New EAACI Interest Groups | EAACI Journals Highlights | Speakers Support Programme

FOOD ALLERGY AND ANAPHYLAXIS CAMPAIGN
EAACI EDUCATION

EAACI has developed different activities to support the training of specialists in Allergy and Immunology in Europe.

Allergy and Immunology Schools are the main educational areas, but the Academy also organises the EAACI/UEMS Examination and the Clinical and Research Fellowships.

Furthermore, over 50 Task Forces are developing position papers on relevant, controversial and hot topics related to these fields.

Allergy School on Hymenoptera Venom Allergy
11 - 13 April 2013
Munich, Germany

EAACI/UEMS Knowledge Examination
22 June 2013, Milan, Italy
Application: 1 February - 1 April 2013

Allergy School on Allergy Diagnosis in & beyond the Skin
25 – 28 July 2013
Erlangen, Germany

Allergy School on Allergic Reactions to Drugs - From Phenotype to Genotype
September 2013
Malaga, Spain

The place of “omics” in the diagnostic lab - Update on A&CI laboratory methods Allergy School
Date tbc
Greifswald, Germany

For more information visit www.eaaci.org or contact education@eaaci.org
Carving out the future of allergy and clinical immunology: 2012 a good year

Oscar Wilde once said “One’s past is what one is. It is the only way by which people should be judged.” This is also how we should judge the activities of our Academy. In order to do this, I would like to take a moment and look back at our work in 2012, and, in this way, see how we can develop our future in the upcoming years.

One of our milestones in 2012 was the “Food Allergy and Anaphylaxis Campaign”. The first results of the campaign are starting to be visible as you read this Newsletter. A Public Declaration has been presented a few days ago at the Food Allergy and Anaphylaxis Meeting (FAAM) in Nice and the European Food Allergy and Anaphylaxis Guidelines will be launched in June at the EAACI-WAO World Allergy and Asthma Congress in Milan.

Education is one of the main pillars of the Academy. Last year, we continued to support our junior members with four Allergy Schools and one Immunology School, and awarded twelve research and four clinical fellowships. The EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology, setting a high standard of knowledge for our specialists worldwide, took place in Geneva during the EAACI Congress. In 2012, we initiated three new interest groups, on “Primary Care”, “Biologicals” and “Comparative Veterinary Allergology”. Our Task Forces were immensely active during last year, resulting in six EAACI position papers published in our journals.

Looking briefly at our future activities, the EAACI-WAO Congress 2013 promises to be the biggest allergy congress ever, with a complete scientific programme, which will present the latest advances in the different areas of the field, such as ‘Early origins of allergy’, ‘Novel aspects on cellular diversity in allergy to Biomarkers of allergy and asthma’, ‘Clinical progress in immunotherapy’, ‘The complexity of the immune response in allergic diseases’ and ‘Novel pathways in immune regulation’. More than 300 speakers from around the world have confirmed their participation with a record number of 1,878 abstracts already submitted. This is, without any doubt, an event that no one should miss! In addition to EAACI-WAO Congress 2013, three other important focused meetings will take place during this year: the Symposium on Experimental Rhinology and Immunology of the Nose (SERIN), the Pediatric Allergy and Asthma Meeting (PAAM) and the International Symposium on Molecular Allergy (ISMA).

EAACI’s mission is: to promote basic and clinical research; to collect, assess and diffuse scientific information; to act as a scientific reference body for other scientific, health and political organisations; to encourage and provide training and continuous education; and to collaborate with patients and lay organisations. The Academy aims to provide the most efficient platform for scientific communication and education in the field of allergy and immunology, ultimately striving to ease patients’ lives. It is hard to summarise a whole year’s work in just a few lines but, looking back, I am confident that 2012 was a good year for the allergy community, carving out an optimistic future for our specialty.

Cezmi Akdis
EAACI President
Balancing tradition and innovation

"Everything comes to us that belongs to us if we create the capacity to receive it"

Rabindranath Tagore

The entire chronicle of the EAACI seems to draw from this wise proverb, from the commencement of our Sections, Interest Groups and Task Forces to the flourishing annual congresses, Focused Meetings and Allergy Schools, Fellowships or Speaker’s support program and Public Campaigns.

The EAACI history topic is continued in this issue of the Newsletter with a thought-provoking paper on the foundation of the Sections, Interest Groups and Task Forces. The growth of the Academy into a generous and large community embracing all those interested in allergy and clinical immunology has proved very rewarding, since every year new Interest Groups and Task Forces come on stage, along with new structures such as the Patient Organisation Committee and International Collaborations.

The 2012-2013 EAACI Campaign on Food Allergy and Anaphylaxis is running at full speed with a notable Food Allergy and Anaphylaxis meeting in Nice preceded by a Summit bringing together all stakeholders involved. This issue of the Newsletter also brings the viewpoint and experience of the Health Education Trust on food allergy in schools in the United Kingdom, as well as a report from the event organised jointly by EFA and EAACI, which specifically addressed “Contains/May Contain – Food Allergen Labelling”.

At the forefront of knowledge and information the EAACI takes great pride in its distinguished journals: Allergy, Pediatric Allergy and Immunology and Clinical and Translational Allergy. The editors have been very enthusiastic in highlighting their achievements over the past year, as well as their future plans, for the Newsletter readers.

“Learning never exhausts the mind” Leonardo da Vinci very wisely said, and while reading the interview with fellowship winners Monica Boita and Luciana Kase Tanno, it is hard not to marvel at the emotion and joyfulness of young scientists celebrating their first conquests.

Working hard for the EAACI membership is a priority for our Academy. The EAACI information and communication space welcomes the New Online EAACI Members Area with a fresh and very user-friendly design. I would encourage all readers to immediately log in and try it!

New beginnings and perpetuation of an all-embracing tradition are graciously mingled in the EAACI’s forecast for 2013. Please stay close to us!
Message from the President
Carving out the future of allergy and clinical immunology: 2012 a good year

Meet the Person Behind
Dermot Ryan, Congress and Events Manager

EAACI History
Sections, Interest Groups and Task Forces

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Sections & Interest Groups
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Perspectives in improving management of asthma
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Ask the Expert
Modulation of mast cells and basophils functions
Tell us about yourself

I was born and grew up in Ireland. After college, I left Ireland for the bright lights of London. I worked in publishing for a number of years before moving across to work for not-for-profits in campaign roles, which is where I built up my events experience. After 10 years in London, I wanted a new experience and moved to Berlin in 2001 where I freelanced in a variety of communications-related roles. In 2006 I made the move to Switzerland and took on the role of managing the annual congress of an association for pharmaceutical professionals which has its European headquarters in Basel. I joined EAACI HQ in April 2012.

What is your role as Congress and Events Manager?

As Congress and Events Manager, I am involved in every aspect of a meeting’s development and planning. I work with a group of very committed EAACI members (the Organising Committee – particularly the Chairs) who shape each event, and with the EAACI Vice-President of Congresses and Events who provides direction and oversight. The tasks are quite varied, including conducting site visits of venues, working with external suppliers and partners (such as audiovisual services and food and beverage companies), organising receptions, signage, onsite staffing, shipping, contract negotiation and budget management. Each event is in a different stage of development – I am planning for some that will take place in the coming months and others that will take place in 2014 or 2015.

What do you find most rewarding about the job?

One of the main rewards of working for an association such as EAACI is the opportunity to work with such a broad range of people. There is great satisfaction watching an event grow from just an idea to actually seeing it made a reality onsite. I value the variety – every day is different.

... and the challenges?

No matter how well planned an event is, there is always the possibility of something going wrong. Event management is a very people oriented business and we rely on many others to deliver services. There are event management horror stories about water sprinkler systems going off during a networking reception, cleaners on strike, keynote speakers stuck in snowstorms and whole cities closing down in the middle of an event because of a national day of mourning. And let’s not even mention volcanic ash. Certain things cannot be avoided – how the problem is managed is the key to the success or otherwise of the event. As the saying goes: “The more you plan, the luckier you get.”

Why are events important to associations?

Providing platforms for acquiring knowledge, exchanging information, debate, discussion, consensus building, networking, relationship-building and decision making are at the core of all effective associations. It was very exciting for me to join EAACI which has such a well-developed events programme. In addition to the Annual Congress, there are 3 or 4 Focused Meetings each year, 4 Allergy Schools, a Winter School and the organisation of many internal governance and planning meetings.

New online EAACI Members Area

EAACI is happy to announce the launch of a new online Members Area on the Academy’s official website, www.eaaci.org. The new Members Area replaces the Members Microsite and has a fresh, new design, where the navigation is user friendly and dynamic. Here, you can find all the features that were available on the Members Microsite, such as quick access to the official journals Allergy and Pediatric Allergy Immunology (PAI), as well as all the resources that only members are allowed to see, such as slide kits, minutes and webcasts.

A new feature of the new Members Area is a “members only” homepage, which will provide you with the latest information and news focused on your interests. Click on “My Membership” to find your personal information, which you can edit directly if desired. You can also pay your membership fees, check the members’ directory and print your membership card here.

We hope you enjoy discovering the new EAACI Members Area. To log in, type your EAACI number and your personal password in the Login box situated, as always, in the top, right corner of www.eaaci.org.

If you have any problems, please contact member@eaaci.org.
EAACI’s continued path towards a broad community in which all those interested in allergy could feel welcome and scientifically at home.

EAACI Sections, Interest Groups and Task Forces

EAACI Sections emerged from the desire to engage more of the Allergy Community and to strengthen the influence of EAACI wherever allergy and clinical immunology were relevant. Since core topics within allergy needed a different approach, Interest Groups were created. Time-limited groups developing EAACI position statements (Task Forces) immediately followed.

When I joined EAACI in the late 1980s, it was a federation of National Societies that held one major meeting per year, but that was about the extent of our activity. From 1989 onwards, EAACI developed subcommittees that addressed key areas of allergy but, between congresses, most of their activity was conducted by post. I joined the Executive Committee (ExCom) in 1995 and, in our discussions, we realised that we needed to engage more of the Allergy Community and reach out to groups outside our traditional membership base. While it would be nice to attract chest physicians, ENT doctors and dermatologists to our congresses, they already had their own meetings and, if we really wanted to engage with them, we would need new structures to develop new activities. In parallel, EAACI was keen to build bridges with pediatric allergists who had their own society (ESPACI). From these ideas emerged the concept of EAACI Sections. Right from the beginning, their purpose was to strengthen the influence of EAACI wherever allergy and clinical immunology were relevant. Once established, the Sections would co-ordinate the activities of all EAACI members and act as point of contact for relevant specialty societies and non-members. Among their responsibilities were encouraging EAACI membership, developing relationships with relevant European and national societies, advising the Executive Committee and Scientific Programme Committee, promoting European-wide research co-operation in their areas, and suggesting task forces. Five sections were created: three covering clinical areas (asthma, ENT and dermatology), one for basic science (immunology) and ESPACI became the pediatric section. Each section had a board and a budget for meetings and other activities. The Section chairs were brought onto the Executive Committee to account for their Section’s activity. Section meetings proved so popular that after two funding cycles these became a rolling series of meetings (SERIN, SAM, asthma and pediatric allergy meetings, immunology schools, etc.).

Core topics within allergy needed a different approach as, unlike the areas assigned to sections, there was no requirement to liaise with external societies. Interest Groups (IGs) were created from 1998: these were long-lived internal structures within EAACI and replaced most of the subcommittees. IGs arranged business meetings within the annual congresses and were encouraged to propose scientific sessions. Since most IG activities were channelled through the annual congresses, they received a small budget for administrative expenses but other activities were funded via Task Forces. Task Forces are time-limited groups to develop EAACI position statements, and in some cases Task Forces held small meetings to write their consensus statements. The drug allergy, food allergy and diagnostic IGs were particularly active in arranging Task Force meetings, and from their meetings emerged the EAACI focused meetings that have proved so successful. Initially, we did not feel that the IGs needed their own representation within the Executive Committee, but over time, the growth of their activities led us to change our minds, and now two IG chairs sit on the Executive Committee to report on their activity.

When we started this process in 1995-1998 we had no idea how successful these developments would be. EAACI owes a particular debt to Gunnar Johansson and Sergio Bonini, who led us during the crucial years of these developments and never lost sight of the need for EAACI to be a broad community in which all those interested in allergy would feel welcome and scientifically at home.

Anthony J. Frew
EAACI President 2005-2007
Allergy is a major health issue not only in human patients but also in domestic animals. Atopic dermatitis in dogs, insect bite hypersensitivity and recurrent airway obstruction in horses, and asthma in cats are the most important allergic diseases in animals and research on these diseases is ongoing worldwide. These naturally occurring allergic diseases in animals share many features with their human counterparts. Therefore, they can serve as useful animal models of allergy and be used in comparative studies. Conversely, information from human allergy research can improve the diagnosis and treatment of animal patients with allergies. An increased interaction between human and veterinary allergologists has great potential for both sides. Therefore a new interest group for Comparative and Veterinary Allergology has been established within EAACI with the following aims:

1. to provide a communication platform covering all aspects of veterinary and comparative allergology;
2. to facilitate communication and cooperation between human and veterinary allergologists and those involved in allergy research using animal models;
3. to promote education and information exchange through organization of focused meetings, workshops and allergy schools;
4. to promote the development and acceptance of standardized protocols and guidelines for research and clinical veterinary allergology;
5. to work closely with societies specialized in veterinary allergology, immunology, dermatology and internal medicine.

EAACI members interested in joining the Comparative and Veterinary Allergology IG are welcome to contact R.Mueller@lmu.de or janda@iapq.cas.cz for further details.

Ralf Mueller
EAACI Comparative and Veterinary Allergology Interest Group Chairperson
R.Mueller@lmu.de

Jozef Janda
EAACI Comparative and Veterinary Allergology Interest Group Secretary
janda@iapq.cas.cz

Primary Care

After the success of the Primary Care summit at the EAACI Congress 2012 in Geneva and the realization that there is a lot more to do, we applied to EAACI last year for the formation of an interest group in Primary Care.

The application was successful and the main focus of the group will be:

* to act as a communication platform across Europe for all those interested in allergy management in primary care and to signpost educational resources;
* to coordinate activities that will support primary care professionals, reflect their needs and showcase good examples of service innovation and delivery, with the ultimate aim of improving quality and access to care;
* to facilitate dialogue between allergy specialists and primary care clinicians concerning allergy management;
* to inform and comment on allergy related guidelines from the primary care perspective; and

adapted to differing health care systems. It is a large task and we will need input and guidance from the different countries to try and form a picture of what’s happening now and what could be possible in the future.

We hope to hold our first meeting and education day at the EAACI-WAO Congress 2013 in Milan, and we cordially invite all those interested in the group and its activities to that meeting where we will elect a chair and secretary. If you cannot come, please send your ideas and thoughts so that we can consider your views as it is important to see the wider picture.

We will be posting further news and communication platforms in due course.

On behalf of the Primary Care IG,

Elisabeth Angier
Dermot Ryan
dermotryan@doctors.org.uk
Early diagnosis and control of chronic respiratory diseases

A debate was held on 13 November 2012 at the European Union Parliament to discuss the impact of early diagnosis and control of chronic respiratory diseases on active and healthy ageing.

The debate was held under the auspices of the Cyprus Presidency of the Council of the European Union (EU), and represented a follow-up to the priorities of the Polish Presidency of the EU. EAACI was represented at the debate by its Secretary General, Nikos Papadopoulos, whilst those also present included ERS, GA2LEN, EFA, representatives of the industry and other organisations.

During the debate, the importance of early life events on the occurrence of chronic respiratory diseases later in life was highlighted, as well as their impact on active and healthy ageing. Healthy ageing depends on the whole life course, starting with and being strongly determined by early life events. In this respect, birth cohorts and very early interventions are critical for predicting and reducing morbidity many decades later. A presentation of epidemiological evidence was followed by discussion of actions which should be taken to prevent and manage chronic respiratory diseases in children. National allergy and asthma programmes can facilitate such interventions.

From the EAACI perspective, research into allergy, particularly in relation to its inception and prevention, is crucial for active and healthy ageing, as well as to a reduction of health-related costs.

The debate concluded with suggestions for achievable projects, demonstrating the strength of political action in the field.

Nikos Papadopoulos
EAACI Secretary General & President Elect

The 14th Allergopharma Award, 2014

in the value of Euro 10,000

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

An application for consideration for the Award shall take the form of a full research paper published in an international peer reviewed journal in 2011/2013, together with a covering letter detailing the extent of the applicant’s contribution to the research, and curriculum vitae including a full list of publications. The applications will be considered by an ad hoc Commission nominated by the EAACI Executive Committee and Allergopharma. The fourteenth Award will be presented during the European Academy of Allergy and Clinical Immunology Congress, Copenhagen 2014.

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

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

Further Informations can be obtained from: Allergopharma GmbH & Co. KG, 21462 Reinbek near Hamburg, Germany Phone +49 40 72765-211, Fax +49 40 72765-201, www.allergopharma.com, E-Mail: steen.klysner@allergopharma.de
Inaccurate, unavailable or misleading information, low readability, unworthy precautionary labelling for cross contamination, recipe changes or strange ingredients and language barriers are all equally concerning and can result in poor quality of life or nutrition, fear, restrictions, social isolation and even death.

With this perspective in mind, on 19 September 2012 the European Federation for Allergy and Airways Diseases Patients’ Associations (EFA), in collaboration with the European Academy of Allergy and Clinical Immunology (EAACI), organised an event specifically addressing “Contains/May Contain – Food Allergen Labelling” at the European Parliament.

At the end of the event, EFA highlighted the necessity to take food allergy patients’ views into consideration in the process of the implementation of the provisions of the new EU regulation to help ensure their right to safe choice of food and the ability to live uncompromised lives. The following action plan for Europe was proposed:

* The legibility of labels should be improved with clearer provisions on the contrast between the name of an allergen and the background;
* For non pre-packed food, mandatory information on allergen should preferably be in a written form wherever the product is sold;
* Voluntary measures adopted by Member States should address the issues of the provision of complete and accurate ingredients lists and clearly mentioning allergen changes in labelling;
* European guidance is needed on the use of precautionary “may contain” labelling, which could learn from the best practice in use in Switzerland. In the long term, precautionary labelling should be abolished;

* European guidelines on the training of personnel in food sector concerning food allergen management as part of hygiene/safety manuals should be drafted.

EFA will be glad to work together with policymakers and other stakeholders to offer its and its members’ expertise to reach the common objective of preserving Europeans’ health.

You can find the complete report from EFA in the EAACI Public Workshops Section at www.eaaci.org/activities.

EAACI Newsletter Survey

EAACI carried out an online survey among its members during the month of October 2012. The feedback received from more than 350 members will help us to optimise and improve the Newsletter image and content. The survey gave very good results: almost 70% of the participants consider the Newsletter a valuable resource of the Academy offering high quality, up to date, timely and well focused information. The favorite sections of the Newsletter are the articles about the activities and events of the Academy, the Science in Brief and Expert Opinion, and the updates from Sections and Interest Groups.

I would like to personally thank those who participated in this survey for their comments and suggestions. We are working hard to cover your interests and provide you with the latest and most interesting news about the Academy and the field of Allergy and Clinical Immunology.

Please keep in mind that the main purpose of the EAACI Newsletter is to provide a growing platform for information and exchange of ideas and experience and that all EAACI members are invited to contribute!

You can contact us at newsletter@eaaci.org.

Ioana Agache
EAACI Newsletter Editor
EAACI JOURNALS 2012 HIGHLIGHTS

Allergy

In 2012, Allergy continued to publish top-notch original papers in the field of experimental and clinical allergy and immunology. The journal reported associations between genetic variants of fatty acid desaturase (FADS) genotypes and asthma development. It was found that breast feeding prevents asthma in only minor allele carriers, while homozygous major allele carriers have no advantage (Standl M. et al., Allergy 2012:67, 83-90), explaining inconsistent results regarding the effect of breast feeding obtained in previous studies. Moreover, changes in the expression of high-affinity IgE receptor (Liang Y. et al., Allergy 2012:67, 424-430) and CD14 (Slaats G.G.G. et al., Allergy 2012:67, 895-903) in atopic patients could be partially explained by epigenetic changes. Interestingly, prenatal stress was independently associated with elevated cord blood IgE (Peter J.L. et al., Allergy 2012:67, 545-551). Epithelial cell barrier defects were established in patients with chronic rhinosinusitis (Seshadri S. et al., Allergy 2012:67, 920-928) and thymic stromal lymphopoietin produced by epithelial cells stimulated the formation of eosinophil extracellular DNA traps (Morshed M. et al., Allergy 2012:67, 1127-1137). There have also been reports on new anti-allergic therapies. For instance, the safety of sublingual immunotherapy in pregnancy was determined in a prospective study (Shihk W.A. and Shaikh S.W., Allergy 2012:67, 741-743). Dietary therapy reversed esophageal subepithelial fibrosis in patient with eosinophilic esophagitis (Lieberman J.A. et al., Allergy 2012:67, 1299-1307), and CRTH2 antagonism may represent a promising new therapeutic approach for allergic patients (Horak F. et al., Allergy 2012:67, 1572-1579). Besides original work, Allergy published multiple position papers generated by EAACI Task Forces and reviews.

Pediatric Allergy and Immunology

In 2012 a number of initiatives for Pediatric Allergy and Immunology (PAI) have resulted in a remarkable increase of our journal’s visibility all over the world. The junior members of the EAACI have been extremely helpful - particularly their choice of the “must read papers” in each issue and their networking with national societies, encouraging them to translate PAI abstracts into various languages. This demonstrates that PAI is getting younger every year. Our editorial board has become more global. I am happy to see that experts and scientists from all continents have agreed to get actively involved in the development of our journal. It has turned out to be very important and extremely helpful that - thanks to the editorial team - the circulation time of manuscripts submitted has become considerably shorter.

We have many reasons to be very optimistic for the future. Our journal will attract exciting new review articles to be contributed by key scientists in their fields. The journal will also become more lively, since we will try not only to attract consensus statements and guidelines but also encourage scientists to contribute controversial articles and give their subjective views on specific topics in our rostrum.

At the beginning of a new year, I would like to take the opportunity to thank my colleagues at the Berlin Editorial Office who have been working really hard to make our journal better every year. Our distinguished section editors as well as the members of the Editorial Board are the backbones of our journal.

Clinical and Translational Allergy

It is 18 months since the first article was published in Clinical and Translational Allergy (CTA) under the leadership of Professor Jan Lötvall and 9 months since I succeeded him as editor. CTA published 18 articles in its first year and 25 in 2012. The journal accepts original papers, reviews and EAACI position papers. Task Force reports and Guidelines. A ‘Brief Communication’ article format was introduced this year. Abstracts of several EAACI meetings are available online and a cross-journal article collection on food allergy can be accessed through CTA.

All articles are peer reviewed before acceptance for publication. A provisional pdf file is uploaded onto the website within days of acceptance so the time to publication is measured in days rather than weeks. The key advantage of online publication is that all articles are available to read without charge, with a potential readership of billions! The Article Processing Charge for publication in CTA allows this free dissemination of research, whilst the authors retain copyright of their work.

The number of visits to the journal is increasing month by month. There were 3,180 visits in November 2012, with the USA leading the UK, followed by individual European countries. The number of article accesses also continues to rise with almost 7,000 in November. The journal’s data is being tracked by Reuter-Thompson for an impact factor. I hope to be able to announce a launch impact factor by the end of 2013.

Please continue to submit articles to CTA, your leading online allergy journal. Its success depends on you – and you, in turn, will benefit from the wide audience exposure that open access allows.

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

Clinical and Translational Allergy

Clive Grattan
CTA Editor-in-Chief

Ulrich Wahn
PAI Editor-in-Chief
Czech Society of Allergology and Clinical Immunology

The Czech Society of Allergology and Clinical Immunology (CSAKI) was founded in 1957, originally under the name of The Allergology Society. Members are not only allergology and immunology professionals (including nurses and technicians) but also other medical specialists interested in the field, as well as researchers in theoretical immunology. As a professional medical organisation, it is a member of the Czech Medical Association of J.E. Purkyně. Its activities cover the promoting of high-quality standard treatment of patients with allergic and immunopathological diseases, participation in organising education, defining diagnostic and treatment standards, and promoting high-quality research in the field for almost 600 allergists and immunologists in the Czech Republic. It is headed by an Executive Board, with independent sub-committees for laboratory clinical immunology and allergology and clinical immunology nurses, and for laboratory technicians.

The Society organises regular monthly scientific meetings and (with the Slovakian Society of Allergology and Clinical Immunology) annual congresses which are alternately in the Czech Republic and in Slovakia, and which are usually attended by approximately 1200 delegates including physicians, scientists, nurses and technicians.

The CSAKI website (www.csaki.cz) provides not only updated information about CSAKI activities but also details treatment standards and other useful information. The journal Allergologie is published every three months and contains research articles and reviews essential for continuous education in the field of allergology and clinical immunology. Another journal, Alergie, Astma, Bronchitida, is dedicated mainly to the education of patients.

Two prestigious awards are given every year. The Dr Josef Liska Award, named after the founder of Czech allergology, is given every year for the best research publication and for the best monograph. The Professor Vladimir Zavazal Award is intended for persons who contributed substantially to the development of the field. Travel grants are annually provided to young researchers to support their participation in EAACI congresses.

We hope that CSAKI can not only look back at more than 50 years’ of fruitful history but that it also has the potential for future developments and achievements in the forthcoming years.

Vit Petru
President of the Czech Society of Allergology and Clinical Immunology

Health Education Trust on food allergy in schools

The Health Education Trust (HET) is a charity registered in the United Kingdom which promotes the development of health education for young people. As pioneers of the whole school approach to facilitate change, HET are a significant partner within the United Kingdom ‘Food for Life Partnership’, a successful £17M Big Lottery funded project, working with schools and communities as part of a holistic approach to transforming food culture. HET’s knowledge and experience working with schools around food and medicines policy development enables schools to effectively change for the benefit of the whole school and community.

Many schools in the United Kingdom ban nuts as a way of managing risks. This is not a fail-safe strategy and does not prepare children for how to manage their allergy in the ‘real world’. Furthermore, many allergic children avoid school meals anyway, so nutritious foods are being limited from the school menu unnecessarily, at a time when children’s diet and health needs improvement.

There is no debate around the need to protect young children from risk during their primary school years. However, by secondary school, quite a different approach is essential to gradually prepare teenagers for coping alone as young adults. Cosseting doesn’t achieve this: 82-90% of food allergy or anaphylaxis reactions occur outside of school. Could this in part reflect a lack of preparedness in young people to manage their allergy outside a ‘protected’ environment? Secondary schools present the potential for a managed, ‘semi-safe’ environment, and here we have the opportunity to educate the entire school population on the risks and how to manage them, so that these skills can be called upon when needed in less controlled environments outside of schools.

Food allergy policies are not standardised within the United Kingdom’s schools, with only an estimated 46% of secondary schools having a policy. HET is conducting a pilot survey to determine how best to facilitate effective, practical policies designed to minimise risks, stigma and misinformation. If we can adequately prepare adolescents during their school years, our hope is that they are more likely, subconsciously, to take the necessary actions in risky situations.

Jennette Higgs
Health Education Trust Project Director
Food Allergy and Anaphylaxis Campaign

A public campaign launched by EAACI to bring the emerging food allergy epidemic into focus.

The campaign aims to:

- increase public awareness of food allergy, anaphylaxis and management options;
- position food and nutrition as a public health priority;
- improve current management of food allergy at all levels, including primary care, emergency departments and specialised medical departments;
- influence EU political bodies and their policies by engaging in dialogue with EU partners to impact food labelling and research issues, and to broaden access to emergency anaphylaxis treatment options; and
- create a platform where medical, scientific and patient organisations and industry are aligned to optimise the management of patients with food allergy and anaphylaxis.

To achieve these goals, different actions and projects are ongoing. These activities started in Geneva during the EAACI Congress in June 2012, with adverts on public transport and interviews held in different media. In February, two important meetings took place in Nice, France: the Summit on Food Allergy & Anaphylaxis and the Food Allergy & Anaphylaxis Meeting (FAAM 2013).

The Summit on Food Allergy & Anaphylaxis brought together allergy professionals, patient organisations, food manufacturers, policy makers, adrenaline manufacturers and other stakeholders to openly discuss the most important issues which need to be addressed in the field. The milestone of this summit was the presentation of the European Food Allergy & Anaphylaxis Public Declaration, which calls on European and national health policy makers to increase awareness campaigns and access to emergency treatment, improve allergy research resources and introduce more stringent food labelling measures. Two of the main points of this document are the importance of clear food labelling policies that will help patients better manage their condition and the availability of research funds to find a cure for food allergy and anaphylaxis.

If you would like to read the entire document, you can find it at www.stopanaphylaxis.com.

FAAM 2013 was the most relevant scientific meeting in this area and a terrific success. This year’s event received more than 200 abstracts and hosted 700 specialists from clinics, food and technology scientists, regulatory authorities, and representatives from patient organisations. All scientific data presented will be published in Clinical and Translational Allergy. Highlights included sessions on oral immunotherapy for food allergy, from mechanisms to guidelines and clinical practice, genetic, epigenetic and early life influences on food allergy, threshold levels and effective avoidance, and the impact of food production on food allergy. High quality oral presentations and abstract sessions elicited lively discussions and allowed interactions of young researchers with world leaders in food allergy.

All of these efforts are aimed at one ultimate goal: to improve the quality of life of food allergic patients.

Victoria Cardona
EAACI Vice-President Communications and Membership

Antonella Muraro
EAACI Treasurer and Food Allergy and Anaphylaxis Campaign Chair
SERIN 2013

On behalf of the EAACI ENT Section and the Local Organising Committee, it is my great pleasure to invite you to the 9th Symposium of Experimental Rhinology and Infection of the Nose (SERIN) in Leuven, Belgium, 21-23 March 2013!

This unique meeting is dedicated to pathophysiologic and clinical aspects of upper airway disease, focusing on the most recent developments in research and scientific achievements in the field of upper airway diseases like allergic, non-allergic, infectious rhinitis, rhinosinusitis and nasal polyps. This information will be provided by a large panel of experts coming from all around the globe.

SERIN 2013 aims to create a scientifically stimulating environment, with a good mixture of key opinion leaders in the field and young researchers presenting their latest data. As at previous meetings which were greatly appreciated by the leading rhinologists worldwide, this meeting will encourage close interaction between research groups that are active in upper airway diseases.

SERIN 2013 will be held in Leuven, a charming historic university city located at only 15 minutes from the city and airport of Brussels.

The Local Organising Committee guarantees a meeting that will meet all expectations both from a scientific as well as from a social point of view.

Peter Hellings
SERIN 2013 Chair

PAAM 2013

The Pediatric Section has been working hard on preparations for the 2013 Pediatric Allergy and Asthma Meeting (PAAM) which will be held in Athens in October 2013. The preliminary programme is now on the meeting website (www.eaaci-paam.org) and updates will be added in the coming months. With the numerous suggestions we have received, we have developed what we think is a very interesting programme that covers the breadth of pediatric allergy and asthma. There will be something for everyone. Also, as I found out last year when I did a site visit for the meeting, October is a great time of year to visit Athens: a beautiful mixture of sun, fantastic historical sites and great food.

As PAAM 2013 Chairs, Nikos Papadopoulos and I look forward to welcoming you to the PAAM meeting in October.

Graham Roberts
PAAM 2013 Co-Chair

ISMA 2013

It is now two decades since the first recombinant allergens were produced and applied. Since then, this molecule based approach has brought improvement for allergy diagnosis, immunotherapy and better understanding about the underlying mechanisms. However, there are still open and urgent questions to be tackled. The first International Symposium on Molecular Allergology (ISMA) Meeting, focusing on molecular allergy research, took place in 2006. In 2013, the next ISMA will be held from 5-7 December in Vienna, Austria. The Scientific Committee has put together a programme that addresses key questions, such as state-of-the-art production of allergens, structural analysis and novel analytical methods. Furthermore, recent advances on how to visualise the allergen interaction with the immune system will be presented. Relevant issues of component resolved diagnosis and their application will be addressed. Finally, recent data on ongoing novel immunotherapies will be presented. Leading experts in the field are invited to this meeting. However, young researchers are also encouraged to present their data and will have a chance to network within the scientific community.

Therefore, save the date, and we look forward to welcoming you to Vienna in December 2013.

K. Hoffmann-Sommergruber
ISMA 2013 Chair
The latest research in allergy and clinical immunology will be presented at the Congress

We hope that you had relaxing holidays and are having a very good start to the new year. We recommend that you take a look at the preliminary programme on the official website (www.eaaci-wao2013.com) and check out the exciting plenary sessions, which include "Early origins of allergy", "Novel aspects of cellular diversity in allergy", "Clinical progress in immunotherapy", "Food allergy", "Biomarkers of allergy and asthma", "The complexity of the immune response in allergic diseases", "Severe asthma" and "Novel pathways in immune regulation".

The programme also offers six ‘pro & con’ sessions, which will give delegates the opportunity to participate in debates on recent and controversial topics in the field, as well as 13 postgraduate courses, 30 ‘meet the expert’ sessions, more than 35 symposiums, 5 ‘hot topics’ sessions and 25 workshops. This Congress is definitely a must for researchers, clinicians and professionals working in the field.

You will find all you need to know about the scientific programme, CME credits, accommodation, deadlines for registration and late-breaking abstract submission on the official website: www.eaaci-wao2013.com.

We would like to take this opportunity to once again thank Marek Jutel, Lanny J. Rosenwasser and their team, the Scientific Programme Committee, for their immense commitment, and indeed to thank all those who are working very hard to make this Congress a success.

There is still much to be done before June: reviewing late-breaking abstracts, awarding travel grants, etc., and, of course, welcoming you to Milan at what will be the greatest Congress ever in the field of allergy and clinical immunology!
Skin Allergy Meeting 2012

The recent Skin Allergy Meeting (SAM) held in Berlin between 29 November and 1 December 2012 attracted almost 300 delegates from 50 countries. It was held in the historic Langenbeck-Virchow-Haus, owned by the Berlin Medical Association and the German Surgery Association, which used to be the post-war home of the German Democratic Republic (GDR) parliament.

A full programme involving 19 speakers and 9 Free Communications covered many clinical and scientific subject areas relevant to allergy and the skin, including urticaria, atopic dermatitis, contact dermatitis, autoimmune inflammatory syndromes, mastocytosis, anaphylaxis and food allergy.

Popular innovations were a panel discussion of the differences and similarities in allergy practice across Europe, India, China and Japan by leading experts from those countries, a lunchtime interactive discussion on ‘mind/body’ aspects of chronic urticaria by Professor Broom from New Zealand, and a concluding quiz on ‘allergic or not allergic’ which encouraged interaction between delegates and faculty.

There was a good atmosphere and good feedback.

Thanks are due to the local organisers, Professor Marcus Maurer and Professor Torsten Zuberbier, for hosting this successful meeting, to the local event organiser, Re:member, and to our Headquarters in Zurich for promoting and co-ordinating this important event in the EAACI calendar.

Clive Grattan
SAM 2012 Chair

EUROBAT6

The Berlin experience with EMBRN

The 6th EuroBAT, held in Berlin in parallel with the 2nd European Mast cell and Basophil Research Network (EMBRN) meeting, was attended by 39 participants. We had one session of open presentations on Monday together with EMBRN, which concerned basophil and mast cell activation, and a separate session on clinical aspects of basophil activation on Tuesday in another location. A fantastic party in a decommissioned public pool separated Monday from Tuesday.

Open presentations were followed by an inspirational lecture on the function of tetraspanins (of which CD63 is a member) by Peter Monk from Liverpool. We went for lunch at the Berliner Republik, a restaurant with genuine Prussian cuisine.

We kept the spirit of open discussion in the workshop, even though there was no space to split into four groups, where technical details, patient selection and relevant elements to communicate to clinical colleagues were discussed.

Meeting with the EMBRN was very productive, and we look forward to joining forces again in a few years. We are planning the next meeting (EuroBATO07) with the ENDA (European Network on Drug Allergy) Group in Malaga, Spain, at the end of September 2013.

We have successfully obtained funding for an EAACI Task Force on the clinical impact of basophil activation (to be completed within 2013) and will present an interim report at that meeting. Check out basophil.org and the IG Allergy Diagnosis site on eaaci.org for news on these topics.

On behalf of the EuroBAT Group,
Hans Jürgen Hoffmann
Secretary EAACI IG Allergy Diagnosis
EAACI Allergy School on Allergy and Specific Immunotherapy

Organised by the EAACI Immunotherapy Interest Group, this school took place 15-17 November 2012 in El Escorial, a town which was declared a World Heritage Site by UNESCO in 1984.

Ninety-nine participants and twenty speakers had the opportunity to learn about specific immunotherapy (SIT) and to share concerns and knowledge.

On Thursday we were welcomed by Cezmi Akdis (President of EAACI), Moises Calderon (Chairman of the EAACI Immunotherapy IG), Pascal Demoly (EAACI Vice-President of Education and Specialty) and Carmen Moreno (Local Organiser). The first sessions to take place were on allergy diseases, allergens, basic immunology of allergy and mechanisms of specific immunotherapy.

On Friday, the morning conference sessions were focused on evidence of efficacy, performance and clinical aspects of SIT. Speakers presented topics very clearly, such as indications and follow up of SIT, and SIT for rhinoconjunctivitis or asthma. We also enjoyed a workshop on specific in vitro and in vivo diagnostics of allergy. Poster sessions were organised during lunchtimes and on Friday we visited the monastery of San Lorenzo de El Escorial.

We continued with lectures on SIT in children, gut allergy and venom immunotherapy (VIT), and a workshop on handling and procedures for SLIT, SCIT, VIT and food allergy diagnosis.

On Saturday, topics were “Regulations and Guidelines” and “Past, Present and Future of SIT”. We also had two very practical sessions learning about how to optimise oral presentations and medical writing. Discussions after sessions were very lively. We could all ask questions and have our concerns answered, sharing comments and experiences in a very friendly way. It was my first Allergy School but it will definitely not be the last!

Virginia Bellido-Linares
Allergy Unit, Virgen Macarena Hospital, Seville, Spain

Sections and Interest Groups’ Elections 2013

Sections and Interest Groups are at the heart of all EAACI activities and therefore of the utmost importance for our organisation.

If you are a Section or Interest Group member, you have the unique opportunity to influence the future of the Academy by voting in the 2013 elections.

Vote for your Section and/or Interest Group Board members and make a difference!

Voting will take place online at www.eaaci.org/elections2013 from 7 to 22 March 2013
EAACI Immunology Winter School 2013

The 11th edition of the immunology winter school was held in Pichl, Austria. Sixty-seven participants from 26 different countries were selected and invited to attend the meeting.

Several keynote speakers gave excellent talks on emerging topics in the immunology field. During the first evening, Hergen Spits (The Netherlands) updated us on the importance of innate lymphoid cells (ILC). He showed that innate precursor cells (c-kit+ NKp44+) have the capacity to differentiate between ILC1, ILC2 or ILC3 after stimulation of the cells with IL-12, IL-33 or IL-23, respectively. As Thelper cells, these ILCs are plastic and may switch from one to another depending on the cytokine environment. The contribution of these cells in different pathologic conditions, such as allergic inflammation, will be an important research track in the upcoming years.

In the following days, each session was started by a keynote speaker followed by juniors who presented their latest data in an oral session, in the morning and late afternoon. The afternoon was an opportunity for winter sports, to relax in the wellness centre or to go out for a walk. After excellent dinners, desserts and drinks were served at the vivid poster discussions that lasted late into the night.

Both junior and senior members of EAACI had a great time in Pichl and went home with a lot of new ideas for future research. I would like to thank the Chairperson of the Immunology Section, Edward Knol, and the other members of the organising committee for organising this meeting year after year!

Sven Seys
EAACI Asthma Section JMA Representative

EAACI Speaker Support Programme

In order to stimulate the exchange of scientific and educational information amongst the medical community with regard to our specialty, EAACI operates a programme for speaker support.

Speaker support is organised and coordinated within the frame of the educational activities of EAACI. This activity aims to strengthen existing ties to EAACI National Member Societies or regional organisations, and to establish new contacts. Within this programme, sponsored EAACI speakers participate in an annual meeting or a similar event. Any EAACI National Member Society or Affiliate Society or Regional Meetings organisers can apply for a speaker support grant. In addition, EAACI sponsored speakers may participate in meetings identified as important to the outreach of EAACI.

Each application should be for one to three speakers. One of the speakers should be a member of the EAACI Executive Committee, who will represent EAACI at the meeting and make an appropriate statement on behalf of EAACI at any opening ceremony, general assembly or equivalent meeting/gathering. EAACI will cover the travel expenses for the sponsored speakers. The meeting organisation is expected to cover any additional costs such as registration fees, hotel accommodation and meals for the invited speakers. Acknowledgement of EAACI sponsorship should be made in the programme of the meeting and in any accompanying materials. The event should be CME accredited by EBAACI.

A global budget is voted (e.g. EUR 40k for 2013). Requests are received throughout the year, presented to the ExCom and voted.

Examples for 2012 and 2013 are listed below:

- Moshi, Tanzania: PAPRICA; 16 Jan 2012
- Boston, USA: Mastocytosis; 25-28 Mar 2012
- Gargnano, Italy: Hereditary Angioedema; 30 Sept-3 Oct 2012
- Cluj-Napoca, Romania: Food allergy; 9-10 Nov 2012
- Bangalore, India: 1st National Conference of Pediatric Allergy & Applied Immunology; 1-3 Mar 2013
- Beijing, China: Beijing Pediatric Allergy meeting; 19-21 Apr 2013
- Bodrum, Turkey: ENT Section; 10 May 2013
- Telford, UK: BSACI; 8-10 Jul 2013
- Antalya, Turkey: Turkish National Society; 2 Nov 2013

Nikos Papadopoulos
EAACI Secretary General & President Elect

Pascal Demoly
EAACI Vice-President Education & Specialty
Interview with EAACI 2012 Fellowship winners

**Monica Boita (mB)**: I decided to apply for an EAACI fellowship because I wanted to have the chance to spend a period abroad in a new laboratory to improve my knowledge, to test myself in a foreign country and to try to stimulate my mind, and of course I knew the prestige that an EAACI fellowship gives you if you take it.

**Luciana Kase Tanno (lKT)**: My first thought when I applied to the fellowship was simple: I wanted to improve my knowledge about some allergic diseases, particularly drug allergy, and wanted to know how it was practiced in a centre of reference. But then, I realised that it would be much more...

**What did you like about your fellowship?**

**mB**: I liked every single day of my fellowship. The lab that was hosting me in Antwerp is a very good and competitive one. The people that I met in the lab were amazing, ready to teach me all I wanted to know, they were ready to explain things to me a hundred times if it was necessary, and they were ready to have fun and laugh with me every time... it was great, professionally and personally.

**lKT**: In an enriching environment, it was possible to experience different points of view in the allergy field. I had the chance to learn, exchanging experiences, working closely with seniors and juniors from many different countries and plan projects for the future. I think the fellowship helped me to change some of my ideas and to have this opportunity makes you understand how important it is to experience a fellowship.

**Would you do a fellowship again?**

**mB**: Of course I would like to do such a fellowship! I miss the way they work and think, and now I’m trying to transfer what I learned here, in my Italian lab, it is not easy but I hope to be successful. I would like to have an experience like this again but, for the moment, I’m keeping in touch with my colleagues in Antwerp, and in January I’ll be there again to end my project - and of course I will take any chance to go back to work with them in the future.

**lKT**: Definitely, I would! It is a great opportunity to develop and strengthen ourselves both personally and professionally.

**What do you recommend for someone who would like to do a fellowship?**

**mB**: I would say DO IT! Do not hesitate: prepare the application carefully together with the lab that will host you and GO FOR IT! It will be the best choice ever!

**lKT**: First of all, contact your mentor, be aware of his area of research and all the activities of his department. The language may not be a barrier to learning. Be open-minded and enjoy your experience.

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**Luciana Kase Tanno**

Luciana Kase Tanno, from Brazil, won the EAACI Clinical Fellowship Award. She spent 3 months at the Department of Allergology at the University Hospital of Montpellier in France.

**Monica Boita**

Monica Boita, from Italy, won the EAACI Research Fellowship Award. She spent 6 months at the Department of Immunology, Allergology and Rheumatology at the University Hospital of Antwerp in Belgium.

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**EAACI Fellowships 2014**

More than 50 members applied for the 2013 Fellowship Awards!

Applications for the 2014 Research and Clinical Fellowships Awards open from 1 October 2013 to 31 January 2014

Save the date and don’t miss the opportunity EAACI brings you!

Contact: education@eaaci.org
In a few weeks, the Junior Members & Affiliates (JMA) Working Group will be renewed with online elections. The new Working Group will begin its work in June, during the upcoming EAACI/WAO Congress in Milan. The 2013 elections will be a very democratic process that will, once again, give you an opportunity to really feel part of the big EAACI family: do not miss this opportunity!

Moreover, I would like to invite all of you to take part to the upcoming EAACI/WAO Congress which will have many amazing JMA-targeted activities, including some “traditional” sessions (i.e.: the JMA Scientific Symposium, the JMA Educational Session, the JMA Case Reports Session, the JMA Poster Session and the JMA Social Event) and some new ones, such as practical courses and a JMA Postgraduate course! These new JMA activities will give you an additional opportunity to learn specific topics in our specialty from a more practical perspective.

Finally, I’d like to remind you that travel grants for the best submitted abstracts and for winners of the JMA Quizz series are available!

I hope to meet you all in Milan.

Enrico Heffler
JMA Chair
Perspectives in improving management of asthma

Asthma management is important to achieve and maintain asthma control, to prevent exacerbations and to reduce decline in lung function. During the EAACI Congress 2012 in Geneva, Paul O’Byrne from Canada covered the current status of asthma treatment. He underlined that asthma control can be achieved in almost all patients. ICS are the mainstay of therapy and can be used as mono-therapy in many patients. Combination therapy with ICS and LABA improves asthma control and reduce exacerbations in patients not controlled with ICS alone. A combination of an ICS and rapid onset LABA used as maintenance and rescue therapy further reduces severe exacerbation risks.

Michel Aubier from France described what is the pipeline of asthma treatment. The stratification of asthma into phenotypes and endotypes is likely to be a key driver for future drug development. The ultimate goal would be to develop asthma treatments that are truly disease modifying rather than symptomatic treatments. Indeed, current treatments for asthma relieve bronchospasm and airway inflammation but have little or no effect on the natural history of asthma and certainly do not cure the disease, and symptoms return when treatment is stopped.

New outcomes in asthma treatment were presented by Ratko Djukanovic from the UK. Development of new therapies for asthma will require focused targeting of patients that are most likely to respond to therapy. Phenotyping will require the use of complex biomarkers such as those being developed in the UBIOPRED severe asthma programme which is applying a systems biology approach to define clusters of biomarkers, termed handprints, that define distinct phenotypes of severe asthma. Simpler biomarkers can be used to select the most suitable patients for clinical trials and to monitor responses to new drugs. There is hope that some of these biomarkers can be implemented in routine clinical practice.

Sally Wenzel from the United States presented the biomarkers and patterns of severe asthma.

Molecular phenotypes such as Th2/atopic and epithelial phenotypes influence asthma severity levels. Improved care of severe asthma is a major unmet medical need and several international consortia aim at improving our understanding of mechanisms operating in severe asthma. In order to manage severe asthma better, standardized definitions and concepts of asthma severity, risk and level of control are critical.

The management of severe asthma in adults was discussed by Charlotte Suppli Ulrik from Denmark. All adult patients with severe asthma should be evaluated with regard to diagnosis, adherence to therapy, device technique, aggravating factors and clinical phenotype, and management should be tailored accordingly.

The pediatric perspective for severe asthma was introduced by Gunilla Hedlin from Sweden. For children the diagnosis of asthma is often based on the clinical history and the response to a trial of asthma medications, although the diagnosis should be confirmed by spirometry and, if needed, by assessment of bronchial hyperresponsiveness. Severe asthma is currently being defined on the basis of intensity of treatment required to improve asthma control and the level of control achieved, chronic symptoms and exacerbations. There are multiple phenotypes of childhood asthma. They can be categorized according to the Martinez group as early onset viral wheeze, early onset allergic asthma that usually persists into adulthood, non allergic persistent asthma usually with a later onset and as persistent airflow obstruction sometimes linked to complications like premature birth.

Annalisa Santucci
Allergy Unit, Internal Medicine Department, Ifermi Rimini Hospital, Italy
One of the main topics at the EAACI Congress 2012 in Geneva was Hymenoptera venom allergy. Speakers from all around the world presented the latest advances in this area’s research.

George Konstantinou (US) spoke on the subject of "Controversies in managing venom allergy in children" and explained that venom allergy in children has a lower prevalence and more favourable prognosis. VIT is unnecessary unless moderate/severe anaphylaxis occurs; although studies on children are lacking, high-quality evidence suggests that it reduces frequency and severity, with long-lasting benefit. Ultrarush protocols are adequate, and 50μg maintenance-dose is effective, safe and well-tolerated for wasps and honeybees.

Elderly people suffer from more severe sting reactions and imbalanced cardiovascular systems and increased triptase are risk factors in this population, said Wolfram Hoeftzecker (US) in a presentation entitled "Risk assessment for severe venom allergy in the elderly." A significant increase of serum tryptase with increasing age can be evidenced and these elevated levels correlate significantly with the severity of sting reactions.

"Challenges associated with coexisting cardiovascular diseases” was the title of the talk given by Ulrich Muller (Switzerland) detailing how approximately half the fatalities from Hymenoptera stings have preexisting cardiovascular disease (CVD). Treatment for CVD may increase the risk of very severe allergic sting reactions. During VIT, it is recommended that β-blockers are replaced by a cardiologist and ACE-inhibitors stopped one day beforehand.

In a presentation entitled “Gene expression analysis in the prediction of disease severity and treatment efficacy,” Marek Niedoszytko (Poland) spoke about the results of research that aimed to identify genes differentially expressed in patients, those that achieve tolerance and those that still react despite treatment. During VIT, it is recommended that β-blockers are replaced by a cardiologist and ACE-inhibitors stopped one day beforehand.

In "An update on sting challenges,” Franziska Ruëff (Germany) gave an overview of the aims, limitations and contra-indications (individuals not on VIT, diagnosis of patients who stopped VIT, might boost decreased sensitisation or re-sensitisation) of this challenge, both in the field or in hospital. The prognostic reliability of a tolerated sting challenge in patients on VIT is excellent but some may experience a reaction to a subsequent sting. An overview of the principal studies conducted by the Interest Group was presented.

Beatrice Bilò (Italy) spoke on "Adrenaline prescription: in which patients and in which phase?” Adrenaline is an evidence-based treatment for anaphylaxis and should be prescribed in severe pre-VIT systemic reactions, honeybee allergy, incomplete VIT protection, systemic reaction during VIT, and concomitant mastcell diseases. Some specific situations exist (large local reactions and non-IgE mediated anaphylaxis…) in which the decision should be on a case-by-case basis.

Mariana Couto
Immunology Department, Faculty of Medicine, University of Porto, Portugal
Modulation of mast cell and basophil functions

Mast cells and basophils are cells of innate immunity that play a primary role in allergic inflammation. Mast cells begin their development in the bone marrow and reach their final maturation within tissues. These cells are particularly abundant at the surface areas of interaction with the external environment, i.e., the skin, the respiratory and gastrointestinal tract. By contrast, basophils are fully mature when they leave the bone marrow and enter peripheral tissues primarily when recruited by local inflammation. The main physiologic role of mast cells and basophils is to contribute to defense against bacterial, parasitic and viral infections as cells of innate immunity. However, when activated in a pathological setting, these cells are involved in inflammation and tissue damage associated with allergic and autoimmune diseases. Mast cells and basophils are endowed with a wide array of surface receptors that make these cells particularly sensitive to inflammatory, infectious and danger signals. Engagement of these receptors by their ligands activates or inhibits several functions of mast cells and basophils such as proliferation, maturation, survival and secretion of mediators. The high-affinity receptor for IgE (FceRI) is a key activating receptor that mediates the release of the full spectrum of proinflammatory and immunoregulatory molecules secreted by mast cells and basophils such as histamine, lipid mediators and several cytokines and chemokines. Furthermore, FcεRI occupancy by IgE modulates mast cell development and survival as well as their ability to respond to IgE- and non IgE-mediated stimuli. The increase in FcεRI expression induced by IgE allows mast cell and basophils to bind more IgE which can enable the cells to respond to a larger number of different allergens and to release mediators at lower concentrations of allergens.

Human mast cells also express several Toll-like receptors (TLRs) which is clear evidence of how these cells can detect bacterial and viral products in the course of infections. Activation of TLRs on mast cells and basophils by their ligands (pathogen-associated molecular patterns: PAMPs) elicits diverse functional responses depending on the type of TLR engaged and the priming status of the cells. Interestingly, TLR activation in most cases induces secretion of cytokines and chemokines rather than immediate release of preformed mediators, indicating that this kind of non IgE-dependent stimulation is primarily involved in the immunoregulatory role of mast cells and basophils.

Several cytokines and growth factors regulate mast cell maturation and survival within tissues and basophil recruitment at sites of inflammation. Stem cell factor (SCF) is a major growth factor for human mast cells and promotes the accumulation of mast cells within peripheral tissues and primes these cells for enhanced responses to IgE-mediated stimuli. A mast cell activation state within tissues is also modulated by other microenvironmental factors that either regulate the expression of surface receptors or interfere with intracellular signaling. Such “tuning” factors, that can positively or negatively regulate mast cell responses, are largely produced at sites of allergic inflammation and include adenosine, sphingosine-1-phosphate, thymic stromal lymphopoietin (TSLP) and cytokines such as IL-4, IL-9, IL-33 and IFN-γ. Modulation of mast cells and basophils in peripheral tissues is also achieved by complex cell-cell interactions primarily with T cell subsets. For example, CD4+/-CD25+ regulatory T cells suppress IgE-dependent activation of mast cells by interactions of the TNF receptor superfamily member OX40, expressed on T cells, and OX40 ligand expressed on mast cells. Finally, human mast cells and basophils express multiple receptors for proinflammatory mediators including histamine receptors (H1, H2 and H4), cysteinyl leukotriene receptors (Cys-LT1 and Cys-LT2) and Platelet-Activating factor (PAF) receptors. The role of these receptors in regulating, either positively or negatively, mast cell and basophil functions is currently under investigation.

Recent advances in mast cell and basophil biology have clearly emphasised the role of these cells in the pathophysiology of inflammatory, allergic and autoimmune diseases. It is now evident that the multiple and complex functions of these cells are finely regulated both at the development and mature stages by several factors produced within the inflammatory microenvironment. Further understanding of the mechanisms involved in the modulation of mast cells and basophils will provide novel targets to better treat a variety of immune disorders.

Massimo Triggiani
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Key References
EAACI-WAO
World Allergy & Asthma Congress
22 – 26 June 2013
 Milan, Italy

EAACI-WAO Congress 2013

Allergy: A Global Health Challenge

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