EAACI CELEBRATES 60 YEARS OF EXCELLENCE

First Allergy Congress
EAACI founded in 1956 in Florence
Constitution and By-Laws registered in Utrecht
Lexicon Allergologicum published with support of the Academy
Academy changes its name to “European Academy of Allergy and Clinical Immunology”

Audiovisual Commission appointed - Chair: Claude Molina
EAACI members reach 1,000

European Declaration on Immunotherapy
Launch of the EAACI journal Clinical and Translational Allergy
Rollout of EAACI Campaign for Allergen Immunotherapy
Food Allergy & Anaphylaxis guidelines
Global Atlas of Asthma
Rollout of Food Allergy & Anaphylaxis Campaign
EU liaison office established
Rollout of EAACI Allergy Awareness Campaign
Global Atlas of Allergy
EU Parliament IG on Allergy and Asthma established
Global Atlas of Allergic Rhinitis and Chronic Rhinosinusitis
EAACI Members reach 9,000
60 years of EAACI - Dedicated to allergy science, committed to your health
BECOME AN EAACI MEMBER

Over 9,500 professionals are already members of the largest medical association in Europe in the field of Allergy and Clinical Immunology

JOIN NOW
the broad network of experts and sign up at www.eaaci.org

Membership Benefits

Subscription to EAACI journals; Allergy, Pediatric Allergy and Immunology (PAI) and EAACI Newsletter

Members area at www.eaaci.org gives access to all EAACI resources (guidelines, position papers, consensus documents, webcasts, handouts and slide kits)

Discounts on registration fees for EAACI congresses, focused meetings, schools and EAACI/UEMS examinations and publication fees for CTA

Free membership for all Junior Members (≤35 years old)

CME Credits for all our activities and events. Also valid in the USA and Canada due to a reciprocal agreement between UEMS, AMA and the Royal College of Physicians and Surgeons of Canada

Sponsorship of clinical and research fellowships
2017: Action time for allergic diseases

“Twenty years from now you will be more disappointed by the things you didn’t do than by the ones you did. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.”

H. Jackson Brown’s mother

Last month we celebrated the 60th Anniversary of our Academy in Florence. I was touched to think of the dream of the small group of colleagues who first had the idea of EAACI in Florence 60 years ago and who then took action to make their vision come true. Touching also has been the continuous commitment across many years and many Presidents and Boards to develop the Academy and bring it to the level of what is now the biggest allergy organization in the world with close to 10,000 members, 34 National Societies and 16 International Societies. Many clinicians in the field of allergy reach out to EAACI to communicate their science, to obtain extended training, to be inspired. EAACI must honour the vision and commitment of our founders and continue to reach out beyond our limits, to keep pace with the needs, desires and aspirations of our members and of our future members.

The core elements of our Annual Congress are excellent but every year we look at how we can make the experience of attending Congress even more rewarding. Helsinki in June 2017 will build on the success of Vienna and will feature innovative, interactive approaches to improve learning and enhance translation into practice, whilst we enjoy being together!

The Academy’s Focused Meetings are additional platforms for spreading knowledge about all aspects of allergic diseases, embracing audiences beyond our usual targets. In 2016, The Drug Hypersensitivity Meeting (DHM) in Malaga in April had 450 participants, with many further requests declined to the venue capacity. The Food Allergy and Anaphylaxis Meeting (FAAM) held in Rome in October had a record-breaking 1200 delegates with 6 Satellite meetings (including of patients’ organizations), underlining the success of its multidisciplinary platform. The International Severe Asthma Forum (ISAF) held in Manchester in November was acknowledged to have an excellent scientific program. I wish to express EAACI’s thanks for the enthusiasm of the local chairs and organizing committees, to whose endless work the huge success of these meetings is due.

In 2017, there are two important events in April, first the 11th Symposium of Experimental Rhinology and Immunology of the Nose (SERIN 2017) for the ENT community, then (for dermatologists) the Skin Allergy Meeting (SAM) being held in Zurich, with the Society of Contact Dermatitis (ECDA). Later in the year, from October 26-28, the Pediatrics Section will host the Pediatric Allergy and Asthma Meeting (PAAM) in London, a meeting which will also involve colleagues from Asia. The year will end with the ISMA meeting in Luxembourg in December which will emphasize the role of molecular allergology and the dissemination of EAACI’s most recent resource: the Molecular Allergology Users’ Guide. Besides Congress and other meetings, EAACI is also reaching out to public health with the EAACI Guidelines for Clinical Practice.

At the Annual Congress in Helsinki, the EAACI Guidelines for implementing the evidence-based use of allergen immunotherapy in daily practice for asthma, allergic rhinitis, food allergy and hymenoptera venom allergy will be launched. The EAACI mission to act as a scientific reference body for other scientific, health and political organizations will be further emphasized in our new Strategic Vision document that will be put forward in the next 6 months. Working for the allergy specialty is, however, something shared in a continuous partnership with colleagues at a national level. You may remember that, early this year, EAACI promoted a letter in favour of the French Allergy Society advocating a full allergy specialty in France. That letter, signed by all European National Allergy Societies Presidents, forwarded to the French national authorities, strongly reinforced the request from the French Society and ultimately helped achieve the desired goal (see elsewhere in this issue). In 2017 EAACI will launch a Call for Action for allergic diseases, advocating the implementation of best practices for allergy management across Europe. Many policy frameworks are already in place at the EU level but need to be better implemented at the national level. The Call for Action will be launched at the EU Parliament in March, will peak at the Helsinki Congress and continue at national level supporting the initiation of national societies’ advocacy activities. EAACI’s platform embracing clinicians, basic scientists, allied health, patients’ organizations and national and international allergy societies represents the optimal foundation to accomplish this successfully. EAACI will be calling for each of your signatures to help ease patients’ lives!

Another year is about to end. Looking back, I see the work and dedication of many of you, past and present, making a significant change to our allergy specialty. This gives me great confidence for a future of continuing change and improvement.

On behalf of the Academy, I thank you all for being close to EAACI on this exciting journey and wish you all peaceful Season’sGreetings, looking ahead to a breakthrough 2017!

Antonella Muraro
EAACI President
Dear Readers,

As 2016 comes to an end, so does the information campaign to celebrate the 60th Anniversary of EAACI! Part of this issue is dedicated to this important topic, including short contributions from a number of people who have been involved with EAACI over the years. Celebrations officially ended in November in Florence with a Summit attended by the current EAACI President as well as a number of Past Presidents, National Societies Presidents, and many other members of the EAACI family. Antonella Muraro traced the main stages of the 60 years of our Academy dedicated to the study and prevention of allergic diseases. Grigorij Kogan (Director for Health Research of the European Commission, DG Research & Innovation), gave a talk on EU support to breakthrough research in allergy and asthma with particular reference to “Horizon 2010”, the Framework Programme for Research and Innovation started in 2014. Finally, Mikaela Odemjly, President of the European Federation of Asthmatic and Allergic Patients (EFA), and Frans Timmermanns, Chair of the EAACI Patient Organisation Committee, underlined the detrimental impact of allergies to both patients and society as a whole and the role of patients Organizations.

One topic which supports the 60 years of EAACI “on the road to prevention and healthy living” campaign is allergen immunotherapy (AIT). AIT is the only disease-modifying intervention for diseases like allergic rhinitis, allergic asthma and hymenoptera venom allergy. Although our knowledge of various aspects of immunotherapy has much improved (for instance, of the underlying immunological mechanisms), there are still no high quality comprehensive guidelines for the clinical practice of AIT. Thus, production of EAACI’s AIT Guidelines was established as a Presidential project for the 2015–2017 term, and developed according to the Institute of Medicine/Guidelines International Network (GIN) and to AGREE II methodology. The launch meeting of the AIT Guidelines project took place in Zurich on 30 April 2015. Seven Task Forces were established dealing with various allergic diseases, and including not only clinicians and basic researchers but also relevant stakeholders such as representatives from patient organizations, regulatory bodies and pharmacists. The second and the third meetings took place in Italy, in Venice and Florence, in 2016. At this time, all the systemic review protocols have been published, all the systematic reviews have been submitted, and the recommendations are nearing completion.

Publication of the Guidelines (including in book form) is expected by June 2017 and will be presented at the Annual Congress in Helsinki. As a member of one of the Task Forces, I have seen at first hand the great work done by all the participants and their keen dedication and enthusiasm.

Training and support of young people has always been a priority for EAACI. Apart from the Annual Congress, Focused Meetings, Allergy Schools and Master Classes, training takes place in many other forms: the EAACI Knowledge Exam (applications open from 1 February – 1 April 2017), the EAACI Clinical and Research Fellowship Awards (applications open from 1 October – 31 December 2016), EAACI educational grants, and the Mentorship Programme are just a few of the schemes I would like to mention here. This issue of the Newsletter dedicates space to the Mentorship Programme and reports the enthusiastic testimonies of one mentor and one mentee. The main aims of this annual project are to improve the professional skills and career development of junior members (JM) through their networking with experienced professionals within the EAACI community, and creating a platform for JMs to communicate with their mentors.

Investing in young people means investing in the future!

I wish you all a Happy Christmas Holiday with your families and friends.

See you in 2017.

M. Beatrice Bilò
Newsletter Editor
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Genetic engineering of allergens

Recent clinical trials have convincingly indicated that molecule-based preparations could effectively be used to substitute extracts in allergen-specific immunotherapy (SIT) (Ferreira et al., 2014; Valenta et al., 2016). The engineering of allergen molecules for SIT offers unique opportunities to tackle the major problems associated with SIT, for SIT offers unique opportunities to tackle the major problems associated with SIT, for example, reductive of the allergenicity of peach Pru p 3 by structural modifications was accompanied by a dramatic decrease of immunogenicity in vivo (Toda et al., 2011). On the other hand, minor changes in the sequence of birch Bet v 1 led to decreased allergenicity, enhanced immunogenicity and a shift of the immune response from a Th2 to a mixed Th1/Th2 cytokine production profile in vivo (Wallner et al., 2011). Thus, because immunogenicity of antigens directly impacts the efficacy of a vaccine to induce a protective immune response (Petrovsky & Aguilar, 2004), engineered allergens should ideally combine two properties: reduced allergenicity and increased immunogenicity. Allergenicity can easily be assessed in vitro by a combination of several methods relying on IgE binding, i.e., immunoblots, ELISA and mediator release assays. Immunogenicity of vaccine candidates has been more difficult to evaluate and has mostly relied on animal experiments. To address the problem of predicting immunogenicity of a protein, our laboratory has developed an in vitro assay that exploits the link between the antigen’s immunogenicity and its resistance/susceptibility to endolysosomal proteolysis (Egger et al., 2011). The degradome assay provides a semi-high throughput screening procedure to select highly immunogenic candidates from a pool of molecules produced by genetic engineering, which in turn can be evaluated in pre-clinical trials.

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References
Governance Project: Good governance transforms performance

Governance is often considered boring. It is all about organizational structure, roles, responsibilities and accountabilities, objectives, performance indicators, reporting lines and decision-making powers.

Good governance, however, is much more than that. Good governance transforms performance. It ensures that good people are valued and get access to the right positions. It sharpens focus, drives ethical behaviour, consolidates credibility and supports financial sustainability. It allows consistent strategy implementation, consolidates activities to generate impact with limited resources and facilitates accountability, without sacrificing the development of professional expertise in sections and interest groups.

EAACI’s journey to be ready for the next decade has reached Phase 3! The Governance project has benefited from the expertise in this field of our new Executive Director, Sue Paredi, who has assisted the Board of Officers and the Executive Committee since joining us in July. The documents produced in Phases 1 and 2 were the source for streamlining many processes across the Academy, including election procedures, and for defining roles and responsibilities. An important milestone was achieved with the Executive Committee meeting in Venice on 9–10 September 2016. Fruitful discussions and workshops about the future organization of the Academy, harmonization of 18 of the Interest Groups, alignment of the Junior Member Assembly structure, revision of roles and responsibilities, establishing reporting lines and clearer guidelines for budget use brought the Governance project an essential step closer. In addition, an in-depth consideration was undertaken on how to develop EAACI’s strategic vision and on how long that vision should be. EAACI’s strategy period is currently linked to the President’s period of office. However, a 2- or 3-year strategy is too short a period to effectively implement plans and deliver results, potentially resulting in an erratic strategic direction. Other organizations have a 5-year strategy which is developed by the heading governing body.

The Executive Committee agreed on the need to develop a 6-year strategic vision to ensure consistency and ownership throughout the membership. As part of our new vision for EAACI, five key topics for the next six years have been defined:

1. Innovation in research and science
2. Prevention and best treatment for all patients
3. Awareness: improving the visibility of allergy as a discipline through strategic alliances with other scientific societies
4. Promotion of Networks between Centres of Excellence and Primary Care, strengthening the role of the allergy specialty
5. Advocacy: putting in place common initiatives with the National Societies both at the European and national level to facilitate outreach with politicians and policy makers

In order to approach all these requirements, a proposal for Comprehensive Allergy Centres on the model of the Comprehensive Cancer Centres has been put forward. The aims would be:

(a) to facilitate the implementation of best practices of care to all patients suffering from any allergic diseases, at any age;
(b) harmonization of research trials and networking opportunities;
(c) optimization of education and training in allergy for everyone – from allergists to health professionals from other disciplines, including General Practitioners and pediatricians, and ultimately reaching out at the local level.

At the Executive Meeting in Florence on 11 November 2016, most of the processes and procedures were reviewed and finalized. The outcome will be circulated to the EAACI boards for their comments before the end of the year. The changes adopted will then be reflected in a revision of the Academy’s Bylaws and Constitution (deadline: General Assembly in June 2017).

I am very proud of the efforts already made by my Board and ExCom colleagues and of their commitment to make our Academy fit to increase its efficiency and performance. We are now ready to progress to the next challenge: developing a comprehensive strategic vision for the Academy for the next 6 years, to be completed by June 2017!

Antonella Muraro
EAACI President
The Indian Academy of Allergy (IAA) is a national organization of physicians from different specialties, scientists, post-graduate fellows and researchers working in the field of allergy, asthma and immunology. IAA’s mission is to be a resource, to educate, update, improve practical skills and enhance scientific exchange and research, as well as to increase public awareness in the field of allergy, asthma and clinical immunology. Established in 1989, IAA’s very first scientific event in 1991 was a 7-day national level workshop of fundamental clinical training in allergy, asthma and immunology. Subsequently, a second level training workshop was conducted as a 5-day residential program, a workshop which continues to be held in non-Congress years. The very first national IAA Conference was held in Bangalore in 1992, since when IAA has successfully organized 13 biennial National Congresses in various cities around India. Additionally, IAA has conducted many 1-day seminars/symposia and CMEs at various places across the country, and has expanded its purview to develop educational resources and consensus documents of evidence-based medicine in key areas of allergy and respiratory diseases, also identifying unmet needs and research priorities.

Currently with 483 members, IAA is affiliated to EAACI and the World Allergy Organization (WAO) and has collaborated with both organizations on several occasions, as well as with the American College of Allergy Asthma and Immunology (ACAAI), the American Academy of Allergy Asthma and Immunology (AAAAI) and the Asian Pacific Association of Allergy Asthma and Clinical Immunology (APAAACI). Most recently, from 22–24 July 2016, IAA organized the IAACON 2016 in Kolkata, the theme of which was: “Expanding the horizons of allergic diseases and asthma: From epigenetics to treatment and prevention”. With its rich scientific program and international and national thought leaders in allergy, asthma and clinical immunology, the Congress was a unique opportunity for attendees, both specialists and non-specialists, to update their knowledge, advance their skills as well as interact with colleagues, leaders and world experts in the field.

IAA will continue to advance excellence in allergy, asthma and clinical immunology, and to collaborate with international academic organizations as well as the Ministry of Health, WHO and UN in a unified effort to meet international standards.

Ruby Pawankar
Indian Academy of Allergy President
Nippon Medical School, Tokyo, Japan

A few words from the Website Editor

The end of the year is always a good time to make summaries of what was achieved during the past year and of what is still on the pending list. This is also the end of the first year of my mandate as Website Editor and I am happy to share with you some of our achievements that I am proud of:

- We launched the new EAACI website in June after several months of preparation. The aim was to match the fast changing trends of modern websites and we now not only have a more modern design, but also a clearer distribution of content, as well as new tools;
- We changed our navigation system for better performance on tablets and smartphones to make searching on the website easier for mobile users;
- We opened a JOB CENTER, where everyone can now both advertise offers of jobs by filling in an online form, and search for interesting job positions;
- We made the very big step of integrating all the external webpages dedicated to EAACI Congresses or Focused Meetings onto the main EAACI platform;
- We are constantly working to ensure the better visibility of our website on the net, as based on monthly SEO analysis.

Next year we hope to surprise you with a new look for the Patient Area website: keep an eye out for that! Both the main website and the Patient Area will be further developed, with practical, updated and reliable information. We aim to add useful tools for our members, whether they are researchers, clinicians or patients.

Please do remember that you can find information about all EAACI’s activities, as well as gain access to a lot of useful information, just by visiting www.eaaci.org. The website has dedicated areas for: the Annual Congress, Focused Meetings, Allergy Schools, Task Forces, the EAACI Journals, as well as much more, including (for example) Task Force Position Papers giving you the latest evidence-based recommendations on specific topics. Equally, if you missed a presentation at one of our meetings, or even if you attended but would like to see it again, why not try our webcast area to watch selected presentations at your convenience?

Don’t miss a great opportunity to stay up-to-date with our evolving specialty and visit our website any time! And please don’t hesitate to contact us with any comments and suggestions. Happy Christmas and best wishes for the New Year!

Sylwia Smolinska
EAACI Website Editor

www.eaaci.org

Indian Academy of Allergy

From epigenetics to treatment and prevention: the horizons of allergic diseases and asthma: expanding the horizons of allergic diseases and asthma: From epigenetics to treatment and prevention
Fighting for allergy and asthma at EU level: Increasing the level of action

In June 2016, at the EAACI Congress in Vienna, the EAACI high-level EU Stakeholders’ Lunch provided an excellent opportunity for strengthening collaboration on policies with EU officials, as well as for informing the allergy community of EAACI’s on-going advocacy efforts to drive the recognition of allergy and asthma in Europe.

In October 2016, EAACI joined forces with ERS, ELF, EPF, ICPRG, PHA Europe, ENSP, HEAL and CF Europe in support of a proposed ‘European Parliament Written Declaration’ to tackle chronic respiratory diseases in Europe, initially started by EFA with the signatures of 12 Members of the European Parliament. The Written Declaration is open for MEP signatures until the end of January and is a good policy tool to keep respiratory allergy high on the EU policy radar during the third quarter of the year.

In December 2016, EAACI President Antonella Muraro, together with the EAACI EU office, met Dr John Ryan, the Acting Director of the Directorate General for Health and Food Safety (DG Santé, European Commission), as well as with some of his key colleagues from Unit C1 (Health programme and chronic diseases) and C4 (Health determinants and inequality). The purpose of the outreach programme is to review ways in which the allergy agenda could be further considered at EU policy level by, for instance, granting public health funding for pan-European allergy programmes, or prioritising the burden of allergy and asthma in Europe and putting these diseases at the forefront of EU Chronic Diseases policies. It will also provide an opportunity to learn more about ways to collaborate within the newly launched EU Health Policy Platform, the instrument through which the Commission intends to exchange information and ease communication with health stakeholders, with a view to identify future EU policy streams for added-value prioritisation.

At EU level, EAACI also continues to be actively engaged within key health and research policy alliances, ensuring that allergy and asthma are given constant visibility at EU policy level. On 29 November, Antonella Muraro joined the Strategic Meeting of the Presidents of the member societies of the Alliance for Biomedical Research in Europe where the policy priorities of the organisation were further discussed in the context of the Horizon 2020 mid-term evaluation review and of the preparation of the next Framework programme (FP9). The EAACI President also attended the first BioMed Alliance event in the European Parliament on the same day, representing EAACI and the allergy community in high-level policy discussions on the future European health research agenda.

European actions in 2017: A key highlight of the upcoming 2017 advocacy plans include the development and launch at EU level of a political Call to Action on allergy and asthma in March 2017. The Call to Action will be initiated under the auspices of the European Parliament (EP) Interest Group (IG) on Allergy and Asthma and will call on the European Union and national governments to:

- recognise allergy as a major public health issue;
- give allergy the political priority it justly deserves; and
- drive the prioritisation of allergy and asthma programmes in Europe.

The political Call to Action will be a joint endeavour between EAACI, the national allergy societies and patient’s organizations such as EFA, the EAACI Patients’ Organizations Committee and national patient groups. It will be launched during a dedicated political symposium in the European Parliament in Brussels in March 2017, followed by an endorsement campaign for signatures culminating in June 2017 during the EAACI Congress where MEP Sirpa Pietikäinen, Chair of the EP Interest Group on Allergy and Asthma, will join the political discussion with high-level EU stakeholders during the traditional EAACI Business Lunch hosted by the EAACI President.

Antonella Muraro
EAACI President

Laure Sonnier
EAACI EU Office
Each round of the MP has a two-year duration and its main goal is to facilitate the interaction between experienced physicians/researchers in the allergy field (mentors), and EAACI JMs (mentees) primarily via online communication platforms. The initiative is launched on a yearly basis with an open call for mentors followed by a period of applications for mentees. EAACI JMs can select their mentors from a list that always includes many basic and clinical researchers, as well as physicians from different fields of expertise. JM enrollment in the MP is based on the competitive evaluation of mentee applications and, upon acceptance and notification, the mentor/mentee pairs are invited to the MP cocktail/information event during the EAACI Annual Congress. At this event, the first discussions between each mentor/mentee pair can take place in a relaxed and friendly atmosphere.

EAACI JMs can receive inspiring recommendations from their mentors, helping to decide the best strategy to drive their professional careers. Moreover, scientific collaborations between mentors and mentees may arise in the setting of this interaction. In this regard, each year the MP offers a limited number of MP awards to support the visit of the mentee to the mentor’s workplace, with the purpose of their acquiring a better understanding of the mentor’s approach in a clinical or research topic. Mentor/mentee collaborations have generated articles in peer-reviewed journals and clinical guideline documents, in addition to poster and oral communications submitted to EAACI conferences. Furthermore, the experiences gained after enrollment in the MP could help achieve successful applications for other schemes and awards, such as for EAACI’s own Research and Clinical Fellowships. So far, six rounds of the MP have been launched, involving more than 200 JM mentees who have had the opportunity to boost their scientific careers.

In 2015 nine mentees obtained an MP Award and completed a visit to their mentors’ workplaces. Skaiste Linceviciute, from the UK, was one of the mentees awarded last year. She travelled to Argentina in July–August 2016 to visit her mentor, Susana de Barayazarra, and performed a study on the psychological implications of asthma in older individuals. Extracts from each of their reports of their collaboration appear below.

The MP Team would like to thank Skaiste Linceviciute and Susana de Barayazarra for the permission to use their reports. You can find more information about the MP and the full report of Skaiste Linceviciute’s visit on the EAACI JM MP webpage.

A new round of the MP will be launched in February 2017. It will be widely advertised on the EAACI website and through other EAACI and JM communication channels. If you are an EAACI JM, do not miss the opportunity to strengthen your professional career by applying for the MP!

Ibon Eguiluz-Gracia
EAACI JM MP Coordinator
Olympia Tsilochristou
EAACI JM Chairperson
Mentor’s report: Susana de Barayazarra

Prior to the visit, we agreed on the aim of the rotation and set a number of objectives in relation to Skaiste’s necessities for professional development. […] Myself and the rest of the team at the Division of Allergy and Immunology (Hospital San Roque-Cordoba, Argentina) found Skaiste Linceviciute to be a very enthusiastic, keen learner and determined to achieve the goals we had agreed on. She showed dedication and professionalism when dealing with other staff members, medical students and patients. […] I believe this experience will help Skaiste with her future career, and in addition she is always welcome to come back. […] This was a valuable experience and a great opportunity to strengthen our communication.

Mentee’s report: Skaiste Linceviciute

Since June 2014 I have been a mentee of the Allergy and Immunology specialist Susana de Barayazarra. […] The mentorship opportunity I was offered aimed to help young researchers to improve professional skills, enhance career development and also encouraged the establishment of scientific collaborations with experienced researchers. […] For me it was not easy to come into the field of Health Sciences from a background in Psychology. During the first year of my PhD I felt overwhelmed by the strong focus of my investigations on the medical literature and practice; therefore I decided to look for learning and mentoring opportunities to develop a better knowledge in the field and to gain skills for further progression and learning. After the establishment of a successful communication with Susana de Barayazarra in the context of the MP, we decided that it was a perfect opportunity for me to apply for an MP award to strengthen our collaboration. […] During the period of two and a half weeks, we successfully set up our planned study and collected the data of 23 individuals […] This experience has been a valuable professional learning opportunity and has increased my understanding of the field and my personal development (i.e. I gained self-confidence). In addition, I had the opportunity to collaborate with clinicians at an international scientific scale which will benefit me in my future career.

JM collaboration with EAACI Journals

The Junior Member (JM) Working Group (WG) receives generous support and encouragement from the EAACI leadership allowing it to coordinate a number of initiatives aimed specifically at young members of the Academy. One of these initiatives is a collaboration with the editorial boards of the three EAACI journals – the European Journal of Allergy and Clinical Immunology (Allergy), Pediatric Allergy and Immunology (PAI), and Clinical and Translational Allergy (CTA) – with the aim of promoting articles published by these journals amongst both JMs and the wider allergy community.

The first JM–Journals collaboration was launched in 2011 with PAI, followed by CTA in 2014 and Allergy in 2015. All these collaborations have continued over time, mainly comprising of the following main points:

- A monthly selection of a ‘JM must read article’; these articles are specifically flagged on the Journals’ homepages as well as in the Allergy and PAI printed versions, as the most relevant to fellows in training, based on their educational content.
- The active promotion of the journals in the most popular social media networks; all newly published articles are posted on EAACI’s Facebook and Twitter accounts with the Journal’s designated hashtags, i.e. #Allergy_Journal, #PAI_Journal or #CTA_Journal.
- The organization and development of webcasted interviews; leading authors of recent Allergy/PAI/CTA articles are invited to be interviewed by a JM. The purpose of this initiative is to promote the article, give JMs the opportunity to meet senior authors personally and discuss details of their work with them. The interviews are hosted on the EAACI YouTube channel and social media platforms in addition to the Journals’ webpages.
- JMs who are highly active in research and more advanced in their career have been invited to act as peer reviewers for PAI and CTA.

I would like to take this opportunity to thank the following colleagues in the JM WG for supporting me to establish and/or progress these collaborations by devoting, with pleasure, their time and efforts:
- JM-PAI: Ozlem Cavkayatar (coordinator), Alberto Alvarez-Perea, Silvia Sanchez-Garcia;
- JM-CTA: Peter Valentin Tomazic (coordinator), Ibon Eguliuz-Garcia, Anke Graessel, Diana Silva, George Guibas; and
- JM-Allergy: Philipp Starkl (coordinator), Nikolaos Gavogiannakis, Gilda Varricchi, Marco Caminati.

Olympia Tsilochristou
EAACI JM Chairperson

Olympia Tsilochristou
EAACI JM Chairperson

EAACI Newsletter

#45 • Volume 4 • 2016

News
The PRACTALL program is a flagship common initiative of EAACI and the American Academy of Allergy, Asthma and Immunology. The goal of this joint project – led by the Presidents of both the Academies – is to share updated authoritative and evidence-based recommendations for current hot topics relevant to our field.

This year’s theme focuses on the role of the microbiome in asthma, atopic dermatitis and food allergy. Our understanding of the role for the microbiome in allergic diseases continues to evolve, with an increasing number of studies connecting changes in microbiome composition or activity with immunologically mediated disorders. Representatives from EAACI (Antonella Muraro, Liam O’Mahony and Benjamin Marsland) and AAAAI (Tom Fleisher, Donald Leung, Yvonne Huang and Supinda Bunyavanich) met together in Washington DC in early September to have a lively and interactive discussion about where we currently stand regarding the role of the microbiome in allergic diseases and what the future research needs are. Important knowledge gaps were identified and potential strategies were outlined to fill these gaps. In addition, progress in approaches used to manipulate the microbiome were reviewed, identifying what has and has not worked to serve as a baseline for future directions in which to intervene in allergic disease development and/or progression. In this context, it is likely that targeted and rational means to manipulate the microbiota will contribute to and build upon precision medicine approaches for allergy care.

Since the meeting, a manuscript has been prepared by the team and will be submitted for review in the coming weeks. In addition, two PRACTALL Symposia with key findings and recommendations will be held at the Academies’ Annual Meetings in 2017: AAAAI’s in Atlanta and EAACI’s in Helsinki.

We look forward to meeting you there to add to this discussion of the role of the microbiome in shaping the immune response in asthma, atopic dermatitis and food allergy.

Antonella Muraro  
EAACI President

Liam O’Mahony  
EAACI Immunology Section Chairperson
Towards recognition of full specialty status for allergology in France

Until now, French medical students have had access to specialty training at the end of the second cycle of their medical studies, after completing a national exam. According to their ranking, students choose a specialty program (of four to six years) leading to the Diplôme d’études spécialisées (DES), a post-graduate diploma. Currently, allergology is not listed among other medical specialties in France; its current status is as a sub-specialty accessed through either of two educational paths: (i) via the Diplôme d’Etudes Spécialisées Complémentaires (DESC) for medical residents; or (ii) via the “Capacité” (proficiency in allergy), an academic core curriculum open to full-fledged physicians.

While the French Conseil de l’Ordre des Médecins (the regulatory authority) recognizes both diplomas and allows holders to practice allergology, it does not allow them to practice as ‘allergists’ as allergology is not currently recognized as a distinct medical specialty. Hence French allergists can only practice allergology as GPs or as a subspecialty of another fully recognized specialty (pulmonology, internal medicine, pediatrics, dermatology etc.).

In 2016, as part of a reconsideration of the third cycle of medical studies, the various stakeholders of the allergy medical community undertook to have allergology recognized as a full medical specialty in France. This was by no means a straightforward endeavour, with the largest obstacle residing in the financial and organizational reality within which, ultimately, the total number of specialty trainees, the accompanying financial support and even the overall number of medical specialties would have to remain the same. In effect, the various medical specialties had to ‘make room’ for allergology. To achieve this goal, the intense lobbying required had to be coordinated to align all implications in matters of medical education, regulatory supervision, professional unions and national health paying authorities. All stakeholders – the professional federation (Fédération Française d’Allergologie), teachers (Conseil des Enseignants en Allergologie, the academic society (Société Française d’Allergologie), the union (SYFAL, Syndicat Français des Allergologues), the post-graduate medical education body (ANAFORECAL) and various others – had to produce a sophisticated, compelling project ultimately securing an improvement in the care of allergy patients.

The French Allergy Society would like to acknowledge the partnership with the European Academy of Allergy and Clinical Immunology and of its National Allergy Societies Committee: their commitment was tireless in providing any possible support in achieving the goal. This proves that together we can accomplish outstanding results for the benefit of our patients and of our specialty.

The point was made that the epidemiological importance of allergy and the severity of its related medical conditions and complications warranted the institution of a separate medical specialty for allergology. In the end, the existing immunology specialty agreed to collaborate with the advent of an allergy specialty. A core curriculum of two semesters (one year), shared with internal medicine, immunology and infectious diseases, will be followed by a further four semesters (two years) of training split between allergy and various ‘organ’ specialities (pulmonology, pediatrics, ENT, etc.). During the last year (the fourth) allergy residents will be professionally independent in carrying out the duties of an allergist, albeit under the supervision of senior, academically recognized colleagues.

An educational framework covering the theoretical knowledge, clinical proficiency and criteria covering the academic milestones of future students as well as the accreditation of teaching institutions had to be thoroughly validated. The Journal Officiel de la République Française, official legislative report published on Sunday November 27th the decree installing the reform of the third cycle of medical studies. The decree recognizing allergology as a distinct and full medical specialty in France is expected in the coming days.

Jean-Luc Fauquert
French Allergy Society, President of the Scientific Counsel

Jocelyne Just
French Allergy Society, President

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www.eaaci.org
As part of this year’s 60th birthday celebrations, we asked a number of distinguished friends and members of the Academy to provide us with their own memories and thoughts about EAACI over the years. I hope that you enjoy reading their varied responses.

I believe I am, with William Frankland, one of the oldest Past-Presidents of EAACI still active, having served from 1983–86. Under my Presidency and afterwards, the number of members grew tremendously until, today, more than 6000 attend every annual meeting, partly due to EAACI’s international commitment and renown, partly due to the increasing number of American, Asian, Australasian and African speakers and delegates, and to the variety of topics discussed, whether biological, clinical, socio-economic or preventive aspects of allergic diseases.

I suggested that a post-graduate course precede each meeting and created a sub-committee of audio-visual and continuous education with the help of computational techniques – essential today for the treatment of patients and the updating of knowledge for allergists. I am pleased to see that the post-graduate course is still such an important aspect of each Annual Congress.

With my friend Jacques Gayraud, I continue to regularly publish a monthly selection of bibliographic updates from the major international reviews devoted to allergy on the EAACI website. In 2013, I was awarded the Daniel Bovet prize in Milano and am happy to still be part of the EAACI family.

Claude Molina

In 1992, Allergy became EAACI’s journal with me as Editor-in-Chief to 2002. In 1994, as President of EAACI, we held the first joint Congress which was a scientific and financial success and the start of the new era for EAACI.

SGO Johansson

At an EAACI meeting in Rome (in the 1960s?), Professor Charpin of Marseilles, then President of EAACI, could not be present to give the closing speech so I, as President Elect, had to give it.

I said that what was so memorable to me was the visit to the Vatican and personally meeting His Holiness The Pope. Immediately after the closure, the Chairman of the Scientific Committee told me that, after two or three years work, he was very upset that I had not stressed the scientific excellence.

I told him that in 10 or 20 years’ time I would remember the Vatican visit but not at all the scientific side of the Congress!

A.W. Frankland
of EAACI

Happy Birthday EAACI!

M. Beatrice Bilò
EAACI Newsletter Editor

I am extremely proud of having been part of the Junior Members journey from the start and that it has now become such an important and integrated part of the EAACI culture. I truly believe this is a major aspect contributing to the continuing success of EAACI.

Susanna Dahlgren (formerly Olsson)

As an adjunct member of the EAACI EC (as President of the UEMS Section of Allergology from 2001-7), I was the first to propose the EAACI exam which is now such an important item at each EAACI Congress. I am very proud of the work we did back then and delighted to see the Exam’s continuing success promoting our important work across Europe.

Sergio Del Giacco

As a Past-President of EAACI I am delighted that you have succeeded in maintaining the highest scientific standards at the annual meetings.

Barry Kay

To work together with colleagues and friends from all over Europe was one of the most exciting and rewarding tasks of my professional life.

In these difficult times we should make sure that our European visions will still be supported by future generations.

Ulrich Wahn

The outstanding achievements of EAACI, particularly during the last decade, positions the allergy, asthma and clinical immunology Society at the forefront in translating bench-to-bedside innovations, offering one of the best education and advocacy platform worldwide. These achievements have substantially improved the state of our patients.

Cezmi A. Akdis
In the spotlight

Anniversary Summit in Florence: EAACI celebrates 60 years of excellence

EAACI’s 60th anniversary campaign, “On the road to prevention and healthy living”, celebrates the Academy’s long-term engagement with excellence in research and education in allergy prevention and healthy living.

The Anniversary summit, “Tackling Allergy in the 21st Century”, held in Florence on 10 November, was the highlight of ‘birthday’ activities held throughout the year. Given that EAACI was first formed in Florence (in 1956), this was the perfect place to come together to celebrate. Over 140 participants contributed, among them being the representatives and presidents of 24 National Societies.

In her speech, EAACI President Antonella Muraro emphasized the incredible development of EAACI, today uniting nearly 10,000 individual members, 54 national and 15 international societies under its umbrella. The aim for the future is to stop the epidemic of allergies and airway diseases, and reduce both the patient-related burden and socioeconomic impact by 30%. Furthermore, the focus of the association will lie in EU affairs, enhancing political influence through an expanding network to unite EU and national advocacy agendas under common strategies. The presence of Grigorij Kogan at the summit in his formal role as Research Programme Officer of the European Commission Directorate-General for Research and Innovations, is proof of EAACI’s strong relationship with EU institutions.

Patients are at the very centre of all EAACI activities and their voice was ably represented at the Summit by both Frans Timmermans, Chair of the EAACI Patients Organisations Committee, and by Mikaela Odemyr, President of the European Federation of Allergy and Airways Diseases Patients’ Association (EFA).

The Summit closed with a group picture taken in the impressively historic Salone dei Cinquecento (built in 1494) within the Palazzo Vecchio, Florence’s Town Hall – the place where EAACI was founded 60 years ago and a wonderful setting in which to celebrate 60 years of excellence.

Antonella Muraro
EAACI President
Lena Geltenbort-Rost
EAACI Publications, Public Relations and Public Affairs Manager

EU support for breakthrough research in allergy and asthma

Allergy is one of the most common chronic diseases in Europe. Over 150 million Europeans suffer from allergic diseases and the current forecast predicts that by 2025 every second European will be affected. Along with the enormous societal burden due to the decreased quality of life of the affected population, allergies cause huge detrimental economic impact due to an estimated 100 million workdays and schooldays lost in Europe due to the diseases every year. An additional problem with allergies is that almost 45% of patients have never received an allergy diagnosis, whilst others were misdiagnosed and inadequately treated. The total economic burden of allergic diseases in Europe may annually reach €150 billion.

Aware of such an enormous societal burden as well as of the urgent need to improve diagnosis and treatment of allergy and asthma, the European Commission has provided longstanding support for research in the area of allergic diseases dating back to the 5th Framework Programme for Research and Technological Development (1998–2002). Research on allergies has received permanent support throughout all subsequent funding programmes and, in the 7th Framework Programme for Research and Technological Development and Demonstration Activities (FP7; 2007–2013), 40 research projects on allergy were funded with a total EU contribution of €90.6 million. The projects covered the full range of allergy research, from mechanisms of disease and risk factors to diagnosis and novel treatments. The funding instruments included support for collaborative research, blue sky excellent research (European Research Council grants), support for young researchers (Maria Curie actions), as well as support for small and medium sized enterprises (SMEs) and public–private partnership projects in the framework of the Innovative Medicines Initiative (http://www.imi.europa.eu).

Horizon 2020 – The Framework Programme for Research and Innovation – started in 2014. Within it, the “health, demographic change and wellbeing” societal challenge was endowed with a budget of €7.4 billion (compared to €6.1 billion available under FP7). Twenty-six projects on allergy, asthma, and immune-mediated diseases have already been supported with an EU contribution of €42.2 million. Horizon 2020 offers many opportunities to fund breakthrough research in allergy and asthma by means of different instruments. Detailed information on these opportunities is available at the Horizon 2020 Research and Innovation Participant Portal: http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/.

Grigorij Kogan
European Commission, DG Research & Innovation Directorate for Health Research
Unit E4 “Non-communicable diseases and the challenge of healthy ageing”
After kicking off in March 2015, the seven Task Forces dealing with AIT in asthma, allergic rhinitis, food allergy and hymenoptera venom allergy undertook the first phase of the project by publishing protocols for Systematic Reviews in Clinical Translational Allergy. The second phase focused on systematic reviews of the evidence for the use of AIT in venom allergy, food allergy, asthma, rhinitis and in the prevention of allergy. These reviews are now being published in Allergy and Pediatric Allergy and Immunology (PAI). The third phase includes using the systematic review evidence to develop evidenced-based guidelines. Additionally, two other Task Forces are developing position papers focusing on primary care and regulatory issues.

Each Task Force has a wide range of representatives from stakeholder groups, including patients’ representatives, ensuring a broad perspective and contributions from the ultimate users. After a face-to-face meeting at the end of June, another opportunity to meet in person to evaluate the status of the manuscripts and challenges was organized in Florence on 10 November, in conjunction with the EAACI 60th Anniversary Summit. Additional stakeholder representatives were also invited to discuss implementation of the Guidelines, together with Presidents from 18 National Allergy Societies, additional patient groups and international colleagues from across the world. Livestreaming of the Plenary sessions allowed the remote participation of those participants who could not travel. The chairs of each of the Task Forces presented the results of the systematic reviews and of the preliminary recommendations. The plenary sessions were extremely successful in generating lots of very helpful discussion and feedback.

Further to the comments received at the plenaries, the groups revised the draft manuscripts in break-out sessions where the recommendations were amended and a plan to address the challenges and additional steps was set out. Finalization of the second draft of the guidelines is expected by the beginning of January 2017, after which the guideline manuscripts will be circulated to a group of Expert Reviewers for the peer-review process (fourth phase) and then posted on the EAACI website for public comment from within our community and from all stakeholders (fifth phase). A message will be circulated to the entire membership by the end of February in this regard. Comments from stakeholders will be considered by the Task Force and included if relevant.

The sixth and seventh phases, expected by the end of April next year, will feature the final revision and then submission of the manuscripts to Allergy and PAI. The Guidelines will then be collated in the EAACI AIT Guidelines book that will be distributed in Helsinki and available for members on the EAACI website.

We look forward to receiving your comments on the recommendations, as part of the Public Comment phase, through the EAACI website in February.

Antonella Muraro
EAACI President; EAACI Allergen Immunotherapy (AIT) Guidelines Project Chair

Graham Roberts
EAACI Allergen Immunotherapy (AIT) Guidelines Project Coordinator

The EAACI Allergen Immunotherapy (AIT) Guidelines Project has now entered its third phase and will hopefully achieve its goal at the Annual Congress in June 2017.
Update from FAAM 2016

From 13–15 October, the fourth Food Allergy and Anaphylaxis meeting (FAAM 2016) was held in Rome. With more than 1000 registered participants and faculty, it was the largest meeting EAACI has ever hosted devoted to food allergy and the largest world-wide. This reflects the importance of food allergy as an emerging condition of public health importance, with more than 17 million people suffering from food allergies in Europe alone, of whom 3.5 million are under the age of 25. Food allergy is also becoming an increasing problem in childhood, being the leading cause of anaphylaxis in children aged 0–14 and often resulting in hospital admission.

FAAM 2016 drew together researchers from a range of specialities including allergists, gastroenterologists, food technologists and dieticians, complemented by policy makers and patient organizations. Over the course of the three-day programme, cutting-edge science and medicine was presented relating to food allergen biology, nutritional support and innovative therapeutic approaches to patient care and food safety, through a suite of symposia, seminars and workshops involving more than 70 speakers from across the world. The meeting also saw further implementation of the EAACI Food Allergy and Anaphylaxis Guidelines through a round table discussion with experts from EAACI and the European Association of General Practitioners (UEMO), chaired by Antonella Muraro, EAACI President. Such implementation is urgently needed to address the increasing burden of food-related anaphylaxis with it considerable socio-economic costs to society.

Recent developments related to the allergic risk assessment of novel food and novel allergens were also discussed, with a representative from the European Food Safety Authority (EFSA) bringing the European perspective on how to address this important issue. In the era of climate change and potential food insecurity new sources of dietary protein are urgently needed. Some of these, such as insect proteins, may not yet have been widely consumed but could pose a risk for those with food allergies.

Another important topic discussed was the current EU legislation related to food allergen labelling. Since December 2014, EU Regulation No 1169/2011 on food information to consumers has required that information about a priority list of allergenic ingredients included in a recipe must be provided on pre-packaged, loose and catered foods; whilst this is helping allergic consumers avoid their problem foods, the unintended presence of allergens is resulting in the use of precautionary allergen labels. The meeting provided new updates on research and activities, including from the EU-funded iFAAM project, on how food allergen labelling can be applied in a transparent, evidence-based way to communicate a potential risk of an allergen, rather than being used in a defensive way without any risk of allergen contamination.

FAAM 2016 reinvigorated the longstanding partnership between clinical science and food chemistry. We look forward to building on this partnership in future to deliver the holistic approaches required to prevent and treat food allergies.

Clare Mills
EAACI Food Allergy Interest Group Chair and FAAM Chair

Antonella Muraro
EAACI President and FAAM Co-Chair
Subcutaneous AIT
Allergopharma - the specialist in diagnosis and therapy of allergic diseases

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The third International Severe Asthma Forum (ISAF) was held on 17–19 November 2016 in Manchester, UK. The Forum was chaired by Ömer Kalayci and Angela Simpson, while the program was compiled by the Asthma Section, and 241 participants from 36 countries took part.

The meeting, organized into 10 sessions and two company-sponsored symposia, was of an excellent scientific quality with expert speakers and highly involved delegates. The first session covered biological and immunomodulator treatments of severe asthma, and Paul O’Byrne (Canada) presented an excellent overview of anti-TH2 and anti-alarmin approaches, emphasizing that the future choice among biological treatments blocking IL-5 will probably be decided depending on their route of delivery, dosing regimen and cost. For anti-alarmin treatment, he spoke about the role of IL-33 which activates innate lymphoid type 2 cells (ILC2) and TSLP whose constitutive release is necessary to maintain eosinophilic airway inflammation. These cytokines are therefore excellent targets for new therapies for severe eosinophilic asthma. Zuzana Diamant (The Netherlands and Sweden) presented an overview of CRTH2 antagonists and pointed to the importance of applying targeted therapy in patients with the relevant phenotype. Based on their mechanism of action, she hypothesized that the combination of CRTH2 antagonists with CysLT1 receptor antagonists may produce synergistic anti-inflammatory activity in both allergic and non-allergic (severe) asthma.

In the next session, Mario Morais-Almeida (Portugal), reminded us that severe smoking-related asthma has distinct phenotypes with several endotypes contributing to fixed airflow limitation. Ömer Kalayci (Turkey) discussed how oxidant stress increases by increasing asthma severity but that a satisfaction anti-oxidant treatment has yet to be discovered. Adnan Custovic (UK) indicated that the majority of persistent troublesome wheezers are sensitized to multiple allergens at very early stages of life. He also referred to the importance of timing and patterns of specific allergen sensitization to distinguish the benign from pathologic Th2 immunity and underlined that, beyond IgE, the slgG1/IgE ratio may be used as a biomarker of both disease severity and therapeutic target.

The second day started with keynote lectures. Guy Bruselle (Belgium) talked about phenotype-directed treatments by giving examples from real life. Stephan Holgate (UK) took the audience through a journey through milestones in asthma and finished with insights from omics technologies. Michel Aubier (France) gave an excellent overview of the indications of bronchial thermoplasty in severe asthma. Results of severe asthma cohorts were also given in the session, with Serpil C. Erzurum (Turkey) suggesting using a combination of biomarkers rather than a single one, both during follow up and management of severe asthma. Dominick Shaw (UK) and Louise Fleming (UK) provided the first data on U-BIOPRED in adults and children, respectively.

Sejal Saqlani (UK) pointed out that the most important clinical phenotype in children is early life onset continuously persistent wheezing because only in this group do lung function deficits develop that may continue as severe asthma in later life. Unfortunately, the window of intervention in this group seems to be short: i.e. between 1–3 years old.

On the last day, Mübeccel Akdis (Switzerland) provided new data on the role of Breg cells in rhinovirus infections and Michael Kabesch (Germany) presented an overview of genetic studies in severe asthma. Angela Simpson (UK) explained the results of a new study on intervention for mite exposure. In the last session, Omar Usmani (UK) showed data on impulse oscillometry as an easier way to evaluate small airway dysfunction, while Leif Björner (Sweden) focused on approaches for treating small airways.

Nine oral and 32 poster abstracts were presented out of 50 submitted and accepted abstracts during the forum. The abstract prize winners were Selene Baos, Lucía Cremades, David Calzada, Carlos Lahoz & Blanca Cárdenas, for “Asthma biomarkers: methylation and correlation with functional parameters”. The four winning poster abstracts were: Matea Deliu, Tolqa Yavuz, Matthew Sperrin, Umit M Sahiner, Danielle Belgrave, Cansin Sackesen, Adnan Custovic & Ömer Kalayci, “Challenges in using hierarchical clustering to identify asthama subtypes: choosing the variables and variable transformation”; Denitsa Dimitrova, Vania Youroukova, Tsvetelina Velikova, Kalina Tumange-Yuzeir, Anna Valeriavay, “Serum periostin levels as a biomarker for impaired lung function in adult patients with moderate to severe asthma”; Nicola Logan, Dominik Ruckerl, Judith E Allen & Tara E Sutherland, “Chitinase-like proteins: the missing link in allergen induced neutrophilic inflammation?”; and Irena Krmnova & Jakub Nosvadby, “One year follow up of patients after omalizumab treatment withdrawal”.

Arzu Bakirtas
EAACI Asthma Section Board Member
Gazi University School of Medicine, Department of Pediatric Allergy and Asthma, Ankara, Turkey
From 21–22 October 2016, 45 clinicians and scientists from all over Europe gathered in Zurich for the first EAACI Master Class in Translational Immunology. This highly interactive meeting, which was organized jointly by the EAACI Immunology Section and the Biologics Interest Group, led to vivid and intense discussions from both clinical and immunological standpoints.

In a session on “Phenotypes and immunological endotypes: Who benefits from biologics or immunotherapy?” Peter Hellings, Jan Gutermuth, Thomas Eiwegger and Adam Chaker discussed the current state of the art. Asthma research, in particular, has permitted the definition of immunological endotypes which will allow clinicians to choose appropriate biologicals for severe asthma patients. This diligent endotyping will serve as a roadmap for further work in atopic eczema and for patient-selection for allergen-specific immunotherapy. In the second session on “Immunological mechanisms underpinning clinical phenotypes”, Oscar Palomares, Onur Boyman and Cezmi Akdis presented the basic knowledge for these future efforts.

Chris Corrigan, Ibon Equiluz Gracia and Peter Schmid-Grendelmeier addressed the question “How/when to use anti-IgE” through a review of clinical study data and an interactive discussion of challenging clinical cases, including that of a patient with diabetes and an insulin allergy who required anti-IgE-facilitated tolerance induction to insulin. Peter Schmid-Grendelmeier underlined the potential of combining anti-IgE treatment with allergen-specific immune therapy for otherwise untreatable high-risk patients, such those with bee venom allergy who also suffer from mastocytosis.

The fifth session was dedicated to the interactive presentation of difficult cases by the audience who discussed “How/when to use biologicals”. Louise Michaelis presented several poly-allergic paediatric patients who are part of a large cohort being followed in Newcastle (UK).

The final session, “What’s coming next for the clinic?”, took the audience to the next frontier. David Jackson pointed out how IL-25, TSLP and IL-33 could be exploited for asthma therapy. Liam O’Mahony presented the exciting progress on microbiome targets in allergy and asthma which might pose a completely novel approach for many conditions. The meeting was wrapped up by Onur Boyman and concluded with a self-assessment by the audience. The excellent level of the presentations, highly interactive discussions and exchange between participants made this Master Class a real success, which will be the basis for further development and continuation of its novel format for clinical and scientific exchange.

Jan Gutermuth
EAACI Immunology Section and Biologics Interest Group Board Member
EAACI Allergy School in Belgrade

The Allergy School on Drug Allergy in Children took place in Belgrade, from 22–24 September 2016. With the participation of 120 paediatricians and allergologists from many different and distant parts of the world, the event was organized by the EAACI Drug Allergy Interest Group (IG).

The Allergy School opened with plenary lectures on nomenclature and classification of drug hypersensitivity, and continued with sessions on epidemiology, pathomechanisms and diagnosis of drug hypersensitivity in children. This latter session was a tremendous success and was aimed to increase understanding of drug hypersensitivity, a topic regarded by many paediatricians as insufficiently understood. Incorrect drug hypersensitivity diagnosis in children can have serious negative outcomes in both outpatient and hospital care. The last few years have brought many new insights into disease mechanisms and have changed our view of hypersensitivity reactions with better protocols for diagnosis.

The second day started with a practical workshop for diagnosing drug hypersensitivity in children – an excellent opportunity for young clinicians and researchers to learn more about practical approaches to diagnosing children with possible drug allergy, by performing skin tests, in vitro tests and, of course, when and how to do challenges. During the practical workshop, young clinicians also had an opportunity to ask experts in the field questions based on issues they face in daily clinical practice.

Allergic reactions to drugs are often reported in children but most are not confirmed as allergic. Infections can lead to skin eruptions and can mimic allergic reaction to a drug, if the drug is taken at the same time. Most children are labelled as “drug allergic” for the whole of their lives, after considering only their clinical history. Because of this, it was emphasized and underlined that, a whole diagnostic work-up should be performed in all children with a suspicion of drug hypersensitivity.

During the teaching of case reports, attendees had the opportunity for interactive discussion with the experts. Other exciting and important topics covered included indication and contraindication for desensitization.

During the poster presentation at the end of the scientific programme on the second day, participants discussed the methodology and outcomes of their most recent studies with senior experts, and prizes were awarded to the two favourite posters.

Marina Atanaskovic-Markovic
Local Organizing Committee Chair
EAACI IG on Drug Allergy Board Member

Maria Jose Torres
EAACI IG on Drug Allergy Chairperson

Patrizia Bonadona
EAACI IG on Drug Allergy Secretary

SAM 2017 is coming!

Next year’s major skin allergy event will take place in Zurich, from 27–29 April 2017. This time, EAACI will be co-organizing SAM with our sister organization, the European Society of Contact Dermatitis (ESCD).

If you want an integrated update on allergic skin diseases presented by internationally renowned experts, SAM 2017 is the place to go. The faculty will include top speakers from both EAACI and ESCD including (amongst many others): Thomas Diepgen, David Orton, Susanne Lau, Tove Agner, Stephan Weidinger, Knut Brockow, Annick Barbaud and Maria Torres.

The Scientific Programme will cover all aspects of skin allergy, from contact dermatitis and hand eczema, atopic dermatitis, mast cell diseases and urticaria/angioedema, to skin care and drug allergy. A special session will be devoted to difficult differential diagnoses and neglected ‘allergic’ diseases. Selected oral presentations from delegates will be integrated into the sessions and poster sessions will also be included.

SAM 2017 is also being held under the patronage of the Swiss Society of Dermatology and Venereology (SSDV) and will be officially recognized as the bi-annual mandatory Allergology Course organized by the SSDV Allergy Committee. Residents training in dermatology and allergology in Switzerland can participate at reduced fees.

SAM 2017 promises to be another great success and we look forward to seeing you there.

Carsten Bindslev-Jensen
EAACI Dermatology Section Chair

Magnus Bruze
ESCD Past President

Peter Schmid-Grendelmeier
Local Organizing Committee, EAACI Education and Specialty Vice-President, SSDV Allergy Committee Member
Helsinki 2017: On the road to prevention and healthy living

The theme for EAACI’s Helsinki 2017 Congress – “On the road to prevention and healthy living” – is also appropriate for the whole of EAACI in this, EAACI’s 60th anniversary year. It includes a comprehensive approach to the problem of allergy which affects over half of Europe’s population and, increasingly, people in all other parts of the world. Allergy as a burden for health and society has been recognized by the European Union as one of its main focuses for public health.

Approaches to prevention have witnessed a paradigm shift from avoidance of potential allergens towards immunotherapy and desensitization that together work to provide a better life for allergic patients and their families. Even though it was once difficult to think that allergic people could lead healthy lives, the combination of improvements in prevention, diagnostics and therapy have allowed us to move towards that goal.

The problem of allergy has been recognized as being very important in Nordic countries for over 50 years, during which time the prevalence of these diseases has continued to increase. Nordic scientists working on allergy – from the discovery of IgE, to public health programs including the Finnish Allergy Program – have been at the forefront of solving this problem. Therefore, we are very proud to be able to host the EAACI 2017 Congress, the biggest allergy Congress in the world, in Helsinki. Next year is also special because Finland will turn 100 years old in 2017, and the EAACI Congress will be the biggest Congress in our country that year!

Helsinki is a compact Nordic city with a taste of both the east and west. It has excellent direct flight connections to all over Europe and Asia. The airport is connected by train and other services to the city centre and to the Congress venue, Messukeskus, in less than 40 minutes. Trains leave the city centre to the Congress venue every 2-5 minutes for the 6-minute ride. Delegates will not have to worry about buying public transport tickets, as the City of Helsinki will be providing them.

The Congress’s scientific program is top level and provides a wide variety of opportunities to learn and participate. EAACI is a truly inclusive organization and the coming Congress is no exception. EAACI has been a pioneer in involving young generations in science and medicine, and our JMA program is once again excellent. The Women in Science program highlights the importance of the many women working to provide answers to problems in allergy. Helsinki 2017 will also include an Allied Health Day for nurses, dieticians and other allied health workers, and we will also reach out east to the biggest country of Europe, Russia, by having a Russian Day. Additionally, we are pleased to welcome delegates from all parts of the world and proud to have member allergy societies from Latin America to Australia taking part. Other health practitioners, such as general physicians, will also have their own program and we will not forget the local community in Helsinki and will organize a Studia Generalia and possibly other events for the general public.

With the attractions of a big city but all within walking distance of the city centre, Helsinki has a lot to offer despite its relatively small size. Nordic cuisine has recently been some of the trendiest, and Finland and Helsinki are no exception. Increasingly, food ingredients and the traditions with which food is prepared come from local areas, with an added international flavour. Helsinki also has a great variety of cultural attractions and a vibrant nightlife. On top of this, Helsinki is a very green city in both senses of the word, with its parks and surrounding forests, and its sustainable approach to community life, and its air quality is amongst the best of all capitals in the world.

One of the main events at the EAACI Congress is the Allergy Run, which this year will be run around the picturesque Töölönlahti (Töölö Bay). This run is a reminder for everyone that allergy is a condition with which you can also enjoy sports, whilst enhancing your health and enjoying it too! The City of Helsinki will provide flagpoles in the city centre for EAACI flags and, for one week, Helsinki will not only be capital of Finland but also capital of allergology. We invite everyone to stay two extra days and enjoy Finland’s Midsummer Night festivities, a very special Nordic tradition.

Antti Lauerman
Helsinki 2017 Congress Chair
UPCOMING EAACI EVENTS

Annual Congress 2017

EAACI Congress 2017
17 – 21 June 2017
Helsinki, Finland
www.eaaci.org

Focused Meetings

Symposium on Experimental Rhinology and Immunology of the Nose (SERIN 2017)
30 March – 1 April 2017
Düsseldorf, Germany
www.eaaci.org/serin2017

Master Class

Master Class on Primary Immunodeficiencies
7 – 8 April 2017
Prague, The Czech Republic
www.eaaci.org/master-classes

Skin Allergy Meeting (SAM 2017)
Joint meeting with ESCD
27 – 29 April 2017
Zurich, Switzerland
www.eaaci.org/sam2017

Allergy School

Eosinophilic Esophagitis
16 – 18 March 2017
Vlaardingen near Rotterdam, The Netherlands
www.eaaci.org/allergy-schools

Pediatric Allergy and Asthma Meeting (PAAM 2017)
26 – 28 October 2017
London, United Kingdom
www.eaaci.org/paam2017

Winter School

15th EAACI Immunology Winter School
26 – 29 January 2017
Sierra Nevada, Spain
www.eaaci.org/allergy-schools

International Symposium on Molecular Allergology (ISMA 2017)
9 – 11 November 2017
Luxembourg
www.eaaci.org/isma2017

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Perspectives on Allergen Immunotherapy Guidelines and a Report from the International Societies Council

The International Societies Council (ISC) has been involved in three projects over the past year. The first two are part of the EAACI National Allergy Societies undertakings: (i) the registry of allergic diseases’ guidelines; and (ii) an overview of allergy care, describing the routine pathways allergy patients go through until they receive adequate care for their diseases. The results of the data collected with these projects will be presented together with the publication of the data of the other NAS countries. All eleven members of the ISC actively participated in these projects and the first results were discussed at the Annual EAACI Congress during a breakfast session with the EAACI President, Vice-president and Secretary, Antonella Muraro, Ioana Agache and Peter Hellings.

The third endeavour in which ISC members have been participating is the quality review of the worldwide allergen immunotherapy (AIT) guidelines. AIT is still the only disease-modifying treatment for allergic conditions such as allergic rhinitis, allergic asthma, atopic dermatitis and hymenoptera venom allergy. In a timespan of over a hundred years, AIT has evolved into a solid treatment option in the management of these allergic diseases, as physicians gain a better understanding of the optimal dosing, time-interval between doses and underlying immunologic mechanisms. However, allergen extracts used in different parts of the world vary in potency, composition and quality. This also holds true for the major causes of inhalant allergy, varying from mono-allergic hay fever, driven by pollen allergy in Northern and Mid-European countries and vast parts of the US, to house dust mite driven multi-allergen respiratory allergies – rhinitis and allergic asthma – in the (sub-)tropical regions of Europe and the world. With the growing importance of AIT as a treatment modality, multiple AIT guidelines have been developed since the first European guidelines which were published almost three decades ago. After regional societies and the World Allergy Organization presented their recommendations, several countries have made their own AIT position papers.

At the same time, there have been developments in the process of guideline making, from mostly consensus-based recommendations in the ’80s, through purely evidence-based medicine by the end of the millennium, until more balanced guidelines in which the strength of evidence is still the core part but with some room for interpretation by experts, based on their experience. However, even though fair guidelines exist, there is still a general weakness in their implementation. Thus, good guidelines should involve all stakeholders at an early stage of the developmental process and include facilitators and other measures to prevent barriers for their implementation. All these crucial issues can make the difference between success or failure with the impact of a guideline. In 2009 investigators from McMaster University developed AGREE, an evaluation system for guidelines, which was adjusted one year later into AGREE II; this instrument scores a guideline’s quality according to 23 different items, grouped in six domains.

In 2015 a group of investigators from different parts of the world, joined by several members of the EAACI ISC, endeavoured to search for all AIT guidelines available worldwide, without restriction of language, and to evaluate them, according to AGREE II. Over 30 guidelines were found in English, Spanish, Lithuanian, Russian, Finnish and Polish, amongst others. Each guideline was AGREE II evaluated independently by at least two team members. Result discrepancies were resolved by re-evaluation by the team members or (if necessary) by consulting AGREE II methodologists. We are now in the final stage of the project, for which some preliminary data were already presented during the EAACI Congress 2016 as a poster. So far, the guideline with the highest score is the German guideline (Pfaar et al., 2015; in German and English); the second is the ACAAI/AAAAI guideline (Task Force on Immunotherapy, 2007; in English); and the third best scored guideline is that from Mexico (Larenas-Linnemann et al., 2011; in Spanish). In comparing guidelines published before and after 2010, it was striking that there was not a clear improvement in the scoring; only the editorial independence of the newer guidelines showed statistically significant improvement; the domains of stakeholder involvement and applicability especially have remained low-scoring domains, despite being crucial for dissemination of guideline content. Since March 2015, EAACI has been preparing new AIT Guidelines based on fully updated systematic reviews of the literature, with a broad platform of co-operators including EAACI members, patient organizations and methodologists, thus closely following AGREE II.

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Exercise-induced anaphylaxis: State of the art

One of the many issues addressed during the EAACI Annual Congress in Vienna was the state of the art of exercise-induced anaphylaxis. During the first lecture, “Overview of current pathogenesis theories”, Stefano Del Giacco (Italy) presented the concepts of exercise-induced anaphylaxis, both non-food dependent and food dependent; food dependent exercise-induced anaphylaxis may be specific (if related to a specific food) or non-specific (any ingested food). It was highlighted that exercise-induced anaphylaxis may occur with all levels of exercise, although it usually follows submaximal exercise of short duration, but luckily deaths are rare. The Interest Group on Allergy, Asthma and Sports’ Task Force was then presented at a glance, including the methodology used, followed by a comprehensive explanation of the five published pathophysiological mechanisms of exercise-induced anaphylaxis: (1) exercise-induced increase of gastrointestinal permeability; (2) increased activity of tissue Transglutaminase in the gut mucosa; (3) exercise-induced blood flow redistribution and mast cell heterogeneity; (4) exercise-induced increase in plasma osmolality inducing basophil histamine release; and (5) exercise-induced acidosis and mast-cell degranulation. It has been emphasised that for most of these current explanations, physiological principles are valid, but lack validity and experimental evidence. Given that this is a rare condition, it is difficult to obtain sufficient patients for single research groups and therefore a global research network would be desirable. Recent advances in this area include the search for a genetic background.

Marcin Kurowski (Poland) started his talk, “Food-dependent exercise-induced anaphylaxis”, by underlining that 33–50% of patients with exercise-induced anaphylaxis suffer from a food-dependent form. The most common causative foods were reviewed, with emphasis on wheat and its hidden sources such as soaps, shampoos or creams. Diagnosis includes skin prick tests and specific IgEs to culprit foods but the gold-standard is the provocation test; although encompassing risk for the patient, this confirms the diagnosis in 70% of patients, so it is very important in doubtful cases. However, negative results do not rule out food-dependent exercise-induced anaphylaxis. No uniform protocol has been established: for children the same protocol as for exercise-induced bronchoconstriction may be used, while for adults the protocol for ischaemic heart disease is suitable.

The exercise test should be carried out 1 hour after the culprit food or after any meal, depending on the suspected type. Management of this condition includes the usual procedures in case of anaphylaxis, but also education about the need of refraining from exercise 4–6 hours after food intake and provisions for unplanned exercise. The identification of causative foods and co-factors improve management and enables prophylactic measures.

During the last talk, “Co-factors in exercise-induced anaphylaxis”, Morton Junker Christensen (Denmark) highlighted that co-factors play a role in about 30% of all anaphylactic reactions in adults and 18% in children. The most common include exercise and alcohol, followed by NSAIDs, infection, and others such as menstruation, heat/cold, anti-acids, stress and sleep deprivation, but for these the evidence is sparser. Co-factors exert their effect either by lowering the threshold, by increasing the severity or by reversing acquired clinical tolerance. As for the diagnosis of exercise-induced anaphylaxis, there is also no established or widely-used protocol for challenge with co-factors. Based on Brockow’s previously reported challenges, Morton Junker Christensen’s group has been developing a challenge algorithm: starting on day 1 with titrated gluten at rest (cumulative dose 80g), on day 2 combining the titrated gluten challenge with treadmill exercise, on day 3 adding alcohol to the titrated gluten challenge, on day 4 adding aspirin to the titrated gluten challenge, and finally on day 5 adding both exercise and aspirin to the titrated gluten challenge. The group found that exercise reduces time to reaction, whilst alcohol has a more ambiguous effect with 39% of patients presenting reduction in threshold; aspirin lowers the threshold in the majority of patients (85%) and increases the severity of the reaction; exercise combined with aspirin are synergic on threshold, with 89% of patients presenting reduction. For the future, it is important to establish standardised challenge protocols with co-factors because, although exercise-induced anaphylaxis can occur without co-factors, in case of a suggestive clinical history but a negative challenge, co-factors need to be investigated.

This symposium was chaired by Luis Delgado (Portugal) and Victoria Cardona (Spain).
Bronchiolitis as the first episode of asthma: Aetiology, treatment and prevention

Infants hospitalised for acute bronchiolitis hold an increased risk for subsequent recurrent wheeze and asthma development during childhood. Current studies on asthma incidence after an acute bronchiolitis episode, focus on the role of viruses that cause bronchiolitis as well as of the host’s genetics that control immune response mechanisms. Viral infections during the first year of life are critical, with Respiratory Syncytial Virus (RSV) being the most frequent cause of acute bronchiolitis. However, it has been shown that although Rhinovirus (RV) is mainly a cause of Upper Respiratory Tract Infections (URTIs), when affecting the Lower Respiratory Tract (LRT) it is associated with more severe manifestations of acute bronchiolitis. It seems, nevertheless, that RV bronchiolitis affects children with specific characteristics: those who are older and atopic prone. The COAST study very clearly depicts the increased risk for later asthma development after RV bronchiolitis in infants with a family history of atopy. The host’s genetics and immune response on acute bronchiolitis are related to the long-term outcomes. It has been shown that there are genetic differences related to the susceptibility for RSV or RV bronchiolitis. Differential immune response between RSV and RV bronchiolitis holds many discrepancies, such as differential transcriptional profile and nasal microbiota.

Acute bronchiolitis therapeutics are a hot topic of recent research as there is an extreme lack of effective therapeutic options in clinical practice. The burden of RSV disease alone includes 34 million patients with 3.4 million hospitalisations and 253,000 deaths. Apart from the direct burden of this acute respiratory infection, there is a strong relation to the long-term development of wheezing phenotypes (recurrent wheeze and asthma). And, further, this disease is not only limited to youngsters. RSV in the elderly constitutes a severe cause of morbidity and mortality. Acute bronchiolitis current treatment options, including bronchodilatation, steroids and nasal hypertonic saline, are of limited if any efficacy. The ReSViNET consortium (which aims to improve knowledge of RSV epidemiology and to develop safe and effective therapeutic and preventive interventions) made a recent review of current therapeutics identifying RSV F protein as the main target for related future research. In terms of RSV bronchiolitis prevention, there are effective monoclonal antibodies (palivizumab, mepolizumab) mainly addressed at high risk and preterm infants. Improved extended half-life RSV antibodies are already under clinical trials. The same is true of RSV vaccines, with the anticipation of the first effective and safe vaccine being available for the elderly this year.

Moreover, there is an increased scientific interest in preventing the progress to asthma after acute bronchiolitis. Blanken et al have shown that palivizumab can prevent future wheezing after RSV bronchiolitis. However, in a similar study performed in the U.S., scientists failed to demonstrate any protective effect of mepolizumab regarding post-bronchiolitis recurrent wheeze in native American children. RSV is responsible for the majority of acute bronchiolitis burden both in infants and in the elderly, but RV is the main risk factor for post-bronchiolitis asthma development. What is more, the type of RV is also of critical importance, as more severe illness has been noted after bronchiolitis caused by RV-A and RV-C and not by RV-B. Temporal analysis of sensitisation and viral wheeze has demonstrated that allergic sensitisation increases the risk for wheezing if RV infection is also present. Under the prism of post-viral wheeze prevention, modification of environmental factors that change RV illness severity (seasonality, airway bacteria and airway microbiome) as well as allergens exposures are under scrutiny. As there are more than 180 types of RV, likely serologically different, there are many obstacles in the way of progress for antivirals and vaccines against RV. By contrast, future interventions targeting environmental-related co-factors for asthma development during childhood, including microbiota and allergic sensitisation, seem more realistic. Whether this means we have to get closer to nature and farm animals or design delicate new probiotics remains a subject for future intense research.

References


European Academy of Allergy and Clinical Immunology
17 – 21 June 2017
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