden of this contemporary epidemic. Local variations, in terms of resources but also in terms of exposure and cultural differences, suggest that in order for guidelines to be effective they should be adapted to different national environments, a prospect supported and welcomed by the ICON.

Nikos Papadopoulos
EAACI Secretary General
EAACI-WAO Congress 2013
World Allergy & Asthma Congress
Allergy: A Global Health Challenge

We are pleased to announce that the largest congress in the field of allergy and clinical immunology will take place 22–26 June 2013 at the MiCo Milano Congressi, in Milan, Italy. The EAACI–WAO World Allergy & Asthma Congress 2013 is a joint meeting of the European Academy of Allergy and Clinical Immunology (EAACI) and the World Allergy Organization (WAO). Both societies are excited to partner this congress and look forward to bringing together the 40,000 combined individual members from Africa, Asia-Pacific, Europe, North America, and South America. We expect more than 10,000 international delegates to attend. They will have the opportunity to exchange knowledge and discuss the latest advances in the field of allergy and clinical immunology through symposia, poster discussions, postgraduate courses, workshops, pro and con sessions, plenary sessions, and more! Participants will come from many specialties, including allergists, pulmonologists, ENTs, dermatologists, internists, pediatricians, gastroenterologists, clinical immunologists, and primary care physicians. The scientific programme is in the process of development, thanks to the suggestions and proposals from EAACI and WAO members. We would like to thank the Scientific Programme Committee, especially the chairs: Marek Jutel and Lanny J. Rosenwasser. They are working very hard to create a comprehensive and exciting programme that will cover all facets of the field. The highlights of the scientific programme will be made available next month with the publication of the Preliminary Programme. You can participate in the scientific programme by submitting your own research. Abstract submission for the EAACI-WAO Congress 2013 opens this month with a submission deadline of 21 January 2013. Applications for Travel Grants will also be accepted from Juniors with accepted abstracts.

Please visit our website www.eaaci-wao2013.com for the most up-to-date information on the scientific programme, CME credits, abstract submissions, and travel grant applications. Lastly, we would like to personally invite all members of the EAACI and the WAO to this groundbreaking congress. We are committed to providing an exciting and very attractive meeting for our members throughout the world. We look forward to welcoming you to Milan in 2013!

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 EAACI Food Allergy & Anaphylaxis Campaign is alive and kicking!

The Food Allergy & Anaphylaxis Campaign was launched at the 2012 EAACI Congress in Geneva, Switzerland with the objective of improving awareness of these very distressing and potentially severe conditions. Since then, we have liaised with several national allergy societies and patient support organisations to achieve visibility through their communications platforms, and we are very grateful for this access.

Campaign flyers and posters, translated to many languages, are available for you to download on www.stopanaphylaxis.com. Place them in your office and waiting room. Go ahead and do it right now!

In addition, we have been working very hard to make progress in the development of three very important documents. The Food Allergy & Anaphylaxis Guidelines are well on track and are expected by June 2013; the Minimum Standards for the Allergic Child at School, endorsed by relevant stakeholders such as patient support organisations and school teacher associations will be ready in autumn 2012; and the Public Declaration on Food Allergy will be presented at the Food Allergy and Anaphylaxis Meeting (FAAM) in Nice, France on 7–9 February 2013.

We hope that these will be landmark documents in the guidance of the management of patients, both for health professionals and for policymakers. The aim, as always, is to do our best for our patients.

Antonella Muraro
EAACI Treasurer

Victoria Cardona
EAACI Vice-President
Communications & Membership
EAACI Reaches Out to Africa

Public realisation of the substantial health problem resulting from allergies and asthma on the African continent is increasing, although the effect is not yet widely understood. However, gradually, African colleagues from fields such as pediatrics, pneumology, immunology, and public health, with responsibility for large numbers of patients in their care, have started increasing activities in clinic-epidemiological research and training and education in allergic diseases. In recent years, a mutually highly rewarding exchange between the EAACI and our neighbouring African colleagues has developed. During the annual EAACI Congress in Geneva, Switzerland in June 2012, the interesting and well attended symposium Allergy and Asthma Trends in Africa, chaired by Etopy Sibanda from Zimbabwe, Claudia Gray and Michael Lewin from South Africa, and Shian-Ju Kung from Botswana, presented new and highly interesting data and insights into lesser known sources of allergens such as tropical fruits and insects. This was followed by a lively discussion with the more than 100 African and European attendees.

After this session, a first meeting between several EAACI board members and African colleagues took place where they presented their activities and societies related to allergy and clinical immunology in Africa. Inter- and intra-African exchange shall be encouraged; the EAACI is happy to offer a platform for such activities with the newly formed website www.eaaciafrica.org. These activities received excellent feedback from all participants and are planned to be implemented as part of future EAACI meetings.

Speaker support for delegate members of the EAACI as speakers at meetings organised by African colleagues and societies as well as ICAAIL, may further enhance collaboration and mutual exchange in patient care, research, education, and training in allergic diseases. In addition, the EAACI has initiated the PAPRICA outreach programme in collaboration with African colleagues. The 1st African PAPRICA took place during the 7th Rajka Meeting at RDTCo Moshi, Tanzania, in January 2012 attended also by Mubeccel Akdis and Cezmi Akdis, the current EAACI president. The 2nd PAPRICA meeting in Sub-Saharan Africa is planned for South Africa and Botswana in June 2013. To summarise, the EAACI very much looks forward to strengthening collaboration and exchange with our African colleagues and introducing and supporting shared activities.

Peter Schmid-Grendelmeier
EAACI Exam/Knowledge Test
Task Force Chairman

Jan Lötvlav
EAACI Past President

2012 PRACTALL Meeting

As part of the PRACTALL initiative, European and American top scientists and academics in the area of Allergy Immunotherapy met in North Carolina University in Chapel Hill, US 21–22 September 2012. The participants were Cezmi Akdis, President of the EAACI, Pascal Demoly, EAACI Vice President for Education and Specialty, Moisés A. Calderón, EAACI IT Interest Group Chair, Marek Jutel, EAACI SPC Chair, Wesley Burks, President of the AAAAI, Linda Cox, President Elect of the AAAAI, Thomas Casale, Executive Vice President of the AAAAI, Harold Nelson, AAAAI IT Interest Group member.

The aim of this meeting was to develop a comprehensive consensus report on the current status, unmet needs, and on-going developments in allergy immunotherapy. This meeting was preceded by months of preparation by all participants who, during the meeting, presented 1) an update on the mechanisms of allergen-specific immunology, 2) the current clinical status of both subcutaneous and sublingual immunotherapy, 3) evaluated the future novel therapies for allergy immunotherapy and 4) identified unmet clinical, regulatory and research needs. An intensive scientific and academic debate was conducted during the meeting. A final report endorsed by both academies was produced. The manuscript will be published next month on the A to Z of Allergy Immunotherapy.

Cezmi Akdis
EAACI President

Moises Calderon
EAACI Immunotherapy IG Chairperson

At the 2012 PRACTALL Meeting - From left to right: Marek Jutel, Cezmi Akdis, A. Wesley Burks, Harold S. Nelson, Pascal Demoly, Linda Cox, Moises Calderon and Thomas B. Casale

More - Did you know – that the majority of first-time visitors to the EAACI website click on for a second visit, bringing the total visits per month to more than 10,000?

Don't forget - ...to visit the EAACI website for more information on upcoming meetings such as travel grant applications, abstract submission deadlines, abstract books, and other resources!

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

On behalf of the EAACI Web Management Team,
Chrysanthe Skvaks,
EAACI Website Co-ordinating Editor

Please note this is an automatically generated text and may contain errors or inaccuracies.
New EAACI Ethics Committee Meets in Geneva

The EAACI Ethics Committee (EEC) was formally created in 2004 (Prof. K. Nekam) and published the first Code of Ethics in 2007, when Prof. I. Ansotegui became the new chair. Two more documents were produced: Conflict of Interest & Loyalty Rules (within the EAACI) and Disclosure of Interest Process & Policy. The newly appointed EAACI Ethics Committee held its first business meeting in Geneva, Switzerland on 19 June 2012. The new committee comprises eight members and one substitute. Four members are not members of the Academy: Beatrice Espeson (France), lawyer; Tanja Krones (Switzerland), physician and bioethicist; Otto Spranger (Austria), patient representative; and a philosopher who has not been appointed yet. The other four members (+ one substitute) are members of the Academy: Gabrielle Pauli (France), Glenis Scadding (UK), Jacques Gayraud (France), and José Rosado Pinto (Portugal).

The aim of the EAACI is to improve the care of patients with allergic diseases by:

- promoting basic and clinical research
- collecting, assessing, and disseminating scientific information
- functioning as a scientific reference body for other scientific, health, and political organisations
- encouraging and providing training and continuous education
- promoting good patient care in this important area of medicine
- co-operating with other relevant organisations

All these fields of activity need to be approached and validated also from an ethical point of view.

The EEC is expected to be a European referent body in the field of ethics for allergy training, good clinical practice and research, patient and general public information and for public health issues concerning allergies. The committee should also manage ethical affairs within the EAACI, such as conflicts of interest, CME and guidelines.

The EEC targets several activity fields such as patient and healthcare giver rights, patient education, implementation of evidence-based allergy knowledge into allergy training, Continuous Medical Education (CME), Continuous Plan of Personal Development (CPD), scientific research (human and animal), holistic medical approaches including philosophy, psychology, sociology and religion, social impact of allergic diseases, allergic diseases in the public health domain and unbiased co-operation with the industry.

As for future activities planned, the EEC will review the current documents and new documents will be provided according to the above mentioned priorities. A session focusing on subjects such as conflict of interest, lack of recognition of allergy or denial of the disease was also suggested for the EAACI-WAO Congress in Milan.

The new EAACI Ethics Committee remains at your disposal,

Jacques Gayraud
EAACI Ethics Committee
Secretary

EAACI Membership 2013

Please renew your EAACI Membership for 2013 at www.eaaci.org and continue enjoying the benefits of being a member of the Academy:

- Printed copies and online access to the EAACI journals Allergy and Pediatric Allergy Immunology (PAI)
- Discount on all EAACI events
- Fellowships
- ... and more!

REMINDER!

If you have any questions or need any help in renewing your membership please contact member@eaaci.org

EAACI News
French National Society of Allergology

The SFA is a very active scientific society comprising approximately 700 individual members including board-certified allergists in France, allergists from other (mainly French-speaking) countries, as well as other specialists (chest, pediatrics, dermatology, ENT) and health professionals, including nurses with an interest in allergy. Joint guidelines are also produced with other organisations and colleges: the SFA works with other scientific societies (the French Pulmonology Society, the French Pediatric Society, and the French Immunology Society) and with patient organisations (such as Asthme et Allergies) to educate and raise awareness at a national level. The SFA Standards of Care Committee produces evidence-based guidelines: details of these can be found on www.lesallergies.fr. The EAACI and the SFA are working on the Prospective European Survey on Systemic Adverse Reactions due to Allergen Specific Immunotherapy (SIT).

The official SFA journal, La revue française d’allergologie, is published six times a year in French. The SFA organises an annual congress in Paris that attracts an increasing number of physicians and scientists, totalling 1,600 in 2012. At this meeting, several awards are given for abstracts of high scientific quality. The SFA promotes basic and clinical research through an annual grant programme and also provides scholarships to junior members for the international EAACI meeting.

Benoit Wallaert
French Allergy National Society Chairman

Netherlands Anaphylaxis Network

I have been asked to introduce the Netherlands Anaphylaxis Network (NAN) because NAN is partnering with EAACI’s Patient Organisation Committee.

I am Frans Timmermans, and together with my wife Tineke we founded the NAN. We have four children and in 1994, our youngest daughter, Beatris, experienced an anaphylactic reaction at the age of 18 months prompting us to set up a group for anaphylaxis which, in 2002, evolved into the Foundation the Netherlands Anaphylaxis Network, a Knowledge, Information and Training Centre for everyone dealing with anaphylaxis.

To secure the validity of the knowledge and activities of the NAN (n) (inter)national network of medical, legal and governmental experts and specialists has been established from medical research and academic institutions, the pharmaceutical and food industry. All NAN’s activities are scientifically evidence based. In due course NAN has developed and implemented education and information material for raising awareness, which is provided through five websites: one main Dutch website about all aspects on anaphylaxis, one EU website and three specifically aimed at the target groups “school and day care centres”; “restaurant and catering” and “youngsters and adolescents”. NAN publishes six times per year E-Shock, a digital magazine for those dealing with the risk of severe allergic reactions.

Besides education and information, NAN trains personnel from schools, day care centres and also the food industry, 1st and 2nd line (para)health care professionals, organises aged-focused children’s training sessions together with patient congresses.

On the advocacy side NAN is involved in National and EU governmental consultations and also with medical professional associations like the Dutch Association for Allergology & the Dutch Pediatric Association; is mediator for patients’ placement at schools and day care centres, and also provides support in work related issues. NAN is and has been involved in international projects like Euro-Preval and Taskforces from the EAACI and ILSI.

Frans Timmermans
Tineke Timmermans

EAACI Grows in the Social Media

EAACI is increasing its presence online. This results not only from the official website www.eaaci.org and the site dedicated to patients, www.infoallergy.com, but also from social media tools such as Facebook, Twitter, and LinkedIn.

The Academy opened a Facebook page in 2010 and since then, more than 1,700 people have clicked on “Like EAACI”. The latest news, pictures of all EAACI events, references to interesting articles, and announcements are posted regularly on this page. Facebook is a great tool where you can not only be informed but also share opinions, pictures, and news.

To keep its membership and followers informed, EAACI also uses the social media tool Twitter. With only 140 characters per tweet, you can track events, deadlines, and activities that EAACI organises and share them with your own followers. The latest papers published in the EAACI Journals, Allergy, Pediatric Allergy and Immunology (PAI) and Clinical and Translational Allergy (CTA), are also tweeted regularly.

LinkedIn is a communication tool that the Academy has started to use recently. With this tool you can stay informed of the latest news about the Academy and find people interested in shared professional areas. Become an EAACI Fan, an EAACI Follower, or get connected to EAACI and stay up to date about the daily life of the Academy!
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EAACI Activities

SAM 2012
29 November – 1 December 2012
Berlin, Germany
www.eaaci-sam2012.com

Just a few weeks to go for the Skin Allergy Meeting (SAM) 2012!

SAM will concentrate in particular on the clinical aspects related to skin diseases where allergy may play a role.

The scientific programme for SAM 2012 covers a wide range of topics of importance to practising physicians with an interest in allergy. The talks will be given by an international panel of opinion leaders, so please visit the website and secure your registration as soon as possible.

You can still register online for this meeting but also, if you wish, you can do it on-site at the Langenbeck Virchow Haus, Charité University Campus, where SAM 2012 takes place. Around 400 delegates from all over the world are expected to participate. You cannot miss this!

SAM 2012 follows immediately on from the 4th Urticaria Consensus meeting (www.urticaria2012.de). The two meetings are complementary.

And do not forget to visit the SAM 2012 Website where you can find all you need to know about this meeting including deadlines, directions, travel grant information, and more.

The Organising Committee is to be congratulated for their hard work and commitment in making this a successful meeting.

Enjoy the meeting and enjoy Berlin! ●

Clive Grattan
SAM 2012 Chair

FAAM 2013
7 – 9 February 2013
Nice, France
www.eaaci-faam.org

The 2012–2013 Campaign on Food Allergy and Anaphylaxis awaits another highlight: The Food Allergy and Anaphylaxis Meeting.

The scientific programme will address relevant and up-to-date issues such as the onset of food allergy and trigger factors as well as the current treatment of food allergy, and is designed to attract specialists from clinics, food and technology sciences, regulatory authorities, and representatives from patient organisations.

The programme comprises plenary sessions and symposia and also workshops and oral abstract and poster sessions to encourage young scientists to present their data. For the first time, FAAM 2013 will dedicate the entire first day to the hot topic: Oral immunotherapy (OIT) for food allergy!

FAAM 2013, with its interesting and multidisciplinary programme, provides one of the best platforms to share knowledge about food allergy and anaphylaxis and to improve the allergic patient’s quality of life.

Save the date on your calendar and visit the FAAM website for further information related to abstract submission, registration, and CME credits.

Looking forward to welcoming you to FAAM 2013! ●

Karim Hoffmann-Sommergruber
FAAM 2013 Chair

SERIN 2013
21 – 23 March 2013
Leuven, Belgium
www.eaaci-serin.org

On behalf of the ENT Section of the EAACI and the Local Organising Committee, it is my great pleasure to announce the 9th Symposium of Experimental Rhinology and Infection of the Nose (SERIN).

This unique meeting is dedicated to basic and clinical aspects of upper airway disease, focusing on the most recent developments in the field of allergic, non-allergic, infectious rhinitis, rhinosinusitis, and nasal polyps. The latest information about pathogenesis, genetics, phenotypes, and treatment will be provided by a panel of international experts.

SERIN 2013 aims to create a scientifically stimulating environment, with a good mixture of lectures by key opinion leaders and young researchers presenting their latest data. This meeting will allow close interaction between participants and encourage discussions, hence opening new perspectives for collaboration in the future.

The Local Organising Committee guarantees a meeting that meets all expectations, from the scientific as well as the social perspectives.

See you in March 2013 in Leuven! ●

Peter Hellings
SERIN 2013 Chair

PAAM 2013
17 – 19 October 2012
Athens, Greece
www.eaaci-paam2013.com

It is now less than a year until the 3rd Pediatric Allergy and Asthma Meeting (PAAM). The Organising Committee has been working hard with EAACI Headquarters to ensure that our next meeting is even better than Barcelona 2011. The Scientific Programme Committee would like to thank everyone that has contributed suggestions for the programme. We have had more than 50 suggestions and have had to work hard to incorporate as many as possible into the programme. PAAM 2013 will bring together pediatric allergists with pediatricians, primary care physicians, and other healthcare professionals with an interest in childhood allergies and asthma. The programme will cover all the major disease areas (e.g. anaphylaxis, food allergy, asthma, rhinitis, eczema, and immunotherapy) as well as rarer challenges and also include interactive elements. As meeting chairs, we look forward to welcoming you to PAAM 2013 in October. ●

Graham Roberts
PAAM 2013 Chair

Nikos Papadopoulos
PAAM 2013 Chair
**ABREVIATED PRESCRIBING INFORMATION**  
The abbreviated prescribing information hereunder may vary in different countries. Before prescribing Rupatadine oral solution please consult the full local approved Summary of Product Characteristics (SPC).

**NAME OF THE MEDICINAL PRODUCT.** Rupatadine 1 mg/ml Oral Solution. **QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each ml of oral solution contains: 1 mg of rupatadine (as fumarate). Exipients. Sucrose 300 mg/ml. Methylparahydroxybenzoate (E218) 1.00 mg/ml. **PHARMACEUTICAL FORM.** Oral solution. Clear yellow solution. **Therapeutic indications.** Rupatadine 1 mg/ml oral solution is indicated for the symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) in children aged 6 to 11 years. **Posology and method of administration.** Children aged 6 to 11 years. Dosage in children weighing equal or more than 25 kg; 5 ml (5 mg of rupatadine) of oral solution once a day, with or without food. The safety and efficacy of rupatadine in children aged 2 to 5 years and weighing less than 25 kg has not yet been established. The administration of the product to children aged under 2 years is not recommended due to the lack of data in this population. In adults and adolescents (over 12 years of age), the administration of rupatadine 10 mg tablets is more appropriate. Patients with renal or hepatic insufficiency. As there is no clinical experience in patients with impaired kidney or liver functions, the use of rupatadine is at present not recommended in these patients. **Contraindications.** Hypersensitivity to rupatadine or to any of the excipients. Special warnings and precautions for use. Efficacy and safety of rupatadine oral solution in children aged less than 6 years have not been established. The administration of rupatadine with grapefruit juice is not recommended. Cardiac safety of rupatadine 10 mg tablets was assessed in a Thorough QT/QTc study in adults. 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. Increases of blood creatine phosphokinase, alanine aminotransferase and aspartate aminotransferase, as well as abnormalities of liver function tests are uncommon adverse reaction reported with rupatadine 10 mg tablets in adults. This medicinal product contains sucrose, so it may be harmful to the teeth. Patients with rare hereditary problems of fructose intolerance, glucose/galactose malabsorption, or galactosemia should not take this medicine. This medicinal product contains methylparahydroxybenzoate, may cause allergic reactions (possibly delayed). Interaction with other medicinal products and other forms of interaction. No interaction studies have been performed in adults and adolescents (over 12 years of age) with rupatadine 10 mg tablets. Interaction with ketoconazole or erythromycin: The concomitant administration of rupatadine 20 mg and ketoconazole or erythromycin increases the systemic exposure to rupatadine 10 times and 2-3 times respectively. These modifications were not associated with an effect on the QT interval or with an increase of the adverse reactions in comparison with the drugs when administered separately. However, rupatadine should be used with caution when it is administered concomitantly with these drug substances and other inhibitors of the isozyme CYP3A4. Interaction with grapefruit. The concomitant administration of grapefruit juice increased 3.5 times the systemic exposure of rupatadine 10 mg tablet. This occurs because grapefruit has one or more compounds that inhibit the CYP3A4 and can increase the plasma concentrations of drugs metabolised through this CYP3A4, like rupatadine. In addition, it has been suggested that the grapefruit can affect intestinal drug transport systems as the glycoprotein-P. Grapefruit juice should not be taken simultaneously. Interaction with alcohol. After administration of alcohol, a dose of rupatadine 10 mg tablet produced marginal effects in some psychomotor performance tests although they were not significantly different from those induced by intake of alcohol only. A dose of 20 mg increased the impairment caused by the intake of alcohol. Interaction with CNS depressants: As with other antihistamines, interactions with CNS depressants cannot be excluded. Interaction with aspirin: Asymptomatic CKP 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. Fertility, pregnancy and lactation. Rupatadine. Data on a limited number (2) of exposed pregnancies indicate no adverse effects of rupatadine on pregnancy or on the health of the foetus/newborn child. To date, no other relevant epidemiological data are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/fetal development, parturition or postnatal development. As a precautionary measure, it is preferable to avoid the use of rupatadine during pregnancy. Breastfeeding. Rupatadine is excreted in animal milk. It is unknown whether rupatadine is excreted into breast milk. A decision must be made whether to discontinue breastfeeding or to discontinue the infant from rupatadine therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. Effects on the ability to drive and use machines. Rupatadine 10 mg had no influence on the ability to drive and use machines in a performed clinical trial. Nevertheless, care should be taken before driving or using machinery until the patient’s individual reaction to rupatadine has been established. Undesirable effects. Clinical trials with rupatadine oral solution in children aged 6-11 years included 391 patients. From these, 51 patients were treated with rupatadine 2.5 mg. 140 patients were treated with rupatadine 5 mg, and 180 received placebo. The frequencies of adverse reactions are assigned as follows: • Common (≥ 1/100 to < 1/10). • Uncommon (≥ 1/1000 to < 1/100). The frequencies of adverse reactions reported in patients treated with rupatadine oral solution during clinical trials were as follows: Infections and infestations: Common: Upper respiratory tract infection. Uncommon: Influenza. • Nervous system disorders: Common: Headache, Somnolence. Uncommon: Dizziness. • Skin and subcutaneous tissue disorders: Uncommon: Eczema. Overdose. No case of overdose has been reported in adults and children. In a clinical safety study in adults 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. Preparations. **ABBISSUMA.** Pharmacodynamic properties. Pharmacotherapeutic group: other antihistamines for systemic use, ATC code: R06AX28. Rupatadine is a second generation long-acting histamine antagonist, with selective peripheral H1-receptor antago- nist activity. Some of the metabolites retain an antihistaminic activity and may partially contrib- ute to the overall efficacy of the drug. In vitro studies with rupatadine at high concentration have shown an inhibition of the degranulation of mast cells induced by immunological and non-immunological stimuli as well as the release of cytokines, particularly of the TNF, in hu- man mast cells and monocytes. The clinical relevance of the observed experimental data re- mains to be confirmed. Rupatadine oral solution had a similar pharmacokinetic profile in children between 6-11 years to that in adults (> 12 year); a pharmacodynamic effect was also observed (suppression of the wheal area, antihistamine effect) after 4 weeks of treatment. A randomised, double blind and placebo controlled confirmatory study in children with persis- tent allergic rhinitis aged 6 to 11 years, showed that rupatadine oral solution had a better profile in the reduction of nasal symptoms (rhinorrea and itchy nose, mouth, throat and/or ears) in comparison with placebo. Clinical trials in volunteers (n= 375) and patients (n=2650) with allergic rhinitis aged 6 to 11 years. The clinical efficacy of rupatadine in children aged 2 to 5 years and weighing less than 25 kg has not yet been established. In adults and adolescents (over 12 years of age) with allergic rhinitis aged 6 to 11 years, showed that rupatadine oral solution had a better profile in the reduction of nasal symptoms (rhinorrea and itchy nose, mouth, throat and/or ears) than placebo in children with persistent allergic rhinitis after 4 and 6 weeks of treatment. Fur- thermore, a significant improvement in quality of life was also observed throughout the study in comparison with placebo. Clinical trials in volunteers (n= 375) and patients (n=2650) with allergic rhinitis and chronic idiopathic urticaria did not show significant effect on the electrocardiograms when rupatadine tablets was administered at doses ranging from 2 mg to 100 mg. **MARKETING AUTHORISATION HOLDER.** Grupo Uriach & Cía., S.A. Av. Cami Reial, 51-57, 08814 Palau-solità i Plegamans (Spain). **DATE OF REVISION OF THE TEXT:** February 2012. For further information please contact our local representative or Grupo Uriach: Av.Cami Reial 51-57, Polígon Industrial Riera de Caldes, 08184 Palau-solità i Plegamans – Barcelona – Spain. Phone: +34 936 630 561, Fax: +34 936 630 561. **Date of preparation:** July 2012. 07-14-RSD-INT-12-12.
PAPRICA 2012 in Geneva and Sofia

The EAACI is strongly committed to active inter-
action with primary care physicians, and this com-
mitment was encouraged during the 2012 annual 
meeting in Geneva, Switzerland. Among other 
sessions, a PAPRICA symposium was organised 
that addressed local primary care physicians, and
also primary care physicians from other countries. 
Three sessions were organised with the following 
topics: From Early Symptoms to Diagnosis; Acute 
Generalised Reactions; and Allergy in the Respira-
tory Tract. Three discussion groups in English, 
French, and German were formed after each ses-

tion to promote direct interaction with the dele-
gates. We look forward to another PAPRICA ses-

sion during the EAACI Milan Congress in 2013!

On 15 September 2012, a second PAPRICA ses-
tion took place in Sofia, Bulgaria. Ted Popov effi-
ciently organised a one-day symposium covering 
topics from the immune mechanisms of allergic 
disease to the management of anaphylaxis. Other 
topics addressed were allergy diagnosis, respira-
tory allergy, drug allergy, food allergy, and ana-
phylaxis. Our Bulgarian colleagues from primary 
care were very interested in the topics and lively 
discussions featured in this educational event. The 
continuous support of the members of the Acad-
emy is warmly acknowledged; it helps to raise and 
enhance ties to primary care, and provides a defi-
nite enrichment of patient care for allergic dis-
eases.

Philippie Eigenmann
Ted Popov

EAACI-ECI Friendship Symposium

EAACI Immunologists Present Novel Insights in Allergic Immune Responses at the 3rd European Congress of Immunology

The EAACI-ECI friendship symposium took place during the 3rd European Congress of Immunology (ECI2012) and was held this year in Glasgow, UK. The ECI is held under the auspices of the EFIS (European Federation of Immunology Societies) and was organised by Foo Yew Liew (president) and Adrian Hayday (scientific programme chair). This congress, which is held every three years, follows successful meetings in Paris (2006) and Berlin (2009). The aim of the EAACI-ECI friendship symposium is to provide outreach to immunologists in this European organisation. On 7 September 2012 the ECI-EAACI friendship symposium was chaired by Carsten Schmidt-Weber and Edward Knol, secretary and chair of the EAACI Immunology Board. In this symposium, after a brief introduction by Edward Knol (the Netherlands) on the EAACI and its interesting fea-
tures for immunologists, Francesco Annunziato (Italy), Carsten Schmidt-Weber (Germany), and Frode Jahnson (Norway) discussed different aspects of adaptive and innate immune responses related to allergy with a special focus on tissue. The ECI meeting is an interesting gathering of a wide range of European immunologists. The next meeting will be held in Vienna, Austria in 2015. It is anticipated that local organisers may make allergy a more prominent feature of the pro-

gramme.

Edward F. Knol
EAACI Immunology Section Chairperson

International Severe Asthma Forum 2012

Defining severe asthma is one of the issues that got great attention dur-
ing this second meeting on severe asthma. The discussion about this 
definition was initiated last year dur-
ing the asthma summit in Athens and is one of the key activities in the strategic plan of the EAACI Asthma 
Section.

Prof. Elisabeth Bel clearly identified the three groups of severe asthma 
patients during this meeting: un(der) treated, difficult-to-treat and severe refractory asthma. Improving 
patients’ compliance, identifying their comorbidities and removing 
the trigger will help us to identify ‘real’ severe refractory patients, 
which may benefit from targeted therapies. A lot of the ongoing 
research is now focusing on asthma phenotypes/endotypes and will pro-
vide us with the evidence needed to deal with the heterogeneous popu-
lation of asthmatics.

The meeting was attended by over 160 participants from 37 different 
countries. Fifty-six abstracts were selected for presentation. The 
opportunity to present the data both via oral and poster communication 
was very much appreciated by junior researchers and allowed them to 
present their newest data. Time for discussion was built into the meet-

ing and facilitated interaction among participants and members of 
the faculty. Finally, I would like to thank Adnan Custovic and Jan Löt-
vall for the organisation of this inspiring meeting.

Sven Seys

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EAACI Activities

Allergy School on Asthma Exacerbation: Risk Factors and Management

This year, for the first time, Estonia hosted the EAACI Summer School for specialists working in asthma-related fields from 18 countries. Participants had a great opportunity to hear about cutting-edge developments in asthma-related basic and clinical research from top scientists in the field and to participate in discussions on the latest topics. The Summer School was opened by Pascal Demoly, the Vice-President for Education and Specialty of the EAACI, who introduced all the possibilities the EAACI provides for its members, and to everybody interested in allergy and immunology. The theoretical part of the school focussed on the causes of asthma exacerbations, such as infection (M. Edwards, S. Johnston), allergens (A. Custovic), and pollution (J. Gripp). Lectures and practical sessions covered everything from basic science (A. Braun, J. Schwarze) to daily clinical practice (L. Ansley, A. Magnan, T. Pullerits, S. Saglani, S. Sergejeva, A. Woodcock). EAACI Junior Members M. Bleikic, A. Konishcheva, S. Seys, O. Tsilochristou, and S. Vijverberg presented the results of their latest work on the pathogenesis and treatment of asthma at the poster session. Different biomarkers, as predictors of asthma exacerbations, were discussed by several lecturers (A. Altraja, A. Woodcock). Nevertheless, it was also stressed that simple questionnaires have not yet lost their place in clinical practice (P. Demoly).

As asthma is a heterogeneous disease, better characterisation of its subtypes is crucial to achieve control of the disease, and there was much discussion about the obstacles and possibilities of endotypify asthma (S. Del Giacco), asthma exacerbations (Ö. Kalayci), and even allergy (A. Custovic).

After the rather long days of learning, participants took the opportunity to enjoy the best days of the Estonian summer and visit the Old Town and local museums in Tallinn.

Renata Melnikova

EAACI Food Allergy Training Course

The EAACI Food Allergy Summer School was held in Vienna, Austria on 23–25 August 2012. This was the third meeting of a very successful initiative previously held in Odense, Denmark in 2006 and Venice, Italy in 2009. The course was well attended with 86 participants, mostly Junior Members, from 33 countries. Nineteen speakers contributed to an exciting, comprehensive scientific programme, which included not only tutorial sessions but also interactive small group discussions led by experts in the field. Approximately 20 posters were presented in one of two groups, focussing on either the molecular or clinical aspects of food allergy. The best two poster presentations were awarded with a prize. Delegates had the opportunity to experience some aspects of Austrian culture and to taste the local traditional food at the last evening's dinner, at which all the faculty and delegates got together.

The meeting was chaired by Karin Hoffmann-Sommergruber, Graham Roberts, and Berber Vlieg-Boerstra as a collaboration between the Food Allergy Interest Group, the Pediatric Section, and the Allied Health Interest Group.

The success of this summer school reflects growing interest worldwide in food allergy, as it receives increasing focus and attention as an important health issue that seriously impairs quality of life for many families. The food allergy summer school covered the most important aspects of food allergy from prevalence to costs, immunological basis, dietary assessment, diagnosis and treatment, and also how to manage difficult cases, where experienced faculty members shared their experience and knowledge.

The 3rd EAACI/GA²LEN Food Allergy Training Course was extremely successful and underscored the importance of food allergy in healthcare and the growing interest of professionals from different fields.

Alexandra Santos
Dario Antolin-Amirigo

Interview with EAACI/UEMS Examination Participants

Mike Recher (MR), Switzerland, is specialist in internal medicine and allergology and clinical immunology. He is also interested in primary immunodeficiencies.

Andrea Koprlová (AK), Slovakia, is specialist in allergy and clinical immunology and has been working in this field since 1999.

Both of them took the EAACI/UEMS Examination in Allergology and Clinical Immunology during the EAACI Congress 2012 in Geneva, Switzerland.

Why did you decide to take the exam?
MR: The EAACI Knowledge Exam is part of the Swiss National Board Exam for Allergy/Clinical Immunology.
AK: During my practice, I have taken part in a number of EAACI congresses, meetings, and allergy schools and our national (Slovak) and Czech AAI. Still, I felt the necessity to refine and summarise my knowledge. I am keen on reading and studying the literature in general, especially the most recent sources in my field, and naturally desired to obtain the EAACI Certificate in order to have my knowledge verified by the most prestigious specialists in this field.

What is your opinion of the exam?
MR: The questions were clinically relevant and also included relevant questions about concepts of basic immunology.
AK: The exam was organised excellently, the bibliography and references were exactly defined, and the regulations and instructions were clear. The whole process of the examination was really fair, although the test required a strong focus.

What are some of the advantages of taking the exam?
MR: One advantage of taking the exam is that it is approved/offerd by the EAACI thus it is a European exam.
AK: The most significant advantage for me was gaining the most recent information in allergy and clinical immunology and thus improving my approach towards patients, and developing my abilities in diagnostics and treatment.

Would you recommend the exam to other specialists?
MR: I would recommend the exam to anyone that is interested in testing his/her knowledge in the field of allergy/clinical immunology.
AK: I strongly recommend the exam to improve their knowledge, and to improve communication and cooperation among specialists from different countries.
The EAACI Dermatology Section

The primary aim of the EAACI Dermatology Section is to promote understanding of the importance of education in allergy. The last two years have been active for the section, taking into account that in addition to organising scientific sessions for different EAACI events, the Dermatology Section has also taken part in the EAACI Knowledge Examination and promoted European cooperation in scientific and clinical research.

At the EAACI Congress in Istanbul, Turkey, new members joined the Section Board. The EAACI Dermatology Section organised the Allergy School, in cooperation with the Polish Society of Allergology and Jagiellonian University Medical College in Krakow, Poland on 18–21 August 2011. The EAACI/GA²LEN Allergy School “From Skin to Lung – From Theory to Patients” was organised with the Children’s Allergy & Asthma Hospital in Davos, Switzerland and the Christine Kuhne-Centre for Allergy Research and Education (CK-CARE) on 29 March – 1 April 2012 in Davos. This year, the Skin Allergy Club was a new initiative that took place in Zurich, Switzerland on 24–25 March 2012. As is usual for the annual meetings of the EAACI, our section had a very busy scientific programme at the 31st EAACI Congress in Geneva, Switzerland including symposiums, workshops, meet the expert sessions, oral abstract sessions, and postgraduate courses.

To continue all the above-mentioned activities, the Dermatology Section has planned a rich and diverse programme for the Skin Allergy Meeting on 29 November – 1 December 2012 in Berlin, Germany. We would like to express our gratitude to the EAACI for its continuous support and we look forward to an exciting EAACI year ahead.

Lilit Hovhannisyan
EAACI Dermatology Section JMA Representative

The EAACI Immunotherapy Interest Group

In recent years, the EAACI Immunotherapy Interest Group (IT IG) has experienced a dynamic and active increase in its activities. Our vision is to work together as a team; incorporating all efforts and ideas from our members, and aiming to improve our knowledge in the clinical practice of allergen specific immunotherapy (SIT). New members from many European countries have joined us; their ideas, aims, and hard work have been incorporated in our current long-running projects. These projects are: (i) the EASSI Project, the first European survey evaluating adverse reactions due to SIT in real life settings; (ii) the Evaluation of Clinical Outcomes used in SIT; (iii) the Evaluation of Clinical Contraindications in SIT; (iv) the PASTE Project, a survey to assess adherence to SIT in clinical practice; (v) the Control of Rhinitis Project, aiming to identify a clinical definition of control of the disease; (vi) Semantics in SIT, aiming to reach a compromise amongst colleagues on the use of the same nomenclature in SIT; and, (vii) the Harmonisation of MedDRA Classification in Reporting Adverse Reactions due to SIT.

I would like to recognise the efforts and hard work of those that started in 1990 with the IT IG. In their roles as chairs or secretaries of the group, they set the path for our current work. My gratitude and recognition go to my predecessors professors Bengt Weeke, Hans-Jorgen Malling, Emilio Alvarez-Cuesta, Lone Winther, Erika Valovirta, and Giovanni Passalacqua.

I am very proud and honoured to lead the IT IG, one of the most active groups in the EAACI family. I am very grateful for the hard work, friendship, and trust in me from all our IT IG members.

Moisés A. Calderón
EAACI Immunotherapy Interest Group Chairperson

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Science in Brief: EAACI Congress 2012

Pharmacoprophylaxis in Venom Immunotherapy and Drug-induced Anaphylaxis

Dr. Günter Sturm (Austria) stated that in placebo-controlled studies, terfenadine and fexofenadine reduced both cutaneous symptoms and large local reactions (LLR). For levocetirizine, a study has shown reduced systemic reactions so 1) Pre-medication may enhance VIT, it works, and is safe and inexpensive, and 2) after stopping pretreatment, systemic side effects usually do not occur more frequently.

Franziska Rüeff (Germany) explained that the build-up phase is more likely associated with SAR than the maintenance phase, but that only a minority of patients develops the former. During the build-up phase of VIT concomitant treatment with terfenadine, levocetirizine, and fexofenadine has been found to reduce LLR. Rüeff assumed that antihistamines may only reduce some symptoms of cutaneous SAR, in some patients. The recommendation for general pretreatment with antihistamines currently lacks evidence. In order to prevent SAR during VIT, she recommended slower build-up protocols and the use of purified venoms. If patients have repeated SAR during VIT, a pretreatment with anti-IgE antibodies (off-label use) and a dose increase of the venom for treatment to 150-200 mcg or more were very effective, according to her clinical experience.

Dr. Hanneke Oude-Eberink (Netherlands) reported on a planned study on the quality of life (QoL) in patients with Vespula venom allergy (VQLO) and Rüeff presented another project designed by Dr. Mauricio Severino (Italy) to study if LLR would be a possible risk factor for anaphylactic sting reactions.

According to Dr. Patrizia Bonadonna (Italy), NSAIDs, β-lactams, contrast-media, aminoglycosides, streptomycin, phenylephrine, codeine, local anaesthetics (mainly lidocaine), and general anaesthetics have been listed as trigger factors in the history of patients who suffer from mastocytosis, showing adverse reactions to the former to a higher extent than the general population. In patients with clonal mast cell disorders, the most common trigger for anaphylactic episodes is hymenoptera sting, whereas drugs were mostly involved as a trigger in non-clonal mast cell disorders.

Dr. Lene Garvey (Denmark) explained that to study a possible reaction to anesthetics it is important to consider reaction, allergies, previous anaesthesic, medical history, in vivo or in vitro tests, and serial tryptase levels. According to Dr. Helbling’s experience, it could be interesting to consider VIT in patients with elevated tryptase and systemic reactions to insect stings, expecting a higher rate of side effects during VIT. The process in adults with systemic mastocytosis is good with normal life expectancy.

Dario Antolin Amérgo

Special T cell subsets: Th17 and beyond

The NIAID symposium started with a very clear talk by Professor Hirohito Kita on the interaction between the epithelium, epithelial-derived cytokines, and the different T cell subsets. He highlighted the role of innate lymphoid cells in mediating innate type 2 immunity in the lungs (1). Professor Ester De Jong from the Netherlands then elaborated on the factors that induce Th17 responses. In contrast to mice, stimuli that induce human IL17 production of blood cells are less known. The research group of De Jong showed that a cytokine cocktail (TGFβ, IL1β, IL23, and IL6) with CD3/CD5 co-stimulation (but not CD3/CD28) induces IL17 production in human blood cells (2). During the final talk, Professor Anuradha Ray presented his data on a murine model of fungus-induced neutrophilic airway inflammation. Tumour necrosis factor was identified as a molecular switch that induces IL17A and concomitant neutrophilic airway inflammation (3). During the second symposium on Th17 cells and IL17 in asthma, Professor Mübeccel Akdis reviewed the different T cell subsets and their inducing factors. She proposed two different Th17 subsets: classical Th17 cells and alternative (more pathogenic) Th17 cells, each with their own differentiation and effector cytokines (4). Next, Professor Anders Linden gave an excellent overview of the evidence of the involvement of IL17 and neutrophils in asthma. Some human studies showed a role for IL17 in severe asthma. He ended his talk by emphasising that interventional studies with biologicals are now needed to clarify the role of the IL17 pathway in asthma. Professor Qutayba Hamid continued by presenting a study of his group on the analysis of IL17 positive cells from the airways of asthmatics, again pointing towards a role for these cells in severe asthma. He closed with some in vitro experiments on airway smooth muscle cells (ASM). Here, he showed a direct effect of IL17 on the proliferation, apoptosis, and migration of ASM (5).

Sven Seys

References:
(2) de Wit J, Blood, 2011
(3) Fay M, PNAS, 2011
Up-Date on Asthma: from Phenotypes to Endotypes

Biological markers and patterns of severe asthma

Much ongoing basic research in asthma is directed at understanding how Th2 cytokines cause asthma-like pathology and physiology. However, there is increasing evidence that a significant proportion of human asthma may be driven by alternative forms of inflammation. Professor Sally Wenzel talked about three epithelial genes specially induced in asthma and directly regulated by IL13. They are known as peristin (POSTN), serpin peptidase inhibitor, clade B, member 2 (SERPINB2), and chloride channel regulator 1 (CLCA1). These gene expression analyses have identified two distinct subgroups of asthmatic patients: “Th2-high” and “Th2-low” asthma. These subgroups differed significantly in the expression of IL5 and IL13 in bronchial biopsies and in airway hyperresponsiveness, serum IgE, blood and airway eosinophilia, subepithelial fibrosis, and airway mucin gene expression. Thus, epithelial expression of POSTN, CLCA1, and SERPINB2 may serve as a surrogate marker of Th2-driven inflammation in the lung. It is important to point out that the lung function improvements expected with inhaled corticosteroids is restricted to Th2-high asthma.

Management of severe asthma

Up to 20% of adults with asthma and approximately 5% of all asthmatic children report symptoms consistent with severe disease. Thus, in children, the term Problematic Severe Asthma (PA) has been proposed to designate all children suffering from chronic symptoms and/or severe exacerbations. However, it is very important to note, as Professor Charlotte Suppli Ulrik pointed out, a significant proportion of patients with difficult-to-control asthma may not have asthma. Moreover, other conditions may co-exist with asthma, such as rhinosinusitis, gastro-esophageal reflux, dysfunctional breathing, obesity, vocal-cord dysfunction, D-vitamin deficiency, COPDS, bronchiectasis, or food allergy.

On the other hand, non-adherence with controller medication is a frequent problem in asthma (adherence <50% in 35% of patients prescribed oral corticosteroids). In children, as Professor Gunilla Hedlin highlighted, adherence to recommended therapy is a challenge for a pediatrician, since not only do we need to motivate the child but we also have to convince the parents that medication is needed. It is also important to take into account that exposure to >200 agents can induce work-related asthma or aggravate pre-existing asthma. When all mentioned points have been checked, the major objective of management of severe asthma is optimising pharmacologic therapy.

Lung-brain cross-talk and asthma associated with psychopathology disorders – a new endotype?

The etiology of health problems is increasingly recognised as a result of the complex interplay of influences operating at several levels, including the individual, the family, and the community.

Historically, asthma has been described as a neurologic and a psychiatric disorder and until the 20th century, asthma was not considered an immunologic disorder. As Professor Rosalind Wright explained, it is well known that social stress and physical environmental toxins impact on overlapping biological processes. For instance, intimate partner violence in the home during early development (a particular social stressor) has been linked to adverse respiratory outcomes in children.

Nowadays, there is no doubt that chronic stress and adverse life events appear to trigger exacerbations in asthma. Related to this, Professor Marek Lommatzsch from Germany, talked about psycho-neuro-immune cross-talk in asthma. Nowadays, asthma is characterised by both neuronal and immunological abnormalities. It has been described that neurotrophins such as brain-derived neurotrophic factor (BDNF) or nerve growth factor (NGF), which are secreted by inflammatory cells, persistently increase neuronal activity in the airways, leading to airway hyperresponsiveness in asthma.

It is also known that airway nerves can secrete neuropeptides and other mediators which modulate airway inflammation, and Professor Lommatzsch pointed out that there are systemic endocrine and immunological abnormalities in asthma, which might contribute to psychiatric and cognitive changes in patients suffering from asthma. In association with this point, Stefano DelGiacco found that asthmatic patients experience a significant higher prevalence of lifetime psychiatric disorders and anxiety, but despite the reported prevalence of depressive symptoms and the correlation between asthma and depression, there appears to be no support for the link between major depressive disorder, depressive symptoms, and asthma (manuscript submitted).

Take home messages:

1. Asthma can be divided into at least two distinct molecular phenotypes defined by the degree of Th2 inflammation.

2. Gene expression could be used to identify subsets of patients with asthma.

3. Difficult-to-control asthma is complex and multifactorial and is often not due to severe or therapy-resistant asthma.

4. Asthma is a complex psycho-neuro-immune disorder and treatment of the disease should not be reduced to the modulation of leukocyte function.

5. Psychiatric problems may interfere with the diagnosis and treatment of asthma.

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