Towards a new era of political maturity of EAACI

EAACI Manifesto & EU activities

Awareness Campaign Second Wave

EAACI AT THE LEADING EDGE OF SCIENCE
Advocacy Manifesto

Tackling the Allergy Crisis in Europe - Concerted Policy Action Needed

EAACI has a duty to alert EU policymakers to the growing public health burden posed by allergy in Europe and the need to implement policy actions to help health care practitioners address this problem.

The EAACI European Advocacy Manifesto proposes a series of evidence-based recommendations to tackle the burden of allergy in Europe, foster allergy research and help strengthen Allergology as a medical specialty.

For more information visit www.eaaci.org
Towards a new era of political maturity for EAACI

Whenever more than a handful of people form a group, interact and/or setup communication channels, the need for governance arises and politics spontaneously appear. Governance - the set of rules by which decisions about the group are taken - is defined by, but also itself defines, the framework of member interactions and it is crucial in the evolution of the group.

Politics, on the other hand - the practice and theory of influencing others, as well as the distribution of power - may not be, in absolute terms, really necessary; however, it usually pops up even before the governance discussion begins. It seems that politics is embedded in human nature as much as the need for food or sex. Both governance and politics are essential parts of the culture of a group.

EAACI was founded in the mid 1950s, following the academic ethics of the times: not far from an old Gentlemen’s Club. It has grown steadily and robustly into a society with several thousand loyal and involved members. Our governance rules have developed in parallel, becoming more elaborate and modern. And our politics have equally matured, taking into account contemporary issues, internal dynamics and external relationships with “sister” and “umbrella” organisations. Members are increasingly interested in participating and the EAACI leadership has continuously been looking at opportunities to include more of them, whilst also keeping a balanced representation between different countries, basic and clinical scientists, medical sub-specialties, women and men, younger and older. I have the impression that an ideal system is utopic: as long as the group develops dynamically, so should the rules, in an ever-lasting fight between political views. It is conceivable of course that, at a higher level of complexity there might be a set of rules that self adjust to change, but that would take the jobs away from the politicians, so don’t expect them tomorrow...

Coming back to our own micro-environment, we are delighted that in the last ten or so years, we have grown the inner core of involved members within the EAACI family to more than 150 people! A good part of the activity of the Academy is based on these dedicated individuals. And the interest for participating is steadily increasing, so we need to find ways to involve even more. Moreover, from the Junior Members onwards, all Section and Interest Groups are directly elected by the memberships of the respective groups. Together with a set of rules intended to keep representation balanced, this helps to keep the membership mix successful.

Nevertheless, it is time to take the next bold steps in order to upgrade the Academy’s political environment. In the last five years, since the last change to the Constitution, we have almost doubled in size and even more in our range of activities. We believe that a Constitution describing a more ‘open’ and increasingly democratic organisation will form the basis for further development and strengthen the Academy, in order to achieve its goal of fighting allergic and immunological diseases. In this spirit, we are consulting with all our members, to make sure that we all share this vision. Times are - and will continue to be - very interesting and creative for EAACI.

Nikos Papadopoulos
EAACI President
Dear Reader,

At the start of the first issue of the Newsletter this year, I would like to wish you all a belated peaceful and prosperous 2015.

In this issue I wish to share with you two important and complementary aspects of our Academy. First, the advent of a “new era of political maturity” within EAACI, brought to our attention by the President. Second, a number of examples of the Academy’s efforts to make advances in the field and disseminate knowledge of those advances to a wider audience.

Our Academy now has more than 8000 members, many of whom are juniors, many who are active members of Sections and Interest Groups, all working hard to produce, disseminate and implement scientific recommendations as well as promote the Academy as the reference body for allergic diseases. The Academy is dedicated to recruiting even more members, through the creation of new opportunities and methods designed to help us share the same objectives. This process was started some years ago, and has required the development of more elaborate and modern regulations and procedures of governance, able to tackle in-house and external issues alike.

The publication of handbooks as well as position papers and guidelines plays a pivotal part in EAACI’s promotional role, since they are essential for championing science and education and for harmonising knowledge and practice, as well as raising public and professional awareness, and forging partnerships with regulators and industry.

Of two EAACI handbooks now available, the first, the Global Atlas of Asthma, was published in 2013 whilst the second, the Global Atlas of Allergy, was launched in 2014 in Copenhagen. Both were written by international groups of top opinion leaders in their respective fields and are essential reference sources for multi-sectoral use. Both can be downloaded for free by anyone via EAACI’s website and, indeed, they have quickly become amongst the website’s most popular resources. The atlases can also be found on Facebook and will be available in Chinese and Spanish. Related educational slides will also soon be available.

The third volume of the series, the Global Atlas of Rhinitis and Chronic Rhinosinusitis, will be available shortly, and deals with the magnitude of the problem and unmet needs in almost every area of allergic rhinitis and chronic rhinosinusitis.

Clinical practice guidelines are key for translating best knowledge into best practice, being oriented more towards a patient-centred perspective. The recent EAACI Food Allergy and Anaphylaxis (FAA) Guidelines were developed using the AGREE II structured approach, designed to ensure appropriate representation of the full range of stakeholders, with a careful search for and critique of the relevant literature, and a systematic approach to the formulation and presentation of recommendations. The FAA Guidelines have been indexed by the National Guideline clearinghouse and are now in the dissemination process with a variety of tools for primary care which will be available by June.

In January 2015, a new “EAACI project on Guidelines for Clinical Practice on Allergen Specific Immunotherapy (AIT)” was started, using the same scientific methodology, and will be ready in two years’ time.

Many EAACI Task Force position papers have been published to date and many others are in the offing, such as the International Classification of Diseases, to name but one. The academic and scientific level, and the citation rate of these publications is of a high standard.

Lastly, within the framework of the International Collaboration in Asthma, Allergy, and Immunology (iCAALL), the strong collaboration between EAACI, WAO, AAAAI and ACAAI has produced the publication of so-called ICONs (“International Consensus on…”), covering several topics, including: food allergy, eosinophil disorders, pediatric asthma, drug allergy, anaphylaxis and, chronic rhinosinusitis.

Enjoy these EAACI contributions to science, and contribute yourself by disseminating them to your colleagues, your national society, the general public, and (wherever possible) to decision makers!

M. Beatrice Bilb
Newsletter Editor
President’s Desk

1. Towards a new era of political maturity for EAACI

News

6. Online educational material
7. EAACI and the National Allergy Societies
9. Go Green Campaign
10. Media Report 2014
11. EAACI/UEMS Exam 2015

News Zoom

12. EAACI Awareness Campaign: Second wave
13. Guidelines on AIT: Steering Committee Meeting
14. Anaphylaxis Severity Score Meeting

EAACI Journals

15. Journals report

Agenda

17. Report from ISAF
17. Report from EuroBAT
18. Report from Winter School

Science in Brief from 2014 EAACI Congress

20. Update on allergy
21. Prevention and management of food allergy
22. Desensitisation in drug allergy
23. Are provocation tests useful in the diagnosis of allergic diseases?
Online educational material

A great wealth of knowledge is available to EAACI members, drawing on the expertise of the best researchers and clinicians in Europe and beyond.

Meeting your colleagues and other experts at EAACI Congresses and events is an excellent way to develop professionally. But those face-to-face opportunities are increasingly also being complemented by online resources of various kinds and EAACI’s membership has clearly demonstrated an interest and acceptance of such online continuous medical education opportunities.

Did you know that you can access more than 60 hours of webcasted EAACI sessions online? And more than 70 position papers and International Consensus documents have been published online by various EAACI bodies, together with over 1500 presentation hand-outs and more than 6000 abstracts which are available for your reference. In addition, the Global Atlas of Allergy as well as the Global Atlas of Asthma can be found on our website. Currently these resources can be accessed under “Resources” on the website main menu, as well as on the individual event pages.

It is now a priority for EAACI to further facilitate easy access to all existing material and to add new and innovative state-of-the-art e-learning material to the scope of services we offer. Such educational modules can take a range of formats, such as thematic interactive modules with multimedia features. Self-assessment with online tests and quizzes, and case-based learning modules are just a few of the projects that the future will bring. To achieve this, thorough research into our core needs and the development of a coherent concept are both necessary, together with a strategy for the development of content and its technical implementation.

This whole project is one of our major tasks for the coming year.

The benefits are evident. Remote online educational modules allow instant access to information for many users simultaneously, at any time and anywhere, giving the e-learner control over content and the pace of learning. The possibilities of CME accreditation will be explored.

EAACI is fully committed to this project and the Educational Group will work with the whole EAACI family, including Sections and Interest Groups, to move towards an even more comprehensive knowledge platform.

Pascal Demoly
EAACI Vice-President Education & Specialty

Viviane Knerr
EAACI Education, Specialty and Science Manager
EAACI and the National Allergy Societies: Moving forward together in 2015

There is an ongoing cooperation between National Allergy Societies (NASs) and EAACI on different levels to improve the diagnosis and management of allergic diseases, strengthen the allergy specialty and the free movement of specialists across all European countries, and boost allergy research networks throughout Europe.

Thirty-eight NASs are currently full members of the EAACI family, whilst eleven further societies are affiliate members. In 2014 we invited delegates from all NASs to a Business Meeting during the EAACI Congress in Copenhagen and about half of all member NASs attended.

For the Barcelona meeting in June 2015 we will discuss the next steps in the creation of a joint NAS/EAACI platform, resulting in an intensified partnership. We hope to plan some practical aspects such as the translation of EAACI guidelines and position papers into the languages of each NAS, and their publication in national journals or on NAS websites, regular e-mail communication, as well as a discussion platform and structured business meetings to be held at each EAACI Annual Congress.

Additional to the regular Business Meeting in 2015, for the first time a NAS forum will be organised on Monday 8 June from 11:30 to 13:00. The three NASs presenting will be those of Germany, Finland and Spain. The purpose of the Forum is to allow NASs to present current issues coming from local situations in Europe such as national allergy programmes or guidelines, public campaigns lobbying for better recognition and care for allergic diseases at the national and the European level, difficulties and opportunities in implementing guidelines, the status of the allergy specialty, training and continuous medical education at the national level.

The Forum will be an interesting and fruitful first occasion to share ideas, to listen to NAS opinions and better understand their needs, and to explore how we can improve the links with all National Societies in order to build common goals and actions plans both at the National and European level.

We are currently in the process of creating an upgraded status for particularly interested member NASs – a concept raised at the Business Meeting in 2014, which immediately attracted enthusiasm from a number of NAS delegates. To realise this project in a timely manner we are generating an EAACI/NAS platform which will interact directly with the EAACI Board of Officers and Executive Committee.

The idea is that the upgraded status will bring with it extended information and links on the corresponding NAS and EAACI websites with the possibility of the NASs placing a booth at EAACI Allergy Congresses free of charge, together with an exchange of information on current guideline projects at both the European and national levels, joint press releases and the invitation of NAS delegates to EAACI workshops addressing local issues.

Thomas Werfel
EAACI Executive Committee Member

Ioana Agache
EAACI Vice-President Communications and Membership

Brazilian Society of Allergy and Immunology

The Brazilian Society of Allergy and Immunology (ASBAI) was created in 1971 with the merger of two regional societies which had independently been promoting the study and discussion of allergy and immunology since the 1940s. Today, as the leading educational organisation in allergy and immunology in Brazil, ASBAI’s mission is still to stimulate and spread knowledge of allergy and immunology, as well as supporting specialists and new physicians interested in these areas. ASBAI promotes knowledge at different levels and to a distinct public of doctors and students, as well as the lay population, through annual congresses, regional courses, training programmes, and published guidelines. ASBAI has 1,400 members but we reach a broader group of interested physicians and researchers. In 2014 ASBAI joined the EAACI Affiliate Societies group, which brought us pride and joy. We believe that being part of this huge team will lead us closer to an important source of knowledge. We can share and exchange experience and also open up opportunities for the many excellent members of our society, as well as collaborate in epidemiological studies or clinical trials. ASBAI is honoured to be part of such a great team as an affiliated society of EAACI.

Ana Paula Moschione Castro
General Secretary ASBAI

The Saudi Allergy, Asthma and Immunology Society

The Saudi Allergy, Asthma and Immunology Society (SAAIS) is a non-profit, professional and scientific society committed to the prevention and treatment of related diseases through research, education, training and patient care. The long-range goals of the SAAIS are to decrease the related morbidity and mortality of patients with allergic/immunologic diseases, and improve their quality of life. In keeping with these goals, the SAAIS interacts with both national and international organisations with similar goals. Our mission is to promote excellence in knowledge, research and highest standards of practice in allergy, asthma and immunology among healthcare providers and patients. This is achieved through national and international collaboration hoping to be the primary source of knowledge and optimal practice in allergy, asthma and immunology for healthcare providers and patients in Saudi Arabia. With our affiliation, we hope to share mutual experiences to augment knowledge in our field, ensure that transfer of ideas, conduct and/or participate in clinical research (either joint or individual) that will be beneficial to both organisations, participate in campaigns, symposiums, congresses and workshops, and to use and/or contribute to education resources.

Loie Tallat Goronfolah
SAAIS International Relations Representative
An important milestone achieved: the establishment of an EU Interest Group on Allergy and Asthma

Over the past trimester, EAACI has actively started its engagement plans and positioning within the EU health policy arena.

Leveraging its newly established presence in Brussels via its EU liaison office, the Academy has taken important actions to raise awareness of EU policymakers and stakeholders on the burden of allergy in Europe.

Further to the newly elected EU Parliament and Commission, EAACI has developed an EU Manifesto to advocate for the recognition by EU policymakers of the increasing public health and economic burden of allergic diseases in Europe calling for the implementation of policy actions to help address current challenges and hurdles with the overarching goal of enhancing the health and well-being of European citizens suffering from allergies. The Manifesto was used as a leave-behind document during the EU stakeholders contact-programmes conducted in December with key EU officials involved in the development and implementation of EU public health and research programmes and policies. Over a dense 2 days meeting session, EAACI leadership forged strategic partnerships with Commission officials from DG Santé and DG Research, MEPS sympathetic to the cause of allergy in Europe, and key EU health stakeholders – like the Health and Environment Alliance (HEAL), the WHO Europe Brussels’ Office and the European Public Health Alliance (EPHA). These meetings constituted key steps towards the creation of a united allergy community at EU level with EAACI at the helm.

Furthermore, in the past months EAACI has also been actively collaborating with the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) for the establishment within the European Parliament of an Interest Group on Allergies and Asthma. The IG will aim to regroup MEPS interested and supportive of the cause of allergies in EU and willing to work together to help place allergies and asthma higher on the EU health policy agenda. The Interest Group will be chaired by the EPP Finnish MEP Sirpa Pietikainen as host. The EAACI leadership will be present and actively involved in this initial meeting that will seek to trigger the interest of many more MEPS to lend their support at policy level for the EU citizens suffering from allergies.

What’s going on at the EAACI website?

Have you visited our website recently? Last November we launched the new EAACI website after several months of preparation. It doesn’t only have a more modern design, but also has an easier to use navigation system and a clearer distribution of contents; furthermore its responsive design gives a better performance on tablets and smartphones.

You probably hear quite often that if something is not on the internet then it cannot exist. Clearly the Academy definitely exists, with many activities and resources that can be found online in dedicated areas of the EAACI website: the Annual Congress, Focused Meetings, Allergy Schools, Task Forces and numerous other resources such as the journals, webcasts, position papers and guidelines, as well as various others.

Do not miss a great opportunity to stay up-to-date with our evolving specialty and visit our website now. For more dynamic information, follow us on our social media, and don’t hesitate to contact us with any comments and suggestions.

Angel Mazon and Olympia Tsilochristou
Website Co-Editors
On 4 July 2014, 70 of the surplus bags from the EAACI Congress 2014 were handed over by Mr Kurt Klitten to a public primary school in the Amedeka community in Ghana. Mr Klitten, a retired senior scientist from Geological Survey of Denmark, has been involved in development cooperation in Ghana for many years. His daughter, as an employee at Bella Center in Copenhagen, was senior project manager for the EAACI Congress 2014. As part of EAACI’s sustainability initiative (“Go Green Campaign”) we had approached her during Congress to ask whether she knew a solution for the surplus bags, and it was she who suggested to let her father take the unused bags with him to Ghana this summer.

The Amedeka community is located on the west bank of the Volta river, just a few hundred metres downstream from the Kpong Dam, Ghana’s second largest hydro-electric power generation facility. When the dam was built in 1981 it displaced several nearby communities, among them the residents of Amedeka, who feel it has caused them more harm than good. “We sacrificed the land for the construction of this dam but we are not the beneficiary of the dam,” says their spokesman.

Erosion has eaten away at the shoreline in the community. Some buildings now find themselves near a precipice that could worsen if nothing is done to improve the situation. To generate hydro-electric power, water drives a turbine inside the dam and is then released through a spillway. When this happens, the water levels near Amedeka can rise up to several metres. The result has been severe erosion. Officials with the Volta River Authority (VRA), Ghana’s main generator and supplier of electricity, say the erosion in communities on the Volta’s river banks is due to a wide variety of factors. “We can’t say that all erosion of the shorelines is due to our operations,” says the manager of the VRA’s environment department. “All activities around the shoreline contribute very much to erosion.”

Visitors to Amedeka are struck by the poor state of the housing. The VRA provided housing for the displaced communities when the Kpong Dam was built 33 years ago, but many of the buildings have now fallen into disrepair due to poor quality materials and the lack of maintenance from homeowners who have insufficient resources.

Mr Klitten is very familiar with the poor socio-economic situation of the Amedeka community, which is why he selected the public school there to be the recipient of the bags. According to the headteacher, there are approximately 150 students in the school distributed across 2 preparatory classes and 6 normal classes from grades 1 to 6. Mr Klitten was only able to take 70 bags with him on his last visit due to the luggage weight limit but will take a further 70 bags on his next visit.

As can be seen in the photographs, not all of the 150 students and just 7 of the 11 staff were in school when the bags were delivered.

Dermot Ryan
EAACI Congress & Events Manager
For EAACI, 2014 was a very dynamic year, in terms of its interactions with the media, helping to build a strong public image for EAACI at the forefront of research, education and community service. EAACI’s communication strategy generated positive media coverage, and was spotlighted in a wide range of major media outlets and in a mixture of news articles and opinion pieces.

With 4 Focused Meetings, the Annual Congress and the Awareness Campaign, EAACI took advantage of all these different platforms to share with healthcare professionals the latest scientific advances in the field of allergy and asthma and to inform politicians and the general public about allergic diseases, their diagnosis and their treatments.

As we mentioned in the August issue, the 2014 Annual Congress in Copenhagen was very well covered by the media, at both national and international levels, with almost 1,000 online hits generated and an audience of more than 905 million people from 39 countries in 6 different languages. A total of 60 journalists and bloggers attended the Congress, which led to 18 in-depth one-to-one interviews with EAACI experts. The launch of the Global Atlas of Allergy was noted by El Mundo, the second largest printed daily newspaper in Spain, followed by a radio interview by ONDA Cero.

By key countries, Germany (25%) is where we obtained most impacts, followed by the UK (23%), Spain (13%), Italy (11%) and France (9%).

The 2014 Focused Meetings also helped to increase EAACI’s visibility in the media public image by reaching an additional 290 million people. More than 220 articles related to DHM were published online covering 18 different countries. SAM, FAAM and ISAF follow not too far behind with 194, 165 and 143 online articles, respectively, also covering more than 15 countries. SAM had a considerable national media coverage including an interview with Grzegorz Porebski by the Polish Press Agency and articles published on some of the most important Polish portals (www.wp.pl, www.onet.pl and www.gazeta.pl). FAAM also got the attention of the national Irish media, as Jonathan O’B. Hourihan was invited to discuss how to reduce the incidence of food allergy in children on news talk shows on the two major national radio stations. Finally, during ISAF, EAACI’s President, Nikos Papadopoulos, was interviewed by Alpha Radio (a very well-known station in Athens) and by one of the highest viewership Greek portals (www sofokleousin gr).

EAACI’s specialist knowledge and informative materials of the Awareness Campaign are shared across all our communication channels, not just through the traditional media but also via EAACI’s newsletters, websites and social media platforms. Over the last year, EAACI’s LinkedIn and Twitter followers have more than doubled and the number of people liking the EAACI Facebook page has increased by 16%. We encourage you to join our online community and take an active part by publishing your work or sharing EAACI posts.

Ioana Agache
EAACI Vice-President Communications and Membership

Claudie Lacharité
EAACI Marketing & Communications
Ethics Committee Update

What does the Ethics Committee (EC) do? What’s the EAACI Conflict of Interest Statement? What will change with the new European Directive on clinical trials? How can I ensure that I practice ethically in my daily work?

These are all questions we hear regularly and, at the beginning of 2015, our goals on the EC are to make ethics more accessible, and to help each EAACI member become more aware of and confident with ethics.

With this in mind, we would here like to update you on what the EC is currently preparing, to help you with questions and issues relating to ethics.

1. The EC is collaborating with the EAACI Executive Committee (ExCom) on a number of issues.
   • We have been asked to work on the choice criteria used to decide between applicants for the Clinical and Research Fellowship Award, in order to improve objectivity and fairness in this choice.
   • Given that ethics is part of our medical practice, we have sent four questions relating to ethics to be included in the question pool of the EAACI-UEMS Exam.
   • All EAACI position papers and/or guidelines are currently submitted before publication for approval by ExCom members (the Ethics team is expected to give an Ethics approval too).
   • We will soon be suggesting a number of ethics sessions to be integrated into an EAACI summer or winter school.

2. Thanks to our very active web committee, the new EAACI Internet platform is now open, including an EC page, where very soon we hope to include:
   • An “About us” section, allowing EC members to introduce themselves;
   • An “Activities” section which, as well as hosting the minutes of our meetings, could also host an “Agony aunt” page through which we would like to welcome problems or questions about ethics which you face (or may face) at work. Experts will answer you as practically as possible; and
   • A “Resources” section will contain all the documents produced.

3. Finally, the new EAACI Code of Ethics has now been finalised and will be published once it is approved by ExCom.

The next Congress, of course, takes place in June, in Barcelona. Please save the date to participate in an ethics workshop on Sunday 6 June, at 13:30 to 15:00 on the topic: “Ethics: How to practice allergology every day in Europe”.

We close by thanking the EAACI Newsletter Editor, Beatrice Bilo for working with us on the Ethics Corner and allowing us to share cases and stories dealing with ethics.

Wishing you a very happy, ethical, fruitful, peaceful and joyful 2015.

Jacques Gayraud
Ethics Committee Chairperson
Increased awareness and promotion of a fully functional management plan involving all stakeholders (healthcare professionals, including primary care physicians and pharmacists, patients and caregivers) are essential for the management of allergic diseases.

As reported in our last newsletter, the EAACI Awareness Campaign, which started in June 2014, launched its first wave, focusing on asthma, at the end of October 2014. Over 6 weeks, an online campaign with animated banners was running simultaneously in 5 countries (Italy, France, Spain, the United Kingdom and Germany). This successful online campaign reached more than 34 million views leading to more than 85,000 clicks, with a 0.22% average click-through rate—a very good result in the Google display network. The online campaign was supported by the dissemination of promotional materials within EAACI’s network and the publication of a press release. An excellent collaboration with the Pharmaceutical Group of the European Union (PGEU) and some of its national members allowed us to reach other markets: community pharmacists in Spain, Croatia, Estonia, Ukraine, Bosnia-Herzegovina and Turkey. The first wave received the support of National Allergy Societies in Spain, Italy (3) and Germany and also from patient organisations in Switzerland and Denmark. The campaign website (www.bewareofallergy.com) was translated into 4 languages (French, Italian, Spanish and German) in order to give access to its helpful resources and information to a broader public.

The second wave, which launched on 2 March 2015, focuses on food allergy and anaphylaxis. As the cases of food allergies have doubled in the last 10 years and the number of hospitalisations caused by severe allergic reactions has increased 7 fold in the same period, this second wave of the awareness campaign will probably get the attention of many people. When up to 17% of the European population could suffer from food allergy and with at least 1 out of every 20 children having one or more food allergies, a very large portion of the European population is affected by this disease. The rising societal burden of food allergy and anaphylaxis, together with their potentially life-threatening nature impose urgent measures, with patient and societal awareness crucial for an effective disease management plan. This is why we cannot emphasise enough the importance of getting an early diagnosis and appropriate treatment in order to prevent such serious incidents and improve patients’ quality of life. In addition, effective communication, education and the use of precautionary “may contain” labelling also protects consumers with food allergy.

For this second wave, we will follow the same strategy as for the first: an online campaign with animated banners and 30-second video in the 5 main European markets, an updated campaign website, press releases, and dissemination and distribution of promotional material in conjunction with national societies, patient organisations and the PGEU.

You too can support the campaign and help EAACI to reach as broad an audience as possible by downloading the promotional material and distributing it across your network, by sharing EAACI campaign posts on social media, or by mentioning the campaign website (www.bewareofallergy.com) in your communications. The more people are involved, the greater the campaign impact will be!

Ioana Agache
EAACI Vice-President Communications and Membership

Claudie Lacharité
EAACI Marketing and Communications Manager
On 27 January 2015, a new EAACI project was launched: the EAACI Guidelines for Clinical Practice on Allergen Specific Immunotherapy (AIT), initiated under the leadership of Antonella Muraro, Secretary General and President Elect.

The main aim of the project is to develop comprehensive guidelines for clinical practice on immunotherapy, embracing all the different stakeholders (i.e. clinicians, immunologists, primary carers, allergen technologists, industry research department representatives, regulatory bodies, allied health representatives and patient organisations). It is designed as a two year project and the full guidelines document will be delivered by June 2017.

The project structure envisages a steering committee, seven Task Forces, an experts group, a representatives group of scientific societies (primary care, pediatrics) involved in the field, as well as representatives from patient organisations, regulatory bodies and industry, some of which will be for consultation only.

The project will involve several EAACI Interest Groups (IGs) and Sections in its activities, such as the Pediatrics, Asthma, ENT, Immunology and Dermatology Sections, as well as the Immunotherapy, Food Allergy, Venom Allergy, Primary Care and Allergy Diagnosis IGs, together with the Allied Health Group and the Patient Organisation Committee.

After implementation, the Guidelines will have a real impact across all health professionals and will spread an awareness of the benefits of good allergen immunotherapy clinical practice at the public and policy maker level. Promoting health economics by saving direct and indirect cost is a subsequent objective of the Guidelines.

EAACI as an organisation will also benefit by establishing a methodology working model for guidelines that can be shared among members.

The Steering Committee invites EAACI members to give their contribution and make the AIT Guidelines a successful initiative.

Antonella Muraro
EAACI Secretary General and President Elect

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EAACI Guidelines for Clinical Practice on Allergen Specific Immunotherapy

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Antonella Muraro
EAACI Secretary General and President Elect
An Anaphylaxis Severity Score Meeting was held in Zurich in December 2014. The meeting, initiated by Antonella Muraro and moderated by Graham Roberts, was one of the actions planned in the framework for the implementation of the EAACI Food Allergy and Anaphylaxis Guidelines.

Contributions from Clare Mills, Montserrat Fernandez Rivas, Andy Clark, Carsten Bindslev-Jensen and other experts in anaphylaxis and different severity scores were the starting point for the discussion. The TRACE scoring system, iFAAM scoring system and other points of view from other continents enriched the debate. The working groups pointed out how fundamental it would be to develop a common ground of interpretation for an anaphylaxis severity score and started to develop a framework to design a shared scoring system, to receive consensus on it and validate it.

The results of this meeting and its follow up with anaphylaxis experts will soon be shared and all EAACI members will be welcome to comment.

Antonella Muraro
EAACI Secretary General and President-Elect

European Commission Regulation No. 1169/2011 – What is it?

EU Regulation No. 1169/2011 is a new European Union regulation on the provision of food information to consumers, affecting both manufacturers and retailers as well as EU policy-makers. It applies to food business operators at all stages of the food chain, where their activities are related to the provision of food information to consumers.

The regulation concerns the display of product information on product packaging and online stores. Its objective is to standardise labelling of food and beverages sold in the EU, and provide greater clarity to consumers on ingredients, allergens and nutrition. Food and beverage manufacturers will have to update their packaging to comply with this new legislation.

The new regulation includes many important changes to the previous directive on food labels (DIR. 79/112/EEC). From an allergological point of view, the most important are related to allergens that may induce allergic reactions or elements that may cause intolerances, used in the manufacture or preparation of the food and still present in the finished product, even if in an altered form. The following list has been identified:

- cereals containing gluten, eggs, peanuts, nuts, soybeans (with some exceptions), fish (with some exceptions), crustaceans, molluscs, milk, celery, mustard, sesame, lupine (and for each food product thereof), and sulphur dioxide and sulphites. These items must be more clearly indicated in the list of ingredients shown in packaging (including non-prepacked foods), using graphic highlighters (such as colour, bold or underlining) for such elements.

All such rules are also applicable to restaurants, bars and cafés that are now bound to highlight the existence of allergens in food and drinks using suitable methods (in menus, on blackboards or by other means), in a manner clearly visible to customers.

EU Regulation No. 1169/2011 came into effect in all Member States in December 2014, except for the provisions concerning the obligation to make a nutrition declaration, which will be applicable as from 13 December 2016. The Regulation gives Member States three years to amend their internal laws before the Regulation enters into force.

M. Beatrice Bilò
EAACI ExCom Member
Newsletter Editor
Subcutaneous AIT
Allergopharma – the specialist in diagnosis and therapy of allergic diseases
Allergy is proud of having published many important original contributions. Unfortunately, space is limited and we can mention a few examples only. Evidence for a role of vitamin D in allergic diseases has been obtained by genetic (1), experimental (2), epidemiological (3, 4), and therapeutic studies (5). Moreover, excellent genetic studies have demonstrated a role for polymorphisms in the high-affinity IgE receptor (6) and Th2 locus associated with changes in DNA methylation (7). Other examples are the observation of epithelial dedifferentiation towards a mesenchymal phenotype in chronic rhinosinusitis (8), the role of glutathione S-transferase M1 in neutrophilic asthma (9), and the establishment of the high-resolution crystal structure of the major grass pollen allergen Pit p 3 (10).

Besides the exciting novel original scientific contributions, Allergy published a large number of high-quality Review articles and Position papers that have, besides their scientific character, a high educational purpose and will, therefore, also serve the community in this aspect. Specifically, we would like to mention here the great contributions of the EAACI Food Allergy and Anaphylaxis Guidelines Group, who published multiple guideline papers. Please, also note that Allergy published a theme issue on atopic dermatitis in the January issue.

PAI 2014: Anniversary and progress

In 2014 PAI celebrated its 25th anniversary which also shows the increasing importance of scientific research in the area of Pediatric Allergy and Immunology. When PAI started, allergology was considered to be a relatively new and consequently still weak discipline of clinical science. Now it is obvious that PAI serves as a communication platform to facilitate scientific discussion, provide the academic community as well as clinicians in the field with novel outcomes of research and new ideas.

During these last years PAI has made a tremendous step forward concerning its visibility and performance. This is evident by looking at the development of the Impact factor which is now at an all-time high of 3.859. The ISI Journal Citation Reports © Ranking improved: 2013: 5/21 (Allergy); 5/118 (Pediatrics); 44/144 (Immunology).

But also the “softer” facts are supporting the progress of PAI. The layout was changed to make PAI more attractive and increase the readability. With well-designed covers and a new logo, PAI presents itself ready for future development.

As Ulrich Wahn, Editor in Chief, said in his editorial for the 25th anniversary: “Reflecting the atopic march with all its genetic, environmental, and lifestyle determinants to find reasonable windows of opportunities for prevention will remain a key task for the future... Children with allergic and immunological diseases, including asthma, have the same right to evidence-based diagnosis, treatment, and prevention as is commonly requested for adults.”

Doris Kolmmann,
Managing Editor

CTA update 2014

Three and a half years on from its launch by founding editor, Jan Lötvall, Clinical and Translational Allergy is the official online open-access journal of EAACI with an international reach and a solid publication base. The aim of the journal to publish high-quality original research, position papers, reviews and protocols with unlimited access to a world-wide readership is being fulfilled with monthly page views now in excess of 15,000 and with ‘Diagnosis and management of non-IgE-mediated cow’s milk allergy in infancy – a UK primary care practical guide’ being the most highly viewed article to date with almost 27,000 accesses: the power of the internet!

Forty-eight manuscripts were published in 2014 with 3 supplements containing abstracts for the 6th Drug hypersensitivity Meeting (DHM), the 5th International Symposium on Molecular Allergology (ISMA) and the 3rd Pediatric Allergy and Asthma Meeting (PAAM) with a review series on ‘Sensitizing Properties of Proteins: State of the Science’ and a Cross Journal collection on ‘Sensitizing Properties of Proteins: State of the Science’ and a Cross Journal collection on Asthma. The Unofficial Impact Factor of CTA is currently 2.53. Position papers continue to be most cited followed by reviews and original research papers.

A Junior Medical Affiliate collaboration was announced in 2014. JMAs will have the opportunity to review manuscripts submitted to CTA, will be entitled to a 50% discount on articles submitted to the journal and will flag articles for social media promotion and the EAACI homepage. Four JMAs were selected from a shortlist of 12 applicants to write reviews in 2015 with full waivers granted for the article processing charge.

Up to 6 invited reviews are also available at the editor’s discretion. Potential authors can contact the editor on clive.grattan@nnuh.nhs.uk with an outline of their review for initial guidance on its suitability for the journal. Any subject relevant to allergy will be considered.

EAACI members are entitled to a 15% discount on all papers submitted to the journal. Please continue to support CTA in its 5th year of publication by submitting your research, signing up for article alerts on the latest publications, accessing them on-line, citing those relevant to your research and generally being ambassadors for the journal to help extend its reach. My thanks especially go to the reviewers who have made such an important contribution to the scientific integrity and high standards of the journal content.

Clive Grattan
Editor-in-Chief
International Severe Asthma Forum 2014

The 2nd International Severe Asthma Forum was held in Athens on 13-15 November 2014 with 246 participants attending from 36 countries.

The meeting focused on three major topics: biomarkers and outcome measures in asthma, asthma exacerbations, and asthma and innate immunity. Keynote lectures from our most prominent scientists in the field were mixed with new data presented by young scientists, either as oral abstract presentations, poster discussions, or poster displays. It was especially important to provide enough space for discussions and we had plenty of lively discussion indeed! We are grateful for the generosity provided by all speakers, who gave a lot of themselves.

The first day was dedicated to asthma exacerbations as the main topic followed by biomarkers and outcome measures on day two. Viral and fungal infections in adult and childhood asthma was another important topic. Two pro-con debates took place: one on whether biomarkers should be used to optimise steroid dose in severe asthma and the other about the value of phenotypes and endotypes in clinical decision making. All sessions and especially the pro-con debates were very well received.

At the meeting, we opted to have one major session with no other simultaneous activities, while poster discussions and display sessions took place during breaks. The sessions from day two were all webcasted and are now available on the net for all EAACI members. In addition to a number of travel grants, prizes were given to the best abstract presenter from each session.

The final aim of the meeting was to put updated scientific knowledge together in position papers. Thus two Task Force groups are being formed: one chaired by Mina Gaga which will work on “Exacerbations in asthma”, the other chaired by Zuzana Diamant which will focus on “The use of Biomarkers in asthma management”. Even though the meeting was the starting platform for these activities, there is an open call for participants and we thus invite people with special interests in these two areas to contact EAACI Headquarters (info@eaaci.org) who will forward your message to the Task Force groups.

Leif Bjørmer
ISAF 2014 Chair and EAACI Asthma Section Chairperson

Mina Gaga
ISAF 2014 Chair, Local Organiser

EuroBAT 2014

The 8th EuroBAT meeting, held in Munich on 12 – 13 December 2014, began with interesting oral presentations about basophils in a joint first session with the International Mast Cell and Basophil Meeting (IMCBM).

In the second session, the EuroBAT meeting continued with Hans Jürgen Hoffmann presenting the BAT Task Force, followed by overviews of all relevant applications (technical and practical issues, food allergy, hymenoptera venoms, drug allergy) of BAT in clinical settings being presented by experts. Additionally, Edward Knol reported about the discovery and history of CD63. All abstracts accepted were presented as 10-minute talks, with open questions being discussed at the end.

With fifty-five participants attending, the meeting turned out to be very informative and stimulating for both experts in the field as well as many newcomers.

The meeting was organised by EAACI, with Bernadette Eberlein as local organiser.

EuroBAT 2014 Organising Committee:
Hans-Jürgen Hoffmann
Cristobalina Mayorga
Bernadette Eberlein
Edward Knol
The 13th EAACI Winter School on Basic Research in Allergy and Clinical Immunology, organised by the EAACI Immunology Section, took place in Les Arcs 1800 (France) from 5–8 February 2015. The EAACI Immunology Section Board met one day before the beginning of the Winter School in order to update the Section’s innovative strategy for the coming years and plan future exciting Section initiatives and activities.

Once we had all gathered in the beautiful and snowy French Alps, we had the opportunity to enjoy an exciting and varied scientific program comprised of 6 keynote lectures by guest speakers, 19 short talks and 47 poster presentations by conference attendees. Both the faculty and the attendees were very active in promoting scientific discussion and providing interesting feedback, contributing to the high scientific standards that have become a hallmark of the EAACI Immunology Winter School.

John O’Shea kicked off the scientific program with a state-of-the-art lecture on the multiple levels of regulation that govern cytokine and transcription factor gene expression that, with his analogies to jazz or rock legends, set the tone for the following presentations. Andrew McKenzie, Benjamin Marsland, Luigina Romani, Madeleine Radinger and Mohammed Shmaji contributed equally to the very high level of keynote lectures focusing on topics such as influence of T cell subsets and innate lymphoid cells in immune-mediated diseases, the role of the lung microbiome in airway disease, innate immune responses, mechanisms of immune regulation in tissues, the role of microRNAs and Th2 cells in asthma, allergens and allergenicity, immunological mechanisms driving successful immunotherapy and allergy mechanisms, to name but a few.

As in previous years, we also had spare time between morning and evening sessions to either practice alpine skiing on the outstanding Les Arcs slopes, or go for a walk in the mountains and enjoy the amazing views. Overall, we received very positive feedback from all attendees (65 participants from 24 different countries), who were not only stimulated by cutting edge immunological research, but also got to meet new potential scientific collaborators and made new friends. Many thanks to the EAACI Headquarters team (in particular Viviane and Jeanette) for their essential contribution to the meeting and to the entire EAACI family for having placed the Winter School at the core of their Academy activities. The board is already actively planning the next Winter School in Cortina D’Ampezzo and we welcome your suggestions for speakers and activities.

Ibon Eguiluz-Gracia
EAACI Immunology Section JMA Representative

Liam O’Mahony
EAACI Immunology Section Secretary

Carsten Schmidt-Weber
EAACI Immunology Section Chairperson

EAACI Allergy Schools and other post-graduate training opportunities

Allergy and immunology are relatively new areas of science and medicine and are constantly evolving. Obtaining an appropriate specialised training in these fields is of extreme importance. Various excellent educational opportunities can be found within EAACI, including Allergy Schools and post-graduate courses. In 2015 we still have the following:

- Molecular and Laboratory Asthma: A course for the practicing clinician (Istanbul, Turkey, 16-18 April);
- Practical Allergy Diagnosis (Moscow, Russia, 27-29 August);
- Food Allergy Training Course (El Escorial, Spain, 24-26 September)

I strongly encourage you to submit an abstract and apply for travel grants to attend the Allergy Schools which interest you! For more details, check the EAACI website (http://www.eaaci.org/eaaci-meetings/allergy-schools/upcoming-allergy-schools.html).

In addition, during the main EAACI Congress and EAACI Focused Meetings, post-graduate courses are organised as part of the programme. Finally, do not miss the introductory lecture during the JMA Business Meeting in Barcelona by Adam Fox, who leads the Allergy Academy in London (a pioneering initiative to improve post-graduate training in allergy). I am sure he will share with us his experiences and inspire others to follow!

Alexandra Santos
EAACI JMA Chair
UPCOMING EVENTS

EAACI CONGRESS 2015

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

FOCUSED MEETINGS

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

International Symposium on Molecular Allergology (ISMA 2015)
19 - 21 November 2015
Lisbon, Portugal
www.eaaci-isma.org

ALLERGY SCHOOLS

Molecular and Laboratory Asthma - A Course for the Practicing Clinician
16 - 18 April 2015
Istanbul, Turkey

e-PAD: EAACI Practical Allergy Diagnosis
27 - 29 August 2015
Moscow, Russia

Food Allergy Training Course
24 - 26 September 2015
El Escorial, Spain

For more information visit www.eaaci.org or contact events@eaaci.org
Update on allergy
From diagnosis to specific treatment

The topic of Component Resolved Diagnosis (CRD) was introduced by Suzanne Pasmans (The Netherlands). This is an approach used to map the allergen sensitisation of a patient at a molecular level, using purified natural or recombinant allergenic molecules (allergen components) instead of allergen extracts. In 2013 there were already 130 allergenic molecules commercially available for in vitro specific IgE testing, and this number is expected to increase in the next few years.

Adriano Mari (Italy) gave a presentation about some advantages of switching from extracts (skin prick test (SPT)) to molecules (multiplexing IgE detection); standardisation units, the testing materials and techniques used to determine them, the high quality control and easier reporting. He had lots of arguments to convince us about using molecule IgE detection instead of SPT. By contrast, Thomas Werfel (Germany) tried to highlight the importance of SPT as an easy, safe, fast and inexpensive in vivo test method. He argued that we have decades of experience in their use and that its visual indication of the sensitivity can be used in order to impact the patient’s behaviour. Moreover, in vitro test methods may be less sensitive and/or less specific than SPT depending on the method and allergens used. In a study of 8000 subjects in which SPT was compared with the detection of specific IgE antibodies, SPT had the best positive predictive value to determine clinical allergy for respiratory allergic diseases. Nevertheless, he concluded the discussion with an interesting review article published by Gabriele de Vos in which most studies show substantial discordance between serum-specific IgE and SPT results, suggesting that, today, the two testing methods complement each other and cannot be used interchangeably.

In connection with this concept, Pascal Demoly (France) presented some biological tests to demonstrate or predict hypersensitivity, such as histaminemia for drug-induced anaphylaxis, tryptaseemia for drug-induced type I drug hypersensitivity reactions (DHR) and human leukocyte antigen (HLA) typing for some severe T cell-dependent DHR. He also gave us some useful notes about tests that can be used to find the drug responsible for DHR. These tests are drug specific IgE for drug-induced anaphylaxis, basophil activation tests with flow cytometric reading for immediate DHR, sulphidopeptide leukotrienes produced in vitro by isolated peripheral blood leukocytes after drug stimulation for both IgE- and non-IgE dependent DHR, drug specific IgM or IgG for drug-induced cytopenia, type III DHR, lymphocyte transformation or activation tests for T cell-dependent DHR, and ELIspot assays for T cell-dependent DHR. However, today some of these diagnostic tests are still unavailable for routine use in the clinic. On the other hand, it is important to point out the limits of these biological tests, as drug-specific IgE are not available for many allergic drugs. Moreover, a negative test does not rule out the possibility of allergy and a positive result shows sensitivity to the drug but does not reliably confirm its causality.

As for allergy-specific treatment, Kayhan Nouri-Aria (United Kingdom) introduced us to the concept of the biomarker: a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention. Thus, histamine, tryptase and cytokines such as IL-9 could be good candidate biomarkers for evaluating the effectiveness of immunotherapy. G. Walter Canonica (Italy) then presented the concept of “biosimilar”, referring to products derived from recombinant DNA technology and hybridoma techniques, such as vaccines, cytokines, hormones, clotting factors, monoclonal antibodies, gene and cell advanced therapies and tissue engineered products.

It seems that the future is looking bright for forthcoming biosimilar launches. According to research carried out by Decision Resources, the number of publicly disclosed biosimilar development projects has increased over 40% in the last 12 months. Although the majority of these projects have not yet entered clinical development, a 20% increase in the number of biosimilars in clinical trials over the last year indicates substantial advancement in the late-stage pipeline. Experts are sure that the use of biosimilars will increase quickly in the coming years in the treatment of allergic diseases and asthma. Work on allergens is in progress. However, personalised or patient-tailored immunotherapy is still a very distant prospect, but the first recombinant products based on single allergens or defined mixtures could reach the market within the next 5 years.

As Roy Gerth van Wijk (The Netherlands) pointed out, the main aim of specific immunotherapy is persistent efficacy due to changes in the immune system, but this can only be demonstrated in long-term studies. This is particularly important for the pediatric population. Related to this topic, regulatory aspects on immunotherapy are crucial. This regulation will lead to harmonisation and will limit the availability of products with unproven efficacy. However, it implies a complex regulatory environment with difficult demands for manufacturers and researchers.

Teresa Garriga Baraut
Hospital Universitari Vall d’Hebron
Barcelona, Spain
Data are now emerging to suggest that the delayed introduction of solid foods may increase the risk of allergy and eczema. Magnus Borres (Sweden) provided convincing data that, in addition to the benefits of early introduction of solid foods for the development of allergies, high food diversity during infancy might be equally advantageous. Studies support the general notion that single-ingredient foods should be introduced between 4 and 6 months of age. But it is recommended that highly allergenic foods should not be introduced as one of the first complementary foods and are best introduced at home, rather than at a day care centre or restaurant.

Adolescents and young people are at the highest risk of food-induced anaphylaxis and death: 37% with severe symptoms did not receive epinephrine and 38% did not have an auto injector with them during severe reactions. Audrey Dunn Galvin (Ireland) provided explanations and advice to help understand adolescent patients better, and proposed the following questions to keep in mind in daily practice:

- What is really threatening for a particular child or teen?
- Are they going through a transition point?
- What is ‘normality’ for an individual child/teen/young adult?
- What are the chances that they will have a reaction?
- What do they expect will happen if they have a reaction (physically, emotionally and socially)?

The last presentation analysed different perspectives for allergen detection levels: clinical (whether clinically meaningful); analytical (the limits of detection/quantification) and industrial (allergen sanitation). Thomas Holzhauser (Germany) presented current analytical methods: LFD (protein, qualitative); ELISA (protein, quantitative); real-time PCR (DNA, quantitative); and a new emerging method, Mass Spectrometry (MS) with specifications including detection of peptides, positive result at correct mass/charge ratio or MRM transition, sensitivity from 1–100 mg/kg allergenic food, high specificity with high resolution MS and possibility of multi-allergen detection.

Indre Butiene
Klaipeda, University, Klaipėda, Lithuania
Desensitisation in drug allergy

Drug hypersensitivity reactions are classified as immediate (typically occurring within 1–6 h after the last drug administration) and non-immediate; when a definite immunological mechanism is demonstrated, these reactions should be classified as drug allergy. Josefina Rodrigues Cernadas (Portugal) highlighted that different nomenclature is used around the world to identify desensitisation (DST) for drug allergy, but it can be defined as the induction of temporary clinical unresponsiveness to drug antigens. Gradual reintroduction of small doses of drug antigen at fixed time intervals allows for the delivery of full therapeutic doses. DST is indicated when there is an urgent need for therapy or prophylaxis of a disease, when the drug concerned is irreplaceable, more effective than the potential alternatives or has a unique mechanism, when a non-cross-reacting pharmaceutical agent for treatment is unavailable, or when the potential benefit outweighs the potential risks.

There are a few recommendations to bear in mind before starting DST, mainly to characterise the patient by checking their clinical status, criteria for DST and contraindications (it was highlighted that anaphylaxis is not among these). With regard to delayed hypersensitivity reactions, absolute contraindications include severe or life-threatening drug-induced diseases, drug-induced autoimmune disorders and drug-induced severe general symptoms; relative contraindications include underlying autoimmune disorders, pre-existing severe renal or hepatic impairment, severe cardiac disease or a hemodynamically unstable patient, and simultaneous treatment with potentially interfering drugs. Some successful DST protocols were mentioned, and also some other options modified from those previously published protocols, allowing for a faster alternative. Also, it was emphasised that many protocols are “tailor-made” for a specific patient. There is no consensus regarding the use of premedication before starting DST.

Marek Kowalski (Poland) began his lecture by stating that nonsteroidal anti-inflammatory drugs (NSAIDs) hypersensitivity reactions include immunological and non-immunological types. The coexistence of hypersensitivity to aspirin (and to other NSAIDs) with upper airway (rhinosinusitis/nasal polyps) and lower airway (asthma) disease is known as aspirin-exacerbated respiratory disease (AERD). First reported by Widal in 1922, it was later mentioned by Zeiss and Lockey in 1976, but only in 1980 was it clinically defined by Stevenson. This is the main indication for DST to NSAIDs; it is also possible to safely perform DST in patients with NSAIDs-exacerbated urticaria/angioedema but the indication remains controversial. It is possible to reach DST in almost all patients with AERD and, further, these patients also tolerate other NSAIDs. Different protocols have been used but the standard one takes 2–3 days to accomplish, doubling the dose each 2–3 hours. Montelukast can be used as a pre-treatment before the DST. Different routes of administration are possible, including the novel intranasal plus oral protocols. There are several studies reporting the clinical efficacy of DST to NSAIDs (though double blind placebo controlled studies are still lacking). However, the rate of adverse effects during the maintenance dose is high, leading to up to 55% discontinuation. This might be related to the high dose delivered, with consequent gastrointestinal side-effects, and the need for more studies to address the reasons for discontinuation was highlighted. Selecting the best maintenance dose is therefore a critical point; 300mg per day can be clinically efficient, and a recent DBPCS has proven that 100mg might also be an alternative. There are several unmet needs regarding this issue, such as the criteria for patient selection, optimal protocols of DST, optimal effective maintenance dose, questions regarding safety and tolerability, and a deeper understanding of the pathomechanism, which should all be addressed in the future.

As for DST in non-immediate reactions, Werner Pichler (Switzerland) started this lecture by emphasising his scepticism. He highlighted that DST does not alter specific immunity and that it does not induce tolerance; it may affect the effector phase of the reaction (e.g. T-cell activation, cytokine production) possibly working by tachyphylaxis or downregulation of T-cell receptors. In any case, there are no sufficient data at the moment to support DST. It was also argued that in the majority of cases reported, a sensitisation has not even been proved previously, and thus, many cases of “successful desensitisation” actually might correspond only to an unproblematic re-exposure of patients. The majority of published reports are the successful cases, but it is known that the success rate is only about 50%, and therefore there is a lack of understanding of the causes for failure. Some inconsistencies regarding this issue were also raised, namely indications (if only for mild exanthemas or fixed drug eruptions, is it worth the effort?) and contraindication (for instance, performing DST in patients with drug reaction with eosinophilia and systemic symptoms (DRESS) is not advised, although a few reports of its performance with DRESS do exist).

However, there are a few examples of successful experiences, and finally, it was emphasised that DST, although still experimental, might be worth trying if no other choice is available. The use of immunosuppressive drugs during the procedure, both as a preventive or co-medication, is still unclear. It is possible to use them only as a short-term strategy (such as in iodinated contrast media (ICM) hypersensitivity and when ICM angiography is needed), but only limited experiences are published and not well documented; their use is not an option for chronic treatment (in cases of allopurinol or sulphamethoxazole hypersensitivities), and it has also been shown that prednisolone is not sufficient to avoid Stevens-Johnson syndrome (SJS).

It was underlined that DST schemes are today quite variable but, in the face of the available data, probably the slower the procedure is performed, the better the outcome. DST for contact dermatitis would be highly beneficial and is definitely a challenge for the near future.

Mariana Couto
Hospital & Instituto CUF, Porto, Portugal
Are provocation tests useful in the diagnosis of allergic diseases?

Asthma symptoms are non-specific and the documentation of airflow obstruction (reversible for asthma, irreversible for COPD) is essential for diagnosis. Variable airflow obstruction can most easily be measured using spirometry or PEF. Paul O’Byrne (Canada) presented an overview about provocation tests used in the diagnosis of asthma. Direct airflow challenge tests with inhaled methacholine have a high negative-predictive value for a diagnosis of current asthma and indirect airway challenges are more specific but less sensitive. Allergen inhalation challenges are valuable for studying mechanisms and new drugs for asthma but not for diagnosis. Occupational challenges can be valuable in the diagnosis of occupational asthma but must be conducted in specialised centres.

Barbara Ballmer-Weber (Switzerland), after an overview of guidelines, threshold studies and a presentation of allergens in different food preparations, presented general considerations concerning provocation tests in the diagnosis of food allergy: (1) strict consideration of safety issues should be addressed; (2) titrated challenges starting with low doses are safer, whilst high starting doses are associated with more severe reactions; (3) consideration should be given to low dose responders; (4) definition of stopping criteria – severity grading; (5) food challenges should be used with a low fat matrix. At present, no in vitro test can fully replace an oral challenge, either in predicting clinical reactivity or threshold, or in predicting the severity of symptoms.

Carsten Bindslev-Jensen (Denmark) in his presentation and specific practical demonstrations, explained that case history, skin tests and biological tests are insufficient diagnostic tests for drug allergy, making challenge the most reliable tool; however, it can also sometimes be unreliable: a negative patient may be positive at rechallenge, e.g. 4 weeks later. Therefore standardised multicentre studies are needed and the solution, using the lessons from how the same problems with food allergy were solved, could be that: all patients should be challenged – even double blind and placebo controlled, with predictive values of the case history, skin testing, and specific IgE based on the challenge outcome in the entire patient cohort should be set and regional differences acknowledged.

Indre Butiene
Klaipėda University, Klaipėda, Lithuania