Message from the President Elect

New EAACI Interest Group on Primary Immunodeficiency Diseases

Fellowship Awards 2014

EAACI CONGRESS 2014: THANK YOU FOR BEING A PART OF IT
Thirty-eight National Allergy Societies are full members of the EAACI family, whilst nine are affiliated. At the end of last year we invited them to express their wishes and expectations for their partnership with EAACI.

Encouragingly, all colleagues who responded expressed the same general interest in creating a National Society platform with EAACI, resulting in an intensified partnership. As a consequence we invited delegates from all National Allergy Societies to a Business Meeting during the EAACI 2014 Congress in Copenhagen.

A number of points were discussed and some of them can easily be realized, such as:

• business meetings with National Allergy Societies and EAACI representatives to be held at each EAACI Annual Congress, with presentations of cooperative projects and current issues coming from local situations across Europe;
• regular e-mail communication with National Allergy Societies and EAACI representatives and the establishment of a discussion platform (e.g. on dropbox), to be organized by EAACI;
• translation of EAACI guidelines and position papers by the National Allergy Societies, and publication in national journals or on the society website.

The idea to create an upgraded status for particularly interested National Allergy Societies was also raised and a couple of delegates were immediately very interested in this concept. Such an upgraded status could include extended information and links on the corresponding websites, placing booths at the National Allergy Societies Congresses free of charge, the exchange of information on current guideline projects on both the European and the national levels, joint press releases or the invitation of National Allergy Societies delegates to EAACI workshops addressing topics with a focus on local problems in the field of allergy in Europe.

Many of these points are still under discussion but there is a broad consensus that an upgraded status of a partnership with EAACI will be available for all members who express an interest.

Ioana Agache, Thomas Werfel, M. Beatrice Bilò
Expanding the limits of allergy as a specialty

Scientists and clinicians with a focus on immunology are aware that the main quality of the immune system is in fact defining ‘self’.

This may come as a surprise to anyone conceiving the immune system as a battle zone against microbial ‘enemies’. In fact, seeing a small proportion of what is foreign as the ‘enemy’ is just one part of a successful, balanced immunity. In order to put things in order and tolerate or attack, the first and crucial step is self-definition. Interestingly, the most natural, simple and usual way to define self is by drawing contrasts with anything external. So we should not be surprised by human behaviour, when everyone, or each group, tries to define themselves by establishing external limits.

A little more than a century ago, Clemens von Pirquet, a paediatrician from Vienna, coined the term ‘allergy’. von Pirquet was passionate about his research (and politically correct for his time, in using Greek to describe a new disease); however, he was probably not at all aware that he would become the godfather of a whole new discipline. Hypersensitivity diseases of the immune system have been increasing in prevalence ever since, while extensive research has been continuously looking deeper into their mechanisms, for the potential for treatment or even prevention. In parallel to the increasing number of patients and the amount of new information coming up every day, the requirement for attention and specific focus from health care professionals has obviously been rising. Allergology started developing into a discipline as a result of the passion of dedicated pediatricians, dermatologists, rhinologists, respiratory physicians and others, who decided to devote their career to understand and treat these conditions. Both the exponential growth in patient numbers and the dedication and focus of these pioneers led us to a moment where the volume of science and patient care was enough to define an independent field. In fact it has quickly progressed from this point and, under the same evolutionary pressure, it has further developed into sup-specialties and special interests.

Unfortunately, the formal recognition and structure of allergology is taking more time. The strength of multidisciplinarity, involvement and overall interaction with many other spheres of interest and practice can also occasionally prove a drawback. Medical systems vary wildly in different countries and they are notoriously resistant to change. Financial constraints and ‘competition’ with overlapping groups of specialists also slow things down. However, the general trend is evident: in the process of defining themselves, each discipline generates a culture in addition to a list of diseases or techniques that they use. Allergology has managed to generate such a culture, stemming from the deep and complicated thinking of immunology, inheriting the vision for prevention from paediatrics and other characteristics from its components, but synthesizing them into a unique construct. This culture, will keep allergology alive, independent of medical-political contradictions. What is required from those committed to it is to continue their involvement with inquisitiveness and innovation.

Nikolaos G. Papadopoulos
EAACI President
Dear EAACI Member,

Quite possibly this edition of the newsletter will reach you while you are enjoying a well-deserved vacation near a beach or other relaxing holiday location! Thanks to his previous messages and his substantial hard work, we are already well-acquainted with our President, Nikolaos Papadopoulos, as well as with his vision for the Academy and his specific-outcomes program. That said, the most striking point in this issue is his passion for the field of allergy or, as he puts it, the allergy ‘culture’, which endures (despite constant medical-political contradictions) thanks to the determination of specialists and scientists. This same message of passion and dedication is also conveyed by Antonella Muraro, the incoming President.

In this context, the excellence of the Copenhagen experience, both scientific and human, lingers on and will continue to do so! I am sure that, like myself, you were intoxicated by the kaleidoscopic atmosphere and cosmopolitan mix provided by participants from over 105 countries. Old friends met, new ones were made and bonds for the future were forged.

Several innovations were also presented during the Congress, one of which was the Allergy Bazaar which combined highly specialized scientific insight with clinical practice, thanks to clinicians from allergy centres in Copenhagen and Odense. The greatest number of abstracts ever was submitted, and the new digital format of their presentation (with functional touch-screen mode) was particularly appreciated by younger members.

Very positive feedback was also received from participants of the new format of the ‘pro & con’ sessions, featuring an audiovisual boxing ring and the chance to vote with a conference app.

Among the many high-scientific level sessions, the ‘Women in science’ session was very successful, thanks to the presence of and lectures by three women scientists in the field of allergy and asthma research. Considering the number of women in science all over Europe and the world, I hope this slot will be maintained next year.

Following the Global Atlas of Asthma presented last year in Milan, two further excellent publications were presented this year in Copenhagen: the Global Atlas of Allergy and the EAACI Food Allergy and Anaphylaxis Guidelines. For those who have not already done so, please download them from the EAACI website and distribute them amongst your students, residents and colleagues!

Out of many meetings held during the Congress, one of the most important was the ‘National Societies’ meeting. Following previous email correspondence, this meeting provided an interesting and fruitful face-to-face first occasion to share ideas and suggestions, and to explain the platform proposal aimed at finding out how to develop better links between the EAACI and National Societies.

Finally, if you had time to wander the streets of Copenhagen, you probably noticed the EAACI Awareness Campaign, encountering ‘boxes’ around the city expressing the concept of ‘trapped by allergy’, the central theme of the campaign. I am sure that, in future, EAACI awareness campaigns will be launched and shared across many other European countries.

Of course, there is always room for improvement, so please feel free to send us your suggestions along with any criticisms there may be. But before the next Annual Congress in Barcelona in 2015, don’t miss the next EAACI Allergy Schools as well as our Focused Meetings.
**President’s Desk**

3 Expanding the limits of allergy as a specialty

**Meet the Person Behind**

6 Antonella Muraro – EAACI President Elect

7 EAACI Fellowship Awards 2014

**News**

8 Ethics Corner

9 PAI: Special issue on Asthma

9 EAACI Interest Group on Primary Immunodeficiency Diseases

**News Zoom**

10 EAACI Congress 2014: a review

**Agenda**

20 EAACI Winter School 2015 in Les Arcs, France

20 EAACI AS on Early diagnosis and treatment of common allergic disorders in infancy and childhood

22 News from the nose

**SUMMARY**
Message from the President Elect: Antonella Muraro

I am both proud and happy to announce that I will serve as next President of the European Academy of Allergy and Clinical Immunology, starting during the next EAACI Congress in 2015.

I thank the Executive Committee for their trust and support through the elections, and the General Assembly for their approval. After several years of commitment at EAACI with the Pediatrics Section and on the Executive Committee (as Treasurer and Secretary General), I am enthusiastic about this new challenge.

My Presidency will aim to capitalize on EAACI’s previous successes, and to promote EAACI as the leading authority and partner for actions that directly benefit our members and their patients. These goals can be achieved by implementing the core values of our Academy: delivering the best science and education for our members and promoting the best health care for the allergic patient.

I will work to contribute to these key objectives: the prioritisation of allergic disease at EU and national level, and the recognition and harmonization of allergology as a specialty. I aspire to make EAACI the worldwide reference body for all allergic disease policies in public health, and for excellence and world leadership in education and communication of the science behind our specialty. Within the EAACI organization I would like to further develop a consistent fundraising plan, promoting governance and integration among external and internal activities.

Over the last 14 years I have served the EAACI in various key roles and have led innovative scientific, educational and governance advances, such as guidelines, business as well as financial planning, and a healthy budget. I established the Patient Organizations’ Committee, and contributed to the European Union outreach activities. I also initiated the organization of the two biggest focused meetings, the first FAAM and the first PAAM. My Presidency will epitomise the essential EAACI attributes of past years, such as innovative, forward-looking strategic thinking coupled with integrity and the solution-oriented collaborative spirit necessary to achieve concrete advances. Our passion, enthusiasm and dreams for the EAACI will fuel our continuous commitment and future achievements, both for our specialty and for patients.

EAACI EVENTS

September 2014
11 – 12 September – EAACI Allergy School on Specific Allergy and Immunotherapy, Athens, Greece
18 – 20 September – Skin Allergy Meeting (SAM), Krakow, Poland

October 2014
9 – 11 October – Food Allergy and Anaphylaxis Meeting (FAAM), Dublin, Ireland
30 October – 1 November 2014 – EAACI Allergy School on Primary Care - A Holistic Approach, Palma de Mallorca, Spain

November 2014
7 – 8 November – EAACI Executive Committee and Budget Meeting

13 – 15 November – International Severe Asthma Forum (ISAF), Athens, Greece
EAACI Newsletter

December 2014
12 – 13 December – European Consortium on Application of Flow Cytometry in Allergy (EUROBAT), Munich, Germany

February 2015
5 – 8 February – 13th EAACI Immunology Winter School on Basic Immunology Research in Allergy and Clinical Immunology, Les Arcs, France
13 – 16 February – EAACI Executive Committee and Scientific Programme Committee Meeting
EAACI Newsletter

March 2015
5 – 7 March – EAACI Allergy School on Early diagnosis and treatment of common allergic disorders in infancy and childhood, Taormina, Italy
19 – 21 March – Symposium of Experimental Rhinology and Immunology of the Nose (SERIN), Stockholm, Sweden

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 Fellowship Awards 2014

RESEARCH FELLOWSHIP AWARDS

**MEDIUM TERM**
- Aaron Cortes
- Adam Flaczyk
- Andreia Marques
- Catalina Florea
- Stefania Gallo

**LONG TERM**
- Fabian Kaiser
- Milena Sokolowska

**SHORT TERM**
- Anna Konishcheva
- Raheleh Shokouhi Shoormasti

**CLINICAL FELLOWSHIP AWARDS**

- Elda Muhametaj
- Elisa Boni
- Gintare Nakrosyte
- Kassiani Tzeli
- Pavel Kolkhir
- Maria Zoto
- Sule Caglayab Sozmen
A reflection on conflicts of interest

I work as a clinical ethicist in a big university hospital. I support clinicians and nurses facing difficult moral situations. One helpful tool to support decision making in difficult situations is a structured interdisciplinary meeting, a so-called ‘ethical case discussion’. I often conduct such case discussions in the Children’s and Women’s Hospital, especially in acute situations of clinical uncertainty when tough decisions have to be made about abortions or about the withdrawal of therapeutic measures.

Quite recently, I became a father myself. Funnily enough, my daughter was born in the same women’s hospital. Is that already a conflict of interest? I don’t think so but I am truly grateful to the gynaecologist who helped my wife in giving birth to my daughter. Will I have the integrity to treat him as professionally as all the other doctors and nurses when the next tough decision has to be made? Will I maybe favour his arguments (due to my enormous gratitude to him)? Is that a potential conflict of interest? I think so: it clearly could be.

Last winter, a colleague (let’s call him Joe) invited me to join him at a skiing resort. Joe is not my boss but he is in quite an important hierarchical position. He did not only invite me but also other medical colleagues in our unit. I felt quite awkward about this invitation. I thought it might alter my relationship with him and could perhaps even lead to a conflict of interest one day, so I kindly asked to pay for my accommodation myself. Joe understood; it was fine for him. But then the problems started. Trying to avoid one conflict of interest, I incidentally triggered another one. Suddenly my colleagues started to complain about my behaviour. They had gladly accepted the invitation from Joe and I was the only one paying for myself. My colleagues felt betrayed: “Oh look, he wants to be better, the ethicist, the good person.” That was clearly sarcasm and I felt hurt.

We all have interests and preferences and values, and sometimes they can collide. These collisions are often not about the big steps in life: conflicts of interest can approach silently, unseen, sneaking around the corner. It is not only the big pharmaceutical companies that can seduce you with financial benefits, sometimes it is just an old patient who you like and who you have been treating for 30 years – and you might even treat them better than the unfriendly patient of last week.

What do you think?
The Ethics Committee would appreciate your thoughts about the topic. Please share your experiences and feel free to ask any question for which you would like to have an explanation, a comment or piece of advice. Send your messages to: jacquesgm.gayraud@gmail.com; we look forward to receiving them.

Rouven Porz
EAACI Ethics Committee Member

Throughout the year, the EAACI website and social media networks have been providing a consistent and direct platform of communication between the Academy and its members. Nonetheless, the EAACI Congress in Copenhagen gave us a unique opportunity not only to exchange views on scientific issues but to also meet in person, and to hear your thoughts and expectations for EAACI communication media. Furthermore, during the Congress the new EAACI website was launched and you can now have a preview of it and watch the daily improvements we are making at eaacinew.org. We will soon be permanently switching to the new site but you still have time to send us any feedback you might have!

The 2014 Congress may be over but you can still feel the vibe and enthusiasm of the 7,800 delegates attending that wonderful event. You can browse through the photo album on eaaci.org or eaaci2014.com and also view the abstracts and see the abstract winners. Even though it may be vacation time for most, the Academy is working full speed ahead for the SAM (Krokow, September), FAAM (Dublin, October) and ISAF (Athens, November). Check the EAACI website as well as the individual websites of each Focused Meeting, to learn the latest on registration and abstract submission deadlines and for the Scientific Programme.

Following the Global Atlas of Asthma, we are proud to host two of the Academy’s newest publications on the website: the Allergy Atlas and the Food Allergy and Anaphylaxis Guidelines. Download them and read up-to-date scientific output from top opinion leaders in the field. If you are a JMA, don’t miss the chance to enjoy some fun game-playing along with knowledge building by having a look at the EAACI JMA Educational Game found on the Juniors website. Read the reference document on Asthma Exacerbations uploaded on the Game app and you may be the lucky winner of an ipod-shuffle!

Latests news of the Allergy Awareness Campaign can be reached not only on the EAACI website, but also throughout our social media platforms. You are probably already aware of our Facebook, Twitter and LinkedIn Accounts but you can now also find us on Instagram. And we have a surprise for you: the first 500 followers will be entered into a draw to win a free registration to either SAM or ISAF!
PAI: Special issue on Asthma

For the March issue of Pediatric Allergy and Immunology (PAI) we have collected papers reporting on a wide set of questions concerning asthma in children. There are reports on: early risk factors due to infections; early structural changes in the Airways due to (or predisposing for) early asthma; improved symptom perception by peak flow recordings and questionnaires, exemplified by results of the use of the CARATKids test of asthma and rhinitis symptoms. The issue of severe asthma, which affects a small proportion of children with asthma, is also discussed.

Asthma occurs throughout life but often starts at an early age. Not all children who wheeze during childhood will have asthma later in life. However, so far we have failed to find preventive measures against asthma, whether allergic or non-allergic. The search for the mechanisms of early bronchial inflammation and sensitization is therefore one of the most important tasks for pediatricians. More refined tools are also needed to assess the benefits of pharmacotherapy and other interventions in children with asthma.

These and other asthma related topics are highlighted in the March Asthma issue of PAI.

The intention of PAI’s Editorial Board is to encourage and strengthen the area of research into pediatric asthma in the future.

A new EAACI Interest Group on Primary Immunodeficiency Diseases

At the last EAACI meeting in Copenhagen, the EAACI Executive Committee approved the establishment of a new Interest Group (IG) in the field of primary immunodeficiency (PID) syndromes.

Why a new IG and what will be the role of this group within the framework of the EAACI? In the last few years, novel developments in gene discovery and increased knowledge in the mechanisms that govern immune functions have resulted in the identification of several novel PID syndromes. The new IG is expected to contribute to establish a solid platform for our members that will cover all aspects of PID, including clinical and translational medicine, clinical research and basic research. PID with associated eczema, increased serum IgE levels and recurrent infections include hyper IgE, Omenn, Wiskott-Aldrich, IPEX and Come'l-Netherton syndromes. Being monogenic, these diseases might be considered to be clue conditions in revealing mechanisms involved in the pathogenesis of atopy. However, understanding the effect of disruptions of these pathways could provide useful insights for several allergic diseases.

The new IG will promote the development of diagnostic protocols for allergists.

Two examples are provided here. PID as hyper IgE syndromes should be considered in the differential diagnosis of allergy and asthma, in particular when a subject with hyperggammaglobulinemia E is susceptible to recurrent infections. In turn, infectious events in a patient with severe atopic dermatitis and increased serum IgE levels may be observed with a frequency that often resembles that observed in patients with hypogammaglobulinemia. In fact, because of impaired innate immunity and decreased barrier function of the skin, atopic patients may be at risk of disseminated viral infections and bacterial colonization. Thus, emphasis should always be posed on evaluating atopy and PID as possible (con) causes of an increased infectious susceptibility with obvious therapeutic implications. This consideration is particularly important if we consider that serum IgE levels may be elevated in a broad array of clinical settings, including IgA deficiency, the most frequent antibody defect associated with atopy.

Another aspect that will be covered by members of this new IG is the relationship between hypogammaglobulinemias and chronic lung diseases. Common variable immunodeficiency (CVID) is the most clinically important PID in adults. Although therapy with intravenous or subcutaneous immunoglobulins reduces the incidence of acute infections, replacement therapy does not allow the management of a series of respiratory complications whose importance is emerging for prognosis and quality of life, including asthma, COPD, interstitial lung diseases and lung granulomatosis. How to cure these chronic respiratory complications (unfortunately associated with a poor prognosis) is still being debated.

Allergists should be aware that PID are more common than had been previously estimated. Timely identification of PID is mandatory for leading to an appropriate therapy, and is the only way to limit structural organ and tissue damage in most patients. Specialists in allergology and clinical immunology have a crucial role in recognizing patients with immune deficiency and directing appropriate investigation and management. In this context, it is hoped that promoting education on PID will reinforce primary care practice on this field among members of our beloved Academy.

Carlo Agostini
EAACI Primary Immunodeficiency Diseases Interest Group Chair
The overall number of attendees was a little over 7800, with delegates from more than 105 different countries actively participating in creating a truly international atmosphere, where allergy was discussed not just from a European perspective but on a global level. A faculty of almost 300 speakers helped to populate the program with up to 18 parallel sessions. Moreover, a record breaking 2025 abstracts were submitted for free presentations, the highest number ever to be submitted to an EAACI Congress.

A new successful feature of the Congress was the Allergy Bazaar – a working allergy clinic, fully staffed with 16 stations for skin tests, food challenge and specific IgE tests to name just a few. Staffed by colleagues from two large Danish allergy centres in Copenhagen and Odense plus junior member associates, the Bazaar interacted with the postgraduate courses on Saturday afternoon but was also run independently on Sunday afternoon when all delegates had the chance to visit it.

Several other innovations were introduced during the meeting. A new format for the poster discussion session allowed presenters to show their presentations on a large touch screen, zooming in and out as required. Also, the ‘pro & con’ sessions were moved to an audiovisual boxing ring, where a large audience was able to follow the debates about some of the burning scientific questions in the allergy field. A next generation Congress app for smartphones, ipads etc, was introduced and, among other features, it allowed voting during the ‘pro & con’ sessions, to measure the allergological vox populi. The app also gave access to the full program, including all the abstracts of the many free presentations, and we guess that, for some delegates at least, in the not too distant future, a Congress app could replace the printed programme, helping to make the Congress greener and relieving the burden on participants’ shoulders of the approximately 1100 g weight of the printed version. Other initiatives were also launched during the meeting, trying to reduce the ecological footprint of the Congress even further.

We would like to thank all the people who made this Congress a great success: the local organizing committee, the ExCom and, in particular Marek Jutel (who, with this Congress, ends his role as Scientific Programme Coordinator) and Ronald van Ree (Vice President of Congresses). A big thank you also to all those at EAACI Headquarters who took on the organization of the Congress in a whole new way this year, with much more responsibility and more collaboration with the professional Congress organizers than ever before. Much of the experience gained at this Congress will be used to great effect next year at the 2015 EAACI Congress in Barcelona, which we are already very much looking forward to.

Lars K. Poulsen
EAACI Congress 2014 Local Organising Committee Chair
Edward Knol
EAACI Scientific Programme Coordinator
EAACI General Assembly 2014

The EAACI General Assembly 2014 took place at the Bella Center in Copenhagen on 9 June at 08:00, with a registered participation of around 200 EAACI members.

The report from the President, Secretary General and Board of Officers gave the participants an overview of EAACI activities and an outlook for future years.

First, an update was given on the European Union lobbying activities to implement a strategy of prioritization of allergic diseases within the European policies agenda. All members are encouraged to improve their knowledge of European Commission activities and their impact on daily practice and management of allergic diseases.

Second, an overview of the current status of EAACI as an organization was given. The new office set up in Zurich has increased cost efficiency and contributes to EAACI’s healthy financial status. Congrex’s bankruptcy was also addressed and, despite the time that closing the legal case will require, a plan for recovery is in place. Managing Annual Congress activities in house turned out to be a success, and the outlook for the EAACI Congress 2015 being managed in house is also exciting.

The increased transparency of EAACI processes and budget request management will be put in place and available to see on the EAACI website, in order to share as much as possible of EAACI organization with EAACI members. In line with this trend, the approval of the updated Constitution and Bylaws will also take place during the next General Assembly.

Finally, members and participants at the General Assembly had the chance to approve the result of the Presidential elections for the term 2015-2017. I am honoured and proud to be the next President Elect, starting my term at the Barcelona Congress in 2015.

All members of the EAACI Executive Committee look forward to meeting you at the next General Assembly which will take place next year in Barcelona, with an even higher number of participants and further updates of EAACI activities.

Antonella Muraro
EAACI Secretary General

EU Lobbying

EAACI remained focused on its EU lobbying activities during the Annual Congress in Copenhagen. One of the hot topics this year, in a session chaired by Sergio Bonini, was “Cost-effective allergy management: how to survive and thrive?” Together with a lecture by Ruchi Gupta on food allergy and one by Hans-Jørgen Malling on immunotherapy, we also had the European institutions view on this issue: John F. Ryan (Acting Director, Public Health, DG Health and Consumers, European Commission) contributed to the topic with a lecture on “The EU Health Program and Strategy for Chronic Diseases: which impact on allergy?”

The debate continued over a business lunch and roundtable with the participation of European institution representatives including John Ryan, Grigorij Kogan (Research Programme Officer, DG Research, European Commission) and Maria Teresa de Magistris (Innovation Medicine Initiative –IMI – Principal Scientific Manager). EAACI highlighted its role as a platform for disseminating and promoting EU-funded activities and its ambition to play a key role in the formulation of health and research policy at a European level.

The main objective of the meeting was to raise the awareness of policymakers of the huge burden of allergic diseases in Europe, and of the need for EU actions and prioritisation to tackle it with research and public health actions. In order to achieve this objective, further actions will be taken in terms of research and quantification of health costs related to allergic diseases and their impact on European citizens’ lives. A health economics taskforce in EAACI has been established to pursue this research. Further involvement in EU activities are planned, with the involvement of MEPs from the new Parliament. Support from National Societies and membership will be crucial in this regard, and our partnerships will be strengthened with this aim.

Antonella Muraro
EAACI Secretary General
The Allergy Bazaar: A success story

As part of EAACI Congress 2014 in Copenhagen, a two-day ‘Allergy Bazaar’ with 16 stations was established for the first time. The original concept was to have a “hands-on clinical village”, where post-graduate participants (Saturday) and delegates (Sunday) had the possibility to experience, actively participate and discuss issues in clinical allergy with staff from the allergy centres in Odense and Copenhagen, enriched by special selected guests from other collaborating centres. In total 60 researchers, PhD-students, doctors, nurses and lab technicians and 16 specially invited EAACI junior members were involved in the bazaar, spending some hectic but highly interesting afternoons at the venue.

The bazaar topics included a skin prick test, intracutaneous test, patch testing, IgE test, histamine release and basophil activation test, pulmonology, ophthalmology, rhinology, urticaria and skin management. Aspects of the oral food challenge (including development of challenge material) were addressed, and finally an anaphylaxis/emergency treatment simulation station and a ‘quality of life’ station were offered.

Each post-graduate course offered during the Congress included an allocated time slot to visit the bazaar during their Saturday program, whilst the bazaar was open for all delegates on Sunday. The bazaar was well attended, with more than 500 guests. There were 320 returned questionnaires in the anaphylaxis treatment stations and 120 performed skin prick tests, illustrating that EAACI delegates in Copenhagen liked the concept of an ‘allergy clinic’ at the Conference. Despite no formal evaluation of attendee satisfaction, the impression of staff was of a high degree of interest from delegates.

Hopefully this clinical village, where research and guidelines successfully met daily clinical routine, will be further developed in future Congresses.

Carsten Bindslev-Jensen
Esben Eller
Odense University Hospital, Denmark

The Global Atlas of Allergy – a useful tool for education in our specialty

We are glad to announce that the Global Atlas of Allergy was launched during the EAACI Congress in Copenhagen and is available as an open access e-book at http://www.eaaci.org/resources/global-atlas-of-allergy.html.

The Global Atlas of Allergy has been written by 170 opinion leaders from around the world and contains 385 chapters covering almost every area of allergology. It follows the success of the Global Atlas of Asthma published by EAACI in 2013.

The Global Atlas of Asthma was written by an international group of 80 opinion leaders in asthma and is an essential reference source for multi-sectoral usage. It was prefaced by the World Health Organisation and received positive feedback from professional organisations from across the globe. The printed copy was given out at the EAACI-WAO Allergy and Asthma Congress in Milan as well as distributed worldwide. The Global Atlas of Asthma is also available as an open access e-book at http://www.eaaci.org/resources/global-atlas-of-asthma.html.

Since the launch as open-access e-books at the end of June the Global Atlas of Asthma has been downloaded 5,020 times while the Global Atlas of Allergy has been viewed 5,791 times, with the numbers increasing every day!

The response from allergy societies and other scientific societies, including general practitioners worldwide, was highly enthusiastic with the Atlas being distributed to their membership. These allergy societies have also requested for the publication to be translated.

The Global Atlas of Allergy was also well received in the press with wide coverage online including from El Mundo newspaper in Spain.

A teaching slide-set for both of the Allergy and the Asthma Atlas will be available to download and translate at the end of the year for all scientific societies and academia around the world.

Cezmi Akdis
Ioana Agache
Global Atlas of Allergy and Global Atlas of Asthma Editors
Women in Science Symposium: Genetics and Epigenetics of Asthma and Allergy

On 10 June the 2014 EAACI Congress launched its Women in Science Symposium, an initiative designed to showcase the work of women scientists at the forefront of allergy and asthma research.

A brainchild of the new EAACI President Elect Antonella Muraro, the Symposium attracted a large audience who listened intently to Muraro’s introductory homage to Rita Levi-Montalcini, a masterful scientist but also a staunch supporter of women in science. Muraro’s remarks struck a deep chord and served as an ideal introduction to the three speakers: Erika von Mutius from Ludwig-Maximilian University in Munich, Carole Ober from the University of Chicago, and Donata Vercelli from the University of Arizona.

The title of the Symposium was broad, but its content was unusually integrated because over the last few years the three speakers have been working together to develop the paradigm they proposed. The three talks presented three distinct but complementary facets of the same theme: the complex effects of the environment (here, the farm environment) on the prevalence and mechanisms of allergic inflammation. Von Mutius, Ober and Vercelli are exploring a fascinating natural experiment, investigating two farming founder populations, the Indiana Amish and the South Dakota Hutterites, who share their genetic make-up (having both migrated to the US over a century ago from the German–speaking regions of alpine Europe) as well as a long list of epidemiologic determinants of asthma risk: large families, diets rich in fat and salt that include non-pasteurized milk, education in their own schools only through to the 8th grade, no access to radio, TV and internet, and prohibition against pets in the house. But despite these similarities, the Amish and the Hutterites adopt radically different farming methods. The Amish live on small dairy farms which the whole family tends, using time-honoured, traditional approaches that include the use of animals for transportation and farming chores; children and women take active part in farming, and both pregnant women and small children spend significant amounts of time in the stables. In contrast, the Hutterites live and farm communally and have adopted cutting-edge, mechanized farming technologies that drastically limit direct contacts between their children and the animals. What is striking is that these profoundly different lifestyles go hand in hand with profoundly different prevalences of asthma and allergies: 5.2% and 7.2% in the Amish versus 21.3% and 33.3% in the Hutterites. In other words, the Amish exemplify the by now classical asthma protection paradigm that emerged from the pioneering European farming studies led by von Mutius, whereas the Hutterites (Ober’s interest for many years) exhibit asthma and allergy prevalences indistinguishable from those of non-farmers.

Albeit from different angles (sophisticated epidemiology in the case of von Mutius, powerful genome-wide analyses of DNA methylation and gene expression in the case of Ober, innovative mouse models dissecting the effects of farm exposure on airway and immune functions in the case of Vercelli), all three speakers compared and contrasted the impact of the Amish and Hutterite environment on asthma pathogenesis and prevalence, with intriguing results. Much is at stake. Asthma is difficult to treat and so far impossible to cure. Because effective preventive strategies are in demand, the farming model is widely seen as a natural experiment that illustrates the potent influence of the environment on human asthma susceptibility. Despite large and detailed studies, however, the identification of the exposures specifically responsible for asthma and allergy protection has proven difficult. von Mutius’ elegant European studies point to the critical role of the microbial environment, but the dissection of the relevant components has been hindered by the complexity of the exposures and the multiplicity of variables. The Amish/Hutterite comparison may push this field decisively forward because these populations share many environmental and lifestyle factors, yet their asthma and allergy profiles are so different. Thus, all three speakers agreed, being a farmer is not enough to be protected from asthma: there is farming and there is farming. It is time to shift our focus from the macro- to the micro-environment, and it is time to begin deconvoluting the complexities of the microbial world to identify those unique components that provide traditional (and only traditional) farmers with asthma protection.

Donata Vercelli
University of Arizona
Science in Brief from EAACI Congress 2014

The IgE paradigm in the immune system

IgE’s specific role in health and disease has not been fully elucidated. At the EAACI Annual Congress in Copenhagen, Platts-Mills highlighted its crucial role in the post-hygiene world. In western type societies, asthma is associated with specific allergen sensitization following distinctive patterns among various geographic areas e.g., house dust mite predominance in the UK and cockroach in the US. This association between specific IgE and allergic diseases is demonstrated not only for asthma but also for food allergy, as in the case of peanut allergy. However, in pre-hygiene societies, such as in Ethiopia, IgE levels are not associated with asthma or other allergic disease but with parasite load. It seems that IgE has a beneficial role in protection against external ‘enemies’ which is evident in the ‘underdeveloped world’. In the ‘modern world’, however, it seems that IgE’s beneficial properties have been somehow removed from the ‘normal response’. Red meat-induced delayed anaphylaxis is an excellent example of this skewed response. This type of reaction, which seems to be driven by tick bites, is common in the industrialized world but absent in less developed societies.

In these latter communities, there is a high prevalence of helminthic infections with almost 3 billion people infected. Helminths are strong inducers of Th2 immune responses leading to extremely increased levels of IgE, though without any allergic manifestations. Using the stripped basophil protocol on Gabonese children, Maria Yazdanbakhsh has shown that, in these children, there is a minor biological activity of anti-mite IgE despite high total IgE titers. It seems that in these countries carbohydrate-bearing allergens are recognized whilst recombinant molecules are not so often recognized. Carbohydrated cross-reacting epitopes of helminth-derived molecules may serve as new targets in the diagnosis and treatment of allergy.

Alexander Eggel has also shed some more light on to the role and exact function of IgE by introducing a new therapeutic option against IgE-mediated allergic diseases. DARPin is an artificial antibody that dissociates IgE from its receptor on mast cells and basophils within seconds. Moreover, Eggel has shown that omalizumab, in contrast to what was previously thought, not only acts against free IgE in blood but also removes IgE from cell surfaces. The mechanism of action is described as ‘facilitated dissociation’ and constitutes a new promising tool against IgE mediated allergic manifestations.

John Holloway went one step further: ‘Blame it on your mother’. The exposure of your mother also matters – it has been shown that maternal diet during pregnancy might be important for the development of childhood asthma. The season of birth might also have consequences for the development of allergy; this phenomenon has been attributed to epigenetics. Increased methylation of GATA-3 CpG in individuals born in spring makes these individuals more prone to develop allergy. Nikolaos Papadopoulos continued with a wonderful presentation, not only in terms of content but also looks. He stressed that it is important to get your definition of allergy or asthma right. The timing of evaluation can also alter your outcome: if you look at wheezing children aged 1 or aged 2 years old, you will see a different picture. During his talk, the importance of the interaction of an individual with the environment was highlighted as well. Within the United Kingdom, the prevalence of asthma is different and this might be attributed to different lifestyles. Nikolaos Papadopoulos then raised the question of how can we predict outcome at the individual level: statistics only reflect outcome at the population level and it is therefore difficult to predict how an individual will behave because you can’t predict his/her exposure.

William Busse discussed changes of immune responses by aging. Antibody responses to vaccination are decreased in an elderly population. He showed that a higher dose of the H1N1 vaccine is required for individuals over 60 years. This cannot be attributed to a general slow down of the immune system in these individuals. The function of T and B cells decreases by aging but IL-6 and TNF production by macrophages rather increases.

Paraskevi Maggina
University of Athens, Greece

Does age matter in allergy and asthma?

The concept that allergy starts in utero was discussed during the EAACI Congress in Copenhagen. It is clear that the genetic profile of an individual determines whether they develop allergic diseases or not. However, not everything can be explained by genes. An individual’s interaction with his/her environment can also alter the final outcome.

John Holloway went one step further: ‘Blame it on your mother’. The exposure of your mother also matters – it has been shown that maternal diet during pregnancy might be important for the development of childhood asthma. The season of birth might also have consequences for the development of allergy; this phenomenon has been attributed to epigenetics.

Increased methylation of GATA-3 CpG in individuals born in spring makes these individuals more prone to develop allergy. Nikolaos Papadopoulos continued with a wonderful presentation, not only in terms of content but also looks. He stressed that it is important to get your definition of allergy or asthma right. The timing of evaluation can also alter your outcome: if you look at wheezing children aged 1 or aged 2 years old, you will see a different picture. During his talk, the importance of the interaction of an individual with the environment was highlighted as well. Within the United Kingdom, the prevalence of asthma is different and this might be attributed to different lifestyles. Nikolaos Papadopoulos then raised the question of how can we predict outcome at the individual level: statistics only reflect outcome at the population level and it is therefore difficult to predict how an individual will behave because you can’t predict his/her exposure.

William Busse discussed changes of immune responses by aging. Antibody responses to vaccination are decreased in an elderly population. He showed that a higher dose of the H1N1 vaccine is required for individuals over 60 years. This cannot be attributed to a general slow down of the immune system in these individuals. The function of T and B cells decreases by aging but IL-6 and TNF production by macrophages rather increases.

Sven Seys
Catholic University of Leuven, Belgium
The 7th EAACI/UEMS Knowledge Exam for Allergology and Clinical Immunology took place on 7 June during the EAACI Congress 2014 in Copenhagen. A total of 48 people took the exam, with the participants representing 17 countries. Alongside the 46 candidates from Europe, we were joined by candidates from both Saudi Arabia and Qatar, proving that the exam remains a diverse and respected way of testing young allergists.

We were once again well supported by the local organisers at the Bella Center in Copenhagen as well as by the EAACI HQ staff.

Each candidate had to answer 120 multiple choice questions covering a wide range of allergology (about two-thirds of the questions), as well as basic and clinical immunology, within three hours. In total 43 participants passed and they will receive a valued EAACI/UEMS certificate. All candidates will also receive a detailed summary of their tests.

The EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology takes place every year during the EAACI Congress. It does not replace or provide a substitute for existing national examinations held regularly by national bodies, although we expect it to help raise the standard of Allergology and Clinical Immunology in Europe. At the same time we hope it will facilitate the exchange of young people trained in Allergology and Clinical Immunology in Europe. The exam is formatted according to latest knowledge in test methods and recent UEMS standards, and is analyzed by the Institute for Medical Education (IML), Switzerland. Anyone willing to contribute is welcome to contact the Exam Committee (education@eaaci.org).

Peter Schmid-Grendelmeier
EAACI/UEMS Exam Committee Chair
EAACI Awards 2014

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

The Academy presented the 2014 EAACI Awards during the Opening Ceremony of the EAACI 2014 Congress in Copenhagen.

The Clemens von Pirquet Award (2014), for improving clinical research, was awarded to Ronald Dahl.

The Daniel Bovet Award (2014), for improving treatment and prevention, was awarded to Bodo Niggemann.

The Paul Ehrlich Award (2014), for improving experimental research, was awarded to Hannah Gould.

The Charles Blackley Award (2014), for improving the promotion of the specialty, was awarded to Jan Lötvall.

The Patient Organisations Workshop

At Copenhagen’s wonderful Bella Center, we were able to enjoy several days of symposia, presentations, lectures and workshops, and over 150 delegates attended the Patient Organisations Committee (POC) activities. At the business meeting on Sunday, patient organisation representatives from 20 countries around the world were able to attend thanks to a generous grant by Novartis, who also facilitated the POC workshop on the next day.

The POC workshop was divided into three sessions, starting with morning presentations on implications for allergic patients at risk of food induced severe allergic reactions, and on the role clinicians play in the education of their patients about new legislation on the provision of food information to consumers, including food allergic consumers. The pitfalls and the advantages of this new regulation (which comes into force on 13 December 2014) were shown and explained.

In the afternoon, two sessions of three presentations each were the platforms for interactive audience discussions and questions on raising the quality of life for the allergic patient. The sessions started with a challenging pro-con discussion on the need for improved allergy diagnostics, which was followed by a clinician’s perspective on food allergy thresholds and whether they are useful or not. This was further expanded with the consumer perspective on these thresholds and the labelling consequences. Clinical trials and specifically how patient organisations can help was the topic after the break, followed by an interesting view from a researcher who shed light on the standardisation of open food challenges and advantages for the patient.

Time was too short to address all the questions and interactions coming from this meeting, and it gives us much to consider about how we will organise next year’s workshop. Certainly, this year’s meeting showed that there is a need for patient representative and clinician interaction. So, for those who were unable to attend this year’s POC workshop, you will have a chance to participate and learn from us next year: we’ll meet in Barcelona!

Frans Timmermanns
Patient Organisations Committee Chair
Media Report

The EAACI Congress 2014 received abundant exposure in the media with both national and international media and bloggers attending the event. Almost 1,000 online hits were generated by the Congress, with an audience of more than 905 million people, from 39 countries in 6 different languages. In addition 60 journalists and bloggers from 47 international media outlets attending the Congress to hear the latest findings and communicate personally with our experts. Thanks to all of them for helping EAACI to spread the word!

The Congress-related articles covered the scientific highlights, the EAACI new public campaign committed to increase allergy awareness, the Global Atlas of Allergy, the Food Allergy and Anaphylaxis Guidelines and how EAACI calls for major prioritization of allergic diseases in the European political agenda.

Also, 14 one-to-one interviews with speakers and the EAACI leadership were set-up, providing a personal service to the press attending our Congress.

Rolling on to EAACI 2015 in Barcelona!

Would you believe it, the EAACI Congress 2014 is only just over and we are already planning for next year! And, as you know, it will be hard to beat the Congress in Copenhagen, since it was close to perfect. But we will do our best.

What will you hear about at the 2015 Barcelona Congress? There will be sessions on organ-based allergy, focus on eliciting agents, basic mechanisms, diagnosis, therapy, new technologies, e-health, patient perspectives, pharmacoeconomics, and much more. Both practicing clinicians and basic researchers will find something that is just their “cup of tea” or maybe their “glass of sangría”! Just as the theme of the Congress states, we will find “new answers to old questions”. No matter if you are an allergist, a pulmonologist, a dermatologist, an ENT specialist or a GP, this Congress will provide you with the best platform to interact and network. We are also happy to be accommodating allied health professionals, nurses and dieticians, and patient organisations.

Of course, we also welcome all our friends from outside Europe. EAACI embraces all those professionals who want to approach us. And we are really trying to foster junior members to join and participate in the Congress: look out for the travel grants that will be offered.

Barcelona is a great city to visit. Many of you know that already, and if you don’t – then you haven’t been to Barcelona! It is the liveliest Mediterranean city. Multicultural, artistic, modern, historic: Barcelona is like an open-air museum where you can enjoy the most amazing architecture, from its modernist buildings to the old Gothic Quarter. Take your time, wander round, and stop to smell, to taste, to listen. If you already know the city, you will surely discover new wonders, if you don’t, you will never forget it.

We are already looking forward to welcoming you to Barcelona for the 2015 EAACI Congress!
A new class of treatment for allergic rhinitis

Meda’s symposium at EAACI 2014, showcased a new treatment option for allergic rhinitis (AR) and the reasons why such a treatment is urgently needed.

Many AR patients achieve insufficient symptom control on currently considered first line therapy (e.g. intranasal corticosteroids (INS)). New data presented at the symposium showed that INS fall short in providing substantial symptom reduction (i.e. ≥60% rTNSS reduction) for many patients: >70% of patients with moderate/severe AR use multiple therapies trying to achieve faster and more effective nasal and ocular symptom control, a practice which is neither recommended by ARIA® nor endorsed by the evidence. There is a need to simplify rhinitis treatment with a new, single, faster and more effective option with proven superiority over the current gold standard, INS.

Dymista® is a new class of treatment for AR (WHO code ATC R01 AD53), with a unique PK finger print and clinical profile. It is indicated (i) provides twice the relief afforded by INS; (ii) is 2–3 times more effective than INS in reducing nasal congestion and ocular itch, the most bothersome symptoms associated with AR; and (iii) provides rapid symptom control in real life.

Dymista® is a breakthrough in the management of AR as it:

(i) provides twice the relief afforded by INS;

(ii) is 2–3 times more effective than INS in reducing nasal congestion and ocular itch, the most bothersome symptoms associated with AR; and

(iii) provides rapid symptom control in real life.

The vast majority of AR patients seen in clinical practice have moderate/severe disease and are, or have been, treated, with most remaining symptomatic. Dymista® should be considered as a first line therapy for these patients.

References:
Investigating allergic effects of environmental exposures

2–5 July 2014 Brindisi, Italy

For the first time in EAACI history a school was organised by the IG on Aerobiology & Pollution

Nearly 70 participants spent 4 active and intense days in beautiful Brindisi, acquiring knowledge and skills to investigate the relationship between environmental exposure, and asthma and allergies.

The school started with lectures on study design for investigating the links between environment and asthma and allergies, and on methodological assessment of both environment (pollen, mould, air pollution and indoor allergens) and health. Among the topics covered during the second day were biological mechanisms, clinics, genetics and epigenetics, environmental risks for allergies and their assessment in patients with asthma, rhinitis, food allergy, eczema, urticaria, drug and venom allergies. The third day was dedicated to indoor and outdoor environmental exposures, such as chemical air pollution, indoor moulds, as well as for viruses and bacteria and their impact on allergic diseases. Gene environment interaction and immune response to allergens were also elaborated on.

Excellent presentations were given each day by invited opinion leaders in their field: climate change impact on allergy (Gennaro D’Amato, Italy), perioperative anaphylaxis and drug allergy caused by ‘hidden’ drug components (Lene Heise Garvey, Denmark), asthma phenotypes (Paloma Campo, Spain), rhinitis phenotypes (Carmen Rondon, Spain), food allergy markers (Antonella Muraro, Italy), hymenoptera venom allergy (Beatrice Bilò, Italy), immunotherapy (Giovanni Pajno, Italy), defective epithelial barrier in allergy (Cezmi Akdis, Switzerland), and others.

The aim of the school was not only to provide theoretical aspects on the above mentioned topics but also, much more importantly, to provide practical training. Participants went to the Antonio Perrino hospital in Brindisi where they practised how to diagnose asthma and allergies related to environmental stressors by practising skin prick tests, patch tests, FeNo, spirometry and nasal challenge to aeroallergens. Practical masterclasses on classical pollen and mould detection and airborne allergen quantification were provided by experts of the field between lectures, and all participants had the opportunity to prove their knowledge through clinical cases presented each morning. A very important and interesting class entailed the viewing of pollen grains through microscopes, and the identification of different pollens with the guidance of world-class experts. Many junior EAACI members presented their findings at the poster and oral abstract sessions. Brindisi offered great weather, sightseeing and an event which attracted crowds of people – the UIM F2 2014 powerboat world championship on the last day of the meeting. The social events that the attendees of the school participated in were numerous and could not have been better. "This school was the best opportunity to start my career in allergology. Now, with the knowledge I gained there, I am ready to attend the EAACI Annual Congress!" and "The school was the best place to learn from experts, to meet colleagues and to spend a few days discussing, networking and finding new ways for collaboration!" – these were the most common opinions expressed by participants.

On behalf of all participants, we would like to thank Isabella Annesi-Maesano, Augusto Arsieni, Jeroen Buters and Lorenzo Cecchi for an excellent EAACI summer school. We hope that the IG on Aerobiology & Pollution will organize many more successful and interesting schools such as this one in the future.

You can read the abstracts from the Allergy School on the EAACI website.

Indrė Būtienė
George Guibas
EAACI JMA Working Group Representatives
EAACI Winter School 2015 in Les Arcs, France

It is our pleasure to announce that the 13th EAACI Immunology Winter School on Basic Immunology Research in Allergy and Clinical Immunology will take place in Village de Charmettoger, Les Arcs, France, from 5–8 February 2015. The goal of this meeting is to foster and develop the scientific capabilities and intellectual curiosity of a select group of young scientists/clinicians who perform research in the fields of allergy and clinical immunology. We are covering aspects addressing the key developments that are currently discussed in immunology and allergy.

The scientific programme includes six keynote lectures, each of which is associated with thematically grouped oral presentations, selected from the submitted abstracts. A number of abstracts will also be selected for poster presentation.

The keynote speaker lineup is currently being finalised, but we can already confirm that John O’Shea (USA), Benjamin Marsland (Switzerland), Andrew McKenzie (UK) and Luigina Romani (Italy) will deliver keynote lectures at the Les Arcs Winter School. The topics of special interest this year include innate lymphoid cells, T cell subsets, cytokines in allergy, microbiota and mucosal immunoregulation, and genetics and epigenetics of allergy. Young scientists working in these topic areas are strongly encouraged to submit an abstract; however, scientific abstracts in any allergy or clinical immunology field will also be considered. Primary criteria for acceptance is scientific quality.

Abstract submission will open on 1 September 2014 and close on 15 October 2014. Seventy of the submitted abstracts will be selected and the presenters invited to attend the school. Registration and accommodation for EAACI members will be covered by EAACI.

We look forward to discussing the latest immunological discoveries with you in Les Arcs.

Liam Omahony
EAACI Immunology Section Secretary
Carsten Schmidt-Weber
EAACI Immunology Section Chair

EAACI AS on early diagnosis and treatment of common allergic disorders in infancy and childhood

The Pediatric Section, in cooperation with the Dermatology and Rhinitis Sections and the Italian Society of Allergy and Immunology in Childhood (SIAIP), is preparing an exciting Allergy School in the south of Italy, kindly organized by Giovanni Pajno (Chair of the Task Force on Immunotherapy in Children and Adolescence, and board member of the Pediatric Section).

The AS will take place on 5-7 March 2015 in Taormina, Sicily, Italy.

The organising committee (Giovanni Pajno, George du Toit, Antonella Muraro, Montserrat Alvaro Lozano, Özlem Cavkaytar, Roberto Bernardini and Susanne Lau) are working hard to arrange what will be an attractive programme in wonderful surroundings.

Sicily, in the south of Italy, is a beautiful island in the Mediterranean with a long history. The venue will be the Hotel Villa Diodoro in Taormina, offering spacious meeting rooms with a large screen, a poster area on a gallery overlooking the main meeting room, and a coffee break area on the adjacent terrace if the weather is favourable. The closest airport is Catania, Italy; Catania is connected to Taormina by bus, train and taxi.

Important programme topics include:

- The usefulness of early IgE-measurements and component-resolved diagnosis in infancy.
- Therapeutic options in childhood asthma and disease progression/management of the atopic wheezing child with comorbidity.
- How to treat preschool wheezers.
- Atopic dermatitis: advancing proficiency in management.
- Update of immunotherapy in children: SCIT, SLIT, OIT.
- Avoidance versus early exposure: how to prevent food allergy?

Hands-on courses will be offered and case reports from participants can be presented and discussed with experts. Allied health workers will also be present, together with well-known experts from across Europe.

The target audience is young doctors in training, pediatric allergist, GPs, JMAS, pediatricians, dermatologists and allergists treating children. The expected outcomes and potential impacts in practice after the course are gaining knowledge and critical judgment about early diagnosis and treatment of allergic disorders early in life.

Registration and abstract submission will start in August; the abstract submission deadline will be 16 November 2014. Abstract submission is recommended but voluntary. Accepted JMA authors will qualify for a travel grant.

Take the opportunity to join us and visit wonderful Taormina/Sicily from March 5-7.

Susanne Lau
EAACI Pediatric Section Chair
Giovanni Pajno
EAACI Organising Committee Chair
UPCOMING EVENTS

FOCUSED MEETINGS

Skin Allergy Meeting (SAM 2014)
18 - 20 September 2014
Krakow, Poland
www.eaaci-sam.org

Food Allergy and Anaphylaxis Meeting (FAAM 2014)
9 - 11 October 2014
Dublin, Ireland
www.eaaci-faam.org

International Severe Asthma Forum (ISAF 2014)
13 - 15 November 2014
Athens, Greece
www.eaaci-isaf.org

Symposium on Experimental Rhinology and Immunology of the Nose (SERIN 2015)
19 - 21 March 2015
Stockholm, Sweden
www.eaaci-serin.org

Pediatric Allergy and Asthma Meeting (PAAM 2015)
15 - 17 October 2015
Berlin, Germany
www.eaaci-paam.org

EAACI CONGRESS 2015

EAACI Congress 2015
6 - 10 June 2015
Barcelona, Spain
www.eaaci2015.com

ALLERGY SCHOOLS

Allergy School on Specific Allergy and Immunotherapy
11 - 13 September 2014
Athens, Greece

Allergy School on Primary Care
30 October - 1 November 2014
Palma de Mallorca, Spain

13th Winter School on Basic Research in Allergy and Clinical Immunology
5 - 8 February 2015
Les Arcs 1800, France

Allergy School on Early diagnosis and treatment of common allergic disorders in infancy and childhood
5 - 7 March 2015
Taormina, Sicily, Italy

Allergy School on Molecular and Laboratory Aspects of Asthma - Applied Theory for Practicing Clinicians
Date TBC
Istanbul, Turkey

For more information visit www.eaaci.org or contact events@eaaci.org
Within the field of upper airway immunology, we are facing dynamic times after the recent introduction of several novel clinical concepts.

These concepts, to control disease in both allergic rhinitis and chronic rhinosinusitis, are gradually finding their way into clinical practice (Hellings P. et al, Allergy, 2013). Once properly validated, the concept of disease control opens new venues for exciting research into reasons for lack of controlled disease, and into mechanisms for those patients with the challenging condition of severe chronic upper airway disease (SCUAD) (Bousquet J. et al, JACI, 2009). SCUAD patients represent those patients in which several etiologic factors act together in causing severe airway disease. The medical challenge remains to pinpoint the contribution of each factor into the disease phenotype.

Nasal hyperreactivity (NHR) has recently been proven to be a clinical feature of most patients with allergic rhinitis as well as in those with non-allergic rhinitis (Segboer C.L., et al, Allergy, 2013). The diagnostic challenge of NHR in daily practice is still present, mainly related to the lack of an attractive and reliable method. The recently described short protocol for cold dry air exposure as a diagnostic test for NHR (Van Gerven L. et al, Laryngoscope, 2012) has been shown to have a high sensitivity and specificity for NHR, and will undoubtedly find its way into clinical practice.

The immune regulation of IgE production within the nasal mucosa in patients with rhinitis and CRSwNP represents a challenging concept, given its diagnostic and therapeutic implications. The production of IgE in the nasal mucosa of patients with so-called local allergic rhinitis (LAR) is prevalent in Southern Europe (Rondon C. et al, JACI, 2013). LAR patients presumably represent those patients formerly defined as non-allergic with eosinophilia syndrome (NARES). Recent insight into B cell differentiation into IgE-secreting plasma cells in CRSwNP help to understand the phenomenon of localized IgE production in nasal polyps without correlation to systemic IgE levels or skin prick test results (Gevaert P. et al, Allergy, 2013).

Occupational rhinitis and rhinosinusitis are highly prevalent conditions with a significant socio-economic impact. In cases of non-allergic occupational disease, the mechanisms leading to sino-nasal symptoms remain largely unknown (Hox V. et al, Allergy, 2014). The importance of occupational factors in CRS has recently been highlighted by a clinical study showing that the outcome after surgery was determined in part by exposure of operated patients to occupational agents (Hox V. et al, Allergy, 2012).

The ENT section of EAACI is more active than ever before and is currently working on several Task Forces in parallel, in addition to preparing the next biennial SERIN meeting in Stockholm, from 19-21 March 2015.

Peter Hellings
EAACI Treasurer

Cemal Cingi
ENT Section Chair
The Award was initiated by Allergopharma in 2000 in collaboration with the European Academy of Allergy and Clinical Immunology (EAACI). It is intended that the Award should recognize the scientific achievements of young scientists working in the field of allergy and encourage their further engagement in the field.

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 for the Award should consist of a full research paper published in an international peer reviewed journal in 2012/2014, a cover letter detailing the extent of the applicant’s contribution to the research, and a curriculum vitae including a full list of the applicant’s publications. The received applications will be reviewed by an ad hoc commission nominated by the EAACI Executive Committee and Allergopharma. The winner of the fifteenth Award will be presented during the EAACI Congress in Barcelona 2015.

To be eligible for the award, applications should be submitted electronically before 31st of December 2014 to both the EAACI Headquarters (Email: info@eaaci.org) and the head of R&D at Allergopharma, Dr. Steen Klysner (Email: roswitha.kleemann@allergopharma.com). The research paper, curriculum vitae and cover letter should be included as three separate attachments.

Alternatively, postal applications can be sent to EAACI Headquarters, Hagenholzstrasse 111, 3rd Floor, 8050 Zurich, Switzerland (Tel.: +41 44 205 55 33)

Allergopharma GmbH & Co. KG is committed to furthering excellence in allergy diagnosis and specific immunotherapy through investment in scientific research.

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 · roswitha.kleemann@allergopharma.com

A subsidiary of MERCK
Abstract Submission Deadline: 15 January 2015

www.eaaci2015.com