**Asthma from epidemiology, risk factors and mechanisms to phenotypes and management**

**Major current problems in asthma**

**Prevention and control of asthma**

**Diseases associated with asthma**

**Global Atlas of Asthma**

**What is asthma**

**History of asthma**

**The asthma epidemic - Global and time trends of asthma in children**

**The asthma epidemic - Global and time trends of asthma in adults**

**Death and disability due to asthma**

**Socio-economic costs of asthma**

**Natural history of asthma**

**Pathogenesis of asthma**

**The underlying mechanisms of asthma**

**Phenotypes & endotypes: emerging concepts on asthma heterogeneity**

**Environmental risk factors for asthma**

**Life style risk and protective factors for asthma**

**Infections and asthma**

**Emerging risk and protective factors for asthma**

**Perinatal and early life influences on asthma development**

**Psychological factors and asthma**

**The complex network of asthma risk and protective factors**

**Asthma in childhood**

**Asthma in the elderly**

**Asthma in the elite athlete**

**Asthma in pregnancy**

**Work-related asthma**

**Asthma management**

**Asthma monitoring**

**Unmet needs in asthma**

**Asthma exacerbations**

**Severe asthma**

**Adherence to asthma treatment**

**Social determinants of asthma**

**Inequalities and asthma**

**Primary and secondary prevention of asthma**

**Allergen specific immunotherapy in asthma**

**Asthma control**

**Best buys for asthma prevention and control**

**Evidence for asthma control – zero tolerance to asthma with the Finnish programmes**

**The need for integrated and complimentary strategies in the political agenda**

**Policies and strategies to reduce risk factors for asthma**

**Tobacco control and asthma**

**Implementation of a healthy life style and asthma**

**Individual interventions for asthma prevention and control**

**The role of Primary Care in the prevention and control of asthma**

**Role of patient organisations in the control and prevention of asthma**

**Social mobilisation for prevention and control of asthma**

**Asthma in resource constrained settings**

**Dealing with the implementation gap for asthma prevention and control**

**Generating resources for prevention and control of asthma**

**Asthma prevention and control: Why it should not be ignored any longer?**

**Vision, roadmap and a land-marking event**
Can we reverse the allergy epidemic?

Allergy is a ‘new’ pathophysiological state. Although there are mentions in ancient texts of reactions resembling allergy, it is clear that it was only about a century ago that the environmental conditions took a turn, permitting (or causing) the development of hypersensitivity phenotypes currently experienced by an important proportion of our population.

It is also true that within this relatively short period of time, the discipline of allergy and immunology has progressed rapidly, providing knowledge in quantities almost difficult to digest. One after the other, molecules, genes, pathways involved in the complicated cascade behind different allergic diseases have been revealed and are still scrutinized.

However, to the disappointment of physicians, patients and payers alike, clinical translation of this knowledge has been disproportionately low: the key drugs we use in everyday practice are refined versions of molecules invented in the 1950’s or even before, extracts used in immunotherapy are only much cleaner than the ones used a century ago, but not different in basic composition, and diagnosis, heavily based on skin testing, has changed very little as well. Most worrying is the fact that even the best of medications and other management modalities, can only partly control allergic symptoms, while primary prevention remains a phantom.

In my mind, the above are indications that there is a crucial gap, or misconception, in our understanding of allergic disease mechanisms: a key piece of the puzzle is still missing. And we need to take a step back, forget our structured knowledge and paradigmal thinking and try to develop innovative, ground-breaking approaches, using inspiration, side by side with trial and error, to make the leap in treating allergy.

First, we need to realize how much we have achieved during the last century in terms of protecting the health of our population especially fragile groups such as infants, young children and the elderly, how much quality of life has improved and life expectancy has increased (almost doubled!) in the same period. Vaccines, antibiotics and major improvements in hygiene, have made us almost invincible (in 1900 standards), against the pests that have killed most of our ancestors. This happened fast: in evolution terms, in the blink of an eye! Allergy may have been the price we had to pay (in fact diabetes, obesity, cardiovascular disease and cancer have also risen sharply at the same time). What we should have, hopefully, learnt, is that ecological changes come with a cost. And looking at the glass half full may lift some of the stress to respond imminently.

I am of course not suggesting to rest the case at that. In contrast, we should expect that an equally drastic change (or a really ‘dirty’ trick…) would be necessary to convince our immune system that our current environment is ok really.

Second, our experience so far shows that we cannot shift our fine-tuned biological machinery using a single small molecule; the redundancy of pathways being among possible reasons. What we need is to offer our highly complicated immune system some ‘comprehensive’ exposure, reproducing a picture of the world as it was a few hundred years ago. This is not very far from the microbial vaccination concept, but not simple at all as we don’t know, in the analytical sense, the range of such exposures. And even if we did, how can one take out of the picture the negative influences, the tolerance disrupters?

Well, we could think laterally, exchanging time with space and take advantage of environments where allergy is epidemiologically infrequent. In fact, we have been doing this, trying to understand causes and disease mechanisms, and have obtained a wealth of information. It may be time to use both the knowledge and the environment itself, to try to push back: it is conceivable that spending some time in an old-fashioned environment, or outside the regular mindset, can do the trick. Unfortunately, any such ecological ‘experiment’ is outside the scope of evidence-based medicine, as it cannot be blinded. However, in the current phase of development, allergy treatment may profit from eye openers! ●

Nikolaos G. Papadopoulos
EAACI President
“We must always change, renew, rejuvenate ourselves, otherwise we harden”

Johann Wolfgang von Goethe

This issue brings you closer to the leading edge EAACI Strategic Programme 2013–2015, which builds on the sustainable growth of the Academy. The need for smarter guideline approaches and the promotion of a strong Allergology Speciality are both top priorities in the Academy’s innovative cardinal plan for the years to come. EAACI Sections present their 2-year planning in alignment with the decisions taken by the Executive Committee at the brainstorming meeting in September. By what means and to what degree we can change the allergy epidemic is the focus of the President’s message.

Junior Members continue to be at the heart of the Academy. The Mentorship Programme, the Allergy Schools and the Research and Clinical Fellowships are all platforms forging a strong community while fostering science and educating young researchers and clinicians. The Newsletter is proud to host their reports from EAACI meetings and to promote their achievements.

National Societies and Patient Organisations are prime partners of the EAACI in bilateral programmes, disseminating knowledge, advocating change and raising awareness on allergic diseases. As always, they are honoured guests of the Newsletter.

By the time you read this editorial, I will have ended my editorship of the EAACI Newsletter. I say goodbye to you, dear reader: it has been an incredible journey that we have taken together in these last 4 years, 12 issues and hundreds of pages. I would like to thank all the Newsletter contributors and collaborators and, of course, readers for their constant feedback and support. The EAACI Newsletter is the perfect example of teamwork in the EAACI spirit of friendship and excellence. I also wish the best of luck to the new editor, M. Beatrice Bilò, and her team.

‘Life isn’t about finding yourself. Life is about creating yourself’, said George Bernard Shaw. And we have built a Newsletter that has kept you at the centre of information flow.

Ioana Agache
EAACI Newsletter Editor
President’s Desk

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1. Tell us about yourself, please

I grew up not too far from where I live today, in a small town in southern Germany, just across the border with Switzerland and France. After finishing university in Germany, I started working as project coordinator for different medical research projects and European grants. This work took me to London where I enjoyed nearly five years in that wonderful city full of life, arts, culture and different nationalities. I eventually came to Switzerland to work for an NGO as Congress Coordinator, joining the EAACI headquarters in August of this year.

2. What are your responsibilities as Education, Specialty and Science Manager?

A variety of tasks fall under my responsibility, including supporting the Vice President Education (Pascal Demoly) and the EAACI committees with educational projects, such as the organisation of the yearly knowledge exam and handling CME accreditation for all events.

Another aspect of my responsibilities is supporting the organizers of EAACI Allergy Schools and Focused Meetings in the planning process of their scientific programme, which also includes the speaker and abstract management for these events. For the Allergy Schools I work closely with the events team to shape the event and make it a valuable and enjoyable experience for the participants.

3. What do you find most rewarding about your job?

My job brings me in to contact with a large number of people from different backgrounds and countries who all work together to foster education, research and clinical work. I particularly appreciate the team spirit at the EAACI Headquarters and within the extended EAACI family. In the short time that I have been working at EAACI, I have been very warmly welcomed and hugely supported. Generally, non-profit organizations are shaped by people wanting to contribute to a cause, many of them involved in addition to a demanding job as a clinician or researcher – it is a great pleasure to work with such people and to be part of a bigger picture.

4. And the challenges?

As in all jobs that require coordination of many different tasks, there is always a risk that something goes wrong, gets delayed or that different opinions and perspectives clash. The challenge is to meet members’ needs, be flexible but at the same time remain focused on the desired outcome. With a positive attitude, openness and friendliness, most hiccups can usually be overcome.

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EAACI EVENTS

**December 2013**

5–7 December 2013 – International Symposium on Molecular Allergology (ISMA), Vienna, Austria

EAACI member fee invoices are sent out

Launch of the EAACI “Go Green” initiative

**January 2014**

31 January 2014 – EAACI Fellowships: Applications close

30 January–2 February – 12th EAACI Winter School on Basic Research in Allergy and Clinical Immunology, Poiana Brasov, Romania

**February 2014**

1 February – EAACI/UEMS Knowledge Examination: Applications open

13 February – EAACI Scientific Programme Committee Meeting

14–15 February – EAACI Executive Committee Meeting

EAACI Newsletter

**March 2014**

3–5 April – EAACI Allergy School on Research Methods, Newcastle upon Tyne, United Kingdom

**April 2014**

1 April – EAACI/UEMS Knowledge Examination: Applications Close

9–12 April – 6th Drug Hypersensitivity Meeting (DHM), Bern, Switzerland

**May 2014**

EAACI Newsletter

**June 2014**

7–11 June – EAACI Congress 2014, Copenhagen, Denmark

**August 2014**

EAACI Newsletter

**September 2014**

18–20 September – Skin Allergy Meeting (SAM), Krakow, Poland

This calendar is intended to inform EAACI members about the Academy’s most important dates. Note that some final dates may vary slightly as a number of planned EAACI events are not confirmed at the time of printing.
EAACI Mentorship Programme

“My Mentor has been my idol for years. I never had the courage to go meet her. Thanks to this program I not only met her but also had the chance to talk to her a couple of times. Getting career advice from my Mentor was truly inspiring and motivating.”

Omursen Yildirim (Mentee), 2013 survey

“The mentorship program gives the impetus (and the “courage” if you will) to young scientists to seek guidance and ask for advice; this is pretty much all it should do, it need not do much more, as people who are serious about it can build on this basis.”

George Guibas (Mentee), 2013 survey.

Obituary – Dr. Harry Morrow-Brown

EAACI was saddened to learn of the passing away of our world-renowned colleague Dr. Harry Morrow-Brown on 27 August 2013 at the age of 96.

Dr. Morrow-Brown's work saw him serve in India under the British Royal Army Medical Corps before he returned to the UK in 1946 where he was to eventually work as a consultant chest physician. It was during this time that he showed a keen interest in the field of allergy and asthma, resulting in research which was pivotal to establishing the use of inhaled steroids in asthma, as well as the role of eosinophils as markers for responsiveness to steroids.

He eventually retired in 1982 but refused to stop in his efforts to improve the lives of asthma and allergy sufferers, holding allergy clinics and publishing papers in academic journals from his home in Derby. He was also dedicated to the innovation of machines to measure and improve air quality.

Dr. Morrow-Brown committed a large part of his long life to helping those suffering with asthma and allergy and most recently presented his abstract “Food allergy can be a major hidden cause of chronic asthma which can be uncovered or excluded by introducing a few foods diet” at the EAACI International Severe Asthma Forum, ISAF 2012, in Gothenburg, Sweden.

“On behalf of all the members of EAACI, we would like to pass our condolences to the family and friends of Dr. Morrow-Brown and thank him for his tireless efforts over his six decade career,” said EAACI President Professor Nikolaos G. Papadopoulos.

EAACI Fellowships 2014

Applications for the 2014 Research and Clinical Fellowships Awards are now open until: 31 January 2014

More information at www.eaaci.org/resources
Remind your MEPs to vote for Allergies!

Members of the European Parliament (MEPs) now have an opportunity to call on the European Commission and EU Member States to take action by signing a Written Declaration on Recognising the Burden of Allergic Disease, which opened for signatures in October 21st and will remain open for 3 months.

The proposed Written Declaration, put forward by eleven MEPS from a cross-section of political groups, calls for the implementation of national programmes, better medical training and more scientific research to achieve a better management of the disease, in order to limit its evolution and cost to society.

In order to be adopted, the majority of the EU Parliament must vote for this by signing. The declaration can be downloaded in six languages together with posters and flyers from the EAACI website (http://www.eaaci.org/activities/activities/2275.html). If you really want to make a difference and increase awareness of allergic diseases, contact your MEP and ask them to sign the Written Declaration.

EAACI are joining forces with EFA (European Federation of Allergy and Airways Diseases Patients Associations) to push this forward. So join us and let’s make this a major win for allergy!

EAACI Editors Strategy Workshop 2013

Zurich was the place chosen in October to bring together all the editors of EAACI journals: Allergy, Pediatric Allergy and Immunology and Clinical and Translational Allergy.

These biannual meetings are incredibly productive for the evaluation of the current state of the EAACI Journals, of the environment and recent trends in journal publishing, and for stimulating the interaction between all the EAACI platforms. The meeting was focused on identifying strategies to build recognition of all EAACI journals as a quality outlet for research in the field of allergy and clinical immunology.

Wiley publishers described the current state of Allergy and PAI. Allergy, which aims to promote basic and clinically applied allergy and immunology, currently has an Impact Factor of 5.883 and held second position among 23 allergy journals in 2012. Attendees also celebrated the increase of PAI’s Impact Factor up to 3.376, which jumped it to 7th position among 23 allergy journals and 9th out of 121 Pediatric journals in 2012.

Clinical and Translation Allergy (CTA) joined the EAACI Journals family just two years ago, but in this small period of time it has become a major source of reference for our members, with a steady increasing trend in the number of submissions. Our open access online journal accepts high quality scientific papers and reviews, both basic and clinical research. EAACI Position Papers are also published in CTA. The editor discussed the steps taken to ensure a very rapid and fair peer-review process.

The editors presented a SWOT analysis of the journals, followed by a round table discussion on strategies to increase the citation performance and speed of acceptance, and to improve journal visibility. Maximising the input from the EAACI Scientific Community and improved author, reviewer and editor tools were highlighted as key steps in the path to better journals. Several new developments were discussed such as the PAI and Allergy APP to be used on mobile platforms (tablets, smart phones) that will allow EAACI members to access the content of both journals from anywhere. With this initiative, EAACI and Wiley move continue to improve readers’ access to the journals and, at the same time, reduce the overall impact that printed materials have on the environment. Automatic content alerts, professional language editing and graphic designer support, increased performance of the production editors, quality control and brand strategy were also discussed with the publisher.

The EAACI Junior Members and Affiliates group works closely with the Editorial Office of PAI to develop new initiatives to promote the journal and related educational activities. Among others, in every issue of PAI, the JMA-PAI collaborative team selects the paper that is most relevant to fellows in training for its educational content. The JMA must-read papers are highlighted with the JMA logo and the abstracts are translated into 15 different languages to help spread their important messages around the world! This fruitful collaboration has opened the path to collaborate with Allergy and CTA as well.

There are many good reasons to publish in Allergy, PAI and CTA, so we encourage the EAACI scientific community to submit their best science to EAACI journals!

Macarena Guillamon
Ioana Agache
Shaping the Media Face of EAACI

EAACI Annual Congresses and Focused Meetings are EAACI’s most dynamic communication platforms. It is our duty to communicate the latest scientific advances, having as a final goal the improvement of the quality of life of allergy patients. So far this year, EAACI has had 2,308 online hits at time of going to press.

The EAACI–WAO Congress 2013 registered 1,049 online hits from 35 countries. Nearly 100 journalists from 21 countries attended the Congress, including from radio and TV stations, daily and medical press. Important names such as Corriere de la Sera, RAI Television, Die Standard, NZZ and Dradio gave a positive exposure to the scientific advances in the allergy and asthma field presented at the Annual Congress, prompting headlines such as “Wenn Gras der Feind wird” (If grass is the enemy), “Lebensgefährliche Stiche” (Life-threatening stings) or “Sesamo e soia, le nuove allergie ai cibi “esotici”” (Sesame and soy allergies to the new “exotic” foods).

Our successful Focused Meetings added to the number of EAACI hits. Almost 150 articles in six different languages related to PAAM have been published in the lay and trade press, reflecting the latest findings in the pediatric allergy and asthma field, such as “New research suggests a strong link between childhood asthma and air pollution”. SERIN 2013 is not far behind with over 120 online hits all over Europe, accompanied by a press release “Exposure to inhaled agents at work means 1 in 4 of operated chronic sinusitis patients fail to recover”. FAAM 2013, together with the “Food Allergy and Anaphylaxis” Awareness Campaign also attracted media attention all over Europe: since its launch in June 2012, the campaign has achieved almost 800 online hits worldwide! This success could not have been reached without the excellent support of the patient organisations.

Are you a follower of the EAACI on social media channels? We already reach 2,600 fans on Facebook, 700 on Twitter and nearly 500 on LinkedIn! Our online community keeps growing every day and we encourage you to share your scientific inputs with us and follow EAACI on your favourite Social Media channel!

EAACI scientific work is delivered through all our communications channels, including the Academy Newsletter, our monthly E-Bulletin and daily updates on our Social Media Channels. So, if you don’t want to miss anything, stay close to us!

Macarena Guillamon
Nick Winn
Ioana Agache
The PAPRICA Programme was initiated by the EAACI in order to encourage the dissemination of knowledge of allergy within primary care, but also to make and foster ties with the community of allergists. In 2013, these aims were fulfilled by three symposia: the first two outside of Europe (on 5 June in Gaborone, in the context of a primary care symposium, and on 6 June in Sun City, within a joint congress including allergists and other specialists); and the third symposium, for primary care physicians, in Wroclaw, Poland. Traditionally, the PAPRICA programme addresses a wide range of allergic diseases, and this was also the case with these three symposia, which covered mechanisms of allergy and early events as well as prevention, skin diseases, food allergy, respiratory allergy and anaphylaxis.

In Botswana, a country with rapid economic growth and large numbers of patients with infectious and respiratory diseases), over 200 participants (representing one tenth of the physicians of the country) attended the lectures and participated enthusiastically during the time allowed for discussion. The symposium contributed greatly to allergy awareness in the country, which has, so far, just one allergist! South Africa has a long standing tradition in allergy training and research, and the more than 100 delegates attending the symposium welcomed this joint event organized by the National Allergy Society and EAACI.

The PAPRICA symposium held in Wroclaw on 5 October 2013 was organized in collaboration with the Polish Family Medicine Society. In Poland, many patients with allergies are taken care of by primary care doctors who recognize that continuous education is key for the good care of allergic diseases, and the symposium attracted close to 200 primary care physicians from the region of Silesia around Wroclaw, and also from other parts of Poland. Lectures covered areas including respiratory diseases, the skin, drug allergy, food allergy and anaphylaxis, in addition to an update on mechanisms of allergy. Discussions were lively and the large number of questions attested to the interest raised by the symposium.

All three PAPRICA symposia held in 2013 had a large impact on the field of allergy education in primary care and confirm the strong commitment of the EAACI to primary care allergy education.

Philippe Eigenmann (Geneva), Shiang-Ju Kung (Gaborone), Mike Levin (Cape Town) and Marek Jutel (Wroclaw)

PAPRICA Organisers
The Polish Society of Allergology

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

Applications should be submitted before 31 December 2013 electronically to both the EAACI Headquarters (info@eaaci.org) and Allergopharma (steen.klysner@allergopharma.com). The research paper, curriculum vitae and a covering letter should be included as three separate attachments. If this is not possible, then postal applications can be sent to EAACI Headquarters, Genferstrasse 21, 8002 Zurich, Switzerland (Tel.: +41 44 205 55 33).

Further information about PTA, please visit our website (English-version): http://en.pta.med.pl.

Professor Boleslaw Samolinski
President of the Polish Society of Allergology

The Polish Society of Allergology (PTA) is the largest allergological organization in Poland, with over 1000 physicians grouped in 13 branches. For almost 30 years, the PTA has represented Polish allergology at a national level (e.g. before government institutions, such as the Ministry of Health) and at an international level (in organizations such as WHO, WAO and EAACI).

The PTA’s mission is based on a number of fundamental objectives, such as the propagation of knowledge about allergology in society and participation in the professional development of doctors in the field.

The PTA creates PR and public education campaigns (such as POLASTMA, the National Program of Early Diagnostic and Treatment of Asthma) and media campaigns (such as World Asthma Day, World Allergy Week and Spirometry day), and also organizes one of the largest medical conferences in Poland, the PTA Educational Conference and Expert Clinical Forum, dedicated to professionals dealing with issues of asthma. The PTA organizes and gives patronage to 3 educational courses and symposia on allergy (with a total of over 30 meetings per year). The latest PTA educational initiative is called the ‘Academy of Allergology’, which involves 13 meeting per year organized by PTA Headquarters for allergy specialist in all branches of the PTA, and which engages the best Polish experts as lecturers. Additionally, PTA has started an e-Academy, an online educational program. PTA is an active participant in international medical conferences and congresses (such as WAC and EAACI congresses), where PTA representatives are among the speakers and exhibitors.

The PTA cooperates with international organizations, including:
• United Nations – where it supports a resolution for a summit on Noncommunicable Diseases (NCDs);
• European Union (EU) – where it supported the Council of the EU conclusions of 2 December 2011 on the prevention, early diagnosis and treatment of chronic respiratory diseases in children;
• WHO (Global Alliance against Chronic Respiratory Diseases (GARD)) – acting as co-organizer of the GARD conference in Poland, in September 2011, and promoting World Asthma Day;
• WAO – PTA is a member of WAO, cooperating in the publication of allergological articles on the subject of allergy on PTA website and promoting World Allergy Week;
• EAACI – PTA was co-organizer of the 2009 EAACI Congress in Warsaw, had a joint session with EAACI during the Prof. R. Kurzawa Symposium in Krakow in 2010, was co-organizer of the EAACI Summer School in Krakow in August 2011, and introduced the EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology into Poland.

Our society also supports other social activities devoted to promoting a healthy lifestyle, gives medical training for journalists and parents, and provides Members of the Executive Committee for interviews in the press, radio or on TV.

Further informations can be obtained from: Allergopharma GmbH & Co. KG, 21462 Reinbek/Hamburg, Germany

Phone +49 40 72765-211, Fax +49 40 72765-201, www.allergopharma.com, E-mail: steen.klysner@allergopharma.com

A subsidiary of

The Polish Society of Allergology

The 14th Allergopharma Award, 2014

The 14th Allergopharma Award, 2014 in the value of Euro 10,000
EAACI ExCom Brainstorming Meeting

The new EAACI BoO and ExCom members gathered for the biannual brainstorming meeting on the beautiful sun drenched island of Malta in September.

It was the first time that the members had an opportunity to discuss how to steer EAACI over the next two years, including implementation of the EAACI 2013–2015 Strategic Programme, as well as managing the current issues at the heart of EAACI’s day-to-day running. The meeting was an action packed two-day event that allowed the new ExCom members to become familiar with the important issues at hand.

During the 2 days, the ExCom was divided into groups that mirror the main areas of the activities in the organizations: Communications, Finances, Education, Internal,External and Congresses. The groups have the purpose of supporting the Board of Officers over the coming years. The ExCom members in each group received the relevant background information which is crucial to decision making and the information regarding the current issues that need the attention of the EAACI leadership. Participants were provided with the opportunity to comment and give suggestions to the relevant Vice-Presidents on the activities planned over their term in order to optimize EAACI’s resources and to shape the organization’s future developments. The new ExCom got immersed in the tasks at hand and the issues facing the EAACI at this time. Despite the serious matters discussed, the meeting offered a wonderful occasion for the new BoO and ExCom to participate in team building activities and to get to know each other in their new roles. The cooking class experience consolidated the ties, revealing some high-profile chefs among the ExCom should EAACI ever be in need! The enthusiasm and commitment shown by the groups was impressively engaging and surely promises great things for the brilliant growth of EAACI in the next 2 years.

Antonella Muraro
EAACI Secretary General

The need for smarter guideline approaches

Quality medical care combines available scientific evidence, clinical expertise and patient preferences, the three tenants of evidence-based medicine.

Clinical Practice Guidelines (CPGs) are a key tool, providing suggestions based on the best available evidence and promoting optimal clinical practice. However, several challenges and bottlenecks have been identified in relation to the construction, representation, dissemination and implementation of current CPGs. Discrepancies between recommendations on the same topic although using the same literature, lack of data in several disease areas, omission of patient representation and management of conflicts of interest are some of the methodological issues to be subdued. In addition, clinicians appear reluctant to adopt CPGs, either as a result of over-sophisticated recommendations, or due to suboptimal CPG dissemination. As a consequence of all the above, the ideal Guidelines still eludes us.

A number of points that are amenable to improvement have recently been discussed in the context of the Guidelines Task Force and the developing EAACI Guidelines Framework. EAACI has acquired considerable experience with its soon to be published Food Allergy and Anaphylaxis Guidelines, among others. As a matter of principle, guidelines should be used as documents to support, and not substitute, clinical judgment. They are not legal or regulatory statements to support, and not substitute, clinical judgment. They are not legal or regulatory statements; however, they are frequently used in this sense and therefore, recommendations should not exclude various options and allow for the variation seen in real-life. Using available technologies to involve a larger number of stakeholders, as well as patients, may well prove effective in translating evidence into user-friendly recommendations. Inclusion into the evidence base of data coming from pragmatic trials and observational studies may provide information not available in randomized clinical trials. Patients should have a more prominent role in CPGs formation, providing valuable aspects of proper care. All the above were discussed during a 2-day meeting in Malta, from 28–29 September 2013, and will be further developed over the coming 2 years.

Pascal Demoly
EAACI Vice-President Education and Speciality

Nikolaos G. Papadopoulos
EAACI President

for the EAACI Framework Guideline Task Force Steering Committee (Moises Calderon, Lampros Kalogerou, George Konstantinou, Antonella Muraro, Graham Roberts, Susanna Palkonen, David Price, Alexandra Santos, Michael Walker)
Strong Allergology Speciality

The care for allergic patients in Europe could be improved. This is not only the result of economic restrictions but also caused by organizational flaws.

While in one European country there is a lack of allergy specialists, other countries may have trained too many specialist doctors. The reasonable answer to this situation would be the free movement of trained specialists through Europe. However, the fact that Allergology is only recognized as a full medical specialty in 14 of the 28 European countries hampers such mobility. Moreover, in some countries where a full specialty is recognized, health authorities are reluctant to follow the European Community regulations on mutual specialist recognition (e.g., in the UK).

Since 2008, EAACI, in collaboration with the European Union of Medical Specialists (UEMS) Section and Board on Allergology, has administered the European Allergy Exam which tests the theoretical knowledge of applicants coming from all parts of the continent. International visits to training sites are carried out both in pediatric and adult allergology. Clearly, not all allergic patients should (nor could) be seen by allergists, and EAACI therefore also focuses on training other medical specialists, general practitioners and allied health professionals. Well-structured local allergy centres offer a framework for collaboration between all caretakers. Moreover, such centres are ideally situated to detect upcoming allergies and to perform scientific work.

The way forward is clearly based on further harmonizing the training and certification of allergy specialists, stimulating individual countries to accept allergology as a full medical specialty, and promoting the formation of local allergy centres where pediatric and adult specialists can work closely together. EAACI and UEMS have joined forces with national allergy societies and with the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) to address these issues. Clearly the issue is of high importance and, as such, is a main priority of the EAACI 2013–2015 Strategic Programme.

Jan de Monchy
EAACI Specialty Committee Chair
Pascal Demoly
EAACI Vice-President for Education & Specialty

EAACI Membership Survey 2013

In an effort to help EAACI improve its services to members and continue to progress, an online membership survey was held in September and October 2013. Almost 650 members responded and with this data we hope to optimise and improve the membership experience.

Keeping up with knowledge in the field, access to EAACI resources and the opportunity for networking with peer groups were the top preferences amongst membership benefits. Promisingly, 47% of Allergy readers and 54% of Pediatric, Allergy and Immunology (PAI) readers said that if there was an option to opt out of the printed format they would. This fits with EAACI’s new “Go Green” initiative, set to be launched next year.

Keep coming back for more information and thanks to all those who completed the survey.

EAACI Communications & Membership Team

EAACI – EU Programme

The need to enhance the profile of Allergy and Clinical Immunology at the community level now appears essential given the prevalence of the disease and the paucity of allergists and allergy services in most EU countries.

The position of the EAACI as the leading voice of the allergy world in Europe will allow it to act as a platform to gather all stakeholders and to coordinate initiatives intended to achieve better policies for allergy, as well as allocation of funding for the research needs, as outlined in the recently published Research Needs in Allergy [1]. In this regard lobbying at the EU Parliament and Commission level is crucial and has been started in line with the 2013–2015 Strategic Plan. At Parliament level, a group of MEPs keen to advocate for allergy have been contacted. They have already promoted a Written Declaration on Allergies endorsed by EAACI and EFA. In order for this Declaration to be assumed as an official statement of the EU Parliament 380 MEP signatures have to be collected by 21 January, 2014. We call for our membership and National Societies to get in touch for their national country representatives requesting them to sign the document at the EU Parliament’s dedicated website. This is a unique opportunity for the allergy community that will show our strength; all efforts should be put in place to achieve this goal. The Written Declaration can be downloaded from the EAACI website and will sent to the EAACI membership in order to facilitate their support. EAACI’s development of the EU programme must be multi-faceted. The EAACI President and Secretary General are having regular meetings in Brussels with several MEPs to highlight the role of allergic diseases and the cost-effectiveness of their proper management and prevention. In addition the commitment of the ExCom has been requested to increase the chances of a large scale approach. To further strengthen the initiative, EAACI will hold a lunch-time workshop at the European Parliament on 27 November to drum up noise around the issue of allergies, raising awareness of the Written Declaration and EAACI’s presence in Brussels.


Antonella Muraro
EAACI Secretary General
EAACI and National Societies of Allergy and Clinical Immunology

There has been a long tradition of good communication and exchange programmes between the EAACI and European National Societies of Allergy and Clinical Immunology.

For example, EAACI Speaker Support Programme help National Societies to invite international referees to their annual congresses or to focused symposia or workshops, the EAACI websites help to spread information about the National Societies, our Newsletter has been introducing an individual national society in every issue, and the societies themselves are often represented by a booth at EAACI Annual Congress in the National Society Village.

Nevertheless interactions can be further improved, with the aim of strengthening the output of activities in our field throughout Europe. Therefore, the newly elected Executive Committee has formed a working group, headed by Ioana Agache, M. Beatrice Bilò and Thomas Werfel, to develop new and additional ideas and instruments. Moreover a questionnaire has been sent to the board members of all National Societies registered as society members of the EAACI, as listed on the EAACI website.

One idea, which may lead to closer relationships in the near future is the establishment of a platform for representatives of the National Societies of Allergy and Clinical Immunology. Regular meetings during the annual congress and via web facilities could provide a discussion forum for current issues in clinical allergy and allergy research, including political and regulatory aspects, discussed from the different points of view of the diverse European countries, which could lead to new stimulating developments in the field.

EAACI has become very effective in providing research-oriented conferences and smaller meetings on clinical topics. Moreover, guidelines and position papers are constantly being produced by members of EAACI Task Forces, and a European exam (in English) is offered to delegates at the annual congress. However, not every allergist in Europe is able to attend the EAACI meetings and some published information from the EAACI will never reach those clinicians in their allergy centres or offices throughout Europe who prefer to read journals on allergy and clinical immunology in their home language. Therefore, we are discussing ways to translate and spread information from the EAACI with the help of the National Societies, and also how the output of activities from individual National Societies (which may be of interest in other European countries) can be more widely disseminated, with the help of the EAACI.

We will inform you soon about the progress of our activities but would like to encourage you now to send your own thoughts and ideas about intensified relations between the National Societies and the EAACI, at info@eaaci.org

Ioana Agache, M. Beatrice Bilò and Thomas Werfel

WE HAVE NEWS FOR YOU!

Hundred of doctors all over the world already use www.bilastine.com to stay informed and updated on anything that happens in the world of anti-histamines.

Publication of opinion pieces, signed by KOLs from all over the world, on international scientific articles
Significant scientific articles available to download
Monthly listing of relevant scientific articles published Search engine exclusively dedicated to Medical Conferences worldwide
PAAM 2013 - a new milestone in Pediatric Allergology

The 3rd Pediatric Allergy and Asthma meeting was held in Athens, Greece from Thursday 17 to Saturday 19 October 2013. The meeting was attended by almost 1000 participants from over 66 countries across the world. It was a wonderful event, with state-of-the-art science, extremely high educational value and perfect surroundings, making it an exceptional and memorable experience.

The meeting started with postgraduate sessions on paediatric asthma and wheeze and immunotherapy. These were very much appreciated by the participants and there was standing room only. The scientific programme kicked off with an excellent plenary with thought-provoking presentations on the allergy epidemic from Susan Prescott, Harald Renz and Tari Haahtela. Once again, the meet the expert sessions were very popular and produced lots of high quality discussion. A total of 179 abstracts were submitted for presentation, using a novel e-Poster format. Participants commented on the high quality of the abstracts presented and the Chairs found it difficult to arrive at just 5 to receive poster prizes. The whole meeting was characterised by an unusually high attendance rate at sessions and we will be looking for a bigger venue for next time!

6th Drug Hypersensitivity Meeting
Bern, Switzerland, 9–12 April 2014

From 9–12 April 2014, the 6th Drug Hypersensitivity Meeting (DHM 6) will take place in Bern, Switzerland, where this series of meetings began in 2004. From the very beginning, these meetings have attracted both clinicians (allergologists, dermatologists, hepatologists, etc.) and scientists of different disciplines (immunologists, geneticists, pharmacologists, etc.), and it is the stimulating atmosphere, the open discussions and interplay between basic scientists and clinicians which have always given these meetings their flair. Clinicians have learned how small molecules activate the immune system and how HLA genes influence drug hypersensitivity, whilst researchers have faced clinicians, wanting concrete answers to questions about how to apply new concepts to their daily clinical practice. This unique and very successful combination has made DHM the most important drug hypersensitivity meeting in the world, now attracting over 350 participants from all corners of the globe.

At DHM 6 we will again be placing an emphasis on interdisciplinary discussions, with:

- 6 plenary seminars, on topics such as the genetics of drug hypersensitivity, viruses and drug hypersensitivity, the side effects of biologicals, and a clinical approach to drug induced exanthema;
- 6 clinical and 6 more basic science-oriented symposia, including such diverse topics as clinical hypersensitivity reactions to new drugs, in vitro testing for drug hypersensitivity, correct management of drug hypersensitivity, skin testing, differential diagnosis of exanthema, risk assessment of novel drugs and the immunopathology of drug reactions;
- a choice of 12 practical breakfast seminars (4 each morning), to help stimulate discussions between clinicians, where experts will discuss clinical topics such as perioperative anaphylaxis, adverse reactions to antineoplastic drugs, handling of patients with penicillin allergy, aspirin intolerance, allergy to non-beta-lactam-antibiotics and the allergic child;
- teaching case reports”, a great success at the last DHM in Munich, where experienced clinicians will present illustrative cases in a short morning session; and
- guided poster tours, during which posters addressing a certain topic will be presented and discussed together with known experts, to help place special emphasis on the poster sessions. We expect well over 200 posters in Bern, devoted to clinical and basic science.

For in-depth information, go to www.eaaci.net, where full details of the meeting programme, including a list of speakers, are already available.

In addition to the scientific programme, the organizing team is also preparing an interesting evening social programme, including a visit to Albert Einstein’s apartment in Bern, where he formed many of his ideas which revolutionized physics.

If you want to refresh your knowledge of drug hypersensitivity and share your experience with old and new friends, please come to the beautiful city of Bern, Switzerland (a UNESCO heritage city), to participate in DHM 6.

Werner J. Pichler
DHM 6 Chair
Greifswald EAACI Allergy School: The place of ‘omics’ in the diagnostic lab

From 7–11 October, 18 young researchers from all around the globe wanting to apply functional genomics to their projects met in the lovely university town of Greifswald, in Germany, for an allergy school on ‘The place of ‘omics’ in the diagnostic lab: update on allergy & clinical immunology laboratory methods’.

The school took the format of a 1:1 lecture to laboratory ratio. In the morning sessions international and local experts described on the application of omics to clinical research, covering areas such as epigenetics, genomics, transcriptomics, proteomics and next generation sequencing. Afternoon sessions were dedicated to hands-on laboratory work, with various proteomics workflows explored from start to finish, including 2D-gel electrophoresis and immunoblotting. Participants were able to work with their own samples, providing them with an opportunity to perform preliminary analyses.

The combination of thought-provoking lectures, poster presentations, group laboratory work and an excellent social programme enabled extensive discussions between the participants and speakers. Special thanks are due to the Chair of the meeting, Dr Christian Scharf, and to the local laboratory helpers, Katrin Darm, Laura Rethschulte and Dr Simone Venz.

Serena O’Neil
Guest researcher
ENT Research Laboratory
University Medicine Greifswald, Germany

Cornelis van Drunen
Head of Research
Department of Otorhinolaryngology
Academic Medical Center
University of Amsterdam

Málaga EAACI Allergy School: Allergic Reactions to Drugs - from phenotype to genotype

The Allergy School ‘Allergic reactions to drugs - From phenotype to genotype’ was organised by the EAACI in collaboration with local organisers from the Allergy Unit of University Hospital of Málaga: Drs Miguel Blanca, Cristobalina Mayorga and María Jose Torres.

The meeting hosted participants from around the world. The scientific programme focused on specific aspects dealing with hypersensitivity reactions to non-steroidal anti-inflammatory drugs (NSAIDs), including basic and applied clinical research. This is an important issue since these drugs have become the most frequent drug involved in hypersensitivity reactions all over the world. The management of these reactions is complex, implying a thorough knowledge of the immunological basis of hypersensitivity to NSAIDs and their implications for diagnosis.

First day lectures described the clinical phenotypes involved in NSAID hypersensitivity, followed by a detailed description of the in vivo and in vitro diagnosis. On the second day, the sessions focused on the mechanisms and the pharmacogenetics of NSAID hypersensitivity. The last day was dedicated to in vivo and in vitro evaluation and desensitisation protocols.

The Allergy School brought together some of the greatest experts in this field from all over Europe. It was a unique opportunity for young doctors to learn more on the subject and focus on key diagnostic and management tools. Both theoretical and practical activities included in the programme promoted interactive communication between clinicians just starting their practice in drug allergy and researchers with great experience in basic and clinical aspects of NSAID hypersensitivity. Congratulations to the travel grant winners (Katinka Onodi-Nagy, Semra Demýr and Nicolae Dumitrescu) and to the winners of the best abstract communication prizes (Mª José Barasona and Luisa Geraldes).

Finally, we would like to highlight the social programme (including a guided visit to the historic centre of Málaga), which encouraged easy and fluid interaction and communication between speakers and attendees from many different countries.

The Málaga Allergy School was a successful experience for everyone and the organisers received congratulations from many of the participants commenting on the high scientific level of the meeting, the speakers’ ability to raise interest on the topic and the warm atmosphere in which the event took place.

Lina Mayorga, María J Torres and Miguel Blanca
Allergy Unit of University Hospital of Málaga, Málaga, Spain
EAACI Pediatric Section - the 2013–2015 Strategic Programme

In June 2013, during the Annual Conference in Milan, a new Board was elected, the members of which are: Cansin Sackesen (Turkey), Montserrat Alvaro Lozano (Spain), Aline Sprikkelman (The Netherlands), Paraskevi Xepapadaki (Greece), George du Toit (Secretary) (UK), Giovanni Pajno (Italy) and Susanne Lau (Chair) (Germany); the affiliated junior member is Özlem Bircan (Turkey).

The Board has decided to continue the active and fruitful activities of previous years in order to strengthen the collaboration with other sections and interest groups of EAACI, such as Asthma, Dermatology and Immunotherapy and Food Allergy. The major goals are to deliver high quality training in pediatric allergy, harmonizing education, diagnosis and therapy, and emphasizing EAACI leadership within Europe. A strong interaction with patient organizations is planned, in order to attract public awareness for pediatric allergy. The EAACI Pediatric Section wants to promote research to address key gaps in our understanding of pediatric allergy and asthma.

The Section continues to have a strong commitment to pediatric meetings such as FAAM 2014 (Food Allergy and Anaphylaxis Meeting, Autumn 2014, in Ireland) and PAAAM 2015 (Pediatric Allergy and Asthma Meeting, 15–17 October 2015, in Berlin). In the scientific programmes for these meetings, further cooperation with other societies such as ERS and ESPGHAN is planned. Junior members in particular should be encouraged to participate and to present data, and also to be invited speakers.

Furthermore, an Allergy School on early diagnosis and therapy for allergic disorders in childhood is proposed to be held in late 2014 in Taormina, Italy. The EAACI Pediatric Section will send representatives to national allergy meetings such as the SIAIP (Italian Society of Pediatric Allergy and Immunology) conference in Milan in early April 2014.

Another strategy for the future is to have new task forces and, with this in mind, an application has been made to the EAACI Executive Committee in collaboration with the Immunotherapy Interest Group.

News from the Pediatric Section will be published in Pediatric Allergy and Immunology (PAI) and on the EAACI Website, and an article on pediatric asthma will appear as part of the educational series written by Cansin Sackesen.

Some time ago, the Education and Training Committee, Pediatric Allergology (ETC-PA), whose Secretary is José Lopes dos Santos, implemented a European training syllabus of pediatric allergology in accordance with the European Union of Medical Specialists (UEMS) for pediatricians with an interest in allergy. Site visits of pediatric training centres are expected to take place this year and, within EAACI, the optimization and harmonization of pediatric and adult allergy education is planned. Further education of primary care physicians will be offered at the PAPRICA symposia within Europe and other countries.

Susanne Lau
EAACI Pediatric Section Chair

EAACI Dermatology Section - the 2013–2015 Strategic Programme

One of the major obstacles for dermatologists within Europe is the diversity of dermatologists’ fields of expertise in different member countries, ranging from double specialist certification (in both dermatology and allergology) in some countries to no formal education within allergology in others. Further, with the growing number of new opportunities in other fields of dermatology, e.g. targeted treatments in oncological and inflammatory diseases, or in surgery and laser therapy, there is a substantial risk of diverting the practicing dermatologist’s focus away from patients with allergy problems. Due to the vast heterogeneity of allergy services provided by dermatologists in member countries, there is a need for tailor-made solutions in different countries.

As a first step to achieving this, the EAACI Dermatology Section aims to characterize the present state of allergy services (from type I to type IV reactions) offered by dermatologists in each of our member countries, with emphasis placed on both child and adult services. Once this is achieved, specific strategies for supporting and assisting dermatologists to ensure highest standards in diagnosis and treatment of allergic-dermatological diseases will be developed, tailor-made for each country or region.

Children as well as adults with allergic-dermatological diseases are diagnosed and treated by different specialists (general practice, pediatrics, allergology, dermatology), each often having different approaches to diagnosis and treatment. Working with the relevant Sections and Interest Groups within the Academy, we aim to develop guidelines to enable a coordinated and harmonized diagnosis and treatment of the major pediatric allergic-dermatological diseases, including, but not restricted to, atopic dermatitis and urticaria. Once they are developed, emphasis will be placed on the widespread dissemination of the guidelines, in collaboration with relevant bodies inside and outside of the Academy.

To retain the focus of dermatologists-in-training on allergology, special focus will also be placed on the development of Master Classes in allergo-dermatological diseases (36), whilst, to meet the educational needs of specific communities (including general practice and specialist nurses), we will develop new forms of educational meetings. Due to the nature of skin diseases, in which symptoms and signs can readily be seen, we aim to develop practical courses where the knowledge gained can be used directly and immediately implemented into the attendees’ daily routine.

In order to develop and diversify the Academy’s sponsor pool, we shall strive to attract and interact with new types of companies active in the fields of skin health and disease. Focus here will be on practical hands-on sessions within the educational programme of a meeting.

Finally, we will look to strengthen collaboration with other societies within dermatology, where feasible and appropriate, including (but not confined to) with the ESCD, EADV and AAD.

Carsten Binsdlev-Jensen
EAACI Dermatology Section Chair
latest developments in the pathophysiology of allergic and non-allergic rhinitis, local allergic rhinitis, rhinosinusitis, nasal polyps and global airway disease, coupled with increasing activity in genetic studies and collaborations with other EAACI Sections and Interest Groups have all contributed to a growing interest amongst researchers and clinicians for the fields of both ENT and allergology.

The ENT Section has been an active group in the elaboration of EAACI Task Force documents, such as the European Position Paper on Rhinosinusitis and Nasal Polyps (‘EP3OS’) (published in 2005, and revised in 2007 and 2012), and the ‘Diagnostic Tools in Rhinology’ Task Force, published online in 2011 in the first issue of Clinical & Translational Allergy, where it became one of the journal’s most consulted papers. The ENT Section is also involved in joint Task Forces with the Pediatric and Asthma Sections of the EAACI, and is currently in the final phase of the development of a Task Force on Non-Allergic Rhinitis.

The ENT Section has also been active in research with the Global Allergy and Asthma European Network (GA²LEN), and promoted the interaction of international experts and young researchers in different fields related to rhinitis, rhinosinusitis and nasal polyps diseases during the Symposium on Experimental Rhinology and Immunology of the Nose (SERIN), one of the most interesting multidisciplinary EAACI meetings.

The ENT Section’s strategic programme for 2013–2015 includes:

* the identification of rhinitis phenotypes, endotypes and genotypes;
* the study of pathophysiological pathways underlying rhinitis and rhinosinusitis;
* the promotion of epidemiologic multicentre studies of local allergic respiratory response in non-atopic patients;
* the study of co-morbidities related to allergic rhinitis;

The ENT Board, elected for 2013–2015, is made up of Cemal Cingi (chairperson), Carmen Rondon (secretary), Valerie Hox (JMA representative), Kivanc Gunhan (webmaster), and Philippe Gevaert, Cloé Hupin, Felicia Manole, Ralph Mösges and Michael Rudenko (ordinary members).

Carmen Rondon
EAACI ENT Section Secretary

Cemal Cingi
EAACI ENT Section Chair

The immune system is able to distinguish self from non-self and harmless from dangerous. Inflammatory disorders, in particular allergic diseases, represent the most notable failure in this system. The understanding, research, diagnosis and management of allergies are therefore always related to immunology. Biologics are becoming available that can selectively inhibit specific troublesome mediators of misdirected immune reactions. At the same time, the costs of treatments increase and personalized approaches along with a sophisticated biomarker diagnosis are required to focus expensive therapeutics to those patients who are most likely to benefit from them. In addition, it is becoming increasingly clear that environmental factors, such as the microbiome and infections, can significantly influence cellular and tissue interactions.

The progress of immunology and allergy is greatly enhanced by novel technologies (omics) and our understanding of the diseases has become too complex to be surveyed by individuals alone.

From these developments, the immunology section is going to extend its activities and aims to:

* promote understanding of the etiology of allergic diseases and of mechanisms underpinning basic and clinical immunology
* promote approaches in personalized medicine using novel bio/immunomarkers such as microbiome signatures
* promote education and research collaboration in immune-“omic” applications.

Carsten Schmidt-Weber
EAACI Immunology Section Chair

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From these developments, the immunology section is going to extend its activities and aims to:

* promote understanding of the etiology of allergic diseases and of mechanisms underpinning basic and clinical immunology
* foster communication between basic immunologists and clinical allergy specialists
* encourage training in basic immunology for young investigators/physician-scientists
* promote the understanding and use of biologics

* promote approaches in personalized medicine using novel bio/immunomarkers such as microbiome signatures
* promote education and research collaboration in immune-“omic” applications.

Carsten Schmidt-Weber
EAACI Immunology Section Chair
Asthma and respiratory allergy represent a major challenge, being addressed by several organizations outside our own (such as the ERS, ATS and AAAAI). Previously regarded as mainly a lung disorder, there is now a more holistic view of asthma, which as now seen as a systemic disorder i.e., not just involving the respiratory tract but the circulatory system as a whole. Additionally, asthma is no longer regarded as a bronchospastic disorder of the large airways but as a complex inflammatory process involving the upper, large and small airways. The immunobiology differs considerably between patients (not just limited to ‘allergic or non-allergic’) with only some aspects of the inflammatory process being responsive to standard therapy with corticosteroids. The development of targeted biologics demands the definition of specific disease endotypes that might benefit from customized anti-inflammatory treatment. Thus, the previous simple view of asthma as either an allergic or non-allergic bronchospastic lung disorder has shifted to asthma being a systemic, immunologically highly heterogeneous disease, requiring different treatment strategies. This drives asthma closer to the area of clinical immunology and other associated disorders, sharing common biological pathways.

For 2014, the EAACI Asthma Section group is planning a new International Severe Asthma Forum (ISAF), to be held in October or early November; the venue is not yet decided but will probably be Athens or Prague. The meeting will be more of an interactive workshop, appealing to both experts and people active in the field, and the major topics to be addressed are: (1) asthma exacerbations; (2) fungal asthma; and (3) (new) biomarkers and outcome measures in severe asthma.

One Task Force (chaired by David Denning) has already started, working on fungal asthma, and we aim to initiate two other Task Forces after the ISAF 2014 meeting: one on asthma exacerbations, and one on biomarkers and outcome measures. Two further Task Forces will start at the end of this year: one, under the direction of Stefano Del Giacco, will deal with allergy and asthma severity; the other, handled by Jan Lötvall, will deal with endotypes and phenotypes in asthma.

In September 2014, we are also joining with Mariana Couto and Matteo Bonini (on behalf of the Interest Group on Allergy, Asthma & Sports) to organize an EAACI school on the topic of ‘Asthma development in sport: from recreational activities to top elite athletes’, for which the suggested venue is Quinta do Lorde, Madeira Island, Portugal. The Asthma Section also plans to follow-up with an EAACI Summer School in Turkey 2015, with Arzu Bakirtas and Ömer Kalayci as the local organizing committee.

Another important initiative for the coming years is to manage asthma in a way closer to ‘real life’. Traditional outcome measures based on a conservative view of asthma as a bronchospastic central airway disorder have resulted in controller medication, the effectiveness of which has been documented in highly selected patient groups representing only a very small fraction of the patients we actually treat. In collaboration with the Real Life Effectiveness Group (REG), a Task Force initiative has been implemented, called ‘Quality Standards in Real-life Respiratory Research’. Hopefully this initiative will provide us with new information on how to meet currently unmet needs in asthma care.

I am very proud to have been elected as Chairman of the Asthma Section, with Ömer Kalayci as Section Secretary. The group, consisting of highly competent and dedicated individuals, provides the necessary basis for future development in this field. Thanks to the efforts of the previous Section leaders, Adnan Custovic and Stefano Del Giacco, a strategy for the next few years has been lined up. Our task now is to follow up on all the good proposals, fine-tuning some and changing others and, above all, working on implementation. One major goal is to strongly position Asthma on the EAACI agenda and, hopefully, to underline its importance further within the Academy name itself.

Leif Bjermer
EAACI Asthma Section Chair
The monthly appearing German journal “Allergologie” is a medical scientific journal which covers the field of clinical and experimental allergy and related subjects (clinical immunology, environmental medicine, social medicine).

Every second issue has a focus on educational reviews. All other issues include reviews and original papers including case histories in clinical and translational allergy from different fields of allergology.

Peer groups are clinical and academic readers interested in the field; “Allergologie” is the oldest scientific journal in that field in German speaking countries.

Selected articles are translated into English and are freely available at the website www.dustri.com/nc/allergologie.html.

For further information: info@dustri.com

The EAACI Patient Organisations Committee

Vigilant readers will already have seen articles mentioning patient organisations in the EAACI Newsletter and some of you might even have been to the Patient Organisations’ workshops which were organised during the EAACI meetings held in Geneva, Nice and Milan. This article is to let you know who we are and what we are going to do within the EAACI.

The Academy initiated the creation of a platform for patient organisations within the EAACI family for a more intense collaboration with allergy clinicians and researchers. In modern times, patients are becoming more and more educated in dealing with their allergies, and the patient-health professional relationship is changing. Like the EAACI, patient organisations are becoming more and more professional on an organisational level and, although most of their representatives are not medically educated, they are very knowledgeable about their disease and, specifically, about how to cope and deal with it. Additionally, and importantly, patient organisations also have the ability to open political doors.

It is through the hard work and persistence of Prof. Antonella Muraro (now EAACI’s Secretary General) that EAACI has secured a structured collaboration with patient organisations within EAACI Task Forces and Interest Groups, and also their involvement in EAACI’s strategic plan.

The Patient Organisations Committee (POC) held their business meeting during the Annual Congress in Milan and representatives came not only from Europe (e.g. Belgium, France, Greece, Ireland, Italy, Spain, Switzerland and the United Kingdom) but also from other countries around the world (e.g. Australia, Canada, Hong Kong, India, Israel, New Zealand and the United States of America).

This is now an opportunity for EAACI members individually, or for their national professional organisations, to contact national patient representatives to collaborate at a national level, or – if your country is not represented within the Committee and you know the main allergy and anaphylaxis patient body in your country – to encourage them to contact the POC directly to become involved.

So what is the POC going to do? As you will have seen at the Annual Congress in Milan, we had a Patient Organisations Workshop (see the previous newsletter for further details) and we were involved in FAAM 2013 in Nice. We are eager to pave the road for more structured collaboration and patient involvement in the different Sections, Interest Groups and Task Forces. To start with, we will be at the 2014 Annual Congress in Copenhagen with another challenging Patient Organisations Workshop, and also at FAAM 2014 in Dublin. Where we can, we will assist you with our expertise and experience but, of course, we need your cooperation in involving us.

We live in difficult, economically hard times. Governments restricting budgets, free market perspectives and health insurance companies dictating health policies from a profit (for them) perspective, are all creating burdens on clinicians’ professional and patients’ physical and mental health. We thus need to work together to turn this into a better world for all of us.

The road has been opened: now it is up to you and us to walk that road together and change the allergy world.

Frans Timmermans
Co-Chair, EAACI Patient Organisations Committee
Food allergy - from molecular biology to daily patient care

Food allergy is characterised by a pathologic immune-mediated reaction that triggers an array of events after ingestion of specific food an individual is sensitised to. Reaction can be life threatening and causes considerable burden on affected adults, children and their families. At the moment, food allergy sufferers must adhere to strict food avoidance as the best and the safest management strategy.

The cause of food allergy is still unknown. It can be attributed to several factors including genetic predisposition and environmental exposure such as excessive antibiotic use, rural animal exposure and diet.

Food allergy develops as a result of failure or loss of oral tolerance due to numerous factors that can influence the development of allergic disease. Most immunologic reactions to food target one or more specific proteins within a food called epitopes. Most allergens are comprised of several different epitopes, and certain epitopes that contribute to cross-reactivity are homologous among food items and have been conserved through evolution (e.g., peanut, tree nut, birch pollen). Molecular diagnosis based on epitope analysis by microarray technology is a new and promising method to predict whether the subject will or will not react to ingested food. Another exciting result of molecular investigations into antibodies to food has shown that persistence of food allergy is more likely if the individual reacts to linear or sequential epitopes rather than conformational epitopes.

Food allergies continue to increase exponentially and there has been a significant breakthrough in the development of new treatment methods that are presently going through clinical trials.

The use of anti-IgE antibodies in patients with food allergy resulted in achieving tolerance to higher amounts of the allergen in some cases. When used as an adjunct therapy during immunotherapy trials in patients with food allergy and anaphylaxis, anti-IgE antibodies allowed more rapid and higher doses of immunotherapy to be given.

Oral immunotherapy (OIT) offers a promising strategy for oral tolerance induction and treatment of food allergy. Clinical trials of OIT demonstrate effective desensitisation, but the ability to induce long-lasting tolerance remains uncertain. Use of adjuvants may enhance the tolerogenic capacity of OIT, and trials are currently underway to explore this.

Many decades after Wells & Osborne, it has shown that oral tolerance is an active immunologic process and not merely the absence of an immune response to orally administered antigens.

References:
Arshad SH, Dean T. Prevalence of sensitization to food allergens, reported adverse reaction to foods, food avoidance, and food hypersensitivity among teenagers. J Allergy Clin Immunol 2011: 127: 668–76.

Oral immunotherapy: is it safe enough for clinical use?

This topic brings leading researchers and doctors together from all over the world. In some countries, like Japan, oral immunotherapy is routinely used in many hospitals, whilst in Spain and some other European countries it is used in some centres for children with cow’s milk and egg allergies, and is emerging in several private centres in the US. In general, we are still hesitant in adopting it, and the main factor delaying the introduction of this method into everyday clinical practice is the potential for serious adverse events. It is still not known if there are predictors for severe anaphylactic episodes, and the role of infections, menses and other triggers that have been noted in the majority of cases before anaphylactic reactions is under evaluation.

The range of food that can be used for oral immunotherapy and what we can do for poly-sensitisation, cross-reactivity or for the combination of food allergy with sensitisation to aeroallergens is still a matter of debate, especially in cases where oral allergy syndrome is present. We need to better understand the mechanisms and targets for oral immunotherapy, and the use of component resolved diagnosis to guide oral immunotherapy in these difficult cases is emerging.

Michael Rudenko MD PhD FAAAI, London Allergy and Immunology Centre

Follow EAACI
Differences in urticaria management around the world

The session was chaired Kiran Godse (Shree Skin Centre & Pathology Laboratory, Nerul, India) and Clive Grattan (Norfolk and Norwich University Hospital, UK) and was organized by the EAACI Dermatology Section. Michihiro Hide presented the classification and prevalence of urticaria around the world, pointing out that many studies from Europe report that approximately 50% of patients with compared the guidelines for the management of urticaria in applied in USA and Europe with Japan, China and Asia-Pacific. He also covered the 2nd generation anti-histamines recommended by guidelines in Asia, and the license and cost of medications in Asian countries. Torsten Zuberbier focused on urticaria in Europe including a short presentation about the GA2LEN Network of Excellence, the 4th International Consensus Meeting in Urticaria and the EAACI/GA2LEN/EDF/AAAAI/WAO Guideline for the definition, classification, diagnosis and management of urticaria. Mario-Sánchez Borges elaborated on the diagnosis of acute and chronic urticaria and insect bite allergy and detailed management issues specific for Latin America such as excessive utilization of skin prick tests and in vitro tests, overuse of first generation anti-H1 antihistamines and of systemic corticosteroids for long periods of time, updosing of antihistamines not widely applied and underuse of cyclosporine because of toxicity issues.

JMA activities at the EAACI-WAO Congress

Every year the EAACI Junior Members and Affiliates Working Group (JMA) actively contributes to organizing practical, post-graduate courses, poster sessions during the EAACI annual congresses, together with a JMA Scientific Symposium and a JMA Educational Session. The JMA Scientific Symposium was devoted to the Quality of Life (QoL) of patients with respiratory allergy, skin allergy, anaphylaxis and immunotherapy, as a very broad concept generally concerning the fact of whether a disease or functional impairment limits an individual’s ability to complete daily tasks. Interest in measuring QoL has markedly increased and become an useful tool for physicians to understand patients’ own perceptions of illness and its effects on day-to-day life. Speeches were given by EAACI and WAO JMA’s – Sven Seys, Lilit Hovhannisyan, Dario Antolin Amerigo, Virginia Bellido-Linares and Luciana Tanno. The Educational Session is one of all juniors’ favorite sessions. This year our guest speakers were Cezmi Akdis (EAACI Past President), Pascal Demoly (EAACI Vice-President for Education & Specialty), Ronald van Ree (EAACI Vice-President Congresses) and Ruby Pawankar (President of the World Allergy Organization). Cezmi Akdis introduced the EAACI Mentorship Programme, a new initiative of the EAACI JMA Section. Pascal Demoly elaborated on how to conduct clinical research and how difficult it is to meet all standards of good clinical practice. Ronald van Ree gave an excellent explanation of “effective leadership” and “efficient leadership”. In her truly inspiring lecture Ruby Pawankar discussed “Gender and Diversity Considerations for Worldwide Allergy”. Lively discussion followed after each lecture. I am grateful to the JMA Working group members for their excellent organization, which turned the EAACI JMA programme into a great success.

Rhinoviruses and the risk of childhood asthma

In the first keynote talk, Theresa Guilbert, University of Wisconsin, Madison, presented the etiology of wheezing illnesses in early childhood, how allergic sensitization leads to viral wheeze, the impact of viral etiology of wheezing on lung function and the role of genes on pathogen interactions.

Tuomas Jartti, from Turku University, Finland, discussed the change in the etiology of childhood wheezing over five decades, increased rhinovirus (RV) detection rates in wheezing children and recurrent wheezing requiring long-term asthma medication. He pointed out that early RV wheezing is associated with a 3–10 fold increase in the risk of asthma at age 6 when compared to non-RV wheeze, including respiratory syncytial virus induced wheeze.

Sebastian Johnston, Imperial College London, UK, described how allergens and viruses interact synergistically to promote asthma exacerbations in conjunction with impaired innate anti-viral and Th1 responses, such as type I interferon deficiency, demonstrated in human models of RV-induced asthma exacerbations.
Severe asthma

Christian Virchow, from Germany, discussed several clinical risk factors for severe asthma: active smoking, multiple sensitizations, frequent exacerbations, a high dose of beta-agonist use, psychopathology and non-adherence to treatment. There are multiple clinical phenotypes of severe asthma described by European and US cohorts. Eugene Bleeker, from the USA, focused on mechanisms leading to severe asthma and on methods used to evaluate severe asthma patients, such as cluster analysis and gene expression profiling. Stephen Holgate, from the UK, described the role of the epithelial barrier with incomplete repair healing by secondary intention and potential pathways of targeted intervention.

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From phenotypes to endotypes in asthma

An important topic discussed at the EAACI-WAO Congress 2013 in Milan was the position of phenotypes and endotypes in asthma. In 1947, Professor Frances M. Rackemann published the first working classification of asthma in the American Journal of Medicine. Some years later, classification of asthma into eosinophilic and non-eosinophilic phenotypes proved useful for predicting treatment response. However, asthma is not a single disease but is a syndrome encompassing several disease entities.

Elisabeth Bel, from the Netherlands, introduced the concept of asthma endotypes. An endotype could be defined as a distinct patho-physiological mechanism. It seems that asthma endotypes cannot be defined on the basis of their corresponding phenotypes.

Kenji Izuhara from Japan discussed the use of periostin as a potentially useful biomarker to define asthma endotypes. He presented the latest results of the correlation of serum periostin levels with clinical and laboratory parameters of asthmatic patients. Serum periostin levels in asthma patients are significantly higher compared to healthy subjects and are associated with FEV1 decline in asthma patients. Amongst asthma patients, levels are significantly higher in severe asthma patients and are correlated with aspirin intolerance, blood and sputum eosinophils, serum IgE levels and FeNO oral steroids significantly down-regulate serum periostin levels. Anti-IL-13 Ab (lebrikizumab) and anti-IgE Ab (XolairTM) are effective for the high periostin group of asthma patients.

Although several new strategies for classifying asthma have become available in the last few years, current asthma guidelines based on severity and control do not recognize that different asthma phenotypes and endotypes exist. This might lead to unsuccessful clinical, genetic or epidemiological trials. Ioana Agache from Romania presented a potential mechanism-guided treatment for asthma, driven by relevant biomarkers and outcomes.

Take home messages:
- Unbiased "omic" studies will give an insight into asthma endotypes. This will assist in the development of biomarkers for diagnosis, prognosis and monitoring to be used for future personalized medicine.
- Periostin is a useful biomarker for predicting the efficacy of targeted treatments for asthma, such as anti-IL-13 and anti-IgE interventions.
- Current knowledge of mechanistic pathways in asthma is not yet sufficient to develop an endotype driven treatment for asthma.

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EAACI Membership Benefits

• Members receive reductions on registration fees for EAACI Congresses, Focused Meetings, Schools and EAACI/UEMS Examinations

• Members receive an EAACI Membership Certificate

• Members of the AAAAI, the ACAAI, the European Respiratory Society and the European Rhinologic Society can apply for dual membership with EAACI at a reduced fee.

• Membership is free for all Junior Members (<35 years old)

• Members from countries with a GNP of less than USD 10,000 per capita receive a 50% reduction on their membership fee.

• EAACI European Resident Members can be elected to the Executive Committee and to the Sections’ and Interest Groups’ boards and have full voting rights.

• By joining the Section and Interest Groups of your special interest EAACI members can promote the development of allergy research.

• EAACI provides CME credits for all its activities and events. These CME credits are valid in the USA due to a reciprocal agreement between UEMS and AMA.

• The EAACI Membership includes a subscription to the journals Allergy and Pediatric Allergy and Immunology, and online access to Clinical and Translational Allergy.

• Members have access to the presentations, slide kits and webcasts presented during its events through www.eaaci.org.

• Each year EAACI sponsors a number of Clinical and Research Fellowships accessible to all Junior Members.

• Members receive a printed copy of the Newsletter.
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