The exam is based on questions from a pool prepared by EAACI Task Force members and members from different European centres. The questions are carefully formulated and reviewed by an international board of experts in allergology and clinical immunology, together with the Institute of Medical Education (IML), University of Bern, Switzerland, a specialised professional institution which also supervises the evaluation of the examination. The questions address topics on allergology and clinical immunology including allergens, dermatological, respiratory and pediatric allergy, anaphylaxis, venom hypersensitivity, and drug and food hypersensitivity. Furthermore, issues such as pregnancy and allergology, occupational allergies, eosinophilic disorders, mastocytosis and C1-INH deficiency are covered. It also assesses knowledge of basic immunology and clinical immunology (autoimmunity and immune deficiency). The exam lasts three hours and is comprised of 120 multiple-choice questions, all in English.

APPLICATION OPEN
FROM 1 FEBRUARY TO 1 APRIL 2016

This year, the examination will be offered in two different tracks:

- The **EAACI Knowledge Exam** - consisting of 120 multiple-choice questions in allergology (70%) and basic/clinical immunology (30%), including a few pediatric questions but with a focus on general allergology.

- The **EAACI Pediatric Track Exam** - being offered for the first time in 2018 and in collaboration with the EAACI Pediatric Section, this track (aimed at colleagues with a pediatric background) consists of 120 multiple-choice questions, of which 100 questions are based on allergology and basic/clinical immunology (similar to the EAACI Knowledge exam) and 20 are specialised pediatric questions.

**Good luck with the exam!**

Musa Khaitov  
EAACI Knowledge Exam  
Peter Schmid-Grendelmeier  
EAACI Vice President Education & Specialty

For further details and to apply please visit [www.eaaci.org/exam](http://www.eaaci.org/exam)
Sharing knowledge, opening arms, appraising true value

“Daring ideas are like chessmen moved forward; they may be beaten, but they may start a winning game.” (Goethe).

Innovation is the leading edge of the EAACI Strategic Programme 2017-2019, building on the sustainable growth of the Academy. We definitely need to invest in daring ideas to challenge the allergy epidemic, to promote a strong allergology speciality, to organise the best allergy, asthma and clinical immunology meetings in the world, to offer the finest science and education to our members, to keep our journals at the forefront and to embrace our community.

Innovation is a struggle for many to master. What does it mean to be innovative? How is innovation evaluated? Are some mechanisms more successful than others? Is the “people over projects” approach better than the mission-focused, strictly aligned with strategic goals pathway? I strongly believe that the best approach combines both creativity and reality and needs to be complemented by an efficient translation process of the value created by our Academy towards its recipients.

From this perspective EAACI aligns several novel projects for our community: the Munich Congress explores the “digital format” in depth and encourages new types of scientific communication such as patents; DHM 2018 sets the interdisciplinary arena where latest laboratory findings meet the clinical riddles; FAAM 2018 is the hotbed of new ideas meant to change the management of food allergy and anaphylaxis; ISAF 2018 explores a new twin track format embracing the larger community dealing with severe asthma. Every year, EAACI develops and updates resources to help healthcare professionals and researchers to design the best interventions, deliver high standard care and to assess their actions and decisions for purposes of quality improvement and/or reporting. Two new EAACI guidelines, on atopic dermatitis and on the use of biologics in allergic diseases and asthma, are in the pipeline. Nurturing valuable social capital will help EAACI to retain its position of the world leader in allergy and asthma. The newly created EAACI Scientific Network includes top scientific leaders in different medical disciplines and related scientific areas to support EAACI scientific platforms and the strategic planning of Section, Interest Group and Working Group activities. The EAACI/UEMS Knowledge Exam is steadily increasing the number of its enthusiastic participants and this year will provide a pediatric track to better accommodate the needs of applicants.

As we continue to make the Academy’s history, we celebrate Newsletter issue number 50. Since 1996, the EAACI Newsletter has been “at your service” and the original motto “Allergy is your journal, the EAACI Newsletter is your voice” is still there and going strong. I congratulate and acknowledge the efforts of all the Newsletter Editors for keeping the “coloured paper voice of the Academy” at the centre of information flow.

The National Societies Committee first meeting this year, held on 20 January 2018 in Munich, set the framework for effective cross-collaboration between EAACI and its partners. The new dual membership project was received with great enthusiasm and novel Working Groups on Education and Membership were planned. Focusing on shared values, moving from transactional to transformational, and leveraging the combined strengths of each partner to achieve the level of impact that could not be accomplished independently were agreed as core values of the EAACI–NAS platform.

If young people surround you, you’ll have boundless energy. The JMs have been an EAACI priority since the very beginning and they are still the mainsay of the EAACI Strategic Programme. The mentorship programme is re-launched in a novel format linked to the EAACI fellowships. If I could give our JMs one piece of advice, it would be to ask someone to mentor them: the lessons, connections, and opportunities provided are invaluable. Mentors are the true accelerators in your life.

Our members are the heart and soul of the Academy. Join us at your own pace and in your own time to build together the InnoVision of EAACI.

Ioana Agache
EAACI President
Dear EAACI friends,

Following the excellent and elegant work undertaken by Beatrice Bilò, with the invaluable input of EAACI Headquarters and the production team, it is my great pleasure to accept the great responsibility of the editor’s role for the EAACI Newsletter. My accountability as editor relies not only on the more than 10,000 EAACI members but also on all the related stakeholders (including clinicians, researchers, allied health professionals and other experts) who make EAACI the biggest association in allergy, asthma and immunology.

My first contact with EAACI was back in 2008 during the EAACI Congress in Barcelona. I had the opportunity there to notice the exciting scientific and networking activities available for both Junior Members and seniors, and since then I have been enchanted and honoured to be an active part of EAACI. I take this opportunity, if I may, to kindly suggest to all EAACI Junior Members to aspire to be the best, to work hard and learn from the very interesting and productive work of their senior colleagues who are also members of this Academy, to take advantage of the multiple educational and networking possibilities, as well as the fellowships, mentorship programme and specially designed JM sessions during every EAACI event. Get involved in EAACI activities and help promote them further, giving them the importance they deserve. And please provide your feedback, to help us all improve, advance and aspire to excellence.

Beatrice Bilò’s thoughtful restructuring of the newsletter, which changed through the years she was editor, will yield to new variations, in response to the vast acceptance and current use of Social Media (SoMe). Selected articles will be highlighted via SoMe, making the newsletter more interactive and leaving room for all EAACI members to give opinions and feedback, and encouraging dialogue. This will likely modify the printed version of the Newsletter, allowing it to be a new resource where both members and stakeholders can find updates and news, making the Newsletter experience richer.

The Newsletter already has a Spanish version, aimed at the EAACI members with this mother language which is spoken by more than 400 million people worldwide, and the idea now is to make it interactive via SoMe. Other language versions of the Newsletter are also being discussed.

As the Newsletter’s purpose is to provide readers with useful and scientific information related to EAACI’s activities, as well as developments and innovations in allergy and clinical immunology, this new Social Media interaction will catapult our message further afield and make EAACI’s thrilling activities even more visible, allowing faster and easier input, comments and suggestions from all readers. Fulfilling current needs but with an eye on sustainability, the Newsletter will gradually be delivered increasingly in an online format, supporting the “EAACI goes green” initiative.

Of course, the Newsletter will continue to offer succinct and interesting reports and news from EAACI Master Classes, Allergy Schools, Workshops, Focused Meetings and Congresses from our members. EAACI is committed to patient organisations, as they have a lot of good initiatives and proactivity, and the Newsletter remains a good means of communicating their activities, projects and concerns.

The Newsletter will be a good source for news of the activities and progress of the dozens of Task Forces which integrate within the EAACI Sections, Interest Groups and Working Groups. Therefore, I invite EAACI Task Force chairs and secretaries to submit details of their work. The Newsletter will continue to be the visible document where evidence-based and consensus-validated documents produced by the different Sections of EAACI be announced.

Starting in this issue, EAACI Headquarters have a new section in the Newsletter, making their tremendous and invaluable work more visible.

As President Ioana Agache states in the EAACI Strategic Programme 2017–2019: “Everyone will know the essential role and value of the specialty of allergy and clinical immunology” and the newsletter will continue to be EAACI’s preferred method of expression, making visible the immense work being undertaken by the Academy’s active and productive membership.

I am pleased to contribute and be an active part of this Academy. I invite you not only to read the newsletter, but to send me your feedback, thoughts and contributions to: newsletter@eaaci.org

Enjoy the newsletter, enjoy EAACI!

All the best

Darío Antolín Amérgio
EAACI Newsletter Editor
President’s Desk
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Letter from the Editor
4 Welcome to the EAACI Newsletter

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Science in Brief: EAACI Congress 2017
22 New anti-inflammatory treatments for asthma – Teresa Garriga Baraut
Quality criteria for Comprehensive Allergy Care Centres

With over 50% of Europeans suffering from at least one allergic disorder, there is a great need for a network of comprehensive allergy care centres. Establishing a full range of quality criteria for Comprehensive Allergy Care Centres – like those established for Comprehensive Cancer Centres – helps to ensure that allergic patients get best care.

Certainly, good leadership and management of each allergy centre is needed, with a periodical planning and control cycle concerning allergology policy and strategy. Quality management should be incorporated at the administrative/board level and, from the outset, there should be written cooperation agreements concerning care, educational and research activities with at least one university (hospital), which should be periodically evaluated.

Indeed, quality criteria are essential throughout the range of activities and responsibilities held at each allergy centre, covering topics as diverse as allergy data registration (ensuring that allergy patient data are used for developing strategic planning and quality improvement of care processes), through process control (ensuring continuity of care, 24/7, within the allergy centre), to the tasks and responsibilities of the (allergy) nurses (defined according to the level of their education).

The definition of standards and sub-standards allow all topics to be succinctly defined. For each type of allergy and disease, consensus should be reached among the disciplines involved about the guidelines used for diagnosis, treatment, follow up and clinical research, and those guidelines should be easily accessible and updated on a regular basis. A Multidisciplinary allergy team (MAT) organisation should be formalised amongst the disciplines involved in allergy care.

Systems should be put in place to safeguard quality, including quality assurance (QA) programmes as part of the policy plan for quality and risk management, and in the allergology healthcare area (diagnosis, treatment, immunotherapy), as well as in human resources.

Process controls should be in place both for prevention and early diagnosis (including patient health organisation) and for allergy treatment and care (including full protocols for diagnosis).

Agreements should be reached within the allergy centre concerning referral of patients to support disciplines, including definition of which types of clinical conditions are referred and how. Immunotherapy should be organised according to written procedures and under agreements with other centres concerning transferral of patients, if necessary.

Each centre should have its own strategic plan/policy for allergology research, integrated into the overall strategy of the allergy centre. Clinical research should be properly defined with, for example, written procedures to evaluate clinical trial proposals and an Institutional Review Board (IRB) to evaluate them.

Structural co-operation should be organised between researchers and clinicians with, for example, regular briefing of research activities and results through information sharing and joint meetings. Specific training and oncological continuous education should be incorporated into an annual or multiannual training programme.

The areas outlined here represent only part of the story: much work has already been undertaken to create extensive quality criteria for Comprehensive Allergy Care Centres. To learn more, or to get further involved, please do contact me at the address below.

Antti Lauerma
Professor of Dermatology and Allergology;
Director, Centre for Inflammatory Diseases, Helsinki University Central Hospital and University of Helsinki Skin and Allergy Hospital, Helsinki, Finland
antti.lauerma@hus.fi

EAACI CALENDAR – IMPORTANT DATES AT A GLANCE

April 2018
13 – 14 April – EAACI Master Class on Biologicals, Prague, The Czech Republic
19 – 21 April – DHM, Drug Hypersensitivity Meeting, Amsterdam, The Netherlands

May 2018
25 May – EAACI Executive Committee Meeting, EAACI Congress, Munich, Germany
26 – 30 May – EAACI Congress 2018, Munich, Germany

26 May – 11th EAACI/UEMS Examination in Allergology and Clinical Immunology, EAACI Congress, Munich, Germany
28 May – EAACI General Assembly, EAACI Congress, Munich, Germany

October 2018
1 October – EAACI Fellowships Application for Junior Membership Fellowships 2019 open
18 – 20 October – FAAM, Food Allergy and Anaphylaxis Meeting, Copenhagen, Denmark

November 2018
8 – 10 November – ISAF – International Severe Asthma Forum Madrid, Spain

“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” page on www.eaaci.org.
Cezmi Akdis Editor-in-Chief of Allergy

What is your experience with EAACI? My first involvement with EAACI started in 2001 as Secretary and Chair of the Immunology Section, where I helped establish the EAACI Immunology Winter Schools. I served as the EAACI Scientific Programme Committee Chair (2005–2007), developing the current structure of EAACI scientific programming, including introducing junior members to scientific programming and involving EAACI Sections and Interest Groups. I was Vice President Congresses (2007–2011) and involved in many historical major tasks, including opening the EAACI headquarters in Zurich, and implementing the organisation of PAAM, FAAM, DHM, SAM, SERIN, ISMA and ISAF under official EAACI patronage. It was my great honour and pleasure to be the EAACI President (2011–2013), achieving the development of the EAACI Food Allergy Guidelines and EAACI Patient Organisation Committee, amongst others. It is now a great honour to assume the Chief Editorship of Allergy, a task I will do as part of a team, with passion and vision, as a continuation of my years in the EAACI family.

What is your experience as an Editor? My interest in editing started in 2003, when I was elected to the editorial boards of Allergy and the Journal of Allergy and Clinical Immunology (JACI). Around that time, I also started working for Current Opinion in Immunology and Nature Immunology Reviews, selecting monthly highlights. I became an Associate Editor of JACI in 2007 and served as Co-editor-in-Chief from 2015 until November 2017. I also developed the three Global Atlases of Asthma, Allergy and Allergic Rhinitis and Chronic Rhinosinusitis with EAACI President Ioana Agache.

What is your vision for Allergy? I want to make it a “world journal and the best platform for the communication of research and education of our specialty”. Modern communication and social media tools will be used efficiently to reach all regions of the world, embracing developing subdisciplines in a balanced way, and engaging and developing EAACI Junior Members, young scientists and new leaders to develop and improve the journal in all aspects. I believe in team work, transparency, loyalty, honesty, enthusiasm, collegiality and the engagement of all colleagues. I am confident that with our developing editorial team and the specialty’s stakeholders, including the EAACI membership, we will continue to move our science and specialty forward through Allergy.

Magdalena Czarnecka-Operacz CME Committee Chair

Please tell us about yourself. First of all, I would like to say that it is a great honour and pleasure to take over the position of Continuous Medical Education (CME) Chair. I graduated from the Medical University of Karol Marcinkowski in Poznań Poland, having spent a year of elective studies at the Royal Childrens’ Hospital in Melbourne, Australia. In Poland I am Board Specified in dermatology and allergology. I have worked a lot in the field of allergen specific immunotherapy, specifically for atopic dermatitis (AD) patients. Recently I have been involved in a research project in the field of AD molecular immunology at the Department of Dermatology and Venereology in Magdeburg, Germany. Currently I am Head of the Allergic Diseases Diagnostic Centre within the Department of Dermatology (Medical University of Poznan). I am a member of the European Academy of Dermatology and Venereology (EADV), European Dermatology Forum (EDF), EAACI (where I am also a member of the Dermatology Section), European Society of Contact Dermatitis (ESCD), and the International League of Dermatological Societies (ILDS). I am also Vice-President of the Polish Society of Allergology and chair the regional unit (for Wielkopolska) of both the Polish Society of Allergology and the Polish Society of Dermatology and Venereology.

What is your CME experience? I have been President of the Section and Board of Dermatology and Venereology of the European Union of Medical Specialists (UEMS) since 2009. As such, I was also elected a member of the UEMS Governance Board on CME-CPD (Continuous Medical Education–Continuous Medical Development) and have responsibility for the European Board Examination in this field, as well as for the process of accreditation of all educational events in the EU. Therefore, continuous medical education and all its related issues are not new for me.

What are your main objectives? I would highlight three main objectives as CME Chair:
1. encouraging cooperation with the UEMS Governance Board on CME-CPD;
2. working constantly according to the update criteria for the accreditation of Life Educational Events (LEE) by the European Accreditation Council for Medical Education (EACME); and
3. working towards the accreditation of other forms of CME activities (e-learning activities, CME credits for scientific journals, etc.).
In 1992, Allergy: The European Journal of Allergy and Clinical Immunology became the official organ of the Academy and was circulated to all members as a part of their annual subscription. The new Editor (Gunnar Johansson) and the three co-editors (Jean Bousquet, Mike Kemeny and myself) decided to include in the format of the journal a new bi-monthly section, aimed at providing information about the main EAACI activities such as congresses, annual meetings and deliberations of the Executive Committee: it was this section which formed the origins of the EAACI newsletter.

Claude Molina was the first EAACI Newsletter Editor, followed by Denis Charpin. In 1996, in order to foster a bi-directional flow of information between EAACI individual members and managing bodies, it was decided to publish and circulate the Newsletter separately from Allergy, and I, as Secretary General, was appointed to be the Editor of it with the valuable collaboration of two Associate Editors, Anthony Frew and Carsten Bindslev Jensen, and of outstanding contributing editors: M. Debelic, E. Alvarez Cuesta, J. Galatas, U. Svendsen and P. van Cauwenberge. Our first issue came out after the 1996 Madrid Congress with the motto “Allergy is your journal, the EAACI Newsletter is your voice”.

The publication came out regularly, increasing the number of issues per year from two in 1996 to four in 1997 with sections including: editorials; news from National Societies, EAACI Committees and Sub-committees; corporate societies; hot topics; calendars and reports of congresses; a selection of current literature; a who’s who in allergy; and letters to the Editor. The precious collaboration received by associate and contributing editors as well as by the editorial assistants Hanne Freno and Silvia Mancini also contributed to very appreciated mono-themed issues, such as those on the internet and allergy, how to write and publish a good paper, and on allergy and sports.

In 1998, the EAACI Newsletter celebrated the introduction of the euro with a new more appealing editorial look, and new sections were added, including a special forum for the just-established EAACI Junior Members and Affiliates, a section on news from the AAAAI (edited by Dick Lockey), and “yellow pages” published every year, reporting EAACI activities from A to Z. Moreover, a special agreement with ACI International allowed a wider diffusion of some issues of the EAACI Newsletter to all IAACI-WAO members all over the world.

At the end of my presidential mandate in 2001, I was very pleased to leave to my co-editor Claus Bachert a healthy, self-financing publication that further progressed and improved under his editorship and thanks to the very professional commitment of Ioana Agache.

Sergio Bonini
Newsletter Editor 1996–2001
EAACI Past President
A few thoughts on the EAACI Newsletter

An incredible journey that took 4 years, 12 issues and hundreds of pages. The perfect example of teamwork in the EAACI spirit of friendship and excellence.

The EAACI Newsletter stands under the light of appreciation for the extraordinary events and people that make the European Academy of Allergy and Clinical Immunology the World Leader in the field. From high quality education and research to innovation, public engagement and promotion of human values, the EAACI way has deeply carved and shaped the allergy and clinical immunology landscape worldwide.

Ioana Agache
Newsletter Editor 2009 – 2013
EAACI President

I have been in the EAACI family for some time now, first as secretary and chairperson of the Interest Group on Venom Hypersensitivity, and then as an Executive Committee Member. From January 2014 to December 2017 I also had the pleasure of taking on the role of EAACI Newsletter Editor. Commitment to EAACI has always represented for me a great personal and professional pride. As editor I learned a lot in those four years, having the opportunity to meet so many interesting people and to be closely aware of all the activities, interests and projects promoted by EAACI in order to spread them to the scientific community and also to lay people. Therefore, I felt strongly involved in the EAACI mission.

Every new editor tries to introduce innovations, starting from real needs that may arise over time, especially considering the growing number of members and new activities and initiatives. For these reasons, I suggested and then obtained an increase in the number of pages from 24 to 28 from the first 2016 issue. Also, thanks to a creative designer, a new cover style and new icons were adopted. A space called “Opinion Leader Corner” was created, allowing contribution of many European and non-European scientists and leading experts. Thanks to the “Ask the Expert” and “Science in Brief” sections, we further increased the scientific content of the newsletter. More space was dedicated to the Ethics Committee, Patient Organisations Committee, National Allergy Societies, Junior Member activities, and all EAACI meetings, especially the Annual Congress. We encouraged greater participation by sections and IGs to illustrate their activities and scientific work. Spanish translation, started under my predecessor, and distribution to the SLAAI membership continued to be appreciated by our distant colleagues.

With four issues a year being shared via email, social media, the EAACI website and in printed form, the newsletter can be considered an excellent means of disseminating EAACI information.

Lastly, in these four years my work as editor was facilitated by the support of the President and Vice-President of Communications and Membership, by numerous people from Headquarters, and (from 2016) by Alan Peterson, an external coordinating editor. Many thanks to all of them, as well as to all the newsletter readers.

M.Beatrice Bilò
Newsletter Editor 2014–2017
NASC Chairperson
The EAACI Governance Committee

Good governance is a key factor in underpinning the integrity and efficiency of a scientific society.

EAACI is committed to apply the core principles of good governance: fairness, accountability, responsibility and transparency, and to capitalise on innovation and openness to change, competence, capability while ensuring sustainability and a sound financial system.

The EAACI governance structure was recently changed, aiming to improve EAACI’s organisation and functionality. The governance structure is a living scaffold that needs continuous adaptation to the needs of our members. A Governance Committee was approved last June in Helsinki to provide coordination of EAACI Governance and solutions tailored to specific situations.

The specific focus of action of the Committee for the next 2 years is: (a) revising of the Constitution and bylaws; (b) defining the roles and responsibilities of EAACI bodies; (c) defining and surveillance of election processes; and (d) producing guidelines for EAACI budget development and use.

The revision of the Constitution started in 2016 and was finalised at the first meeting of the Governance Committee on 19 January 2018 in Zurich. The revised version is available for public comment by EAACI members on the EAACI website and will be submitted for approval to the General Assembly in Munich on 28 May.

The Governance Committee also revised the Ethics Committee bylaws and the general provisions for all EAACI committees, and developed new bylaws for the division of competencies between the Executive Committee and the Board of Officers.

The Governance Committee will continue to deliver new and efficient solutions, being ready to learn from the feedback of our members.

Ioana Agache
EAACI President

ISAF 2018
8 - 10 November 2018
Madrid, Spain

4th International Severe Asthma Forum

www.eaaci.org/isaf2018
Ara h 6 is a major sensitizer in peanut allergic patients that can induce systemic reactions.²,⁵

Up to 4 out of 100 peanut allergic patients are mono-sensitized** to Ara h 6.³⁻⁵

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* ImmunoCAP™ Allergen f447, Allergen component rAra h 6 Peanut
** without concomitant Ara h 2 sensitization

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As the new EAACI Social Media Editor, I am strongly committed to our organisation’s vision and values, having as a priority the aim of facilitating constant dynamic communication based on mobile technologies, in order to accurately promote news from EAACI’s high-quality position papers and guidelines, journals and books, and from EAACI’s many meetings, especially the annual congresses but also the focused meetings, allergy schools and master classes.

My early interests in EAACI communication, were reflected in my position as a member of the EAACI Audio Visual Sub Committee twenty years ago. In the last five years, I have been an enthusiastic social media user, being active on key online social platforms, posting with honesty and transparency, and always promoting science-based information. As Associate Professor at the “Carol Davila” University of Medicine and Pharmacy in Bucharest (Romania), I advocate the responsible use of social media as a means of communicating scientific news with my residents and young specialists in allergy and clinical immunology.

By creating the very friendly #AllergistsGetTogether hashtag, important social media activists have been encouraged and brought together to increase user engagement in #ContinuousAllergyAwareness. The dissemination of information related to research in the context of real-world problems within the allergy specialty, and of various educational needs and public campaigns, is important to create social and academic value for healthcare professionals, patients and society.

Embracing the power of teamwork and collaboration with all other members of the EAACI Communications team, the EAACI Junior Members and other interested social media activists is essential for a professional, efficient and responsible social media experience, along with the promotion of quality standards of communication in different online social networks and platforms.

For this year’s EAACI Annual Congress, being held on 26–30 May 2018 in Munich (Germany), please use the hashtag #EAACI2018 and follow EAACI social media accounts, because with healthcare professionals and key opinion leaders joining from all over the world, this great meeting will offer an outstanding platform for learning, knowledge exchange and networking!

Florin-Dan Popescu
EAACI Social Media Editor

SoMe:
I enjoyed every minute of it!

The closing of 2017 signified the fulfillment of my mandate as the EAACI Social Media Editor. I first started working on the Academy’s social media (SoMe) in 2013 as a side activity while being the EAACI Website Editor. Then, in 2015, I continued working in the context of a newly-established, dedicated position. Thus, it has been four years since I first introduced Ioana Agache, then Vice-President of Communications, and the whole EAACI Executive Committee to the idea that SoMe can support our professional and not just social lives! It did take some effort to prove this and the name of these platforms (‘social’ media) did not help a lot in the beginning. But thanks to these open-minded individuals, the idea moved forward and some of the initiatives I can happily account for include: the 17 YouTube-located interviews with authors publishing in EAACI Journals; the two #AboutAllergy twitter discussions, in which leading authors publishing on hot topics answered questions posed live by twitter users at a predefined hour; posts on newly-published articles in EAACI journals; and the idea of inviting EAACI Congress speakers to email key-messages from their lectures which were then posted on Twitter during their presentation.

My engagement as the SoMe Editor coincided with other active EAACI roles I held, primarily the position of JMA Chair. This overall involvement afforded me the opportunity to have an in-depth knowledge of EAACI’s strategic plans and initiatives, which was the basis of setting the editorial plans. Alongside this, I went through a natural process of developing team working and leading skills, which allowed me to be able to effectively communicate with individuals and groups, give constructive feedback and actively work to build one-on-one associations with team members. I have learned the value of being a creative thinker and the importance of interpersonal relationships to meet common goals. Finally, and importantly, I was fortunate to meet inspiring leading figures in the allergy field!

Therefore, it has been four productive years, and yes I enjoyed every minute of it! I am now looking forward to the challenges ahead!

Olympia Tsilochristou
Past Social Media Editor
Past JMA Chair
Basic rules when using social media

Social media has become an important part of our communication with the world, both inside and outside of EAACI. The use of online networking platforms is a key aspect of continuous learning and education in today’s information sharing society. It is worth taking a moment to discuss several general rules for participation in any social network or platform, whether using a personal name or under an alias, particularly in a professional medical context.

• First, respect your social media network rules and social media service policy; respect the constitution, bylaws, code of conduct and code of ethics of the organisation to which the network belongs.
• Second, being professional is essential: don’t blur professional and social boundaries. As healthcare providers, individual social media users also represent their organisation and professional community. Always adhere to rules of ethical and professional conduct. Content made and posted in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings.
• Health care professionals should never post protected or personal health information. In the era of big data, always respect patient privacy and don’t relate an identifiable patient history. Avoid interacting with current or past patients via social media, and do not discuss patient complaints.
• Avoid requests to give professional medical advice. Any posted content should not be treated as such, or be intended to constitute or replace medical advice, diagnosis or treatment, and shouldn’t be an alternative to or replace for consultation from a suitably qualified healthcare provider, and should not influence or delay seeking medical advice/consultation from qualified health professional, in any way and under no circumstances.
• When posting in your own personal capacity, all opinions, comments and statements should remain personal and should never give the impression that you speak for a wider organisation when you don’t.
• Being responsible is also a basic principle on social media. Posted content is usually permanent; anything posted can have immediate and/or long-term consequences and carry the potential to go viral or have a wide public impact. Good judgement and common sense must therefore be exercised prior to every posting or comment; all statements must be true and not misleading, and differentiating opinions from facts is a must.
• Be vigilant. Always think about your personal reputation and don’t post content you don’t want others to see. Always comply with legal restrictions and obligations.
• Being credible, consistent and respectful is critical. Social media request healthcare users to be accurate, fair and consistent. Show respect for the opinion of others and don’t use defamatory, vulgar or libellous language, or be disrespectful to any individual or group with regards to age, race, national origin, gender, marital status, sexual orientation, military status, ethnicity or genetic information. Respecting copyright, avoiding intellectual property infringement and mis-representation of non-peer reviewed data are high priorities.
• Being aware of online security is crucial. All social media platforms have their own privacy and data protection statements which must be read carefully. Being cognisant of continuous changes in these online services and monitoring the privacy settings of your social network accounts is important to optimise privacy and security. There is always a risk of virus attacks and identity theft, so take all precautions to protect yourself and others.
• Finally, to be active on social media, create meaningful content and post new content frequently for maximum visibility.

Florin-Dan Popescu
EAACI Social Media Editor
Darío Antolín-Amérgio
EAACI Newsletter Editor
Alberto Alvarez-Perea
EAACI JM Secretary

Selected references
❯ https://www.amsa.org/social-media-guidelines-medical-students-physicians
A few words from the Website Editor

I’m very happy to inform you that I was re-elected as Website Editor for the next term (2018–2019). The Website Editor’s objectives have not changed: you can still expect continuous support and hard work from me focused on maintaining and developing a well-structured, easy to use and comprehensive website presenting EAACI activities, initiatives and priorities. Welcome again to all EAACI members!

The whole EAACI communications team is working to constantly improve and update the website as quickly as possible. We are trying to develop the best tools for members and to always provide fresh news.

Let me please highlight a few recent changes:

- Information about FAAM and ISAF can now be found under the “Meetings” tab. I encourage you to have a look there if you are interested in participating in those meetings.
- Don’t forget that the EAACI Newsletter has a separate place in the “Resources” menu, making it easier to access.
- Under “Resources” you can also find regularly updated information about the EAACI journals. Remember: access to EAACI journal articles is free for EAACI members.
- The EAACI Job Center is now open and you can reach it by clicking the tab in the upper right corner which appears on all pages on the website. There, you can find information about job offers from all around the world. If you would like to submit a job application, please use the online form. All vacancies are subject to a review process before being published in the Job Center and offers from industry will be rejected.

I remind all EAACI members that the website belongs to us all: please remember that your contributions to the site are more than welcome! Any suggestions, comments or ideas should be sent to webeditor@eaaci.org and are highly appreciated. All your e-mails will be responded to.

Sylwia Smolinska
EAACI Website Editor

www.eaaci.org
As EAACI has grown over the years, so has the need for it to become more structured, to manage the increasing range of our activities. In 2009, the EAACI Headquarters opened in Switzerland, with the objective of working in unison with all members of the EAACI family, and to continuously professionalise and further develop our activities.

Following typical non-profit constitutions, EAACI leadership terms last two years, and one of the greatest benefits that EAACI HQ offers, alongside our business-division expertise, is consistency. By maintaining processes and procedures centrally, the office acts as a hub to guide projects effectively and best manage EAACI resources. Currently, as a team of 10, our departmental focus covers a wide range of core tasks and responsibilities, divided into 8 key areas:

**EAACI HQ in numbers**

In 2017, **10 full time employees** supported our academy to successfully achieve the following outputs:

- 4 EAACI Focused Meetings
- 11 EAACI Leadership Meetings
- 72 EAACI Task Force Meetings
- 5 EAACI Schools and Master Classes
- Assistance given to over 10,000 EAACI Members
- Communicated with over 136,000 users via [www.eaaci.org](http://www.eaaci.org)
- Led coordination for the EAACI Annual Congress 2017 with over 8,000 delegates
- Printed and distributed over 6500 EAACI Guidelines, Atlases and User Guides to members
- Gained over 5100 supporters for the United Action for Allergy & Asthma health campaign.

2018 has started at the same energetic pace and we look forward to offering our continued support to all of you this year. Over the coming newsletter issues, we will keep you updated on highlights from the headquarters, giving you a deeper insight into our departments and the projects we work on.

If you are attending the EAACI Annual Congress in Munich, we very much welcome you to the EAACI booth to say a quick hello and give any feedback or suggestions. We look forward to seeing you soon.

Warm regards

*Your EAACI HQ Team*
#EAACI2018: why we need a meeting hashtag and a tweetup

The use of social media in the field of allergy and clinical immunology is rapidly growing. Physicians, academics, editors of medical journals, companies, news entities, health institutions and scientific societies are increasingly using social media in various ways. Patient support organisations, patients, family members and other individuals are also active members of online communities.

Today’s social media are dynamic computer-mediated communication tools consisting of highly interactive platforms in which individuals or groups create user-specific profiles for a site or application software in order to connect in virtual communities. In such online environments, user-generated content is created, accessed, shared, exchanged, endorsed, discussed or modified. Compared with traditional media, social media services work faster and farther in spreading information; they are archived, searchable and interactive. These qualities make them especially effective in enhancing communication between professionals, but also between professionals and other social media actors.

Twitter, as a popular social media platform for microblogging, has been successfully used in medical conferences around the world. Its many uses include disseminating information, information sharing and networking at meetings, but also amplifying the conference experience to a wider virtual audience, due to the impact of the microblogs posted by participants. In order to facilitate this engagement, congresses and meetings need an individualised #MeetingHashtag, announced and promoted in advance on the event website, in newsletters and print materials, but also on conference badge ribbons and on social media accounts; its use should be encouraged by all participants and social media activists in their responsible event-related posted content.

EAACI has regularly organised social media activist meetings at congresses since 2015. Such meetings, known as tweetup events, facilitate active key influencers and activists attending the event to meet in person for face-to-face interactions. Using the tweetup setting, activists are provided a framework for collaboration, in order to cover as many Congress activities as possible with posted content, to promote academic discussions and to disseminate good quality information on social media. These actions contribute to the success of EAACI’s social media presence, consolidating relationships and collaborations for active and continuous promotion of allergy and clinical immunology awareness.

The EAACI Tweetup social media meeting has a very friendly hashtag: #AllergistsGetTogether.

For this year’s EAACI Annual Congress, being held on 26–30 May 2018 in Munich (Germany), we urge you to use the hashtag #EAACI2018.

Florin-Dan Popescu
EAACI Social Media Editor

Alberto Alvarez-Perea
EAACI JM Secretary

Darío Antolín-Amérgio
EAACI Newsletter Editor

Selected references
AGENDA PLANNING FOR EAACI CONGRESS 2018

PRE-REGISTER TODAY
With 17 different session types, the EAACI Congress caters for every interest and learning style. Here are a few highlights you may want to consider for your personal agenda:

Learning Lounges allow delegates to meet in a small group with outstanding researchers and clinicians. The format is designed to facilitate informal discussions, allowing participants to present their questions and gain new insights. These sessions give ample time for interaction with the faculty member and their peers. Pre-registration is required. A separate registration fee applies.

Interactive Postgraduate Courses are half-day sessions, where speakers give their presentations the necessary space to allow for small group discussions. They are designed to provide a thorough review in an area of special interest and focus on enhancing peer to peer learning and effective networking. Delegates attending these courses should have background knowledge of that particular topic. Registration for these courses is required. A separate registration fee applies.

Interactive Workshops are sessions in which speakers share and discuss the evidence and experience gathered - clinical and/or basic - in a certain field. These sessions are highly interactive and involve a number of communication techniques to involve participants. Due to this interactive character, the size of the session is limited. It is advisable to arrive early.

NEW in 2018 - The Interactive Symposium will allow enough time for debate, discussion and feedback about the presentations. Chairs and speakers play an active role in engaging the audience using interactive methods appropriate for large groups. This innovative format and session design techniques contribute to a dynamic and communicative symposium.

EAACI CONGRESS APP 2018 AVAILABLE FOR DOWNLOAD SOON
Download the app for Android and Apple devices and create your personal agenda
The Junior Members Assembly (JMA) Board of EAACI and the Early Career Members Committee (ECMC) of the European Respiratory Society (ERS) first officially collaborated in 2016. This collaboration at the junior level is integrated into the wider frame of the joint efforts of both societies to promote research and the best standards of care for patients with asthma and airway allergy.

As a kick-off initiative, the EAACI JMA Board and the ERS ECMC decided to write an editorial to announce and promote their collaboration, which was published in 2017 in the journal *Breathe*, the official educational journal of ERS, under the title “ERS Early Career Members meet EAACI Junior Members: the launch of a strong, fruitful collaboration”.

The official agreement includes reciprocal invitations to attend the annual meetings of the other collaborative society. Therefore, two ERS ECMC representatives were invited to the EAACI Annual Congresses in Vienna (2016) and Helsinki (2017), and two EAACI JM representatives attended the ERS meetings in London (2016) and Milan (2017). During the annual congresses of both societies, representatives from the two junior boards meet to discuss the development of various initiatives.

Moreover, at the EAACI Annual Congress in Helsinki (2017), a joint business meeting was organised with the junior representatives of the American Academy of Allergy, Asthma, and Immunology, the European Rhinologic Society, the World Allergy Organization, and the ERS. At this meeting, all the representatives had the opportunity to get an overview of the activities of the different junior boards and to discuss future plans in a friendly atmosphere.

The EAACI–ERS Junior collaboration also involves scientific initiatives. Junior representatives from ERS and from the other EAACI sister societies were invited to give a talk during the JM Scientific Symposium “One airway, one disease: can the allergic march be halted?” held during the EAACI Helsinki Congress. At the upcoming Munich Congress (2018), the JM Scientific Symposium will be entitled “Cutting-edge developments in pediatric allergy” and will also involve an ERS junior speaker. In line with this, EAACI JM representatives have been invited to serve as faculty members for the ERS Congress in Paris (2018), and joint proposals for a Hot Topic Session will be submitted to the scientific committee of this congress. During the ERS meeting in Milan (2017), the two collaborative junior boards decided to start working on a joint scientific review of environmental pollution and airway allergy to be published in an official scientific journal. A team composed of members from both junior memberships is now actively working on this initiative.

Preparations for the reciprocal invitations to the EAACI and ERS Annual Congresses are now being made in order to continue with this strong and fruitful collaboration.

Ibon Eguiluz-Gracia  
EAACI JM Chairperson  
EAACI and the National Allergy Societies: Moving forward together in 2018

The first 2018 Meeting of the National Allergy Societies Committee (NASC) took place in Munich on 20 January. EAACI President Ioana Agache kicked off the event by welcoming the 24 delegates, and underlined that increasing the interaction and trust between the Academy and the NAS is a high priority for EAACI. Nanna Fyhrquist, the reconfirmed NASC Secretary, reported on the activities of the last two years, focusing on the Allergy Care Registry whose data has been collected by EAACI NAS and UEMS members, with the aim of producing two publications. MBeatrice Bilò, the new NASC Chairperson, presented interesting and preliminary results from the registry on European Guidelines. The need to work on a European Registry on Allergy Research has also arisen, as a result of current EC initiatives in this area.

A report of Working Group (WG) activities was presented, emphasising in particular NASC support of EU lobbying activities, including the “United Action for Allergy and Asthma” campaign. Some changes of the type and composition of WGs were proposed and approved by participants, including the need to have WGs on Education and on supporting a new category of EAACI membership. This last WG is part of a new project initiated by the EAACI President in which, in countries where EAACI has an agreement with the NAS, an EAACI membership can be acquired at a very reduced price through the NAS, with access to the vast majority of benefits. This project was welcomed with a lot of enthusiasm by the participants.

The topic of the next NASC Forum in Munich was then addressed. The aim is to allow NASC representatives to present current issues coming from their local conditions, including national allergy programs or guidelines, public campaigns, lobbying, and how a specialty in Allergology is either perceived or implemented.

The EAACI President closed the meeting, saying: “We need to share resources and opportunities, and building together a strong and committed EAACI membership is a first step”.

MBeatrice Bilò NASC Chairperson

Nanna Fyhrquist NASC Secretary

Colombian Association of Allergy: 60 years of history

On 11 September 1958, six physicians passionate about immunology formed the Colombian Association of Allergy, Asthma and Immunology (ACAAI) in the city of Bogotá D.C. Almost immediately our association established close academic links with other associations in Latin America, and in December 1960 the first Latin Allergy Seminar was held in the city of Bogotá. In March 1961 in New York, ACAAI actively participated in the establishment of the Latin American Society of Allergy, Asthma and Immunology.

Since 1995, we have held scientific congresses every two years, with the participation of foreign and national professors with worldwide recognition and the presentation of a large number of research projects. We have hosted two SLAAI (Latin American Society of Allergy, Asthma and Immunology) Congresses and in 2017 a WAO Symposium was held simultaneously with our own congress. In the years that the congress does not take place, a course on selected topics of allergology is held: this year in Medellín, with a focus on contact dermatitis. We support an annual symposium on Primary Immunodeficiencies as a strategy to spread this field of study throughout the country.

We project ourselves internationally as active members of the WAO, IUIS, EAACI, SLAAI, ALAI, and in their respective congresses we participate in the presentation of research papers and conferences. ACAAI is also a member of the International Societies Council, integrated into the EAACI National Societies Committee.

Today, ACAAI has 119 members, allergists and immunologists, distributed throughout the country. Initially, training in the specialty was carried out abroad because we did not have accredited university programs; however, in 2005, the University of Antioquia in Medellín began a specialisation in clinical allergology and, in 2016, the ICESI University in Cali opened a fellowship course in allergology. Undoubtedly these two high quality programs guarantee the future of the specialty in the country.

The ACAAI supports ongoing medical education activities related to the field of allergy and immunology to different clinical specialties and, very soon, through virtual learning platforms and social networks to make our specialty visible to both the state and the wider community. Additionally, we currently act as advisers to the government in all areas of immunology and allergology.

Mauricio Sarrazola ACAAI President

Margarita Olivares ACAAI Past President, 2016–2018

Asociación Colombiana de Alergia Asma e Immunología

EAACI Newsletter #50 • Volume 1 • 2018
DHM 2018 Highlights

The Drug Hypersensitivity Meeting (DHM) will take place in the city of Amsterdam from 19–21 April 2018, with an interesting state-of-the-art programme. Some highlights are presented below.

Finding the culprit drug in cases of perioperative anaphylaxis is a challenge for many clinicians and, although the usual suspects are antibiotics, latex and NMBAs, there are differences not only between for instance cases in Europe, America and Australia, but also within Europe. This topic will be presented by L. Garvey.

Drug allergy testing is a time-consuming procedure for both clinician and patient; perhaps we can shorten this by moving directly to provocation tests in benign delayed reactions? This will be the topic of a breakfast seminar by J.C. Caubet.

Although an acute reaction is much feared in drug allergy, delayed reactions can be just as dangerous. How are T-cells provoked into an allergic response and how can we possibly prevent this? D. Yerli, D. Ostrov and D. Nesbitt will provide you with the answers in a Friday plenary session.

The basophil activation test is praised by some and discarded by others when it comes to drug allergy. L. Mayorga and O. Hausmann will lead discussion on the value of BAT in drug allergy in the first pro/con debate.

What to do for a patient receiving different drugs that develops an allergic reaction is controversial. If the drug if necessary for the underlying disease, there are different approaches: continuing treatment, stopping medication, or desensitising. Which is the best option? A. Trautmann, A. Bircher and M. Castell will discuss the different options in depth.

Many factors can influence the development of drug hypersensitivity and make the diagnosis and management of patients difficult. The role of cofactors such as diet, the presence of mast cell disorders and differences among countries will all be analysed by J. Bartra, P. Bonadonna and A. Chiriac.

We look forward to welcoming you to Amsterdam in April and hope you will join the debate.

Florentina Sava
Basic & Clinical Immunology Section JM Representative

Jürgen Schwarze
Basic & Clinical Immunology Section Chair

Eva Untersmayr-Elsenhuber
Basic & Clinical Immunology Section Secretary

Liam O’Mahony
Local Organising Chair

www.eaaci.org/dhm2018

Ingrid Terreehorst
DHM 2018 Local Organising Chair

Maria J. Torres
DHM 2018 Local Organising Secretary
The EAACI Master Class on Biologicals, to be held from 13–14 April 2018 in Prague in the Czech Republic, integrates novel insights into innate and adaptive mechanisms with innovative approaches to phenotypes, endotypes and clinical applications of biomarkers for precision medicine, including treatment of comorbidities. In this context, novel personalised treatments of chronic inflammatory upper and lower airways diseases will be presented and discussed in a comprehensive manner by world-renowned opinion leaders. Besides these lectures, other different hot topics related to personalised treatments for airways diseases will be covered. Practical workshops and case reports presented by attendees and speakers will be also discussed in fully interactive and inspired practical sessions. Several EAACI sections, working groups and international key opinion leaders will participate in this translational setup. Linking basic mechanisms and novel targeted therapies to clinical practice is one of the strengths of this highly interactive master class.

We are pleased to announce the following highlights from the scientific programme which will undoubtedly generate fruitful scientific interactions:

- Innate and adaptive immunity in rhinitis and asthma
- The role of the microbiome in upper and lower airways and the effect of treatment
- Mechanisms driving corticosteroid insensitivity
- Endotype-driven treatment – a step towards precision medicine in asthma
- Anti-mediator approaches for asthma
- The role of biologicals in asthma comorbidities
- New therapeutic targets: where do we stand?
  - Which phenotypes benefit from SCIT, which from SLIT?
  - Which phenotypes benefit from anti-IgE and which type of anti-IgE treatment?
  - Which phenotypes benefit from anti-IL-5-, anti-IL-4- and/or anti-IL-13-directed approaches?
- Uncontrolled allergic and non-allergic rhinitis
- Recalcitrant chronic rhinosinusitis
- Endotype-driven treatment of chronic rhinosinusitis with nasal polyps

The Master Class will be held in a breathtaking location near Prague Castle and other historical sites, at the beginning of Spring 2018, when this historical city awakes and fills with blossom. This centrally-located, peaceful location has been carefully chosen for its good accessibility and inspiring environment.

We look forward to meeting you in Prague.

Zuzana Diamant
EAACI Asthma Section Chairperson
Local Organising Chair

Oscar Palomares
EAACI Biologicals Working Group Chairperson
Local Organising Secretary
New anti-inflammatory treatments for asthma

C
d\live Page (United Kingdom) began
a fascinating session and intro-
duced us to the prevention of
allergy using peptides for myco-
bacterium. In a very interesting lecture on
this topic, he identified PIN201104 as a
uniquely safe and efficacious lead compound
with supporting preclinical data from an ani-
mal model of asthma. It is currently in Phase
1 clinical development and has potential to
be the first immune regulating asthma drug.

Leif Bjermer (Sweden) then introduced us
to novel treatment options for asthma. He
focused on RPL554, a dual PDE3 and PDE4
inhibitor bifunctional bronchodilator/anti-
inflammatory drug, which decreases abso-
lute total and neutrophil cell counts in sputum
when compared with a placebo. He also com-
pared it with existing drug classes (such as
the beta2 agonists SABA and LABA; the
anti-muscarinics SAMA and LAMA, and the
PDE 4 inhibitor (roflumilast)). With regard to
RPL554, he highlighted the rapid onset of
bronchodilation action which it elicits, and its
significant peak-effect and anti-inflamma-
tory effects. With regard to adverse effects,
the acute and 12-hour bronchodilating
effects of RPL554 in patients with asthma
were demonstrated to be safe (as compared
to the more adverse effects for salbutamol,
especially related to tremor) and also effec-
tive, as it does not cause tremor, hypocalce-
mia, tachycardia, or a fall in blood pressure
(as the beta2 agonists do); neither does it
cause dry mouth/anti-cholinergic effects (as
do the anti-muscarinics SAMA and LAMA) or
nausea, vomiting, diarrhoea or CNS (as does
the PDE4 inhibitor, roflumilast). In use with
existing bronchodilators, neither combina-
tion with an anti-muscarinic agent nor combi-
nation with a beta2 agonist cause any inter-
actions.

Related to this topic, Zuzana Diamant
(The Netherlands) gave an interesting talk
about CRTH2 (a chemoattractant receptor
homologous molecule expressed on T(H)2
cells) antagonists and blockers of the 5-lipor-
ygenase pathway. The latest scientific evi-
dence has demonstrated that monotherapy
with a Leukotriene Receptor Antagonist
(LTRA) in asthma is not effective, except for
specific populations (e.g. aspirin-intolerant
asthma and asthma with concomitant allergic
rhinitis). Zuzana Diamant also highlighted
that monotherapy with inhaled cortico-
steroids display superior efficacy to anti-leukot-
rienes in adults and children with persistent
asthma, and this superiority is particularly
marked in patients with moderate airway
obstruction. Finally, she listed present indi-
cations for LTRA in asthma, as follows:
overall milder asthma, intermittent asthma, and
allergy asthma with allergic rhinitis. Regard-
ing CRTH2 antagonists, she men-
tioned: Setipiprant (ACT-129,968; KYTH-
105), a selective CRTH2 antagonist, which
reduces allergen-induced airway responses
in allergic asthmatics; OC000459 which has
been demonstrated to be effective in eosino-
philic but not in non-eosinophilic asthma; and
ARRY-502, a potent selective, oral CRTH2
antagonist, which is safe and effective in
patients with mild to moderate Th2-driven
asthma. Finally, she emphasised the fact that
targeted therapies require pheno/endotyp-
ing and she concluded that LTRA may have a
broader potential than originally thought:
CRTH2 antagonists may be effective in
patients with more severe asthma and
T2-upregulation/eosinophilia and it seems
that LTRA+CRTH2 antagonists may act syn-
ergistically. In conclusion, all these drugs
may represent an effective treatment strat-
 egy for asthma.

Teresa Garriga Baraut
Allergy Pediatric Unit, Vall d’Hebron University
Hospital, Barcelona, Spain
UPCOMING EAACI EVENTS

Annual Congress 2018

EAACI Congress 2018
26 – 30 May 2018
Munich, Germany
www.eaaci.org

Focused Meetings

Drug Hypersensitivity Meeting (DHM 2018)
19 – 21 April 2018, Amsterdam, The Netherlands
www.eaaci.org/dhm2018

Food Allergy and Anaphylaxis Meeting (FAAM 2018)
18 – 20 October 2018, Copenhagen, Denmark
www.eaaci.org/faam2018

International Severe Asthma Forum (ISAF 2018)
8–10 November 2018, Madrid, Spain
www.eaaci.org/isaf2018

Master Classes

Master Class on Biologicals
13 – 14 April 2018, Prague, The Czech Republic
www.eaaci.org/master-classes
European Academy of Allergy and Clinical Immunology
26 – 30 May 2018
Munich, Germany

EAACI Congress 2018

Innovative Solutions for Allergy

Visit the website for more information

www.eaaci.org
#eaaci2018