A POLITICAL CALL TO ACTION

UNUNITED ACTION FOR ALLERGY AND ASTHMA

Public health programmes
Funding for research
Prevention and early diagnosis
Root cause analysis of diseases
Personalised medicine
Economic benefit

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EAACI Journals
Highlights
Upcoming Section, IG
and WG Board Elections
Report from Winter
School

EAACI ACTIVITIES AT EUROPEAN LEVEL:
CALL FOR ACTION ON ALLERGY AND ASTHMA
Dear Colleagues,

The EAACI Examination in Allergology and Clinical Immunology will be held at the beginning of the Helsinki Congress later this year.

The Exam is held in accordance with UEMS criteria, implemented since 2008, and is a written MCQ-based test covering all important areas of clinical allergy and immunology and related basic immunology aspects, including Task Force documents and guidelines. Thanks to broad support from all EAACI Sections, Task Forces and Interest Groups, the Academy’s question-pool has been filled with more 600 questions.

EAACI is working to improve knowledge standards in its discipline and strongly recommends that all members participate in this Knowledge Exam, anticipating improved patient care. The test is already a pre-requisite for the Swiss Allergy specialty, and successful graduates are enjoying high recognition throughout Europe and worldwide.

Looking forward to seeing you in Helsinki.

Carsten Schmidt-Weber

EAACI/UEMS Exam Committee Chair
The urgent needs for allergic diseases to be recognised as a growing health concern and for health standards to be improved in relation to allergic diseases across Europe have been stressed repeatedly.

In order to drive positive changes in allergy and asthma, EAACI has actively pursued the development of strategic alliances with national societies, patients’ organisations and policy-makers through the setting-up of multi-stakeholder platforms. These platforms have been instrumental in a number of large-scale initiatives promoting joint European, national and international actions, as well as actively implementing public campaigns and multi-disciplinary and multi-professional programs.

The crucial external challenge of how to fill the knowledge gap at political and community levels can now be tackled successfully. The entire EAACI community has worked actively in this regard and it is now time to drive effective changes in allergy and asthma.

A political Call to Action on allergy and asthma will be launched on 25 April 2017 at the European Parliament in Brussels, in partnership with the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) and the European Parliament Interest Group on Allergy and Asthma.

The ultimate goal is that allergies and asthma are recognised as a global public health problem. This would imply upgrading/raising “allergies” on the political agenda.

The role of the European Parliament Interest Group on Allergy and Asthma is therefore essential and should be further strengthened, as Members of the European Parliament are co-legislators in the EU decision-making system and thus major actors in the development of public health policies. By supporting the ‘Call to Action’ and its pan-European advocacy campaign, they can act not only as strong voices for the community but also as key opinion leaders to prioritise allergy and asthma within EU and national health policies.

For their part – and in line with their mission to protect citizens – Member States need to urgently define or revise their national chronic diseases policies to include allergy and to develop national action plans and strategies on allergy, based on person-centred and outcome-based care models. Intensive public education and awareness programmes are also fundamental to reversing the allergy epidemic and promoting health in the general population.

Via the EU Health programme (which is the main financial framework for EU action in health), the European Commission can promote and financially support the exchange and dissemination of good practices among Member States. With this ‘Call to Action’, we therefore call on the European Commission to help disseminate examples of good practice in allergy and asthma programmes, with the “Finnish Programme” as a landmark example. Increasing research funds in general and prioritising prevention and curative treatments in research are also crucial for the allergy discipline, along with generating resources for prevention and control.

Last but not least, society as a whole, and patients’ associations together with professional organisations and health advocates in particular, has a key role to play in endorsing and relaying this call to action and joining its authors in their united efforts, which EAACI fully encourage.

After the launch of the ‘Call to Action’ in Brussels, the political campaign will peak at the EAACI Annual Congress in Helsinki and then continue over the next few months until September. Following the Call’s motto (UNITED TO ACT FOR ALLERGY AND ASTHMA), EAACI needs all its members to rally behind this dynamic move and promote and endorse the Call to Action.

Our success in making a difference for the Allergy Specialty will depend on each of us.

Antonella Muraro  
EAACI President
Dear Reader,

As another year passes, it is time for everybody to assess what was done last year, both in private as well as in professional life. What did the Academy do in 2016 for its almost 10,000 members? I would like to give you some examples.

One of the main goals of EAACI is education at all levels, to improve patient care. In 2016 the Academy supported many educational resources, such as the Annual Congress, three Focused Meetings, one Winter School, two Allergy Schools and the first Master Class which was successfully launched, focusing on translational immunology in allergic diseases.

Thanks to the Sections’ and Interest Groups’ work, as well as to the efforts of many other members, seven new Position Papers and the “Molecular Allergology User’s Guide” were published. Also in 2016, two EAACI reference Atlases (the “Atlas of Asthma” and “Atlas of Allergy”) were translated in many languages with the help of the National Allergy Societies (NAS).

In Vienna, the ninth edition of the EAACI/UEMS Knowledge Exam for Allergology and Clinical Immunology was held, with candidates coming from all over the world. The Academy also supported a total of 22 young physicians with clinical or research fellowships, giving them the opportunity to attend European centres of excellence. To stimulate scientific collaborations between young and senior scientists, awards were offered to a number of the Junior Members through the mentorship program. Grants were also given to some EAACI members with financial difficulties to cover membership costs. Members were also able to take advantage of information and educational material via the EAACI website, further developed in 2016 and now better structured, easy to use and comprehensive.

In addition to delivering the best science and education for the EAACI family, the strategic program of our President Antonella Muraro continued in 2016, developing large-scale initiatives, promoting collaborative partnerships in Europe and worldwide to benefit our members and their patients, increasing the Academy’s efficiency and performance. Thanks in particular to work done in 2016, the Governance Project is now well under way, including changes in the future organisation of the Academy, harmonisation of the Interest Groups, revision of roles and responsibilities, establishing clearer guidelines for budget use, and much more.

In 2016 the cooperation between EAACI, NAS and non-European Allergy Societies was strengthened on different levels. A number of Working Groups were created (Speciality, Guidelines, EU lobbying and Health Economics) and have already started to collaborate in different areas. Some NAS and International Societies also appeared in this Newsletter during the year, to help raise awareness of them amongst the EAACI membership.

Last year, even more than before, a systematic and coordinated high-level lobbying at EU level was undertaken, with a constant presence in Brussels and a comprehensive strategy in collaboration with various stakeholders, with the aim of placing allergy higher on the EU agenda in the research, medical education and public health domains. The Allergy Awareness Event (“Test, Inform, Prevent”) and The Exhibition Event in Brussels (“Test Your Allergies 2016”), the EAACI High-Level Stakeholders Meeting in Vienna, the European Parliament Written Declaration on Chronic Respiratory Diseases, and the EU Health Policy Platform are just some examples of EAACI activities in 2016.

However, the Academy wants to further increase its commitment and, together with the European Parliament Interest Group on Allergy and Asthma, and the NAS and patients’ organisations, EAACI will launch a political Call to Action on allergy and asthma at EU level in April. After that, an endorsement campaign for signature will follow, culminating in June 2017 in Helsinki.

Now, let’s move on to the Newsletter. After the celebration of 60 years of EAACI, dedicated to allergy science, this first 2017 issue of the Newsletter prepares us for the Annual Meeting in Helsinki and the launch of the Clinical Practice Guidelines for Allergen Immunotherapy (AIT). Helsinki awaits us with all its attractions and its high level scientific program focusing mainly, but not only, on prevention and treatment of allergic diseases for the best possible quality of life of our patients.

While waiting for all these great events and developments, I kindly invite you to follow the Academy’s progress through the pages of the Newsletter.
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New opportunities for Continuing Medical Education

Allergy and clinical immunology is one of the most rapidly advancing disciplines, where professional development and improved patient care are greatly influenced by scientific achievements and information technologies. Continuing Medical Education (CME) is of paramount importance for the medical doctor who needs to keep up to date with an enormous amount of information to improve his/her practice and to provide better patient care.

In 2010, EAACI, in collaboration with the European Union of Medical Specialists (UEMS), established the European Board of Accreditation in Allergy and Clinical Immunology (EBAACI). The Board is dedicated to CME accreditation in the fields of allergology and clinical immunology. Furthermore, EBAACI serves the requirement for synergy between the two organisations to guarantee independent assessments and sufficient control mechanisms for European scientific standards.

Over the last six years, EBAACI has been part of the international accreditation of Live Educational Events (LEE) including lectures, discussions, workshops and/or other educational methods, single or multiple sessions, either sequential or parallel. Entire meetings and specific components of a meeting are both eligible for accreditation, as long as they fulfil time and quality requirements. In 2009, The European Accreditation Council for CME (EACCME®) implemented criteria for the accreditation of e-learning materials and in 2016 it implemented the EACCME® 2.0 criteria for LEE and e-learning materials (ELM) including new forms of CME/Continuing Professional Development (CPD) activities.

Beside accreditation activity, EAACME® has recently proposed that CPD/CME activities get recognised when the standard pathway of EACCME® accreditation is not followed but the activity has widely recognised educational and/or CPD value (e.g. publication in a peer reviewed journal with an established and recognised editorial process) or the medical specialist has decided to obtain CPD/CME credits for an activity that has been certified for high quality in a process other than CPD/CME accreditation (e.g. peer review of an article, acceptance of a lecture/paper for presentation at an accredited CPD/CME event, etc.). EACCME® currently recognises the following activities: reviewing scientific and educational material (REV), publishing scientific and educational material (PUB), learning by teaching (LbT) and the activity of being an examiner in a UEMS exam. The range of activities available for a personalised plan of continuing professional education is now richer than ever and it is envisaged that it will soon be possible to award credits for reading scientific articles published in EAACI’s journals: Allergy, Pediatric Allergy and Immunology and Clinical Translational Allergy.

Fulvio Braido
EAACI CME Committee Chairperson

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EAACI CALENDAR

| April 2017 | 7–8 April – Master Class on Primary Immunodeficiencies, Prague, Czech Republic |
| 27–29 April – Skin Allergy Meeting (SAM 2017): Joint meeting organised by EAACI and ESCD, Zurich, Switzerland |

| May 2017 | 25 May – EU Call to Action – Launch of Allergy Lobbying Campaign, Brussels, Belgium |

| June 2017 | EAACI Newsletter |
| 16 June – EAACI Executive Committee Meeting, Helsinki, Finland |

| 17–21 June – EAACI Annual Congress, Helsinki, Finland |
| Join us for the largest Congress in our field |
| 17 June – EAACI Scientific Programme Committee Meeting, EAACI Annual Congress, Helsinki, Finland |
| 17 June – 10th EAACI/UEMS Examination in Allergology and Clinical Immunology, EAACI Annual Congress, Helsinki, Finland |
| 19 June – EAACI General Assembly, EAACI Annual Congress, Helsinki, Finland |
| 20 June – EAACI National Allergy Societies Forum, EAACI Annual Congress, Helsinki, Finland |

| September 2017 | EAACI Newsletter |

| October 2017 | 26–28 October – Pediatric Allergy and Asthma Meeting (PAAM 2017), London, United Kingdom |

| November 2017 | 9–11 November – International Symposium on Molecular Allergology (ISMA 2017), Luxembourg City |

| December 2017 | EAACI Newsletter |

*Foot note* - This calendar shows EAACI’s most important events planned for the coming months. Only events with confirmed dates are mentioned here, for a complete list of all events, please view the ‘Meetings’ and ‘Education’ pages on www.eaaci.org.
The Hellenic Society of Allergy and Clinical Immunology (HSACI), established in 1973, is the official scientific organisation of allergology in Greece. In 1977, allergology as a specialty in Greece was created by allergologists who had been trained abroad. Conditions in Greece, being rich in flora, and the continuing increase in allergic ailments contributed to the recognition of allergology as a main specialty in 1983 in accordance with EU directives.

In 1983 the first allergology educational unit was established at Athen's Laiko Hospital, with a further unit established in 1989 at the Aglaia Kyriakou Children's Hospital. Public social services, the highly scientific training of Greek allergologists and the effectiveness of the services they provided impelled the state to create further allergological units in more than ten other hospitals (both public and military). The continuing rise in the number of allergologists has contributed to our ability to treat patients with allergies on the mainland as well as on the islands. Training activities and the ongoing scientific briefing of our members is carried out by HSACI as follows:

- The inaugural conference of the HSACI was successfully organised in March 1992. Since then there have been eleven Hellenic conferences and lots of one- or two-day Symposia. In 1997, the EAACI Annual Congress was organised in cooperation with HSACI on Rhodes.
- HSACI started publishing “Hellenic Allergology and Clinical Immunology”, its official scientific magazine, in the 1990s and it is still published today.
- HSACI provides scholarships for post-education abroad or participation at EAACI conferences for new allergologists.
- HSACI’s official website (www.allergy.org.gr).

Japanese Society of Allergology

It is our great pleasure and honour to announce that the Japanese Society of Allergology (JSA) has become a National Society member of EAACI. JSA was established in 1952, making it 65 years old this year – four years older than EAACI itself. Currently, JSA has about 11,000 members (making it slightly bigger than EAACI) and, like EAACI, is comprised of clinicians, basic researchers and affiliated medical professionals. JSA promotes academic communication regarding allergy, domestically as well as internationally, including four issues each year of Allergology International, our official journal.

In collaboration with EAACI, JSA will initiate two new activities: exchanging Symposia at each Annual Meeting and urging young Japanese investigators to participate in the Junior Member (JM) activities sponsored by EAACI. For the first of these activities, we will offer a JSA Symposium at the EAACI Annual Congress, during which several established researchers selected from JSA will present their upcoming research topics. For the first Symposium in Munich in 2018, we will be proposing an exciting presentation with excellent researchers from whom JSA is proud; we hope that many people in EAACI will come and enjoy this Symposium. Conversely, we are looking forward to the EAACI Symposium at the 2018 JSA Congress to be held at Makuhari, near Tokyo.

For the second activity, we are encouraging young Japanese investigators to register for EAACI JM membership and to take an active part in JM activities. We believe that this benefit will be very attractive to our younger members. Some JM activities require a mentorship arrangement, with a Mentor from EAACI and a Mentee from among the young investigators. We hope that these relationships will stimulate productive interaction between EAACI researchers and our young investigators.

This year is the start of a new era in the relationship between EAACI and JSA. We are happily anticipating that our mutual relationship will become both wider and deeper than ever before.

Kenji Izuhashi
Japanese Society of Allergology Representative in EAACI

Hirohisa Saito
Japanese Society of Allergology President

Christos Grigoreas
Hellenic Society of Allergy and Clinical Immunology President

News

Hellenic Society of Allergy and Clinical Immunology
EAACI prepares for Section, IG and WG Board elections

EAACI continues to grow and is the world’s largest organisation in the fields of allergology and immunology. The Academy’s organisational structure – with Sections, Interest Groups, Working Groups, Committees and Member Societies – reflects the multi-stakeholder nature of the clinicians, researchers, health care workers, patients and others who are facing the every day consequences of the allergic epidemic in Europe and beyond. EAACI is passionate about joining forces to bring the latest science and best care to European patients who are suffering from allergic diseases and hence missing opportunities in life.

EAACI is proud to be able to count on a dynamic and ambitious group of leaders in the allergology and immunology fields who are willing to be actively engaged in our organisation and become active advocates for EAACI. On 27 February 2017, EAACI launched an open call to all members inviting them to consider becoming Board Members for their particular Sections, Interest Groups and Working Groups. All active clinicians, researchers and care providers in the fields of allergology and immunology can apply to join the Board of the Section, Interest Group or Working Group of their choice via an electronic application. Applications will close on 12 March 2017. In line with recently approved Governance procedures, applications will be passed to the relevant Election Committee for review until 24 March 2017.

Based on the number of available slots on the respective Boards, and taking into account geographical, gender and subspecialty representation, a first draft grouping the candidates will be prepared by Headquarters. This will be reviewed by relevant current Section/IG Board Chairs and Secretaries, with final approval from the Board of Officers. Online voting for the candidates will then be opened on 5 April 2017, at which time an email will be sent to all EAACI members with voting instructions. Voting takes place during April, via our website, after which the results will be verified and applicants informed accordingly.

As has been the case in recent years, we sincerely hope EAACI will continue to be able to bring together the best clinicians, researchers and health care providers to the new Sections, Interest Groups and Working Groups for the next term (2017–2019).

Peter Hellings
EAACI Secretary General

Primary Care Workshop in Helsinki

The EAACI Annual Congress has always received positive feedback on its vast variety of sessions. EAACI strives to continuously review and add programs that address future developments for the Academy and our medical fields as a whole. This year we are pleased to be offering dedicated sessions for both Primary Care and Allied Health on Saturday, 17 June. In addition, there will also be a broad half-day program conducted in Russian.

It has long been discussed that, although it is the first port of call for the majority of patients with allergy, Primary Care is often poorly equipped to meet their needs. This was confirmed in a recent paper published in Allergy; ‘Results of an Allergy educational needs questionnaire for Primary Care’; (http://onlinelibrary.wiley.com/doi/10.1111/all.13134/full), which reports the results of self-assessed knowledge and learning needs in allergy from nearly 700 primary health care professionals.

Our President, Antonella Muraro, has been very supportive of Primary Care allergy education and networking with a variety of initiatives, including the UEMO round table at FAAM in Rome. With one of EAACI’s goals focusing on developing allergy education in the Primary Care workforce across Europe, we will be repeating and building upon our successful workshop from last year.

The Saturday sessions in Helsinki will involve an innovative, mentored, computer simulation of case-based histories facilitated by GPs in cooperation with specialist colleagues. We will use peripheral anonymised work stations to generate discussions about allergy history taking, use of diagnostic tests and formulation of management plans. This will be followed by practical demonstrations of adrenaline devices and nasal sprays, and by interactive talks and a ‘questions answered’ session.

Next year, with the merging of the Primary Care and Allied Health Interest Groups, we look forward to the possibility of some joint sessions but this year we look forward to seeing you in Helsinki.

Dermot Ryan
Primary Care IG Chairperson
Elizabeth Angier
Primary Care IG Secretary
Subcutaneous AIT

Allergopharma - the specialist in diagnosis and therapy of allergic diseases

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The EAACI Specialty Committee, consisting of representatives from UEMS, CEFCAP, the EAACI sections and JMA, met in Vienna in June 2016 and in Zurich in January this year. The Committee’s current agenda focuses on two Task Force initiatives. Firstly, the Committee aims to determine the minimal requirements for training and certifying a subspecialist in allergology. Secondly, the UEMS survey on allergy services in Europe is being updated. Together with data derived from the National Allergy Society Platform, an accurate overview of full specialties, subspecialties, levels of allergy care and gaps across Europe will be established. The outcomes from these surveys should fuel EAACI’s political advocacy and outreach programs.

The Committee is now close to finalising the paper on the subspecialty. The reason for the proposal to determine the requirements for a subspecialty in allergology can easily be understood when looking at the outcome of the current and previous surveys. Many countries in Europe do not have a full specialty. Some countries like Germany or The Netherlands have subspecialties only. Other, like Belgium, Denmark and Austria, do not have any kind of specialisation in allergology. In countries such as Switzerland and (recently) France, subspecialties have been an intermediate step to the full specialty of allergology. Therefore, establishing and harmonising criteria for subspecialties may be the next step on the road to full specialty. Moreover, all patients should have access to specialists with a certain level of training and accreditation.

The requirements for the full specialty of allergology are recorded in the UEMS Core Curriculum of Allergology and Clinical Immunology. However, this UEMS Core Curriculum, dating from 2003, is in urgent need of updating. Establishing the European Training Requirements (ETR) for allergology is the responsibility of the UEMS Section and Board of Allergology. This is a long process that requires interaction with EAACI and all other relevant stakeholders. To finalise the ETR, approval will need to be obtained from the UEMS ETR Review Committee, as well as from all UEMS Sections and Boards and all National Medical Associations. This huge project will be started in 2017.

Roy Gerth van Wijk
EAACI Specialty Committee Chairperson

A few words from the Website Editor

Have you visited our website recently? All scientists, clinicians or patients wanting to find reliable and new information about allergy and immunology should go to www.eaaci.com. You can access the website from your mobile phone or tablet; why not give the site a try while you are waiting for your flight?

Many of you will have been looking for specific information about our Annual Congress, or the many Focused Meetings which take place in Europe under the EAACI umbrella, as well as the Allergy Schools we are so proud of. Have you thought about visiting our webcast area? If you missed a presentation at one of our meetings, or even if you attended but would like to see it again, go to http://www.eaaci.org/resources/webcasts-webinars/congresses.html. Selected presentations can be found there and you can watch them at home at your convenience.

Contra facta non valent argumenta...

1. Every month, almost 15,000 users visit the EAACI website.
2. Perhaps unsurprisingly, the homepage is the most visited page, followed by the Annual Congress and EAACI Journals webpages.
3. Every month, half of our users are first time visitors to the site.
4. The average time users spend on the website is just over 3 minutes.

Reminders!

I would like send a call to action to all Section (S) and Interest Group (IG) Board Members to provide us with regular updates for your dedicated S/IG webpages. Additionally, I intend to invite members of S/IG Boards to actively participate in developing the EAACI patients’ website: http://eaaci.org/patients. Your contributions to help fill the gaps in the content, with your expert views and opinions, will be very much appreciated.

To all EAACI members: the website belongs to us all. Please remember that your contributions to the site are more than welcome! Any suggestions, comments or ideas are highly appreciated and should be sent to webeditor@eaacici.org. All your emails will be responded to.

Many thanks.

Sylwia Smolinska
EAACI Website Editor

www.eaaci.org
The beginning of a new year is always a good time to reflect on the achievements of the year that just ended, so that we can build further on them in the following months. Taking a look back at the activities of the Junior Members (JM) Working Group (WG) throughout 2016 brings great satisfaction to me and my colleagues on the Board. Our efforts and energy have resulted in many different accomplishments and it is therefore a pleasure to be able to share some of them with you:

- The number of JMs joining EAACI increased steadily throughout the year and there are now 4200 of us! Most new members come from Spain, followed by the UK and Italy. A warm welcome to all the newcomers! Don’t miss our video introducing the benefits of being a JM, which you can find on the JM webpages and EAACI YouTube channel.

- The JM WG has launched a series of webcasted interviews in which recently published authors in Allergy/PAI/CTA are interviewed by a JM to discuss the main findings of their article. We already have 13 videos online which you can find on EAACI’s YouTube channel, on Facebook and Twitter (search for #Allergy_Journal, #PAI_Journal, #CTA_Journal), and on the EAACI website (under Resources/Webcasts).

- We had an article published in CTA referring to the successful collaboration of the JM WG with the Journal. The article is open access – like all articles published in CTA – and I urge you to take a read if you wish to have an insight into this mutually beneficial collaboration!

- We launched a new JM Facebook page which replaces the previous JM Facebook group page. The latter had reached nearly 900 members so we thought it was time for us to move on to a more ‘professional’ look! Search for us as ‘EAACI Junior Members’ and ‘like’ the page so that you are up-to-date with all news addressing the needs of the JM.

Lots of targets have been set for 2017 and I am looking forward to the challenges ahead!

Olympia Tsilochristou
EAACI JM Chairperson

A very good year for the JM!

The Ethics Committee Update

For some years now EAACI has asked anyone holding an official position within EAACI to declare any conflicts of interest. Similarly, we ask every speaker at our meetings to include a statement on conflicts of interest. The Ethics Committee met recently at EAACI Headquarters in Zurich and reviewed the current policy on this area of our scientific life. It is now increasingly recognised that to disclose conflicts of interest requires people to make a judgement on whether a particular interest presents a conflict. Moreover, something that is not a cause for concern at the time of declaration can become a conflict of interest if circumstances change. For example, if EAACI starts a new initiative. For this reason we have proposed that EAACI moves towards a system of disclosure of interests (as opposed to conflicts of interest). This then allows everyone else to consider whether an interest represents a conflict of interest.

The Ethics Committee also noted that there is an increasing trend for parents of allergic children to share pictures of their offspring on Facebook and other social media platforms in order to seek advice on allergic conditions. While this may seem OK at first glance, it does raise issues around child protection, especially when semi-naked children are involved. We don’t have a fixed view on this but it’s an aspect of allergy and social media that we think needs watching (in a figurative sense!).

For the EAACI Annual Congress in Helsinki we plan to hold a session on the ethical aspects of food allergy – there’s lots to think about, in terms of whose responsibility it is to protect the vulnerable child or adult, what to do about families where symptoms have been misattributed to food allergy etc. We hope for a lively debate and look forward to seeing you soon in Helsinki.

Anthony Frew
EAACI Ethics Committee Chairperson
EAACI Educational Activities in 2016

Education at all levels – for residents in training, for specialists and primary care physicians as well as allied health personnel – is a key aim of EAACI, to help improve the care of patients with allergic diseases.

In 2016, we were able to offer a substantial number of traditional educational opportunities as well as other formats such as the newly introduced EAACI Master Classes.

In February, the very popular EAACI Immunology Winter School took place in Cortina d’Ampezzo Italy, organised by the EAACI Immunology Section, chaired by Liam O’Mahony. More than 80 young researchers had a chance to discuss their newest findings with experts in the field, who acted both as speakers and faculty. This close encounter between leading researchers and young colleagues is very fruitful and stimulating for all parties.

In April, an Allergy School for Allergen Immunotherapy was held in Copenhagen, Denmark, carefully prepared by Oliver Pfaar (Germany) and Lone Winther (Denmark). Covering the whole spectrum of AIT – ranging from mechanisms and handling procedures up to future perspectives – raised a high level of interest and many fascinating discussions in this key area of allergy.

In September, the first Allergy School for Drug Allergy in Children was organised in Belgrade, Serbia. The organising committee – including Marina Atanaskovic-Markovic (Serbia), Maria J. Torres (Spain) and Patrizia Bonadonna (Italy) – offered a highly attractive, well-balanced program covering pathophysiology and clinical aspects in the challenging area of drug hypersensitivity in children.

In October, the first Master Class ever organised by EAACI took place in Zürich, focusing on translational immunology in allergic diseases. While Allergy Schools are primarily aimed at young residents still in training, EAACI Master Classes require a higher level of professional experience and offer a platform for the exchange of knowledge. The target audience for this first Master Class was specialised clinicians working in the fields of allergy and asthma who wanted to know more about the link between clinical presentation and treatment options with biology based on endotyping, focusing on the subtitle ‘When and how to use biologicals’. The local chairs including Liam O’Mahony (Chair of the EAACI Immunology Section), Onur Boyman (Chair of the EAACI Biologicals Interest Group) and myself were pleased that this new format was highly appreciated by the 46 participants. Besides the attractive program, the participants very much appreciated the intimate atmosphere and the possibility to exchange with the faculty on a very direct base. It seems that we are on a good path with the new Master Class concept; the next one is already foreseen for April 2017 and will be held in Prague focusing on Primary Immunodeficiencies.

In 2016, we once again supported a number of young colleagues with a clinical or research fellowship at one of the allergy centres of Europe. We were able to sponsor seven 3-month clinical fellowships and a total of fifteen research fellowships, including five candidates for a 12-month fellowship, three candidates for 6 months and seven candidates for 3 months. These fellowships are an excellent opportunity to exchange with another institution and can be mutually beneficial for all: for the applicant, the host and also for the applicant’s home institution. EAACI is working hard to increase the number of these fellowships as they are getting more and more attractive and therefore also more competitive.

The EAACI Knowledge Exam has now found a well-accepted place testing participants knowledge in the areas of allergology and immunology. In 2016, 51 participants took the exam. Carsten Schmidt-Weber, Chair of the Exam Committee, and his team work hard each year to get a good stock of updated and relevant questions; the exam is continuously observed and analysed by a neutral institution to guarantee a well-validated, fair and discriminating test.

Last but not least, we were able once again to support the many activities delivered by our six Sections (including Juniors), 18 Interest Groups and around 70 Task Forces. These activities reflect EAACI’s diverse expertise and interests but also the continuous efforts being made by all our membership to contribute to and improve our knowledge of allergic and immunologic diseases. Bearing in mind EAACI’s new Governance policy, we will try to improve the coordination between all these activities to increase possible synergies between the different groups. The enormous achievements already made are reflected by the publication of an impressive 7 position papers resulting from EAACI groups, and a great many thanks are owed to all our members who have been so active in these areas and who are constantly expanding the broad expertise collected within EAACI!

Peter Schmid-Grendelmeier
EAACI Vice-President Education & Specialty
The Best Therapies
By Design

Sunday, 18th June 2017
17:30 — 19:00
Helsinki, Finland
Messukeskus, Hall 3G

Chair Person: Stephen Durham

Featured Speakers:

Jörg Kleine-Tebbe
The importance of defining the optimal dose

Erika Jensen-Jarolim
Molecular fingerprinting of complex allergoids

Uwe Berger
Rationale for broad spectrum grass immunotherapy

Tim Higenbottam
Defining the plateau of the efficacy for Allergen Specific Immunotherapy
Endorsed by ten organisations (including EAACI), the European Parliament’s written declaration 115/2016 on chronic respiratory diseases (CRDs) was open for signature until 24 January 2017 by which time it had received the support of 249 members of the European Parliament. Under the tagline “the Breath Mission”, this joint effort by European chronic respiratory patients, professionals, public health advocates, health and environmental organisations and policy-makers contributed to raising awareness of CRDs (including respiratory allergy) at EU decision-making level. My special thanks go to EAACI Secretary General Peter Hellings, who represented EAACI as a speaker at a dedicated Written Declaration policy symposium at the European Parliament on 11 January 2017.

Looking ahead to Spring 2017, together with the European Parliament Interest Group on Allergy and Asthma and the European Federation of Allergy and Airways Diseases Patients Federation (EFA), EAACI will launch a Call to Action for an urgent response to allergy and asthma in Europe. The Call to Action will be formally launched during a policy conference in the European Parliament on the 25 April under the auspices of the Interest Group and its Chair, Finnish Member Sirpa Pietikäinen. This Call to Action will be open over five months for endorsement by European and national policy-makers, patient organisations, national allergy and asthma societies, health advocacy organisations and all interested individuals willing to support better allergy and asthma policies in Europe. In parallel, EAACI’s leadership has also initiated discussion with the Permanent Representation of Finland in preparation for the Finnish Presidency of the EU which will take place in the second half of 2019, with the ambition to include allergy and asthma as part of the Finnish Presidency’s upcoming priorities in Chronic Diseases. In this context, representatives from the Finnish Allergy Programme, the Finnish Ministry of Health, together with the Finnish Chair of the EP Interest Group (MEP Sirpa Pietikäinen) will attend the EAACI Annual Congress in Helsinki to contribute to the High-Level EU Stakeholders’ lunch at my invitation. During the meeting, the Call to Action will be further showcased and a multi-stakeholder discussion will take place on ways to collaborate at policy level to raise allergy and asthma higher on the EU agenda – at Commission, Council and national levels.

As you are aware, our European advocacy started three years ago with the establishment of our Brussels EU office, and the development and implementation of our strategic EU affairs Roadmap. Since then, we have steadily been growing our presence and reach in the EU arena to become a respected stakeholder which adds value at policy level. I now see 2017 as a culminating year where our efforts can crystallise alignment and political changes for the benefit of allergy and asthma patients in Europe, and I thank you all for your support and collaboration.

Antonella Muraro
EAACI President
Activity update for the NASC

The National Allergy Society Committee (NASC) is an umbrella group of all European member societies of EAACI, working closely with the International Society Committee (ISC) which represents non-European members of the Academy.

The NASC is proud to invite you to the Third NAS Forum at the next EAACI Annual Congress in Helsinki, where speakers from three National Allergy Societies will give talks on topics with a ‘national flavour’ which will be of interest to the whole international auditorium. Starting with Spain, Finland and Germany in Barcelona in 2015, and proceeding with Austria, The Netherlands and Sweden in Vienna in 2016, we are now looking forward to presentations from Denmark, France and Kazakhstan in 2017. Don’t miss this important Symposium at the next EAACI conference in Helsinki!

After the NAS Forum, the NASC will have its annual Business Meeting where each National Allergy Society is represented by one delegate who can give input into the Committee’s current activities.

A core NASC project is building up registries of allergy care and allergy guidelines. If you would like to get involved, we would welcome your participation: ask your local NASC member how you can contribute to this interesting and important activity. If you do not already know who your National delegate is, please contact Nanna T Fyhrquist, NASC Scientific Secretary (nanna.fyhrquist@helsinki.fi), or Lena Geltenbort-Rost, EAACI Headquarters (lena.geltenbort-rost@eaaci.org) who will be able to help.

NASC members are currently active in a number of EAACI Working Groups (WGs):

- Specialty WG: Ensuring allergy and clinical immunology becomes a full specialty/sub-specialty in all European countries.
- Health Economics WG: Promoting a unified approach to collecting, analysing and disseminating health economics data to benefit all.
- Guidelines WG: NAS representatives are active in each of the AIT guidelines Task Forces.
- EU Lobbying WG: Working to increase the visibility of allergic diseases for prioritisation in health policies at the EU and national levels, and promoting the European Parliament Interest Group on Allergy and Asthma at a national level.

Another active project involving NASC is the dissemination of position papers and core papers to the National societies. Translation of EAACI guidelines and position papers into your mother tongue and promoting those papers on your websites and national allergy journals is highly appreciated by EAACI. Please contact us if you have any questions!

Thomas Werfel
EAACI NAS Committee Chairperson

Nanna Fyhrquist
EAACI NAS Committee Scientific Secretary
Allergy is proud to have published many important original contributions in 2016. Unfortunately, space is limited and we can only mention a few examples here.

Population-based cohort studies revealed a role of parental smoking for increasing the risk of sensitisation to allergens [1,2], a reduction of costs by achieving guideline-based asthma symptom control [3], and the incidence and natural history of hen’s egg allergy [4]. The characterisation of the new diseases was also reported. For instance, an eosinophilic esophagitis-like disease without eosinophil infiltration of the esophagus [5] and a new allergic disease resulting from cross-reactivity between fish and chicken meat [6] were observed.

Evidence for a role for STAT3 [7] and cannabinoid receptor 2 [8] in the pathogenesis of experimental airway inflammation was reported in Allergy. Moreover, several novel observations were made in patients suffering from atopic dermatitis, including those receiving long-term systemic cyclosporine A treatment [9] or specific allergen immunotherapy [10]. In addition, a new phenotype of atopic dermatitis has been described exhibiting early onset and high serum IL-13 levels that is linked to the development of bronchial hyperresponsiveness [11].

As well as such pathophysiological studies, novel genetic abnormalities were associated with allergy and/or asthma, including STOML2 [12], TLR8 [13], and CYP27A1 [14] gene variations. Furthermore, results of several clinical trials testing novel targeted therapies were reported in the journal [15–18].

In addition to these exciting novel original scientific contributions, Allergy published a large number of high-quality review articles and position papers that, besides their scientific character, have tremendous educational purpose and will, therefore, also serve the community in this respect.

Hans-Uwe Simon
Thomas Bieber
Allergy Editors-in-Chief

After a long journey, this huge effort of the Academy will be presented at the Annual Congress in Helsinki in June.

Join EAACI there and share your inputs on the main effective treatment for allergic diseases.

Antonella Muraro
EAACI President
The 9th European Consortium on Application of Flow Cytometry in Allergy (EuroBAT) Meeting was held from 12–13 October 2016 in Rome, just before the Food Allergy and Anaphylaxis Meeting (FAAM). Seventy-two people from Europe, Australia, Canada and the United States participated in the meeting.

On the first day we had three sessions, each starting with two overviews from experts with long-term experience in different basophil activation test (BAT) issues, followed by three or four oral abstract presentations. The first session started with a review by Anna Nopp of BAT publications from the last year and was continued by a presentation of new methodological approaches by Edward Knol. Other speakers talked about new gating strategies, BAT publications with staphylococcus enterotoxins and recombinant birch allergen. New insights into the application of BAT for drug allergy (“Perioperative drugs and muscle relaxants” by Vito Sabato and “New applications in drug allergy” by Paul Rouzaire) and for other allergic diseases (chronic spontaneous urticaria; insect allergy) were presented in the second session. After lunch all talks were dedicated to BAT in food allergy (“Diagnosis of food allergy” by Alexandra Santos, “Monitoring of food allergy” by Caroline Nilsson) with emphasis on peanut, milk and red meat allergy. A stimulating and interactive round table discussion about “Perspectives of BAT in food allergy and other allergic diseases” closed the day.

On the second morning, a postgraduate BAT course with hands-on lab work and practical implementation of this cellular test in single cases was performed. Thirty-four people from 17 different countries learned how to prepare blood samples, perform flow cytometric measurements and analyse the data in food allergic patients under expert guidance (from Anna Nopp, Cristobalina Mayorga, Edward Knol, Hans Jürgen Hoffmann, Michele Romano and Vito Sabato).

Overall, the meeting turned out to be very informative and stimulating for both experts in the field as well as newcomers from all over the world. The postgraduate course was highly appreciated by the participants.

The meeting was organised by EAACI with the EuroBAT 2016 Organising Committee (Bernadette Eberlein, Anna Nopp, Cristobalina Mayorga, Peter Korosec and Vito Sabato) with the support of Hans Jürgen Hoffmann (Chair, EAACI Allergy Diagnosis Interest Group) and Gabriele Rumi (laboratory support).

Bernadette Eberlein
EuroBAT Organising Committee member
Member of the EAACI Interest Group on Allergy Diagnosis
The 15th EAACI Winter School on Basic Research in Allergy and Clinical Immunology, organised by the EAACI Immunology Section, took place in Sierra Nevada, Spain, from 26–29 January 2017. Participants flew to either Malaga or Granada airports where easy connections to Sierra Nevada could be found. The EAACI Immunology Section Board met in Malaga one day before the beginning of the Winter School to plan future Section initiatives and activities and to update Section strategy for the following years. In addition, the Board visited the Allergy Department and Research Laboratory at the Regional University Hospital of Malaga and the Biomedical Research Institute of Malaga (IBIMA). The visit started with a short introduction of the research themes of the group by Maria Jose Torres (current Chair of the Drug Allergy Interest Group) followed by a visit to the clinical and laboratory research facilities, introduced by Lina Mayorga (Head of the research lab) and by Carmen Rondon and Paloma Campo (members of the ENT Section).

Once we had all gathered at the beautiful Sierra Nevada mountains, we had the opportunity to enjoy an exciting and varied scientific program comprising six keynote lectures by guest speakers, 20 short talks and 50 poster presentations by conference attendees. Both the faculty and the attendees were active in promoting scientific discussion and providing interesting feedback that ultimately contributed to the high scientific standards that have become a hallmark of EAACI Immunology Winter Schools. Topics covered included the role of the microbiome in regulating gut-brain signalling, type 2 cytokines and macrophages, immune–bacterial–viral interactions, innate lymphoid cells, immune mechanisms in asthma and the role of mast cells in inflammatory responses, among others.

For the first time, an interactive workshop (focused on the practical considerations of working with mast cells) was organised during the Saturday afternoon break. Due to the success of this workshop, future Winter Schools will also feature a focused workshop.

As in previous years, we also had spare time between morning and evening sessions to take advantage of the possibilities offered by the Sierra Nevada mountains.

Overall, we received positive feedback from all attendees (70 participants coming from 23 different countries) who were not only stimulated by cutting edge immunological research but also got to meet new potential scientific collaborators and made new friends. Many thanks to the EAACI Headquarters team (in particular Viviane, Jeannette, Nadja and Aikaterini) for their essential contribution to the meeting, and to the entire EAACI organisation for having placed the Winter School at the core of the Academy’s activities.

Liam O’Mahony
EAACI Immunology Section Chairperson
EAACI Master Class on Primary Immunodeficiencies

Organised by the EAACI Primary Immunodeficiency Interest Group, the first Master Class on Primary Immunodeficiencies will take place in Prague, in the Czech Republic, on 7–8 April 2017. The Master Class will cover state-of-the-art training in diagnosis, novel therapies and current needs in the fields overlapping primary immunodeficiencies and dysregulation of an immune system, including allergies.

The Master Class will be held over two days and will include plenary style lectures coupled with interactive case discussion sessions. The first block of lectures will provide an overview of a range of primary immunodeficiencies. A special lecture covering primary immunodeficiencies with high IgE, presented by Andrew Cant, will be particularly interesting and helpful for specialists dealing with patients with allergic disorders. The first day will end with an overview of B lymphocytes and their role in immune disorders – a very important topic for both the diagnosis and treatment of antibody deficiencies.

The second day of the meeting is oriented towards novel possibilities in diagnosis and therapy of immune mediated disorders. Fascinating data on new and progressive technology of next generation sequencing will reveal surprising causes for some immunodeficiencies. Finally, the Master Class will close with a detailed look at current and novel therapeutic possibilities, including practical aspects and hands-on training, especially for the subcutaneous application of immunoglobulin therapy. Throughout the Master Class there will be numerous possibilities to discuss special and difficult cases with faculty members.

This Master Class represents a unique opportunity to gain special knowledge of immunopathological mechanisms. Early registration is still open for all those interested in the topic and we urge you not to miss it!

Anna Sediva
Master Class Chair, EAACI Primary Immunodeficiency Interest Group Member

SAM 2017

Welcome to SAM 2017! This most interesting skin allergy meeting is rapidly approaching and will be held in Zurich, Switzerland, from 27–29 April 2017. The organisation of the meeting is new, since we have liaised this year with the European Society for Contact Dermatitis (ESCD) and developed the program together. Also, the inclusion of the Swiss Society for Dermato-venerology (SGDV) will play a critical role, since SAM 2017 will also be their official allergy training course for Swiss fellows-in-training.

The skin plays an important role in most atopic diseases in children and in adults, both at home and in the workplace. The program for SAM 2017 will cover all topics ranging from allergy to atopic dermatitis, drug and food allergy, to contact dermatitis and urticaria.

Since we are also eager to attract specialists without previous training in dermatology, we have included several lectures aimed at setting the scene and covering interesting topics in skin care and neglected allergic diseases of the skin.

The faculty consists of a mixture of younger and senior speakers and oral presentations have been selected from among the many abstracts submitted for presentation, as an integrated part of the different sessions.

SAM 2017 has already created interest outside Europe and we warmly welcome colleagues from Asia and elsewhere. A special warm welcome is given to our Korean colleagues, where the Korean Society has been officially appointed by EAACI, helping to ensure a high number of delegates.

On behalf of all involved with SAM 2017 we heartily welcome you to Zurich and look forward to some intensive working days mixed with social activities and making new friends.

Carsten Bindslev-Jensen
EAACI Dermatology Section Chairperson

Magnus Bruze
ESCD President

Peter Schmid-Grendelmeier
EAACI Vice-President Education & Specialty
PAAM 2017

This October will see the 5th Paediatric Allergy and Asthma Meeting (PAAM), being held in London. We have chosen a convenient central London venue, which is easily accessible by public transport and close to many of London’s wonderful attractions.

EAACI’s PAAM is the largest International scientific meeting dedicated to allergic disease and asthma in childhood; indeed, PAAM – held every second year, alternating with EAACI’s Food Allergy and Anaphylaxis Meetings (FAAM) – is one of EAACI’s flagship niche meetings and continues to grow in size.

The first PAAM meeting was held in Venice in 2009. It was after this inaugural meeting, chaired by Antonella Muraro, that PAAM adopted the red winged lion of St Mark, the symbol of Venice, as its logo. The last PAAM in 2015, chaired by Susanne Lau, was the largest yet, with over 1,300 attendees travelling to Berlin for the event. The feedback from the Berlin meeting was excellent all around. High praise given not only to the scientific program but also for the numerous opportunities allowed for social interaction between delegates.

The members of the EAACI Pediatric Section Board and Chairs of the PAAM 2017 Planning Committee are now delighted to invite you to this year’s PAAM in London. Interestingly, one distinguishing feature of the royal coat of arms of England is the lion. The meeting in London will be chaired by George du Toit and co-chaired by Montserrat Alvaro Lozano; leading the Local Organising Committee is Lauri-Ann Van der Poel. Whilst Montserrat hails from Spain (where the Kingdom of Leon is reflected in the Spanish coat of arms), both George and Lauri-Ann hail from Southern Africa (where lions first evolved around one million years ago). Interestingly, lions appeared in the fossil record in Europe for the first time some 700,000 years ago with the subspecies Panthera leo fossilis at Isernia in Italy, so it appears all the stars are aligning (a-lioning!) for a fantastic PAAM 2017.

The provisional scientific program may be viewed at: www.eaaci.org/focused-meetings/paam-2017/programme. We have accommodated many cutting-edge topics to be presented by experts in the field. Speakers have also purposefully been drawn from the disciplines of medicine, nursing, dietetics and psychology, as we face the atopic epidemic together. Our final wish is that the juniors, and those new to allergy pride, will find this a great opportunity to meet and interact with colleagues in a relaxed and approachable way.

London is a culturally vibrant and multi-faceted city and will no doubt facilitate a fruitful scientific exchange with meaningful networking opportunities for PAAM attendees. We look forward to welcoming you to London in October.

George du Toit
PAAM 2017 Co-Chair

Montserrat Alvaro Lozano
PAAM 2017 Co-Chair

Lauri-Ann Van der Poel
PAAM 2017 LOC Chair

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The theme “On the road to prevention and healthy living”, which has been adopted for the EAACI Annual Congress being held on 17–21 June 2017, represents the trend of focusing on prevention of the development and progression of allergic diseases, as well as focusing on healthy living with the best possible quality of life despite suffering from allergies. This theme will also be reflected in the program itself, with the first plenary (“Allergy prevention: The broad perspective”) including lessons from the past as well as the most recent information on the topic, and the last plenary (“Skin as a gateway to allergy”) including new hypotheses and knowledge concerning the importance of the skin in developing allergic diseases. Additionally, the program will include many other sessions on different aspects of allergy prevention. As usual, the Annual Congress will also cover new aspects, basic as well as clinical, of all allergic diseases with interesting cutting edge results put into a relevant and topical context.

This year the Annual Congress will include 7 Plenary Symposia, 50 Symposia, and a number of Sister Society and Company Sponsored Symposia. The success of the recently introduced interactive sessions will be continued with 10 interactive Workshops and 12 Learning Lounges, with plenty of time for questions and discussion in a relaxed atmosphere. These sessions have access only for a limited number of participants, and the lesson learned from last year is that they are very popular and quickly fill up; it is recommended that you preregister as early as possible if you want to join one of them.

As well as nine interesting different Postgraduate Courses (including one for primary Care Doctors on Saturday), this year we have also introduced a “Russian Day” and “Allied Health Day” specifically prepared by and for Russian doctors/scientists and allied health groups.

The abstract sessions are a very important part of the Annual Congress, since it is often here that most recent results are presented and discussed. More than 1500 abstracts were submitted before the original deadline of 15 January 2017. All abstracts are evaluated by Board Members of the Academy’s Sections and Interest Groups, preparing them for final allocation into Oral Abstract Sessions, Poster Discussion Sessions and Thematic Poster Sessions at the Marathon Meeting held in Helsinki (24–25 February 2017). At the Marathon Meeting, Section Secretaries, IG Chairs and Members of the Local Organising Committee struggle hard to make a final evaluation, ensuring optimal allocation into the different categories. For each of the abstract sessions, two chairpersons are allocated to lead and guide the presentation of all this new data on allergic diseases and their mechanisms. We are aiming for 35 Oral abstract Sessions, 31 Poster Discussion Sessions and the remaining accepted abstracts in a number of Thematic Poster Sessions. Many of the best abstract presenters will receive an award.

For those with brand new data, or who did not manage to submit to the first deadline, a late-breaking abstract deadline was offered (15 March 2017).

As the EAACI Scientific Programme Committee (SPC) Coordinator and Chair of the EAACI Congress 2017 in Helsinki, we have done our utmost to prepare a varying and interesting scientific program, which we hope you will enjoy. Please have a look at the preliminary program published on the EAACI website: http://www.eaaci.org/eaaci-congresses/eaaci-2017/scientific-programme.

Apart from the EAACI Congress, you will be able to enjoy all the facilities and attractions of Helsinki, which offers a unique Nordic Experience with long, light evenings at that time of the year. We hope very much that you will come and help us bring the wonderful Helsinki Congress to life with lots of science, interaction, fun and networking with old and new EAACI friends.

We look forward to seeing you in Helsinki in June 2017.

Susanne Halken
EAACI SPC Coordinator

Antti Lauerna
EAACI 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

Pediatric Allergy and Asthma Meeting (PAAM 2017)
26 – 28 October 2017
London, United Kingdom

www.eaaci.org/paam2017

Skin Allergy Meeting (SAM 2017)
Joint meeting with ESCD
27 – 29 April 2017
Zurich, Switzerland

www.eaaci.org/sam2017

International Symposium on Molecular Allergology (ISMA 2017)
9 – 11 November 2017
Luxembourg

www.eaaci.org/isma2017

Master Class

Master Class on Primary Immunodeficiencies
7 – 8 April 2017
Prague, The Czech Republic

www.eaaci.org/master-classes

For more information visit www.eaaci.org or contact events@eaaci.org
Oxidants and antioxidants in asthma

An imbalance between the oxidative forces and the antioxidant defence systems leading to oxidant injury is termed oxidative stress. Oxidative stress has a major role in almost all inflammatory diseases including asthma. According to a hierarchical model, as the level of oxidative stress increases, the cellular response evolves from normal to inflammation and eventually culminates in cellular toxicity and cell death [1,2].

Reactive oxygen species (ROS) that trigger oxidant stress can be produced endogenously by the inflammatory cells such as activated eosinophils, neutrophils, monocytes and macrophages, and by the resident cells of the airways such as epithelial cells, smooth muscle, endothelium and fibroblasts [3]. External sources of ROS include cigarette smoke, radiation, carcinogens, drugs, hyperoxia and ozone. In order to counteract the ROS, the human body is equipped with a variety of enzymatic and non-enzymatic antioxidants that can be generated by the biological systems or taken from foods. Major anti-oxidant enzymes are superoxide dismutase, catalase, glutathione peroxidases, glutathione S transferase and redox proteins; among major non-enzymatic antioxidants are glutathione, vitamin C, vitamin E, beta carotene, resveratrol (found in red wine) and lycopene (found in tomatoes).

Oxidative stress has been shown to be present in the airways and in the systemic circulation of both pediatric and adult patients with asthma. Malondialdehyde (MDA), end product of lipid peroxidation, was significantly increased and glutathione, a major anti-oxidant, was significantly decreased in the plasma of children with asthma [4]. These changes paralleled the severity of the disease. In addition, plasma levels of all anti-oxidant enzymes were decreased in children with asthma [5]. The same picture was observed in the exhaled breath condensate of children [6,7]. These findings were substantiated by another study that investigated the levels of 8-isoprastane and MDA in the bronchial epithelial lining fluid of children with asthma [8].

Even though there is substantial evidence for the presence of oxidative stress in asthma, there are very few randomised controlled studies of antioxidant treatment. The results of these studies are generally conflicting and some of them suffer from lack of sufficient power. In a 14-week study, patients fed with a high antioxidant diet for 14 days (n=46) had a longer time to exacerbation than patients in a low anti-oxidant diet (n=91) group [9]. In a more recent study, however, consumption of broccoli sprouts had no effect on inflammatory or pulmonary function parameters in patients with allergic asthma despite causing a significant increase in sulforaphane concentrations, which is a potent inducer of anti-oxidant enzymes [10]. On the other hand, antenatal Vitamin C and E supplementation was found to exert a small but significant effect on the pulmonary functions of newborns born to smoking mothers [11] whereas it had no effect in a larger placebo controlled study involving more than 700 pregnant women [12].

At the other end of the spectrum are two studies that have suggested that anti-oxidant supplementation may even produce detrimental effects. Ristow et al evaluated the effects of Vitamin C and E supplementation on insulin sensitivity before and after exercise in diabetic patients [13]. They showed that the molecular mediators of endogenous ROS defence that were induced by exercise were blocked by antioxidants. Similarly, in a more recent study involving healthy men, Morrison et al have shown that Vitamin C and E supplementation does not attenuate skeletal muscle oxidative stress but does attenuate the increase in some of the antioxidants such as superoxide dismutase [14].

Taken together the existing data indicate that asthma is associated with a strong oxidant stress. The presence of oxidative stress has been clearly documented both systemically and locally in the airways. All the resident and inflammatory cells that participate in asthma pathology are both producers and targets of oxidant stress. In spite of these findings, an anti-oxidant approach manipulating dietary intake has not been largely helpful. Furthermore, some studies even suggest that anti-oxidant supplementation may indeed do harm by blocking the endogenous pathways.

Even though alleviating oxidant stress in biological systems offers a great potential in many inflammatory diseases, currently there is no anti-oxidant treatment that is known to be helpful in asthma.

Ömer Kalayci
EAACI Asthma Section Chairperson

References
Recombinant allergens and biomarkers in allergy

Heimo Breiteneder (Austria) introduced us to the origins of the first cloned allergens (published in 1988/1989): Der p 1, Dol m 5 and Bet v 1, and gave us some important key points to better understand the concept of recombinant allergens, such as structures which allow assignment of memberships to protein super-families even when amino acid sequence identities drop below 20%. He pointed out that, until now, a growing number of allergens of clinical importance have been identified, characterised and produced for commercial diagnostic in vitro assays. This “component-resolved diagnosis” will contribute to the advance of allergology into the era of precision medicine. However, the need to learn to interpret “allergomics” data will be a challenge for the practicing allergologist.

Another important point is that the list of important allergenic molecules introduced for diagnostic purposes is still incomplete. Hence, EAACI proposes to integrate “top-down” and “bottom-up” diagnostic approaches. The “Top-down” approach includes clinical history (with skin prick-test or IgE assays of extracts) and then molecular diagnosis. The “Bottom-up” approach moves from a microarray test to clinical history.

Finally, Heimo Breiteneder talked about allergen engineering, which allows the modification of wild-type allergens to generate allergen derivatives with reduced IgE-reactivity (“hypoallergens”) and reduced risk of triggering undesirable allergic reactions during allergen immunotherapy (AIT), while retaining immunogenic activity. Modifications used to destroy conformation-dependent B cell epitopes (while T cell epitopes and immunogenicity are conserved) include: fragmentation, fusion/hybrids, point mutations/mutations and chimeras/mosaics.

Afterwards, related to this topic, Stefan Vieths (Germany) focused on trying to answer whether recombinant allergens were really better than extracts taking into account their quality and clinical efficacy. Regarding quality, he pointed out that allergens and extracts are very different; the complexity of allergens extracts is high and the content variable (containing major allergens, minor allergens, allergen isoforms, non-allergic proteins and other non-allergic compounds) whilst the complexity of recombinant allergens is low, content is constant and they are very well defined. Regarding clinical efficacy, he pointed out that there are now different clinical development programmes on different molecules: rPhl p 1, 2, 5a, 5b, 6, rBet v 1. Here he emphasised that AIT challenges with recombinant allergens should include a selection of clinically relevant allergens; however, depending on the source, there can be many of these. Any discussion should also include an acknowledgment of the relevance of isoforms and the regulatory challenges of personalised products.

In relation to this topic, Thomas Küng (Poland) then spoke about the revolution of recombinant allergens in allergy diagnosis and treatment. One of their advantages is that they can be produced at a quality according to pharmaceutical requirements. Not only do diagnostic techniques allow allergen sensitisation profiles to be analysed at the molecular level, raising the prospect of personalised allergen-specific immunotherapy but it is known that treatment with recombinant wild-type, hypoallergens and peptide vaccines is clinically effective, and the risk of immediate allergic side effects can be reduced.

Regarding biomarkers in allergy and inflammation, first Hae-Sim Park (Republic of Korea) gave an interesting talk about different biomarkers currently available. She highlighted exhaled nitric oxide and its correlation with sputum eosinophilia and asthma severity. She also concentrated on changes in exhaled breath condensate mediators in severe asthma and the roles of periostin in respiratory disorders. Thus, serum periostin levels are strongly related to decline of FEV1 in asthmatic adults. Other important biomarkers useful for the evaluation of asthma control are sputum IL-13, IL-5 and circulating microRNAs.

Next, Adam Chaker (Germany) offered a very interesting lecture on biomarkers for immunotherapy, basing his talk on the EAACI Consensus Position Paper whose main aims were to collect and evaluate surrogate immunologic and clinical biomarker data on AIT obtained from clinical trials. It also aims to recommend a consensus on candidate biomarkers for monitoring AIT including how these biomarkers could be implemented in AIT trials. Seven domains were established: IgE; IgG; serum inhibiting activity for IgE; basophils; cytokines and chemokines; cellular responses; and in vivo biomarkers. Its main conclusions were that, to date, there is no validated or generally accepted candidate biomarker which will be predictive of clinical response to AIT. However, the Position Paper recommends exploring the use of slgG4 as a biomarker for compliance and using IgE-ratio and IgE-FAB for clinical outcome.

Finally, Ioana Aqache (Romania) offered a very practical vision regarding use of biomarkers in personalised medicine, emphasising that asthma and allergic diseases are ideally suited for precision medicine. She pointed out that a successful endotype should link the key pathogenic mechanism with a clinical phenotype of asthma via biomarkers. New approaches defining allergic disease endotypes should include more accessible tools for human immunophenotyping, specific targeted immune therapies, the application of omics and data driven disease endotyping. The ideal biomarker should be reproducible and usable as a diagnostic test (easily measurable, affordable). She concluded that endotype-driven treatment of allergic diseases and asthma has improved response rates but did not solve the dissociate effect and variability in response due to drug efficacy at the target site. For Precision Medicine in a clinic it will be necessary to revise disease taxonomy including disease endotypes, have full patient monitoring using novel digital technology, explore the concept of endotypes and novel biomarkers and improve understanding and common usage of disease phenotypes, endotypes and biomarkers at the point of care.

Teresa Garriga Baraut
EAACI Newsletter collaborator
Pediatric Allergy Unit, Vall d’Hebron Hospital
Treating severe asthma patients requires careful examination of patients’ phenotype and endotype. In the near future, biologicals against different type 2 cytokines will become available, which increases the need for identification of responders to each of these therapies. During the 2016 EAACI Annual Congress these concepts were highlighted at several Symposia. Results from different European consortia dealing with endotyping patients with severe asthma showed a prominent role for mast cell mediators. Cluster analysis on patients from the U-Biopred study demonstrated that selected patient clusters have increased gene expression of mast cell associated genes and bronchoalveolar lavage (BAL) tryptase levels. In a different study, prostaglandin D2 (another mast cell mediator) was shown to be increased in patients with severe asthma and to activate type 2 innate lymphoid cells. Mast cells and their mediators might therefore be potential targets for therapeutic intervention in a subpopulation of asthmatics.

Different biomarkers have been suggested to serve as predictors for the response to corticosteroids. Serum periostin was reported in the “BOBCAT study” to be superior to sputum eosinophil and/or FeNO levels for the detection of steroid responders. However, these findings could not be confirmed in a similar later study and, recently in the “BIOAIR study”, periostin was even shown to be the least good predictor of response when compared to sputum or blood eosinophils and FeNO. These discrepancies might be due to how one defines steroid responsiveness but also highlights the need for replication and validation of biomarkers in different cohorts of patients. Besides serum periostin, a potential biomarker of type 2 inflammation could be urinary leukotriene E4. This marker is significantly increased in severe asthma compared to mild asthma and controls and is associated with eosinophilia and serum IL-13. However, a high spread of this marker was found in patients with severe asthma. Additional studies are thus required to confirm these data and to define which cut off values can be used to obtain accurate prediction of type 2 inflammation. Identification of the absence or presence of type 2 inflammation will guide the treating physician on whether or not to give type 2 targeted biologicals. Future biomarker research is, however, needed to decide on targeting IL-4, IL-5, IL-13 or other type 2 associated cytokines.

Sven Seys
EAACI Allergy, Asthma and Sports Interest Group Member
EAACI Asthma Section Past JM Representative
European Academy of Allergy and Clinical Immunology
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